





Reel

#59

L.A.

| HEAD OF FAMILY          |                   |            | LOUISIANA  |       |
|-------------------------|-------------------|------------|------------|-------|
| NAME                    | AGE               | BIRTHPLACE | E.B.       | SHEET |
| R 165<br>W              | 53                | Alfonso    | 75         | 18    |
| COLOR                   | AGE               | BIRTHPLACE |            |       |
| W                       | 53                |            |            |       |
| COUNTY                  | De Soto           | CITY       |            |       |
| OTHER MEMBERS OF FAMILY |                   |            |            |       |
| NAME                    | RELATION-<br>SHIP | AGE        | BIRTHPLACE |       |
| Ida                     | W                 | 51         |            |       |
| Abner                   | S                 | 30         |            |       |
| Elmer                   | D                 | 26         |            |       |
| Ada                     | D                 | 21         |            |       |
| Lena                    | D                 | 16         |            |       |
| Braddie                 | D                 | 15         |            |       |
| Belma                   | D                 | 10         |            |       |

FORM 10-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

OX

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME           | RELATION-<br>SHIP | AGE | BIRTHPLACE |
|----------------|-------------------|-----|------------|
| 1 <i>Denny</i> | 5                 | 13  |            |
|                |                   |     |            |
|                |                   |     |            |
|                |                   |     |            |
|                |                   |     |            |
|                |                   |     |            |
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FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18108-P41

LOUISIANA

|  |  |  |  |                 |  |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
|--|--|--|--|-----------------|--|------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|---|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R164   |  | NAME OF INDIVIDUAL                       |  | Robertett Alice |  | E.D. | SHEET |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| COLOR  |  | AGE                                      |  | BIRTHPLACE      |  |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| B  |  | 2  |  |                 |  |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| COUNTY   |  |  |  | CITY            |  |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| Natchitoches   |  |  |  |                 |  |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH  |  |  |  |                 |  |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| Glover Harris Jr.  |  |  |  |                 |  |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |  |                 |  |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> INMATE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input checked="" type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> |  |  |  |                 |  |      |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |  |                 |  |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |  |                 |  |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |  |                 |  |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |  |                 |  |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |  |                 |  |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |  |                 |  |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |                 |  |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |  |                 |  |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |

FORM 10-527 (4-25-61)

U. S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P-61

LOUISIANA

|  |  |  |  |                  |                    |
|--|--|--|--|------------------|--------------------|
| 1103   |  | NAME OF INDIVIDUAL<br><i>Reburn Arthur</i> |  | E.D.<br><i>1</i> | SHEET<br><i>22</i> |
| COLO.<br><i>B</i>                            | AGE<br><i>13</i>                         | BIRTHPLACE                                 |  |                  |                    |
| COUNTY                                       |  | Blenville                                  |  | CITY             |                    |
| ENUMERATED WITH<br><i>Reburn Maria</i>       |  |  |  |                  |                    |
| RELATIONSHIP TO ABOVE                        |  |  |  |                  |                    |
| <input type="checkbox"/> FATHER              | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE            |  |                  |                    |
| <input type="checkbox"/> MOTHER              | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NUNN              |  |                  |                    |
| <input type="checkbox"/> GRANDFATHER         | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |  |                  |                    |
| <input type="checkbox"/> GRANDMOTHER         | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER            |  |                  |                    |
| <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |  |                  |                    |
| <input type="checkbox"/> GRANDDAUGHTER       | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |  |                  |                    |
| <input type="checkbox"/> AUNT                | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |                  |                    |
| <input type="checkbox"/> UNCLE               | <input type="checkbox"/> SISTER-IN-LAW   |  |  |                  |                    |

FORM 10-37 (10-22-31)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

RECORDED 1910-1911

LOUISIANA

LOUISIANA

|                         |  |                |  |                    |  |              |  |     |  |            |  |      |  |
|-------------------------|--|----------------|--|--------------------|--|--------------|--|-----|--|------------|--|------|--|
| R. 15                   |  | HEAD OF FAMILY |  | Paylorne, Benjamin |  | S.D.         |  | 30  |  | SHEET      |  | 1    |  |
| RACE                    |  | AGE            |  | BIRTHPLACE         |  |              |  |     |  |            |  |      |  |
| W                       |  | 41             |  | Miss               |  |              |  |     |  |            |  |      |  |
| COUNTY                  |  |                |  |                    |  | Caddo        |  |     |  |            |  | CITY |  |
| OTHER MEMBERS OF FAMILY |  |                |  |                    |  |              |  |     |  |            |  |      |  |
| NAME                    |  |                |  |                    |  | RELATIONSHIP |  | AGE |  | BIRTHPLACE |  |      |  |
| Ettie                   |  |                |  |                    |  | W            |  | 37  |  | Ark        |  |      |  |
| Jessie D                |  |                |  |                    |  | D            |  | 17  |  | Ark        |  |      |  |
| Harold                  |  |                |  |                    |  | S            |  | 12  |  | Ark        |  |      |  |
| Ellena                  |  |                |  |                    |  | D            |  | 2   |  |            |  |      |  |
|                         |  |                |  |                    |  |              |  |     |  |            |  |      |  |
|                         |  |                |  |                    |  |              |  |     |  |            |  |      |  |
|                         |  |                |  |                    |  |              |  |     |  |            |  |      |  |
|                         |  |                |  |                    |  |              |  |     |  |            |  |      |  |

FORM 16-636 (4-22-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |  |   |                |            |     |       |   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|--|--|---|----------------|------------|-----|-------|---|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| 9165                                   | NAME OF INDIVIDUAL                       |   | Keyborn Carrie | E.O.       | 107 | SHEET | 9 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR                                  | W  | AGE   | 22             | BIRTHPLACE |     |       |   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|  |  | Miss  |                |            |     |       |   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY                                 | Tangipahoa                               |   | CITY           | Kentwood   |     |       |   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH                        |  | Jones Marjiah   |                |            |     |       |   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE                  |  | <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |                |            |     |       |   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE   |                |            |     |       |   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE  |                |            |     |       |   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT  |                |            |     |       |   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER   |                |            |     |       |   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT  |                |            |     |       |   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify)   |                |            |     |       |   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW  |   |                |            |     |       |   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW   |   |                |            |     |       |   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 16-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18195-P01

LOUISIANA

|                         |                                   |                   |             |            |
|-------------------------|-----------------------------------|-------------------|-------------|------------|
| R165                    | HEAD OF FAMILY<br>Rafara Columbus |                   | E.D.<br>135 | SHEET<br>1 |
| COLOR<br>W              | AGE<br>63                         | BIRTHPLACE<br>P.  |             |            |
| COUNTY<br>Winn          |                                   | CITY              |             |            |
| OTHER MEMBERS OF FAMILY |                                   |                   |             |            |
|                         | NAME                              | RELATION-<br>SHIP | AGE         | BIRTHPLACE |
| /                       | Julie                             | W                 | 41          |            |
|                         | Andrew P.                         | S                 | 27          |            |
|                         | Arthur P.                         | S                 | 25          |            |
|                         | Bolin                             | 10                | 19          |            |
|                         | Mattie                            | W                 | 16          |            |
|                         | Ramon                             | S                 | 14          |            |
|                         | Walter                            | S                 | 12          |            |

 FORM 16-636 (4-21-61)  
 1910 CENSUS INDEX - FAMILY

 U.S. DEPARTMENT OF COMMERCE  
 BUREAU OF ECONOMIC RESEARCH

LOUISIANA



|   |  |  |  |               |  |       |  |           |  |                                 |  |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|--|---------------|--|-------|--|-----------|--|---------------------------------|--|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 1765  |  | NAME OF INDIVIDUAL                       |  | Raban, Daffie |  | STATE |  | LOUISIANA |  |                                 |  |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| AGE   |  | SEX                                      |  | MARRIAGE      |  | CITY  |  | 703 9     |  |                                 |  |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY  |  | MARITAL                                  |  | CITY          |  | CITY  |  |           |  |                                 |  |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| BORN  |  |  |  |               |  |       |  |           |  |                                 |  |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |  |               |  |       |  |           |  |                                 |  |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input checked="" type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |               |  |       |  |           |  | <input type="checkbox"/> FATHER | <input checked="" type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input checked="" type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE          |  |               |  |       |  |           |  |                                 |  |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE             | <input type="checkbox"/> NURSE           |  |               |  |       |  |           |  |                                 |  |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW     | <input type="checkbox"/> PATIENT         |  |               |  |       |  |           |  |                                 |  |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW     | <input type="checkbox"/> ROOMER          |  |               |  |       |  |           |  |                                 |  |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW        | <input type="checkbox"/> SERVANT         |  |               |  |       |  |           |  |                                 |  |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW   | <input type="checkbox"/> OTHER (Specify) |  |               |  |       |  |           |  |                                 |  |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW    |  |  |               |  |       |  |           |  |                                 |  |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW     |  |  |               |  |       |  |           |  |                                 |  |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-637 (10-25-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCQ10-6-DC 10100-P01

LOUISIANA

LOUISIANA

|                         |  |                |    |               |     |            |       |
|-------------------------|--|----------------|----|---------------|-----|------------|-------|
| 18165                   |  | HEAD OF FAMILY |    | Raymond Elias |     | E.O.       | SHEET |
| W                       |  | AGE            | 28 |               |     |            |       |
| BIRTHPLACE              |  |                |    |               |     |            |       |
| COUNTY                  |  |                |    | CITY          |     |            |       |
| Livingston              |  |                |    |               |     |            |       |
| OTHER MEMBERS OF FAMILY |  |                |    |               |     |            |       |
| NAME                    |  |                |    | RELATIONSHIP  | AGE | BIRTHPLACE |       |
| 1 Mother                |  |                |    | W             | 40  |            |       |
| Willie                  |  |                |    | SD            | 4   |            |       |
|                         |  |                |    |               |     |            |       |
|                         |  |                |    |               |     |            |       |
|                         |  |                |    |               |     |            |       |
|                         |  |                |    |               |     |            |       |
|                         |  |                |    |               |     |            |       |
|                         |  |                |    |               |     |            |       |
|                         |  |                |    |               |     |            |       |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|                         |            |              | LOUISIANA |            |
|-------------------------|------------|--------------|-----------|------------|
| HEAD OF FAMILY          |            |              | E.D.      | SHEET      |
| 17165                   |            |              | 90        | 11         |
| COLOR                   | AGE        | BIRTHPLACE   |           |            |
| W                       | 39         |              |           |            |
| COUNTY                  | St. Helena |              | CITY      |            |
| OTHER MEMBERS OF FAMILY |            |              |           |            |
| NAME                    |            | RELATIONSHIP | AGE       | BIRTHPLACE |
| Albert                  |            | s            | 16        |            |
| Christina               |            | d            | 14        |            |
| Rueise                  |            | d            | 12        |            |
| Hessman                 |            | s            | 10        |            |
| Waher                   |            | d            | 8         |            |
|                         |            |              |           |            |
|                         |            |              |           |            |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

LOUISIANA

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| B-1165                  |     | HEAD OF FAMILY |     | E.D.       | SHEET |
|                         |     | Rahorn, Emily  |     | 130        | 18    |
| COLOR                   | AGE | BIRTHPLACE     |     |            |       |
| W                       | 56  | Miss           |     |            |       |
| COUNTY                  |     | CITY           |     |            |       |
| Washington              |     | Richardson     |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Jeff                    |     | S              | 18  | Miss       |       |
| Luttsman                |     | S              | 15  | Miss       |       |
| Randy O                 |     | S              | 13  | Miss       |       |
| Bonds, Nettie           |     | S.D.           | 6   | Miss       |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 16-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |     |   |  |  |  |       |  |
|--|-----|---|--|--|--|-------|--|
| R165   |     | NAME OF INDIVIDUAL  |  | E.O.   |  | SHEET |  |
|  |     | Lusk, Lavel   |  | 146  |  | 10    |  |
| COLOR  | AGE | BIRTHPLACE  |  |  |  |       |  |
| W  | 9   |   |  |  |  |       |  |
| COUNTY   |     |   |  | CITY   |  |       |  |
| Vernon   |     |   |  |  |  |       |  |
| ENUMERATED WITH  |     |   |  |  |  |       |  |
| James, Henry Jefferson   |     |   |  |  |  |       |  |
| RELATIONSHIP TO ABOVE  |     |   |  |  |  |       |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br>R10 |  |       |  |

Form 10-437 (4-20-51)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 18190-P61

LOUISIANA

|                         |                 |            |              |     |            |  |
|-------------------------|-----------------|------------|--------------|-----|------------|--|
| R145                    | HEAD OF FAMILY  |            | E.D.         |     | SHEET      |  |
|                         | Harborn Francis |            | 109          |     | 19         |  |
| COLOR                   | AGE             | BIRTHPLACE |              |     |            |  |
| W                       | 63              | Miss.      |              |     |            |  |
| COUNTY                  |                 |            | CITY         |     |            |  |
| Tangipahoa              |                 |            |              |     |            |  |
| OTHER MEMBERS OF FAMILY |                 |            |              |     |            |  |
| NAME                    |                 |            | RELATIONSHIP | AGE | BIRTHPLACE |  |
| I man                   |                 |            | W            | 59  |            |  |
| Vernard Olyada          |                 |            | C            | 75  | Miss.      |  |
| Rice Moyella            |                 |            | Fruit        | 62  |            |  |
|                         |                 |            |              |     |            |  |
|                         |                 |            |              |     |            |  |
|                         |                 |            |              |     |            |  |
|                         |                 |            |              |     |            |  |
|                         |                 |            |              |     |            |  |

FORM 18-636 (4-28-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|                         |  |                |              |             |            |           |       |
|-------------------------|--|----------------|--------------|-------------|------------|-----------|-------|
| R165                    |  | HEAD OF FAMILY |              | Roborn Fred |            | LOUISIANA |       |
| COLOR                   |  | AGE            | BIRTHPLACE   |             | E.D.       |           | SHEET |
| W                       |  | 27             | Miss         |             | 106        |           | 10    |
| COUNTY                  |  |                | Sabin        |             | CITY       |           |       |
| OTHER MEMBERS OF FAMILY |  |                |              |             |            |           |       |
| NAME                    |  |                | RELATIONSHIP | AGE         | BIRTHPLACE |           |       |
| Charles                 |  |                | W            | 22          |            |           |       |
| Marie                   |  |                | D            | 4           |            |           |       |
| Floey                   |  |                | D            | 1           |            |           |       |
| Ba                      |  |                |              |             |            |           |       |
|                         |  |                |              |             |            |           |       |
|                         |  |                |              |             |            |           |       |
|                         |  |                |              |             |            |           |       |
|                         |  |                |              |             |            |           |       |

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE

LOUISIANA

2226 NAME OF INDIVIDUAL *Robert Wilson*

AGE *24* SEX *M* BIRTHDATE *1900*

COUNTY *Natchitoches* CITY *Thibodaux*

PREVIOUSLY MARRIED *Robert Wilson*

RELATIONSHIP TO HEAD *Robert Wilson*

|  |  |   |
|--|--|---|
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> Niece           | <input type="checkbox"/> DRUG                       |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> SOLDIER                    |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW  |   |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW   |   |

FORM 16-50 (10-22-51)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 16100-201



| HEAD OF FAMILY                |              | LOUISIANA  |            |
|-------------------------------|--------------|------------|------------|
| NAME                          |              | R.D.       | SHEET      |
| R165 <i>Rubens, Alexander</i> |              | 144        | 10         |
| COLOR                         | AGE          | BIRTHPLACE |            |
| <i>W</i>                      | <i>34</i>    |            |            |
| COUNTY                        | CITY         |            |            |
| <i>Vernon</i>                 |              |            |            |
| OTHER MEMBERS OF FAMILY       |              |            |            |
| NAME                          | RELATIONSHIP | AGE        | BIRTHPLACE |
| <i>Ada Ethel</i>              | <i>W</i>     | <i>28</i>  |            |
| <i>Anna</i>                   | <i>S</i>     | <i>12</i>  |            |
| <i>William Harry</i>          | <i>S</i>     | <i>8</i>   |            |
| <i>Ethel</i>                  | <i>D</i>     | <i>6</i>   |            |
| <i>Raymond</i>                | <i>S</i>     | <i>5</i>   |            |
| <i>Agnes, Elizabeth</i>       | <i>B</i>     | <i>20</i>  |            |
| <i>x 1 Bo</i>                 |              |            |            |

|                         |         |                |     |            |  |
|-------------------------|---------|----------------|-----|------------|--|
| 19165                   |         | HEAD OF FAMILY |     | LOUISIANA  |  |
| Ryburn, H. R.           |         | E.D.           |     | SHEET      |  |
| 54                      |         | 23             |     |            |  |
| COLOR                   | W       | AGE            | 42  | BIRTHPLACE |  |
| COUNTY                  | Jackson | CITY           |     |            |  |
| OTHER MEMBERS OF FAMILY |         |                |     |            |  |
| NAME                    |         | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| Zula                    |         | W              | 31  |            |  |
| Baby                    |         | D              | 6/2 |            |  |
|                         |         |                |     |            |  |
|                         |         |                |     |            |  |
|                         |         |                |     |            |  |
|                         |         |                |     |            |  |
|                         |         |                |     |            |  |
|                         |         |                |     |            |  |

LOUISIANA

|  |         |   |      |  |          |
|--|---------|---|------|--|----------|
| R165   |         | NAME OF INDIVIDUAL  |      | 30   | SHEET 10 |
| SEX  | AGE     | BIRTHPLACE  |      |  |          |
| W  | 11      | La  |      |  |          |
| COUNTY   | Rapides |   | CITY | Alexandria   |          |
| ENUMERATED WITH  |         |   |      |  |          |
| Lena, Olga &   |         |   |      |  |          |
| RELATIONSHIP TO ABOVE  |         |   |      |  |          |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> SONY<br><input type="checkbox"/> UNCLE |         | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> WIFE<br><input type="checkbox"/> HUSBAND<br><input type="checkbox"/> PARTNER<br><input type="checkbox"/> COOPER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |          |
|  |         |   |      | 90   |          |

FORM 16-51 10-20-61

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USE 16-51-10 (10-20-61)

LOUISIANA

|   |  |  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| NAME OF INDIVIDUAL<br><i>Riley Rayburn J W</i>  |  | ED.<br><i>30</i>                           | SHEET<br><i>7</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>W</i>   | AGE<br><i>31</i>                         | BIRTHPLACE<br><i>U.S.</i>                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>Caddo</i>  |  | CITY<br><i></i>                            |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Taylor Lucy J</i>   |  |  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> IMMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> IMMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> IMMATE            |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE             |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-437 (1-30-31)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USC&GPS-DC 1910-401

|                          |  | LOUISIANA  |            |
|--------------------------|--|------------|------------|
| R165-                    | HEAD OF FAMILY <i>Railton, Jackson</i> |            | E.O. 91    |
|                          |  |            | SHEET 10   |
| COLOR <i>B</i>           | AGE <i>65</i>                          | BIRTHPLACE |            |
| COUNTY <i>St. Helena</i> | CITY                                   |            |            |
| OTHER MEMBERS OF FAMILY  |  |            |            |
| NAME                     | RELATIONSHIP                           | AGE        | BIRTHPLACE |
| <i>1 Lula</i>            | <i>W</i>                               | <i>50</i>  |            |
|                          |  |            |            |
|                          |  |            |            |
|                          |  |            |            |
|                          |  |            |            |
|                          |  |            |            |
|                          |  |            |            |
|                          |  |            |            |
|                          |  |            |            |

FORM 10-636 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|                         |   |                |              |            |            |      |       |
|-------------------------|---|----------------|--------------|------------|------------|------|-------|
| R165                    |   | HEAD OF FAMILY |              | Roborn Jan |            | E.D. | SHEET |
| 106                     |   | 10             |              |            |            |      |       |
| COLOR                   | W | AGE            | 52           | BIRTHPLACE |            |      |       |
|                         |   | Miss           |              |            |            |      |       |
| COUNTY                  |   |                | Sabine       | CITY       |            |      |       |
| OTHER MEMBERS OF FAMILY |   |                |              |            |            |      |       |
| NAME                    |   |                | RELATIONSHIP | AGE        | BIRTHPLACE |      |       |
| Smiley                  |   |                | S            | 20         |            |      |       |
| Lucy                    |   |                | S            | 18         |            |      |       |
| 1 B0                    |   |                |              |            |            |      |       |
|                         |   |                |              |            |            |      |       |
|                         |   |                |              |            |            |      |       |
|                         |   |                |              |            |            |      |       |
|                         |   |                |              |            |            |      |       |
|                         |   |                |              |            |            |      |       |

FORM 10-630 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                   |      | LOUISIANA  |       |
|-------------------------|-----|-------------------|------|------------|-------|
| HEAD OF FAMILY          |     | NAME              |      | B.D.       | SHEET |
| 1145                    |     | Richard James     |      | 1          | 14    |
| COLOR                   | AGE | BIRTHPLACE        |      |            |       |
| W                       | 67  | Miss              |      |            |       |
| COUNTY                  |     |                   | CITY |            |       |
| Blenville               |     |                   |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                   |      |            |       |
| NAME                    |     | RELATION-<br>SHIP | AGE  | BIRTHPLACE |       |
| Mary                    |     | W                 | 65   | Ill        |       |
| May                     |     | D                 | 28   |            |       |
|                         |     |                   |      |            |       |
|                         |     |                   |      |            |       |
|                         |     |                   |      |            |       |
|                         |     |                   |      |            |       |
|                         |     |                   |      |            |       |
|                         |     |                   |      |            |       |
|                         |     |                   |      |            |       |

LOUISIANA

|   |  |   |  |            |            |
|---|--|---|--|------------|------------|
| R165                                    |  | NAME OF INDIVIDUAL<br><i>Robert James</i>   |  | E.D.<br>30 | SHEET<br>5 |
| COLOR<br><i>tan</i>                     | AGE<br>20                                | BIRTHPLACE                                  |  |            |            |
| COUNTY<br><i>Clai borne</i>             |  | CITY  |  |            |            |
| ENUMERATED WITH<br><i>Brother Isaac</i> |  |   |  |            |            |
| RELATIONSHIP TO ABOVE                   |  |   |  |            |            |
| <input type="checkbox"/> FATHER         | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE             |  |            |            |
| <input type="checkbox"/> MOTHER         | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE              |  |            |            |
| <input type="checkbox"/> GRANDFATHER    | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT            |  |            |            |
| <input type="checkbox"/> GRANDMOTHER    | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER             |  |            |            |
| <input type="checkbox"/> GRANDSON       | <input type="checkbox"/> SON-IN-LAW      | <input checked="" type="checkbox"/> SERVANT |  |            |            |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)    |  |            |            |
| <input type="checkbox"/> AUNT           | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |            |            |
| <input type="checkbox"/> UNCLE          | <input type="checkbox"/> SISTER-IN-LAW   |   |  |            |            |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVI

USCOMM-DC 18100-P01



LOUISIANA

|   |  |   |  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|---|--|---|--|------------|------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| R165  |  | NAME OF INDIVIDUAL<br>Rayburn, James                |  | E.D.<br>76 | SHEET<br>1 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR<br>B  | AGE<br>20                                | BIRTHPLACE  |  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY<br>Lincoln   |  | CITY  |  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH<br>White, John M  |  |   |  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |            |            | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 10-637 (4-20-51)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 1910-P01

LOUISIANA

|                          |                 |                          |                 |                          |                 |                          |                 |                          |                 |
|--------------------------|-----------------|--------------------------|-----------------|--------------------------|-----------------|--------------------------|-----------------|--------------------------|-----------------|
| R165                     |                 | NAME OF INDIVIDUAL       |                 | Raborn James B           |                 | S.S.                     |                 | SHEET                    |                 |
| COLOR                    |                 | AGE                      |                 | BIRTHPLACE               |                 | 144                      |                 | 3                        |                 |
| B                        |                 | 17                       |                 |                          |                 |                          |                 |                          |                 |
| COUNTY                   |                 |                          |                 | West Carroll             |                 | CITY                     |                 |                          |                 |
| ENUMERATED WITH          |                 |                          |                 | Hallaway James H. Sr     |                 |                          |                 |                          |                 |
| RELATIONSHIP TO ABOVE    |                 |                          |                 |                          |                 |                          |                 |                          |                 |
| <input type="checkbox"/> | FATHER          | <input type="checkbox"/> | MOTHER          | <input type="checkbox"/> | WIFE            | <input type="checkbox"/> | DAUGHTER        | <input type="checkbox"/> | SON             |
| <input type="checkbox"/> | MOTHER          | <input type="checkbox"/> | WIFE            | <input type="checkbox"/> | DAUGHTER        | <input type="checkbox"/> | SON             | <input type="checkbox"/> | WIFE            |
| <input type="checkbox"/> | GRANDFATHER     | <input type="checkbox"/> | GRANDMOTHER     | <input type="checkbox"/> | GRANDFATHER     | <input type="checkbox"/> | GRANDMOTHER     | <input type="checkbox"/> | GRANDFATHER     |
| <input type="checkbox"/> | GRANDMOTHER     | <input type="checkbox"/> | GRANDFATHER     | <input type="checkbox"/> | GRANDMOTHER     | <input type="checkbox"/> | GRANDFATHER     | <input type="checkbox"/> | GRANDMOTHER     |
| <input type="checkbox"/> | GRANDSON        | <input type="checkbox"/> | GRANDDAUGHTER   | <input type="checkbox"/> | GRANDSON        | <input type="checkbox"/> | GRANDDAUGHTER   | <input type="checkbox"/> | GRANDSON        |
| <input type="checkbox"/> | GRANDDAUGHTER   | <input type="checkbox"/> | GRANDSON        | <input type="checkbox"/> | GRANDDAUGHTER   | <input type="checkbox"/> | GRANDSON        | <input type="checkbox"/> | GRANDDAUGHTER   |
| <input type="checkbox"/> | AUNT            | <input type="checkbox"/> | UNCLE           | <input type="checkbox"/> | AUNT            | <input type="checkbox"/> | UNCLE           | <input type="checkbox"/> | AUNT            |
| <input type="checkbox"/> | UNCLE           | <input type="checkbox"/> | AUNT            | <input type="checkbox"/> | UNCLE           | <input type="checkbox"/> | AUNT            | <input type="checkbox"/> | UNCLE           |
| <input type="checkbox"/> | NEPHEW          | <input type="checkbox"/> | NIECE           | <input type="checkbox"/> | NEPHEW          | <input type="checkbox"/> | NIECE           | <input type="checkbox"/> | NEPHEW          |
| <input type="checkbox"/> | NEPHEW          | <input type="checkbox"/> | NIECE           | <input type="checkbox"/> | NEPHEW          | <input type="checkbox"/> | NIECE           | <input type="checkbox"/> | NEPHEW          |
| <input type="checkbox"/> | FATHER-IN-LAW   | <input type="checkbox"/> | MOTHER-IN-LAW   | <input type="checkbox"/> | FATHER-IN-LAW   | <input type="checkbox"/> | MOTHER-IN-LAW   | <input type="checkbox"/> | FATHER-IN-LAW   |
| <input type="checkbox"/> | MOTHER-IN-LAW   | <input type="checkbox"/> | FATHER-IN-LAW   | <input type="checkbox"/> | MOTHER-IN-LAW   | <input type="checkbox"/> | FATHER-IN-LAW   | <input type="checkbox"/> | MOTHER-IN-LAW   |
| <input type="checkbox"/> | SON-IN-LAW      | <input type="checkbox"/> | DAUGHTER-IN-LAW | <input type="checkbox"/> | SON-IN-LAW      | <input type="checkbox"/> | DAUGHTER-IN-LAW | <input type="checkbox"/> | SON-IN-LAW      |
| <input type="checkbox"/> | DAUGHTER-IN-LAW | <input type="checkbox"/> | SON-IN-LAW      | <input type="checkbox"/> | DAUGHTER-IN-LAW | <input type="checkbox"/> | SON-IN-LAW      | <input type="checkbox"/> | DAUGHTER-IN-LAW |
| <input type="checkbox"/> | BROTHER-IN-LAW  | <input type="checkbox"/> | SISTER-IN-LAW   | <input type="checkbox"/> | BROTHER-IN-LAW  | <input type="checkbox"/> | SISTER-IN-LAW   | <input type="checkbox"/> | BROTHER-IN-LAW  |
| <input type="checkbox"/> | SISTER-IN-LAW   | <input type="checkbox"/> | BROTHER-IN-LAW  | <input type="checkbox"/> | SISTER-IN-LAW   | <input type="checkbox"/> | BROTHER-IN-LAW  | <input type="checkbox"/> | SISTER-IN-LAW   |
| <input type="checkbox"/> | WIFE            | <input type="checkbox"/> | DAUGHTER        | <input type="checkbox"/> | WIFE            | <input type="checkbox"/> | DAUGHTER        | <input type="checkbox"/> | WIFE            |
| <input type="checkbox"/> | DAUGHTER        | <input type="checkbox"/> | WIFE            | <input type="checkbox"/> | DAUGHTER        | <input type="checkbox"/> | WIFE            | <input type="checkbox"/> | DAUGHTER        |
| <input type="checkbox"/> | ROOMER          | <input type="checkbox"/> | SERVANT         | <input type="checkbox"/> | ROOMER          | <input type="checkbox"/> | SERVANT         | <input type="checkbox"/> | ROOMER          |
| <input type="checkbox"/> | SERVANT         | <input type="checkbox"/> | ROOMER          | <input type="checkbox"/> | SERVANT         | <input type="checkbox"/> | ROOMER          | <input type="checkbox"/> | SERVANT         |
| <input type="checkbox"/> | OTHER (Specify) | <input type="checkbox"/> | OTHER (Specify) | <input type="checkbox"/> | OTHER (Specify) | <input type="checkbox"/> | OTHER (Specify) | <input type="checkbox"/> | OTHER (Specify) |
| <input type="checkbox"/> | OTHER (Specify) | <input type="checkbox"/> | OTHER (Specify) | <input type="checkbox"/> | OTHER (Specify) | <input type="checkbox"/> | OTHER (Specify) | <input type="checkbox"/> | OTHER (Specify) |

FORM 10-43 (10-20-31)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

RECORDED 12100-751

| HEAD OF FAMILY          |               | LOUISIANA  |            |
|-------------------------|---------------|------------|------------|
| R165                    | Raeburn, Joel | 99         | 13         |
| COLOR                   | AGE           | BIRTHPLACE |            |
| W                       | 52            | Miss.      |            |
| COUNTY                  | CITY          |            |            |
| St. Tammany             |               |            |            |
| OTHER MEMBERS OF FAMILY |               |            |            |
| NAME                    | RELATIONSHIP  | AGE        | BIRTHPLACE |
| Mary G.                 | W             | 48         |            |
| John                    | S             | 21         |            |
| Clara                   | D             | 19         |            |
| Robert H.               | S             | 13         |            |
| Samuel                  | S             | 11         |            |
| Ida                     | D             | 7          |            |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|   |  |   |  |            |             |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|---|--|------------|-------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|-------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R100  |  | NAME OF INDIVIDUAL<br><i>Robertell John</i> |  | E.O.<br>27 | SHEET<br>15 |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>W</i>   | AGE<br>21                                | BIRTHPLACE                                  |  |            |             |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br>Clai borne  |  | CITY<br><i>Homer</i>                        |  |            |             |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Harris Daggie</i>   |  |   |  |            |             |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |  |            |             |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NICE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |            |             | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NICE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE             |  |            |             |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NICE            | <input type="checkbox"/> NURSE              |  |            |             |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT            |  |            |             |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER             |  |            |             |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT            |  |            |             |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)    |  |            |             |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |            |             |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |  |            |             |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-437 (4-30-31)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-OC (910-P0)

|                         |     |                |     |             |  |           |  |
|-------------------------|-----|----------------|-----|-------------|--|-----------|--|
| R165                    |     | HEAD OF FAMILY |     | Robert John |  | LOUISIANA |  |
| E.D.                    |     | SHEET          |     | 114         |  | 27        |  |
| COLOR                   | AGE | BIRTHPLACE     |     |             |  |           |  |
| W                       | 53  | S226100        |     |             |  |           |  |
| COUNTY                  |     |                |     | CITY        |  |           |  |
| Richland                |     |                |     |             |  |           |  |
| OTHER MEMBERS OF FAMILY |     |                |     |             |  |           |  |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE  |  |           |  |
| S226100                 |     | W              | 42  | S226100     |  |           |  |
| J. L.                   |     | D              | 15  |             |  |           |  |
| Ernest                  |     | S              | 10  |             |  |           |  |
| Eugene                  |     | S              | 12  |             |  |           |  |
|                         |     |                |     |             |  |           |  |
|                         |     |                |     |             |  |           |  |
|                         |     |                |     |             |  |           |  |
|                         |     |                |     |             |  |           |  |

FORM 10-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |  |             |            |
|-------------------------|--|----------------|--|-------------|------------|
| R165                    |  | HEAD OF FAMILY |  | LOUISIANA   |            |
| COLON                   |  | AGE            |  | S. S. SHEET |            |
| 64                      |  | 68             |  | 223         |            |
| COUNTY                  |  | Washington     |  | CITY        |            |
| OTHER MEMBERS OF FAMILY |  |                |  |             |            |
| NAME                    |  | RELATIONSHIP   |  | AGE         | BIRTHPLACE |
| / Union                 |  | W              |  | 24          |            |
| / Reiger                |  | D              |  | 13          |            |
| / John B                |  | S              |  | 1           |            |
|                         |  |                |  |             |            |
|                         |  |                |  |             |            |
|                         |  |                |  |             |            |
|                         |  |                |  |             |            |
|                         |  |                |  |             |            |
|                         |  |                |  |             |            |

Form 16-636 (4-22-31)

1916 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                | LOUISIANA           |            |
|-------------------------|----------------|---------------------|------------|
| R165                    | HEAD OF FAMILY | Rayburn John L.     | E.O. 62 4  |
| COLOR<br>W              | AGE<br>48      | BIRTHPLACE<br>Miss. |            |
| COUNTY<br>Grant         | CITY           |                     |            |
| OTHER MEMBERS OF FAMILY |                |                     |            |
| NAME                    | RELATIONSHIP   | AGE                 | BIRTHPLACE |
| Serena M. J.            | W              | 36                  |            |
| Bertha M.               | D              | 16                  |            |
| Scirina L.              | D              | 9                   |            |
| Lottie V.               | D              | 7                   |            |
| Snock W.                | S.             | 6                   |            |
| Ada B.                  | D              | 5                   |            |
| Emily J.                | D              | 3                   |            |

LOUISIANA

HEAD OF FAMILY - CONTINUED

Rayburn John L.

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME        | RELATION-<br>SHIP | AGE | BIRTHPLACE |
|-------------|-------------------|-----|------------|
| 1 Winnie E. | D.                | 1/2 |            |
|             |                   |     |            |
|             |                   |     |            |
|             |                   |     |            |
|             |                   |     |            |
|             |                   |     |            |
|             |                   |     |            |
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|             |                   |     |            |
|             |                   |     |            |
|             |                   |     |            |

FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U. S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18100-P01



**Abstract**

[illegible]

**CONCLUSIONS**

1910 CENSUS INDEX - INDIVIDUAL

MEMPHIS 111000Z

|                         |  |                |     |            |  |
|-------------------------|--|----------------|-----|------------|--|
| R 105                   |  | HEAD OF FAMILY |     | LOUISIANA  |  |
| NAME                    |  | AGE            |     | SEX        |  |
| W                       |  | 28             |     | M          |  |
| BIRTHPLACE              |  | De Soto        |     | CITY       |  |
| COUNTY                  |  |                |     |            |  |
| OTHER MEMBERS OF FAMILY |  |                |     |            |  |
| NAME                    |  | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| Lillian Mae             |  | W              | 27  |            |  |
| Lorrie                  |  | S              | 4   |            |  |
| Howard                  |  | Bro            | 26  |            |  |
|                         |  |                |     |            |  |
|                         |  |                |     |            |  |
|                         |  |                |     |            |  |
|                         |  |                |     |            |  |
|                         |  |                |     |            |  |

Form 10-436 (4-22-31)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

| R164                    |           | HEAD OF FAMILY |               | LOUISIANA  |       |
|-------------------------|-----------|----------------|---------------|------------|-------|
| COLOR                   |           | AGE            | BIRTHPLACE    | E.D.       | SHEET |
| Mm                      |           | 40             |               | 76         | 14    |
| COUNTY                  |           |                | Pointe Coupee | CITY       |       |
| OTHER MEMBERS OF FAMILY |           |                |               |            |       |
|                         | NAME      | RELATIONSHIP   | AGE           | BIRTHPLACE |       |
|                         | Josephine | W              | 39            |            |       |
|                         | John      | S              | 13            |            |       |
|                         | Blanche   | D              | 12            |            |       |
|                         | Camilla   | D              | 11            |            |       |
|                         | Josephine | S              | 8             |            |       |
|                         | Blaisey   | D              | 5             |            |       |

FORM 16-536 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                   |      |            |       |
|-------------------------|-----|-------------------|------|------------|-------|
| R 165                   |     | HEAD OF FAMILY    |      | LOUISIANA  |       |
| R 165                   |     | Raburn Mariah     |      | E.O.       | SHEET |
| COLOR                   | AGE | BIRTHPLACE        |      |            |       |
| B                       | 56  |                   |      |            |       |
| COUNTY                  |     |                   | CITY |            |       |
| Bienville               |     |                   |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                   |      |            |       |
| NAME                    |     | RELATION-<br>SHIP | AGE  | BIRTHPLACE |       |
| Della                   |     | d                 | 19   |            |       |
| Arthur                  |     | go                | 13   |            |       |
|                         |     |                   |      |            |       |
|                         |     |                   |      |            |       |
|                         |     |                   |      |            |       |
|                         |     |                   |      |            |       |
|                         |     |                   |      |            |       |
|                         |     |                   |      |            |       |

|                         |      |                |       |            |       |
|-------------------------|------|----------------|-------|------------|-------|
| R165                    |      | HEAD OF FAMILY |       | LOUISIANA  |       |
| RAYBORN MARSHAL         |      | E.D.           |       | SHEET      |       |
| COLOR                   | W    | AGE            | 31    | BIRTHPLACE | MISS. |
| COUNTY                  | GRIM |                | CITY  |            |       |
| OTHER MEMBERS OF FAMILY |      |                |       |            |       |
| NAME                    |      | RELATIONSHIP   | AGE   | BIRTHPLACE |       |
| Ellen J.                |      | W              | 25    |            |       |
| Annie                   |      | D              | 9     |            |       |
| William B.              |      | S              | 7     |            |       |
| Lethia V.               |      | D              | 6     |            |       |
| Oss L.                  |      | S              | 5     |            |       |
| James C.                |      | S              | 1 1/2 |            |       |

FORM 16-636 (4-20-31)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|   |  |  |      |             |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|------|-------------|-------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R165  |  | NAME OF INDIVIDUAL<br>Rebena Mathis R    |      | E.D.<br>129 | SHEET<br>15 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br>W  | AGE<br>18                                | BIRTHPLACE                               |      |             |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br>Wing  |  |  | CITY |             |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| GENERATED WITH<br>Bradford Truman J.  |  |  |      |             |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |      |             |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> INMATE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> |  |  |      |             |             | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |      |             |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |      |             |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |      |             |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |      |             |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |      |             |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |      |             |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |      |             |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |      |             |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

Form 10-637 (4-22-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18196-P61

| R165                    |  | HEAD OF FAMILY |              | LOUISIANA |            |
|-------------------------|--|----------------|--------------|-----------|------------|
| COLOR                   |  | AGE            | BIRTHPLACE   | E.D.      | SHEET      |
| B                       |  | 27             |              | 95        | 2          |
| COUNTY                  |  |                | Red River    | CITY      |            |
| OTHER MEMBERS OF FAMILY |  |                |              |           |            |
| NAME                    |  |                | RELATIONSHIP | AGE       | BIRTHPLACE |
| living alone            |  |                |              |           |            |
|                         |  |                |              |           |            |
|                         |  |                |              |           |            |
|                         |  |                |              |           |            |
|                         |  |                |              |           |            |
|                         |  |                |              |           |            |
|                         |  |                |              |           |            |
|                         |  |                |              |           |            |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |   |  |                   |
|--|---|--|-------------------|
| NAME OF INDIVIDUAL<br><i>R165 Kabana Morris</i>  |   | E.O.<br><i>62</i>  | SHEET<br><i>4</i> |
| COLOR<br><i>W</i>  | AGE<br><i>24</i>  | BIRTHPLACE   |                   |
| COUNTY   |   | CITY   |                   |
| ENUMERATED WITH<br><i>Morgan Arthur J.</i>   |   |  |                   |
| RELATIONSHIP TO ABOVE  |   |  |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> WMA TO<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) _____ |                   |

FORM 16-527 (4-22-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCEN:RS 16100-P01



| HEAD OF FAMILY          |              |                | LOUISIANA  |       |
|-------------------------|--------------|----------------|------------|-------|
| NAME                    | AGE          | BIRTHPLACE     | S.D.       | SHEET |
| R/125 Robert Oscar O    | 28           | Lex            | 133        | 6     |
| COUNTY                  | Winn         | CITY           |            |       |
| OTHER MEMBERS OF FAMILY |              |                |            |       |
| NAME                    | RELATIONSHIP | AGE            | BIRTHPLACE |       |
| Emma                    | W            | 24             | Lex        |       |
| Hubert                  | S            | 4              | Lex        |       |
| Lloyd                   | S            | 2              | Lex        |       |
| Roscoe                  | S            | $\frac{7}{12}$ | Lex        |       |
|                         |              |                |            |       |
|                         |              |                |            |       |
|                         |              |                |            |       |

LOUISIANA

|  |  |   |                    |
|--|--|---|--------------------|
| NAME OF INDIVIDUAL<br><i>Pauline</i>   |  | E.D.<br><i>104</i>  | SHEET<br><i>20</i> |
| COLOR<br><i>W</i>  | AGE<br><i>13</i>   | BIRTHPLACE<br><i>ala</i>  |                    |
| COUNTY<br><i>Ouachita</i>  |  | CITY<br><i>Monroe</i>   |                    |
| ENUMERATED WITH<br><i>Beet, J. W.</i>  |  |   |                    |
| RELATIONSHIP TO ABOVE  |  |   |                    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input checked="" type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> WIDWIFE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                    |

FORM 10-517 (4-10-51)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18198-P01

LOUISIANA

|                         |     |                |      |            |       |
|-------------------------|-----|----------------|------|------------|-------|
| R165                    |     | HEAD OF FAMILY |      | E.D.       | SHEET |
| Keburn Sam              |     |                |      | 140        | 16    |
| COLOR                   | AGE | BIRTHPLACE     |      |            |       |
| B                       | 46  |                |      |            |       |
| COUNTY                  |     |                | CITY |            |       |
| Union                   |     |                |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Lizzie                  |     | W              | 44   |            |       |
| Elbert                  |     | S              | 21   |            |       |
| Lula                    |     | D              | 19   |            |       |
| George                  |     | S              | 15   |            |       |
| Bertha                  |     | D              | 11   |            |       |
| James                   |     | S              | 8    |            |       |
| Alma                    |     | S              | 5    |            |       |

FORM 12-536 (4-22-07)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

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FORM 10-636a (6-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U S DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMH-DF 18186-P01

|                         |     |                |    |                |     |            |      |       |
|-------------------------|-----|----------------|----|----------------|-----|------------|------|-------|
| R165                    |     | HEAD OF FAMILY |    | Roberson, Sara |     | LOUISIANA  | E.D. | SHEET |
| COLOR                   | mu. | AGE            | 37 | BIRTHPLACE     |     |            | 80   | 21    |
| COUNTY                  |     |                |    | Natchitoches   |     | CITY       |      |       |
|                         |     |                |    | Natchitoches   |     |            |      |       |
| OTHER MEMBERS OF FAMILY |     |                |    |                |     |            |      |       |
| NAME                    |     |                |    | RELATIONSHIP   | AGE | BIRTHPLACE |      |       |
| Dodd, Johnie            |     |                |    | S              | 17  |            |      |       |
| Alton                   |     |                |    | S              | 15  |            |      |       |
| Grace                   |     |                |    | D              | 13  |            |      |       |
| Joe                     |     |                |    | S.             | 6   |            |      |       |
| L.                      |     |                |    | v              | 4   |            |      |       |
| Cora                    |     |                |    | D.             | 9   |            |      |       |
|                         |     |                |    |                |     |            |      |       |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|                         |                                |                         |            |
|-------------------------|--------------------------------|-------------------------|------------|
| 9165                    | HEAD OF FAMILY<br>Kykurn Sarah | E.D.<br>64              | SHEET<br>7 |
| COLOR<br>W              | AGE<br>70                      | BIRTHPLACE              |            |
| COUNTY<br>Livingston    |                                | CITY<br>Natchez Springs |            |
| OTHER MEMBERS OF FAMILY |                                |                         |            |
| NAME                    | RELATIONSHIP                   | AGE                     | BIRTHPLACE |
| Lina                    |                                |                         |            |
|                         |                                |                         |            |
|                         |                                |                         |            |
|                         |                                |                         |            |
|                         |                                |                         |            |
|                         |                                |                         |            |
|                         |                                |                         |            |

FORM 16-636 (4-26-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                   |         |            |      |
|-------------------------|---|-------------------|---------|------------|------|
| 1164                    |   | HEAD OF FAMILY    |         | LOUISIANA  |      |
| Raphael Selvestre       |   | E.D.              |         | 69 20      |      |
| COLOR                   | B | AGE               | 25      | BIRTHPLACE |      |
| COUNTY                  |   |                   | De Soto |            | CITY |
| OTHER MEMBERS OF FAMILY |   |                   |         |            |      |
| NAME                    |   | RELATION-<br>SHIP | AGE     | BIRTHPLACE |      |
| Maggie                  |   | W                 | 25      |            |      |
| Lena                    |   | D                 | 5       |            |      |
| William                 |   | B                 | 4       |            |      |
|                         |   |                   |         |            |      |
|                         |   |                   |         |            |      |
|                         |   |                   |         |            |      |
|                         |   |                   |         |            |      |
|                         |   |                   |         |            |      |
|                         |   |                   |         |            |      |

FROM 15-64 1900 011  
1910 CENSUS INDEX: FAMILY

U.S. DEPARTMENT OF COMMERCE

LOUISIANA

|   |  |   |                 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |            |                                |  |  |
|---|--|---|-----------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|------------|--------------------------------|--|--|
| NAME OF INDIVIDUAL<br><i>Robert Smith</i>   |  | AGE<br><i>25</i>                                    | SEX<br><i>M</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |            |                                |  |  |
| BIRTHPLACE<br><i>La Soto</i>  |  | CITY  |                 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |            |                                |  |  |
| RELATIONSHIP TO ABOVE<br><i>Robert Jones</i>  |  |   |                 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |            |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>Bro</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> MISTRESS-IN-LAW</td> <td></td> </tr> </table> |  |   |                 | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>Bro</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> MISTRESS-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |                 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |            |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |                 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |            |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |                 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |            |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |                 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |            |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |                 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |            |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |                 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |            |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  | <i>Bro</i>  |                 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |            |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> MISTRESS-IN-LAW |   |                 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |            |                                |  |  |

FORM 16-437 (4-22-41)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1930 CENSUS INDEX - INDIVIDUAL

USCOM-DC 16194-P01



|                         |                                   |                           |      | LOUISIANA  |            |
|-------------------------|-----------------------------------|---------------------------|------|------------|------------|
| 19165                   | HEAD OF FAMILY<br>Kineand, Thomas |                           |      | E.O.<br>31 | SHEET<br>9 |
| COLOR<br>W              | AGE<br>39                         | BIRTHPLACE<br>Philippines |      |            |            |
| COUNTY<br>Jefferson     |                                   |                           | CITY |            |            |
| OTHER MEMBERS OF FAMILY |                                   |                           |      |            |            |
| NAME                    |                                   | RELATIONSHIP              | AGE  | BIRTHPLACE |            |
| 1 Pauline               |                                   | w                         | 38   |            |            |
| + 2 sons                |                                   |                           |      |            |            |
|                         |                                   |                           |      |            |            |
|                         |                                   |                           |      |            |            |
|                         |                                   |                           |      |            |            |
|                         |                                   |                           |      |            |            |
|                         |                                   |                           |      |            |            |
|                         |                                   |                           |      |            |            |

|                         |   |                |    |               |      |            |       |
|-------------------------|---|----------------|----|---------------|------|------------|-------|
| B-165                   |   | HEAD OF FAMILY |    | Raborn Thomas |      | LOUISIANA  |       |
| COLOR                   | B | AGE            | 57 | BIRTHPLACE    | Tenn | E.O.       | SHEET |
| COUNTY                  |   |                |    | CITY          |      |            |       |
| West Carroll            |   |                |    |               |      |            |       |
| OTHER MEMBERS OF FAMILY |   |                |    |               |      |            |       |
| NAME                    |   | RELATIONSHIP   |    | AGE           |      | BIRTHPLACE |       |
| Cornelia                |   | W              |    | 43            |      |            |       |
| Ernest                  |   | S              |    | 15            |      |            |       |
| Mark S                  |   | S              |    | 5             |      |            |       |
|                         |   |                |    |               |      |            |       |
|                         |   |                |    |               |      |            |       |
|                         |   |                |    |               |      |            |       |
|                         |   |                |    |               |      |            |       |
|                         |   |                |    |               |      |            |       |
|                         |   |                |    |               |      |            |       |
|                         |   |                |    |               |      |            |       |

1910 CENSUS INDEX : FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |  |            |  |            |  |    |  |
|-------------------------|--|----------------|--|------------|--|------------|--|----|--|
| 8742                    |  | HOUSE OF FIGHT |  | LOUISIANA  |  | 79         |  | 77 |  |
| PRE-OR                  |  | AGE            |  | BIRTHPLACE |  |            |  |    |  |
| 14                      |  | 14             |  | 2400000    |  |            |  |    |  |
| COUNTY                  |  |                |  | CITY       |  |            |  |    |  |
| St. Tammany             |  |                |  |            |  |            |  |    |  |
| OTHER MEMBERS OF FAMILY |  |                |  |            |  |            |  |    |  |
| NAME                    |  | RELATIONSHIP   |  | AGE        |  | BIRTHPLACE |  |    |  |
| Delphine                |  | W              |  | 44         |  |            |  |    |  |
| Ad                      |  | D              |  | 18         |  | Texas      |  |    |  |
| Elijah                  |  | S              |  | 16         |  | Texas      |  |    |  |
| Wahila                  |  | -              |  | 12         |  | Texas      |  |    |  |
| Willard                 |  | S              |  | 9          |  | Texas      |  |    |  |
|                         |  |                |  |            |  |            |  |    |  |
|                         |  |                |  |            |  |            |  |    |  |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                    | LOUISIANA  |            |
|-------------------------|--------------------|------------|------------|
| 1165                    | HEAD OF FAMILY     | E.D.       | SHEET      |
|                         | Rayborne, Thomas J | 88         | 3          |
| COLOR                   | AGE                | BIRTHPLACE |            |
| W                       | 41                 |            |            |
| COUNTY                  | Rapides            | CITY       |            |
|                         |                    |            |            |
| OTHER MEMBERS OF FAMILY |                    |            |            |
| NAME                    | RELATIONSHIP       | AGE        | BIRTHPLACE |
| Mary A                  | W                  | 40         |            |
| Frank                   | S                  | 17         |            |
| Osay                    | S                  | 15         |            |
| Asche                   | S                  | 13         |            |
| George                  | S                  | 9          |            |
| Luchetti                | S                  | 3          |            |
|                         |                    |            |            |

FORM 16-536 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

| LOUISIANA               |                |              |               |
|-------------------------|----------------|--------------|---------------|
| R165                    | HEAD OF FAMILY |              | Ratarn Tilden |
|                         | E.D.           | 88           |               |
|                         | SHEET 4        |              |               |
| COLOR                   | AGE            | BIRTHPLACE   |               |
| W                       | 23             |              |               |
| COUNTY                  | Natchitoches   | CITY         | Robeline      |
| OTHER MEMBERS OF FAMILY |                |              |               |
|                         | NAME           | RELATIONSHIP | AGE           |
|                         | Albia          | W            | 26            |
|                         | Lanner         | D            | 6             |
|                         | Lula           | R            | 2             |
|                         | Leo            | R            | 4 1/2         |
|                         | Frederick      | B            | 14            |
|                         |                |              |               |
|                         |                |              |               |
|                         |                |              |               |

|                         |  |                |  |              |  |      |  |            |  |
|-------------------------|--|----------------|--|--------------|--|------|--|------------|--|
| 18165                   |  | HEAD OF FAMILY |  | Louisiana    |  | S.O. |  | SHEET      |  |
| 127                     |  | 9              |  |              |  |      |  |            |  |
| AGE                     |  | BIRTHPLACE     |  |              |  |      |  |            |  |
| 3                       |  | 52             |  |              |  |      |  |            |  |
| COUNTY                  |  |                |  | Winn         |  | CITY |  |            |  |
| OTHER MEMBERS OF FAMILY |  |                |  |              |  |      |  |            |  |
| NAME                    |  |                |  | RELATIONSHIP |  | AGE  |  | BIRTHPLACE |  |
| Garry                   |  |                |  | W            |  | 44   |  |            |  |
| L. Davis                |  |                |  | S            |  | 15   |  |            |  |
| Lester                  |  |                |  | D            |  | 13   |  |            |  |
| Blumig                  |  |                |  | D            |  | 11   |  |            |  |
| L. L. Little            |  |                |  | S            |  | 5    |  |            |  |
| L. L. Little            |  |                |  | D            |  | 2    |  |            |  |
| and 1 B.                |  |                |  |              |  |      |  |            |  |

Form 16-636 (4-26-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |           |                |     |            |  |
|-------------------------|-----------|----------------|-----|------------|--|
| R165                    |           | HEAD OF FAMILY |     | LOUISIANA  |  |
| E.D.                    |           | SHEET          |     | 91 1       |  |
| COLOR                   | W         | AGE            | 39  | BIRTHPLACE |  |
| COUNTY                  | St Helena |                |     | CITY       |  |
| OTHER MEMBERS OF FAMILY |           |                |     |            |  |
| NAME                    |           | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| Verna                   |           | W              | 38  |            |  |
| Lorraine                |           | D              | 11  |            |  |
| Laurie                  |           | D              | 9   |            |  |
| Marta's                 |           | D              | 6   |            |  |
| Oline                   |           | D              | 2   |            |  |
| Minnie                  |           | D              | 1   |            |  |

| HEAD OF FAMILY          |              |             | LOUISIANA        |
|-------------------------|--------------|-------------|------------------|
| P/65                    | Rayburn      | Tom M       | E.D. 132 SHEET 5 |
| COLOR                   | AGE          | BIRTHPLACE  |                  |
| w                       | 35           | mo          |                  |
| COUNTY                  | Winn         | CITY Delson |                  |
| OTHER MEMBERS OF FAMILY |              |             |                  |
| NAME                    | RELATIONSHIP | AGE         | BIRTHPLACE       |
| Dora A                  | w            | 27          |                  |
| Lawrence                | s            | 3           |                  |
| Clarence M              | s            | 1           |                  |
| Prize Jones             | S. I         | 17          |                  |
|                         |              |             |                  |
|                         |              |             |                  |
|                         |              |             |                  |
|                         |              |             |                  |



LOUISIANA

|   |  |  |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| NAME OF INDIVIDUAL<br><i>Bled Riaty, Valves</i>   |  | U.S.<br><i>44</i>                          | SHEET<br><i>26</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>W</i>   | AGE<br><i>27</i>                         | BIRTHPLACE<br><i>Mich</i>                  |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>CALCASSIN</i>  | CITY                                     |  |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Lepor Ferdinand</i>   |  |  |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE            |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE             |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

Form 16-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 19106-P61

LOUISIANA

|                         |     |                |      |            |       |
|-------------------------|-----|----------------|------|------------|-------|
| R 165                   |     | HEAD OF FAMILY |      | E.O.       | SHEET |
|                         |     | Raham William  |      | 186        | 10    |
| COLOR                   | AGE | BIRTHPLACE     |      |            |       |
| li                      | 46  | Dum            |      |            |       |
| COUNTY                  |     |                | CITY |            |       |
| Tangipahoa              |     |                |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Living alone            |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
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FORM 18-436 (4-29-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|                         |   |                |        |                    |  |      |       |
|-------------------------|---|----------------|--------|--------------------|--|------|-------|
| R165                    |   | HEAD OF FAMILY |        | Rayburn, William H |  | E.O. | SHEET |
| COLOR                   | W | AGE            | 39     | BIRTHPLACE         |  |      |       |
| COUNTY                  |   |                | VOTRON | CITY               |  |      |       |
| OTHER MEMBERS OF FAMILY |   |                |        |                    |  |      |       |
| NAME                    |   | RELATIONSHIP   | AGE    | BIRTHPLACE         |  |      |       |
| Daisy Leona             |   | W              | 30     |                    |  |      |       |
| Lousiana May            |   | D              | 12     | Tex                |  |      |       |
| Hattie                  |   | D              | 10     |                    |  |      |       |
| Jennie White            |   | D              | 8      |                    |  |      |       |
| Clara Ruby              |   | D              | 6      |                    |  |      |       |
| William Harold          |   | S              | 4      |                    |  |      |       |
| Ethel Lee               |   | D              | 2      |                    |  |      |       |

Form 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME        | RELATIONSHIP | AGE   | BIRTHPLACE |
|-------------|--------------|-------|------------|
| 1 Stephen R | S            | 6 1/2 |            |
|             |              |       |            |
|             |              |       |            |
|             |              |       |            |
|             |              |       |            |
|             |              |       |            |
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|             |              |       |            |

FORM 10-434a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 1910-P01

|                         |                   |            | LOUISIANA  |       |
|-------------------------|-------------------|------------|------------|-------|
| HEAD OF FAMILY          | AGE               | BIRTHPLACE | ED.        | SERV. |
| R165                    | 56                | La         | 34         | 5     |
| COLOR                   |                   |            |            |       |
| W                       |                   |            |            |       |
| COUNTY                  | Orleans           |            | CITY       |       |
| OTHER MEMBERS OF FAMILY |                   |            |            |       |
| NAME                    | RELATION-<br>SHIP | AGE        | BIRTHPLACE |       |
| Minnie J.               | W                 | 47         | La         |       |
| Larry H.                | S                 | 17         | La         |       |
| Green, Joe              | La                | 42         | La         |       |
| Freeman, Mrs. L. E.     | M                 | 66         | La         |       |
|                         |                   |            |            |       |
|                         |                   |            |            |       |
|                         |                   |            |            |       |
|                         |                   |            |            |       |

FORM 16-636 (6-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|                         |            |                |    |                 |          |            |       |
|-------------------------|------------|----------------|----|-----------------|----------|------------|-------|
| R165                    |            | HEAD OF FAMILY |    | Rayborn William |          | E.D.       | SHEET |
| COLOR                   | W          | AGE            | 58 | BIRTHPLACE      |          | Miss       |       |
| COUNTY                  | Tangipahoa |                |    | CITY            | Kentwood |            |       |
| OTHER MEMBERS OF FAMILY |            |                |    |                 |          |            |       |
| NAME                    |            |                |    | RELATIONSHIP    | AGE      | BIRTHPLACE |       |
| Malissie                |            |                |    | W               | 56       |            |       |
| William S               |            |                |    | S               | 27       |            |       |
| George D.               |            |                |    | S               | 16       |            |       |
| Guinoyd                 |            |                |    | S               | 14       |            |       |
|                         |            |                |    |                 |          |            |       |
|                         |            |                |    |                 |          |            |       |
|                         |            |                |    |                 |          |            |       |
|                         |            |                |    |                 |          |            |       |

FORM 16-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |          |                |                  |            |       |
|-------------------------|----------|----------------|------------------|------------|-------|
| R200                    |          | HEAD OF FAMILY |                  | LOUISIANA  |       |
| COLOR                   | AGE      | BIRTHPLACE     |                  | S.S.       | SHEET |
| W                       | 61       | Not reported   |                  | 95         | 14    |
| COUNTY                  | St. Mary |                | CITY Morgan City |            |       |
| OTHER MEMBERS OF FAMILY |          |                |                  |            |       |
| NAME                    |          | RELATIONSHIP   | AGE              | BIRTHPLACE |       |
| Not reported            |          | W.             | A.P.             | U.S.       |       |
|                         |          |                |                  |            |       |
|                         |          |                |                  |            |       |
|                         |          |                |                  |            |       |
|                         |          |                |                  |            |       |
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FORM 16-436 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

LOUISIANA

|                         |     |                |      |            |       |
|-------------------------|-----|----------------|------|------------|-------|
| K200                    |     | HEAD OF FAMILY |      | E.O.       | SHEET |
| Ross A                  |     |                |      | 136        | 5     |
| COLOR                   | AGE | BIRTHPLACE     |      |            |       |
| B                       | 53  | Miss           |      |            |       |
| COUNTY                  |     |                | CITY |            |       |
| West Baton Rouge        |     |                |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| / Lucy                  |     | W              | 55   | "          |       |
| A. P. Jr                |     | S              | 15   | "          |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA



LOUISIANA

|                         |     |                |              |      |            |       |  |
|-------------------------|-----|----------------|--------------|------|------------|-------|--|
| 1200                    |     | HEAD OF FAMILY |              | E.D. |            | SHEET |  |
|                         |     | Lusk, O. E.    |              | 44   |            | 41    |  |
| COLOR                   | AGE | BIRTHPLACE     |              |      |            |       |  |
| W                       | 37  |                |              |      |            |       |  |
| COUNTY                  |     |                |              | CITY |            |       |  |
| Calcasieu               |     |                |              |      |            |       |  |
| OTHER MEMBERS OF FAMILY |     |                |              |      |            |       |  |
| NAME                    |     |                | RELATIONSHIP | AGE  | BIRTHPLACE |       |  |
| Ben                     |     |                | W            | 31   | Mo         |       |  |
| Lillian                 |     |                | D            | 10   | Miss       |       |  |
| Lera                    |     |                | D            | 8    |            |       |  |
| Marguerite              |     |                | D            | 6    | Ark.       |       |  |
| Luis                    |     |                | S            | 4    | Okla.      |       |  |
| Helen                   |     |                | S            | 2    | Tex.       |       |  |
| Hamilton, Robt. A.      |     |                | B.C.         | 43   | Mo.        |       |  |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



| HEAD OF FAMILY           |               | U.S.       | SHEET      |
|--------------------------|---------------|------------|------------|
| R 200 <i>James Aaron</i> |               | 15         | 9          |
| COLOR                    | AGE           | BIRTHPLACE |            |
| B                        | 24            | Georgia    |            |
| COUNTY                   | CITY          |            |            |
| Bossier                  |               |            |            |
| OTHER MEMBERS OF FAMILY  |               |            |            |
| NAME                     | RELATIONSHIP  | AGE        | BIRTHPLACE |
| / <i>Johnson</i>         | <i>Lizzie</i> | W          | 48         |
|                          | <i>Marsa</i>  | D          | 17         |
|                          | <i>Aaron</i>  | S          | 14         |
|                          | <i>Estell</i> | S D        | 25         |
|                          | <i>Maurie</i> | S D        | 23         |
|                          | <i>Lizzie</i> | S D        | 14         |
|                          | <i>Lusia</i>  | S D        | 12         |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS



LOUISIANA

| R 200                   | HEAD OF FAMILY<br><i>Rosa Alba</i> |                   | E.O.<br>5 | SHEET<br>9 |
|-------------------------|------------------------------------|-------------------|-----------|------------|
| COLOR<br>B              | AGE<br>37                          | BIRTHPLACE        |           |            |
| COUNTY<br>Assumption    |                                    | CITY              |           |            |
| OTHER MEMBERS OF FAMILY |                                    |                   |           |            |
| NAME                    |                                    | RELATION-<br>SHIP | AGE       | BIRTHPLACE |
| / <i>Rosana</i>         |                                    | <i>M</i>          | <i>49</i> |            |
| <i>Lilly</i>            |                                    | <i>D</i>          | <i>15</i> |            |
| <i>Lizzie</i>           |                                    | <i>D</i>          | <i>13</i> |            |
|                         |                                    |                   |           |            |
|                         |                                    |                   |           |            |
|                         |                                    |                   |           |            |
|                         |                                    |                   |           |            |

FORM 15-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

[illegible]

FORM 10-336 (4-29-91)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

| HEAD OF FAMILY          |              | LOUISIANA  |                |
|-------------------------|--------------|------------|----------------|
| COLOR                   | AGE          | BIRTHPLACE | SHEET          |
| W                       | 52           | Syria      | 4 6            |
| COUNTY                  | Ascension    | CITY       | Donaldsonville |
| OTHER MEMBERS OF FAMILY |              |            |                |
| NAME                    | RELATIONSHIP | AGE        | BIRTHPLACE     |
| Anthony                 | Cousin       | 28         | Syria          |
| Ladie                   | Cousin       | 28         | Syria          |
| Elmer                   | Cousin       | 27         | Syria          |
| Ernie                   | Son          | 21         | Syria          |
| Michel                  | N            | 3          |                |
| Annie                   | N            | 1          |                |
| Isaac                   | S            | 17         | Syria          |

FORM 16-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

*Ressie Abraham*

## OTHER MEMBERS OF FAMILY

| NAME         | RELATIONSHIP | AGE      | BIRTHPLACE |
|--------------|--------------|----------|------------|
| <i>John</i>  | <i>S</i>     | <i>6</i> |            |
| <i>Elma</i>  | <i>S</i>     | <i>5</i> |            |
| <i>David</i> | <i>S</i>     | <i>2</i> |            |
|              |              |          |            |
|              |              |          |            |
|              |              |          |            |
|              |              |          |            |
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FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U. S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCENAL-10 16108-P01



|  |   |  |                        |
|--|---|--|------------------------|
| NAME OF HEAD OF HOUSEHOLD<br><i>Rufus Abraham</i>  |   | LOUISIANA  |                        |
| COLOR<br><i>A</i>  | AGE<br><i>44</i>  | BIRTHPLACE<br><i>La</i>  | EDUCATION<br><i>84</i> |
| COUNTY<br><i>Pointe Coupee</i>   | CITY<br><i>New Orleans</i>  |  |                        |
| MARRIED WITH<br><i>Lee Julia</i>   |   |  |                        |
| RELATIONSHIP TO HEAD   |   |  |                        |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> PATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> INMATE<br><input type="checkbox"/> HUNTER<br><input type="checkbox"/> PATRON<br><input type="checkbox"/> RUMMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                        |

FORM 10-29 (10-1-61)

1910 CENSUS INDEX - INDIVIDUAL

MADE BY THE BUREAU OF THE CENSUS

| HEAD OF FAMILY           |                      | LOUISIANA      |                |
|--------------------------|----------------------|----------------|----------------|
| <i>R 20</i>              | <i>Basha Abraham</i> | E.D. <i>23</i> | SHEET <i>5</i> |
| COLOR <i>M</i>           | AGE <i>44</i>        | BIRTHPLACE     |                |
| COUNTY                   | <i>Natchitoches</i>  | CITY           |                |
| OTHER MEMBERS OF FAMILY  |                      |                |                |
| NAME                     | RELATIONSHIP         | AGE            | BIRTHPLACE     |
| <i>Mary</i>              | <i>W</i>             | <i>42</i>      |                |
| <i>Egan</i>              | <i>S</i>             | <i>22</i>      |                |
| <i>Lillian</i>           | <i>D</i>             | <i>24</i>      |                |
| <i>Joseph</i>            | <i>S</i>             | <i>16</i>      |                |
| <i>Earnest</i>           | <i>S</i>             | <i>12</i>      |                |
| <i>Ada</i>               | <i>D</i>             | <i>5</i>       |                |
| <i>Roberta Philomene</i> | <i>M L</i>           | <i>65</i>      |                |

 FORM 10-536 (4-20-01)  
 1910 CENSUS INDEX - FAMILY

 U.S. DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

LOUISIANA

|  |          |  |      |   |            |
|--|----------|--|------|---|------------|
| R2207<br><del>Rice</del>   |          | NAME OF INDIVIDUAL<br>Rice Abraham   |      | E.O.<br>91  | SHEET<br>3 |
| COLOR<br>B   | AGE<br>9 | BIRTHPLACE   |      |   |            |
| COUNTY   |          |  | CITY |   |            |
| EMIGRATED WITH<br>Morehouse<br>Smith, Jim  |          |  |      |   |            |
| RELATIONSHIP TO ABOVE  |          |  |      |   |            |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |          | <input checked="" type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> WIDOW<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |            |

FORM 16-627 (10-20-51)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 1910-P-61

|                         |              | LOUISIANA  |            |
|-------------------------|--------------|------------|------------|
| HEAD OF FAMILY          | E.D.         | SHEET      |            |
| R 200                   | Ray Abraham  | 55         | 11         |
| COLOR                   | AGE          | BIRTHPLACE |            |
| B                       | 45           |            |            |
| COUNTY                  | CITY         |            |            |
| Iberville               | Staplesville |            |            |
| OTHER MEMBERS OF FAMILY |              |            |            |
| NAME                    | RELATIONSHIP | AGE        | BIRTHPLACE |
| Living alone            |              |            |            |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |

FORM 10-436 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |   |  |           |      |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
|---|--|---|--|-----------|------|------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|--|--|--------------------------------|--|--|
| R200  |  | NAME OF INDIVIDUAL<br><i>Richard Acie</i> |  | LOUISIANA | U.S. | SHEET<br>9 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| SEX<br><i>M</i>   | AGE<br><i>22</i>                                   | BIRTHPLACE                                |  |           |      |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| COUNTY<br><i>Richland</i>   |  | CITY<br><i>Rayville</i>                   |  |           |      |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| MARRIED WITH<br><i>Parker Johnny</i>  |  |   |  |           |      |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |  |           |      |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input checked="" type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |           |      |            | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input checked="" type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW                    | <input type="checkbox"/> INMATE           |  |           |      |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE                     | <input type="checkbox"/> NURSE            |  |           |      |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW             | <input type="checkbox"/> PATIENT          |  |           |      |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW             | <input type="checkbox"/> ROOMER           |  |           |      |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW                | <input type="checkbox"/> SERVANT          |  |           |      |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW           | <input type="checkbox"/> OTHER (Specify)  |  |           |      |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input checked="" type="checkbox"/> BROTHER-IN-LAW |   |  |           |      |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW             |   |  |           |      |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |

FORM 10-637 (4-30-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 16100-P01

|  |   |
|--|---|
| LOUISIANA  |   |
| B200   | NAME OF INDIVIDUAL<br><i>Rose Adeline</i>   |
| E.D.<br><i>39</i>  | SHEET<br><i>25</i>  |
| COLOR<br><i>mu</i>   | AGE<br><i>76</i>  |
| BIRTHPLACE   |   |
| COUNTY   | CITY<br><i>Calcasieu</i>  |
| ENUMERATED WITH<br><i>Jessie Valine</i>  |   |
| RELATIONSHIP TO ABOVE  |   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>D.</i>   |   |

FORM 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 18100-P01

LOUISIANA

|  |  |   |  |            |  |      |  |       |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|--|--|---|--|------------|--|------|--|-------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| R302   |  | NAME OF INDIVIDUAL                                  |  | Roach, Ada |  | E.D. |  | SHEET |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR  |  | AGE   |  | BIRTHPLACE |  |      |  |       |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| B  |  | 4   |  |            |  |      |  |       |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY   |  |   |  | CITY       |  |      |  |       |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| Morehouse  |  |   |  | Oak Ridge  |  |      |  |       |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH  |  |   |  |            |  |      |  |       |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| Johnson, Piphan  |  |   |  |            |  |      |  |       |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   |  |            |  |      |  |       |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> INMATE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input checked="" type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> |  |   |  |            |  |      |  |       |  | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |  |            |  |      |  |       |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |  |            |  |      |  |       |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |            |  |      |  |       |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |            |  |      |  |       |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |            |  |      |  |       |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |            |  |      |  |       |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |            |  |      |  |       |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |   |  |            |  |      |  |       |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18100-P-61

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R 200                   |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| R 200                   |     | R 200 Ada      |     | S.D.       | SHEET |
| COLOR                   | AGE | BIRTHPLACE     |     |            |       |
| 13                      | 19  |                |     |            |       |
| COUNTY                  |     | Natchitoches   |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Robinson Lilla          |     | D              | 3   |            |       |
| Griswold Lula           |     | U              | 2   |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 18-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|  |                 |  |  |   |                    |
|--|-----------------|--|--|---|--------------------|
| 8300   |                 | NAME OF INDIVIDUAL<br><i>Russ Adair</i>  |  | E.D.<br><i>44</i>   | SHEET<br><i>10</i> |
| COLOR<br><i>B</i>  | AGE<br><i>6</i> | BIRTHPLACE<br><i>Miss</i>  |  |   |                    |
| COUNTY<br><i>East Feliciana</i>  | CITY            |  |  |   |                    |
| ENUMERATED WITH<br><i>Mrs. Jones</i>   |                 |  |  |   |                    |
| RELATIONSHIP TO ABOVE  |                 |  |  |   |                    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                 | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input checked="" type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> WIFE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify)<br><hr/> |                    |

FORM 10-437 (4-10-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-OC 18100-P61

LOUISIANA

|                               |                                    |              |            |             |
|-------------------------------|------------------------------------|--------------|------------|-------------|
| R 200                         | HEAD OF FAMILY<br><i>Russ Adam</i> |              | E.D.<br>44 | SHEET<br>19 |
| COLOR<br>B                    | AGE<br>24                          | BIRTHPLACE   |            |             |
| COUNTY<br><i>St. Felicite</i> |                                    | CITY         |            |             |
| OTHER MEMBERS OF FAMILY       |                                    |              |            |             |
| NAME                          |                                    | RELATIONSHIP | AGE        | BIRTHPLACE  |
| 1 <i>Mattie</i>               |                                    | <i>W</i>     | 25         |             |
| <i>John</i>                   |                                    | <i>D</i>     | 2          |             |
|                               |                                    |              |            |             |
|                               |                                    |              |            |             |
|                               |                                    |              |            |             |
|                               |                                    |              |            |             |
|                               |                                    |              |            |             |
|                               |                                    |              |            |             |

FORM 18-626 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                | LOUISIANA    |                  |
|-------------------------|----------------|--------------|------------------|
| R 200                   | HEAD OF FAMILY | Ross, Adam   | E.D. 52 SHEET 13 |
| COLOR                   | AGE            | BIRTHPLACE   |                  |
| Me                      | 44             |              |                  |
| COUNTY                  | Iberville      | CITY         |                  |
| OTHER MEMBERS OF FAMILY |                |              |                  |
|                         | NAME           | RELATIONSHIP | AGE BIRTHPLACE   |
|                         | Ella           | W            | 47               |
|                         | Father         | D            | 17               |
|                         | Maggie         | D            | 21               |
|                         | William        | S            | 11               |
|                         | Oliver         | S            | 9                |
|                         | Dallas         | S            | 8                |

FORM 16-636 (4-22-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |   |  |                   |
|--|---|--|-------------------|
| NAME OF INDIVIDUAL<br><i>Ross</i>  |   | ED<br><i>70</i>  | MOET<br><i>20</i> |
| COLOR<br><i>B</i>  | AGE<br><i>27</i>  | BIRTHPLACE   |                   |
| COUNTY<br><i>Lafayette</i>   |   | CITY<br><i>Lafayette</i>   |                   |
| ENUMERATED WITH<br><i>Williams, Alice</i>  |   |  |                   |
| RELATIONSHIP TO ABOVE  |   |  |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> IMMATE<br><input type="checkbox"/> NUNCE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>Lodger</i> |                   |

FORM 10-637 (4-22-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCIB-DC 10100-P01

|  |  |                    |   |                |  |   |  |       |  |
|--|--|--------------------|---|----------------|--|---|--|-------|--|
| R 200  |  | NAME OF INDIVIDUAL |   | Rocca, Adam    |  | E. B.   |  | SHEET |  |
| COLOR  |  | AGE                |   | BIRTHPLACE     |  | 31  |  | 13    |  |
| W  |  | 20                 |   |                |  |   |  |       |  |
| COUNTY   |  |                    |   | Calcasieu      |  | CITY  |  |       |  |
| ENUMERATED WITH  |  |                    |   | Rocca, Liebert |  |   |  |       |  |
| RELATIONSHIP TO ABOVE  |  |                    |   |                |  |   |  |       |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  |                    | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |                |  | <input type="checkbox"/> WIDWIFE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br>B |  |       |  |

FORM 16-637 (4-29-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 16199-P01

|                         |   |                |     |             |  |           |    |
|-------------------------|---|----------------|-----|-------------|--|-----------|----|
| 1200                    |   | HEAD OF FAMILY |     | Rox, Adam A |  | LOUISIANA |    |
| COLOR                   | W | AGE            | 45  | BIRTHPLACE  |  | E.O.      | 56 |
| COUNTY                  |   |                |     | Cameron     |  | CITY      |    |
| OTHER MEMBERS OF FAMILY |   |                |     |             |  |           |    |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE  |  |           |    |
| Virginia                |   | W              | 64  |             |  |           |    |
| Ash                     |   | S              | 16  |             |  |           |    |
| Evelyn                  |   | S              | 16  |             |  |           |    |
| John                    |   | S              | 14  |             |  |           |    |
| Hamel                   |   | S              | 7   |             |  |           |    |
| Flann, Anita            |   | Friend         | 14  |             |  |           |    |

FORM 16-636 (4-30-57)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|                         |                |                   |      |            |
|-------------------------|----------------|-------------------|------|------------|
| B 200                   | HEAD OF FAMILY |                   | E.O. | SHEET      |
|                         | Race Adams     |                   | 25   | 13         |
| COLOR                   | AGE            | BIRTHPLACE        |      |            |
| W                       | 27             |                   |      |            |
| COUNTY                  |                | CITY              |      |            |
| Lafayette               |                |                   |      |            |
| OTHER MEMBERS OF FAMILY |                |                   |      |            |
| NAME                    |                | RELATION-<br>SHIP | AGE  | BIRTHPLACE |
| Adia                    |                | W                 | 25   |            |
| / Clara                 |                | D                 | 6    |            |
| / Stanley               |                | S                 | 4    |            |
| / Joseph                |                | S                 | 1    |            |
|                         |                |                   |      |            |
|                         |                |                   |      |            |
|                         |                |                   |      |            |

FORM 16-436 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                |            | LOUISIANA  |       |
|-------------------------|----------------|------------|------------|-------|
| R 200                   | HEAD OF FAMILY |            | S.D.       | SHEET |
|                         | Raca Adams     |            | 75         | 13    |
| COLOR                   | AGE            | BIRTHPLACE |            |       |
| W                       | 60             |            |            |       |
| COUNTY                  |                | CITY       |            |       |
| Lafayette               |                |            |            |       |
| OTHER MEMBERS OF FAMILY |                |            |            |       |
| NAME                    | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| / Eubelin               | W              | 58         |            |       |
|                         |                |            |            |       |
|                         |                |            |            |       |
|                         |                |            |            |       |
|                         |                |            |            |       |
|                         |                |            |            |       |
|                         |                |            |            |       |
|                         |                |            |            |       |
|                         |                |            |            |       |



|                         |         |                |      |            |       |
|-------------------------|---------|----------------|------|------------|-------|
| R200                    |         | HEAD OF FAMILY |      | LOUISIANA  |       |
| Luce                    |         | Addie          |      | E.D.       | SHEET |
| 79                      |         | 2              |      |            |       |
| COLOR                   | AGE     | BIRTHPLACE     |      |            |       |
| MU                      | 31      | Miss           |      |            |       |
| COUNTY                  | Rapides |                | CITY |            |       |
|                         |         | Alexandria     |      |            |       |
| OTHER MEMBERS OF FAMILY |         |                |      |            |       |
| NAME                    |         | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| E. L. Bo                |         |                |      |            |       |
|                         |         |                |      |            |       |
|                         |         |                |      |            |       |
|                         |         |                |      |            |       |
|                         |         |                |      |            |       |
|                         |         |                |      |            |       |
|                         |         |                |      |            |       |
|                         |         |                |      |            |       |

LOUISIANA

|   |                  |   |      |  |                    |
|---|------------------|---|------|--|--------------------|
| R200  |                  | NAME OF INDIVIDUAL<br><i>Rossie Adele</i>   |      | E.D.<br><i>47</i>  | SHEET<br><i>23</i> |
| COLOR<br><i>W</i>   | AGE<br><i>63</i> | BIRTHPLACE  |      |  |                    |
| COUNTY<br><i>Lafourche</i>  |                  |   | CITY |  |                    |
| ENUMERATED WITH<br><i>Rossie Edgar</i>  |                  |   |      |  |                    |
| RELATIONSHIP TO ABOVE   |                  |   |      |  |                    |
| <input type="checkbox"/> FATHER<br><input checked="" type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> WIDATE<br><input type="checkbox"/> NUNCE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                    |

FORM 10-637 (4-22-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18100-P01

LOUISIANA

| HEAD OF FAMILY          |              | LOUISIANA  |              |
|-------------------------|--------------|------------|--------------|
| COLOR                   | AGE          | BIRTHPLACE | E.D. SHEET   |
| R200                    | Ross         | Adella     | 36 18        |
| Wm                      | 25           |            |              |
| COUNTY                  | Calcasieu    | CITY       | Lake Charles |
| OTHER MEMBERS OF FAMILY |              |            |              |
| NAME                    | RELATIONSHIP | AGE        | BIRTHPLACE   |
| Leola                   | 10           | 3          |              |
| Catherine               | 12           | 2          |              |
|                         |              |            |              |
|                         |              |            |              |
|                         |              |            |              |
|                         |              |            |              |
|                         |              |            |              |
|                         |              |            |              |
|                         |              |            |              |

|                         |     |                |     |            |  |
|-------------------------|-----|----------------|-----|------------|--|
| R200                    |     | HEAD OF FAMILY |     | LOUISIANA  |  |
| Lacasse, Adelatte       |     | E.O.           |     | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |     |            |  |
| W                       | 40  |                |     |            |  |
| COUNTY                  |     | CITY           |     |            |  |
| Lafayette               |     | Broussard      |     |            |  |
| OTHER MEMBERS OF FAMILY |     |                |     |            |  |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| Oline                   |     | D              | 21  |            |  |
| Edna                    |     | D              | 8   |            |  |
| Hilward                 |     | S              | 6   |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                | LOUISIANA  |                 |
|-------------------------|----------------|------------|-----------------|
| P200                    | HEAD OF FAMILY | E.O.       | SHEET           |
|                         | Ross Adam      | 143        | 9               |
| COLOR                   | AGE            | BIRTHPLACE |                 |
| B                       | 40             |            |                 |
| COUNTY                  | West Feliciana | CITY       | St Francisville |
| OTHER MEMBERS OF FAMILY |                |            |                 |
| NAME                    | RELATIONSHIP   | AGE        | BIRTHPLACE      |
| Eliza W                 |                | 35         |                 |
| Al S                    |                | 15         |                 |
| Willie D                |                | 14         |                 |
|                         |                |            |                 |
|                         |                |            |                 |
|                         |                |            |                 |
|                         |                |            |                 |
|                         |                |            |                 |
|                         |                |            |                 |

LOUISIANA

|                          |  |                           |                   |                    |
|--------------------------|--|---------------------------|-------------------|--------------------|
| <i>R200</i>              | HEAD OF FAMILY<br><i>Rossie Adolph</i> |                           | E.O.<br><i>81</i> | SHEET<br><i>17</i> |
| COLOR<br><i>W</i>        | AGE<br><i>30</i>                       | BIRTHPLACE<br><i>N.Y.</i> |                   |                    |
| COUNTY<br><i>Madison</i> |  | CITY                      |                   |                    |
| OTHER MEMBERS OF FAMILY  |  |                           |                   |                    |
| NAME                     |  | RELATIONSHIP              | AGE               | BIRTHPLACE         |
| <i>Living alone</i>      |  |                           |                   |                    |
|                          |  |                           |                   |                    |
|                          |  |                           |                   |                    |
|                          |  |                           |                   |                    |
|                          |  |                           |                   |                    |
|                          |  |                           |                   |                    |
|                          |  |                           |                   |                    |
|                          |  |                           |                   |                    |

FORM 16-636 (2-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|                         |           |                |     |                |  |      |       |
|-------------------------|-----------|----------------|-----|----------------|--|------|-------|
| 19200                   |           | HEAD OF FAMILY |     | Ricks Adolph A |  | E.O. | SHEET |
| COLOR                   | W         | AGE            | 52  | BIRTHPLACE     |  |      |       |
| COUNTY                  |           |                |     | Jefferson      |  | CITY |       |
| OTHER MEMBERS OF FAMILY |           |                |     |                |  |      |       |
|                         | NAME      | RELATIONSHIP   | AGE | BIRTHPLACE     |  |      |       |
|                         | Marie     | W              | 33  |                |  |      |       |
|                         | Geneva    | D              | 16  |                |  |      |       |
|                         | Richard   | S              | 17  |                |  |      |       |
|                         | Magdelene | D              | 14  |                |  |      |       |
|                         | Charles   | S              | 10  |                |  |      |       |
|                         | James     | S              | 9   |                |  |      |       |
|                         | Virginia  | D              | 6   |                |  |      |       |

## LOUISIANA

|                         |                  |              |      |            |
|-------------------------|------------------|--------------|------|------------|
| 1200                    | HEAD OF FAMILY   |              | E.D. | SHEET      |
|                         | Rousseau, Adolph |              | 10   | 4          |
| COLOR                   | AGE              | BIRTHPLACE   |      |            |
| W                       | 72               |              |      |            |
| COUNTY                  |                  | CITY         |      |            |
| Assumption              |                  |              |      |            |
| OTHER MEMBERS OF FAMILY |                  |              |      |            |
| NAME                    |                  | RELATIONSHIP | AGE  | BIRTHPLACE |
| 1 Mary                  |                  | W            | 63   |            |
| Juliana                 |                  | S            | 24   |            |
|                         |                  |              |      |            |
|                         |                  |              |      |            |
|                         |                  |              |      |            |
|                         |                  |              |      |            |
|                         |                  |              |      |            |
|                         |                  |              |      |            |



| R200                    |           | HEAD OF FAMILY |      | LOUISIANA  |  |
|-------------------------|-----------|----------------|------|------------|--|
| COLOR                   | AGE       | BIRTHPLACE     | E.D. | SHEET      |  |
| B                       | 60        | Ala            | 44   | 6          |  |
| COUNTY                  |           |                | CITY |            |  |
| East Carroll            |           |                |      |            |  |
| OTHER MEMBERS OF FAMILY |           |                |      |            |  |
| NAME                    |           | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| / Eliza                 |           | W              | 50   |            |  |
| Carrie                  |           | D              | 34   |            |  |
| Collins                 | Eugene R. | G-S            | 18   |            |  |
| Flavie                  | Allie     | G-D            | 18   |            |  |
| Hamilton                | Abraham   | G-S            | 7    |            |  |
| Hayes                   | Adolph    | G-S            | 3    |            |  |

Form 10-436 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|                      |  |                      |  |               |  |       |  |
|----------------------|--|----------------------|--|---------------|--|-------|--|
| R 210                |  | NAME OF INDIVIDUAL   |  | P. D.         |  | SHEET |  |
| R 210                |  | R 210                |  | 72            |  | 21    |  |
| AGE                  |  | BIRTHPLACE           |  |               |  |       |  |
| 14                   |  | Lafayette            |  | 614           |  |       |  |
| RELATIONSHIP TO HEAD |  | RELATIONSHIP TO HEAD |  |               |  |       |  |
| Son                  |  | Son                  |  |               |  |       |  |
| FATHER               |  | MOTHER               |  | INMATE        |  |       |  |
| MOTHER               |  | MOTHER               |  | MOTHER        |  |       |  |
| GRANDFATHER          |  | GRANDFATHER          |  | GRANDFATHER   |  |       |  |
| GRANDMOTHER          |  | GRANDMOTHER          |  | GRANDMOTHER   |  |       |  |
| GRANDSON             |  | GRANDSON             |  | GRANDSON      |  |       |  |
| GRANDDAUGHTER        |  | GRANDDAUGHTER        |  | GRANDDAUGHTER |  |       |  |
| AUNT                 |  | AUNT                 |  | AUNT          |  |       |  |
| UNCLE                |  | UNCLE                |  | UNCLE         |  |       |  |

FORM 10-57 (4-28-51)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1950 CENSUS INDEX - INDIVIDUAL

WDC:MM-DC 10100-001



LOUISIANA

|  |  |   |  |             |            |
|--|--|---|--|-------------|------------|
| R200                                   |  | NAME OF INDIVIDUAL<br>Ross, Agnes                   |  | E.D.<br>115 | SHEET<br>5 |
| COLOR<br>B                             | AGE<br>70                                | BIRTHPLACE  |  |             |            |
| COUNTY<br>St. Landry                   |  | CITY  |  |             |            |
| ENUMERATED WITH<br>Mayer, Orestite     |  |   |  |             |            |
| RELATIONSHIP TO ABOVE                  |  |   |  |             |            |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIFE                       |  |             |            |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NIECE           | <input type="checkbox"/> WIFE                       |  |             |            |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |             |            |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |             |            |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |             |            |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |             |            |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |             |            |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW   |   |  |             |            |

FORM 16-637 (4-20-01)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USE ONLY FOR 1910-1911

LOUISIANA

|   |           |   |  |   |             |
|---|-----------|---|--|---|-------------|
| R 200   |           | NAME OF INDIVIDUAL<br>Rene Able J   |  | U.S.<br>45  | SHEET<br>16 |
| COUNTY<br>B   | AGE<br>16 | BIRTHPLACE<br>Louisiana   |  |   |             |
| CITY  |           | CITY  |  |   |             |
| ENUMERATED WITH<br>Jackson, Allen   |           |   |  |   |             |
| RELATIONSHIP TO ABOVE   |           |   |  |   |             |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input checked="" type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |           | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> WIDOW<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |             |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 1910-P01

| HEAD OF FAMILY          |     |              | LOUISIANA |            |
|-------------------------|-----|--------------|-----------|------------|
| COLOR                   | AGE | BIRTHPLACE   | E.D.      | SHEET      |
| R200<br>B               | 25  | Reese, Alan  | 111       | 6          |
| COUNTY                  |     | St. Landry   | CITY      |            |
| OTHER MEMBERS OF FAMILY |     |              |           |            |
| NAME                    |     | RELATIONSHIP | AGE       | BIRTHPLACE |
| Rosa                    |     | w            | 22        |            |
| Neoma                   |     | d            | 3         |            |
| Ruth                    |     | d            | 2         |            |
|                         |     |              |           |            |
|                         |     |              |           |            |
|                         |     |              |           |            |
|                         |     |              |           |            |
|                         |     |              |           |            |

FORM 10-636 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |  |
|-------------------------|-----|----------------|-----|------------|--|
| A22                     |     | HEAD OF FAMILY |     | LOUISIANA  |  |
| Reese, Alan             |     | E.O.           |     | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |     |            |  |
| B                       | 25  |                |     |            |  |
| COUNTY                  |     | CITY           |     |            |  |
| St. Landry              |     |                |     |            |  |
| OTHER MEMBERS OF FAMILY |     |                |     |            |  |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| Rosa                    |     | W              | 22  |            |  |
| Norma                   |     | D              | 3   |            |  |
| Ruth                    |     | D              | 2   |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |   |  |               |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|---|--|---------------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|-------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R200   | NAME OF INDIVIDUAL<br><i>Rank, Albert</i> |  | E.O.<br>11516 | SHEET |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>W</i>  | AGE<br><i>32</i>                          | BIRTHPLACE<br><i>Miss</i>                  |               |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>Richland</i>  |   | CITY                                       |               |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Whitney, F O</i>   |   |  |               |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |   |  |               |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |   |  |               |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW           | <input type="checkbox"/> INMATE            |               |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NECE             | <input type="checkbox"/> NURSE             |               |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW    | <input type="checkbox"/> PATIENT           |               |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW    | <input checked="" type="checkbox"/> ROOMER |               |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW       | <input type="checkbox"/> SERVANT           |               |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW  | <input type="checkbox"/> OTHER (Specify)   |               |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW   |  |               |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW    |  |               |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 16-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P01



|                         |  |                  |             |            |       |
|-------------------------|--|------------------|-------------|------------|-------|
| R200                    |  | HEAD OF FAMILY   |             | LOUISIANA  |       |
| NAME                    |  | Kaupeian, Albert |             | E.D.       | SHEET |
| AGE                     |  | 52               |             | 84         | 9     |
| BIRTHPLACE              |  |                  |             |            |       |
| COUNTY                  |  |                  | CITY        |            |       |
| Fulton County           |  |                  | New Orleans |            |       |
| OTHER MEMBERS OF FAMILY |  |                  |             |            |       |
| NAME                    |  | RELATIONSHIP     | AGE         | BIRTHPLACE |       |
| Celestine               |  | W                | 40          |            |       |
| E. L. L. L.             |  | D                | 26          |            |       |
| E. L. L. L.             |  | D                | 17          |            |       |
| William                 |  | D                | 14          |            |       |
| L. L. L. L.             |  | S                | 12          |            |       |
| Laura                   |  | D                | 9           |            |       |
| Edna                    |  | D                | 6           |            |       |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

*Kourouan Albert*

CARD 2 OF 3

## OTHER MEMBERS OF FAMILY

| NAME              | RELATIONSHIP | AGE         | BIRTHPLACE |
|-------------------|--------------|-------------|------------|
| <i>Marguerite</i> | <i>D</i>     | <i>1.32</i> |            |
|                   |              |             |            |
|                   |              |             |            |
|                   |              |             |            |
|                   |              |             |            |
|                   |              |             |            |
|                   |              |             |            |
|                   |              |             |            |
|                   |              |             |            |
|                   |              |             |            |

FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 16199-P-1

|                               |                  |                                       |           |            |  |
|-------------------------------|------------------|---------------------------------------|-----------|------------|--|
| R200                          |                  | HEAD OF FAMILY<br><i>Lucas Albert</i> |           | LOUISIANA  |  |
| E.D. 39                       |                  | SHEET 14                              |           |            |  |
| COLOR<br><i>B</i>             | AGE<br><i>34</i> | BIRTHPLACE                            |           |            |  |
| COUNTY<br><i>East Carroll</i> |                  |                                       | CITY      |            |  |
| OTHER MEMBERS OF FAMILY       |                  |                                       |           |            |  |
| NAME                          |                  | RELATION-<br>SHIP                     | AGE       | BIRTHPLACE |  |
| <i>Adeline</i>                |                  | <i>W</i>                              | <i>39</i> | <i>N.C</i> |  |
| <i>Eliza</i>                  |                  | <i>M</i>                              | <i>25</i> | <i>Tex</i> |  |
|                               |                  |                                       |           |            |  |
|                               |                  |                                       |           |            |  |
|                               |                  |                                       |           |            |  |
|                               |                  |                                       |           |            |  |
|                               |                  |                                       |           |            |  |
|                               |                  |                                       |           |            |  |

FORM 10-636 (4-29-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|   |   |  |            |            |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|---|--|------------|------------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|--|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R 202   | NAME OF INDIVIDUAL<br><i>James Albert</i> |  | U.S.<br>25 | SHEET<br>8 |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>B</i>   | AGE<br><i>2</i>                           | BIRTHPLACE                               |            |            |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY  |   | CITY                                     |            |            |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <i>East Baton Rouge</i>   |   | <i>Baton Rouge</i>                       |            |            |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>James Hunter</i>  |   |  |            |            |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |   |  |            |            |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> UNCLE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> Niece</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input checked="" type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> |   |  |            |            | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> UNCLE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> Niece | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW           | <input type="checkbox"/> UNCLE           |            |            |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> Niece            | <input type="checkbox"/> NURSE           |            |            |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW    | <input type="checkbox"/> PATIENT         |            |            |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW    | <input type="checkbox"/> ROOMER          |            |            |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW       | <input type="checkbox"/> SERVANT         |            |            |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW  | <input type="checkbox"/> OTHER (Specify) |            |            |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW   |  |            |            |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW    |  |            |            |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-637 (4-30-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 19100-P01

|                         |  |                |  |              |  |            |  |
|-------------------------|--|----------------|--|--------------|--|------------|--|
| R200                    |  | HEAD OF FAMILY |  | ROSS, Albert |  | LOUISIANA  |  |
| COLOR                   |  | AGE            |  | BIRTHPLACE   |  | E.D.       |  |
| H                       |  | 24             |  |              |  | 50         |  |
| COUNTY                  |  | Franklin       |  | CITY         |  | SHEET      |  |
|                         |  |                |  |              |  | 24         |  |
| OTHER MEMBERS OF FAMILY |  |                |  |              |  |            |  |
| NAME                    |  | RELATIONSHIP   |  | AGE          |  | BIRTHPLACE |  |
| Ellie                   |  | W              |  | 22           |  |            |  |
| Ernest                  |  | S              |  | 3            |  |            |  |
| Leon                    |  | S              |  | 1 1/2        |  |            |  |
|                         |  |                |  |              |  |            |  |
|                         |  |                |  |              |  |            |  |
|                         |  |                |  |              |  |            |  |
|                         |  |                |  |              |  |            |  |
|                         |  |                |  |              |  |            |  |

FORM 10-636 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|   |  |   |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|---|--|---|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| <i>R200</i>   | NAME OF INDIVIDUAL<br><i>Russ Albert</i> |   | E.O.<br><i>27</i> | SHEET<br><i>37</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR<br><i>W</i>   | AGE<br><i>32</i>                         | BIRTH PLACE   |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY<br><i>Jefferson</i>  |  | CITY  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Russ Joseph</i>   |  |   |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> INMATE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input checked="" type="checkbox"/> OTHER (Specify)<br/><i>C</i></td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> |  |   |                   |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify)<br><i>C</i> | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                                 |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                                  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                                |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                                 |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                                |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify)<br><i>C</i> |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 16-637 (4-25-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USC0044-DC 1910-P61

|                         |              | LOUISIANA  |            |
|-------------------------|--------------|------------|------------|
| HEAD OF FAMILY          |              | E.O.       | SHEET      |
| Ross Albert             |              | 35         | 14         |
| COLOR                   | AGE          | BIRTHPLACE |            |
| XB                      | 30           |            |            |
| COUNTY                  | Concordia    | CITY       |            |
| OTHER MEMBERS OF FAMILY |              |            |            |
| NAME                    | RELATIONSHIP | AGE        | BIRTHPLACE |
| Nancy                   | W            | 20         |            |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

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|  |  |  |             |            |     |
|--|--|--|-------------|------------|-----|
| R-200                                  |  | NAME OF INDIVIDUAL                       |             | LOUISIANA  |     |
| Riggs Albert                           |  | E.D.                                     |             | SHEET      |     |
| COLOR                                  | W  | AGE                                      | 32          | BIRTHPLACE | Mo. |
| COUNTY                                 | Webster  |  | CITY Minden |            |     |
| ENUMERATED WITH                        |  |  |             |            |     |
| Alexander, John H                      |  |  |             |            |     |
| RELATIONSHIP TO ABOVE                  |  |  |             |            |     |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW                | <input type="checkbox"/> INMATE          |             |            |     |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> WIFE                  | <input type="checkbox"/> NURSE           |             |            |     |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW         | <input type="checkbox"/> PATIENT         |             |            |     |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW         | <input type="checkbox"/> ROOMER          |             |            |     |
| <input type="checkbox"/> GRANDSON      | <input checked="" type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT         |             |            |     |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW       | <input type="checkbox"/> OTHER (Specify) |             |            |     |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW        |  |             |            |     |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW         |  |             |            |     |

FORM 18-637 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18199-P01



| LOUISIANA  |  |  |                      |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|----------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R200   | NAME OF INDIVIDUAL<br>Roach, Albert      |  | E.D. SHEET<br>125 13 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br>O   | AGE<br>24                                | BIRTHPLACE<br>Miss                         |                      |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY   |  | CITY                                       |                      |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH WITH <i>Tracy, Robert</i>  |  |  |                      |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |                      |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tbody> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </tbody> </table> |  |  |                      | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE            |                      |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE             |                      |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |                      |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER |                      |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |                      |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |                      |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |                      |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |                      |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 18-637 (4-26-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18188-P01

LOUISIANA

|  |   |  |                    |                    |                                 |                                 |                                  |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|---|--|--------------------|--------------------|---------------------------------|---------------------------------|----------------------------------|---------------------------------|-------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 8200   | NAME - INDIVIDUAL<br><i>Roach, Albert</i> |  | E.O.<br><i>123</i> | SHEET<br><i>29</i> |                                 |                                 |                                  |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>B</i>  | AGE<br><i>30</i>                          | BIRTHPLACE<br><i>Ark.</i>                                  |                    |                    |                                 |                                 |                                  |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>Winn</i>  |   | CITY<br><i>Winnfield</i>                                   |                    |                    |                                 |                                 |                                  |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Jess, Will</i>   |   |  |                    |                    |                                 |                                 |                                  |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |   |  |                    |                    |                                 |                                 |                                  |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> HUSBAND</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> WIFE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input type="checkbox"/> OTHER (Specify)<br/><i>Partner</i></td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> |   |  |                    |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> HUSBAND | <input type="checkbox"/> MOTHER | <input type="checkbox"/> WIFE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)<br><i>Partner</i> | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW           | <input type="checkbox"/> HUSBAND                           |                    |                    |                                 |                                 |                                  |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> WIFE             | <input type="checkbox"/> NURSE                             |                    |                    |                                 |                                 |                                  |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW    | <input type="checkbox"/> PATIENT                           |                    |                    |                                 |                                 |                                  |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW    | <input type="checkbox"/> ROOMER                            |                    |                    |                                 |                                 |                                  |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW       | <input type="checkbox"/> SERVANT                           |                    |                    |                                 |                                 |                                  |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW  | <input type="checkbox"/> OTHER (Specify)<br><i>Partner</i> |                    |                    |                                 |                                 |                                  |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW   |  |                    |                    |                                 |                                 |                                  |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW    |  |                    |                    |                                 |                                 |                                  |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 16100-PS1

| LOUISIANA               |                |                 |            |
|-------------------------|----------------|-----------------|------------|
| R200                    | HEAD OF FAMILY |                 | E.D. 101   |
|                         | Rev, Albert    |                 | SHEET 2    |
| COLOR 24                | AGE 34         | BIRTHPLACE Ill. |            |
| COUNTY Ouachita         | CITY Monroe    |                 |            |
| OTHER MEMBERS OF FAMILY |                |                 |            |
| NAME                    | RELATIONSHIP   | AGE             | BIRTHPLACE |
| 1. Norah                | 24             | 40              |            |
| Butler, Robert          | 132            | 35              |            |
| and 72                  |                |                 |            |
|                         |                |                 |            |
|                         |                |                 |            |
|                         |                |                 |            |
|                         |                |                 |            |
|                         |                |                 |            |
|                         |                |                 |            |

|                         |     |                |      | LOUISIANA  |       |
|-------------------------|-----|----------------|------|------------|-------|
| R200                    |     | HEAD OF FAMILY |      | E.D.       | SHEET |
|                         |     | Borah, Albert  |      | 145        | 16    |
| COLOR                   | AGE | BIRTH DATE     |      |            |       |
| B                       | 27  |                |      |            |       |
| COUNTY                  |     |                | CITY |            |       |
| West Feliciana          |     |                |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Winnie                  |     | w              | 25   |            |       |
| Baby                    |     | s              | 1/2  |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |

|                         |           |                     |     |            |       |
|-------------------------|-----------|---------------------|-----|------------|-------|
| <i>R200</i>             |           | HEAD OF FAMILY      |     | LOUISIANA  |       |
|                         |           | <i>Ross, Albert</i> |     | E.O.       | SHEET |
| COLOR                   | AGE       | BIRTHPLACE          |     |            |       |
| <i>B</i>                | <i>45</i> |                     |     |            |       |
| COUNTY                  |           | CITY                |     |            |       |
| <i>West Baton Rouge</i> |           |                     |     |            |       |
| OTHER MEMBERS OF FAMILY |           |                     |     |            |       |
| NAME                    |           | RELATIONSHIP        | AGE | BIRTHPLACE |       |
| <i>Leung Alane</i>      |           |                     |     |            |       |
|                         |           |                     |     |            |       |
|                         |           |                     |     |            |       |
|                         |           |                     |     |            |       |
|                         |           |                     |     |            |       |
|                         |           |                     |     |            |       |
|                         |           |                     |     |            |       |
|                         |           |                     |     |            |       |

FORM 18-636 (4-28-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |              |      |           |       |
|-------------------------|--|----------------|------------|--------------|------|-----------|-------|
| R200                    |  | HEAD OF FAMILY |            | Bene, Albert |      | LOUISIANA |       |
| COLOR                   |  | AGE            | BIRTHPLACE |              | E.D. |           | SHEET |
| B                       |  | 50             |            |              | 69   |           | 16    |
| COUNTY                  |  |                | CITY       |              |      |           |       |
| St. Louis               |  |                |            |              |      |           |       |
| OTHER MEMBERS OF FAMILY |  |                |            |              |      |           |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE   |      |           |       |
| 1 Frances               |  | W              | 50         |              |      |           |       |
|                         |  |                |            |              |      |           |       |
|                         |  |                |            |              |      |           |       |
|                         |  |                |            |              |      |           |       |
|                         |  |                |            |              |      |           |       |
|                         |  |                |            |              |      |           |       |
|                         |  |                |            |              |      |           |       |
|                         |  |                |            |              |      |           |       |
|                         |  |                |            |              |      |           |       |

FORM 10-608 (10-22-31)  
1910 CENSUS INDEX - FAMILY

U. S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |   |                  |                               |
|--|--|---|------------------|-------------------------------|
| NAME OF INDIVIDUAL<br><i>Albert</i>  |  | SEX<br><i>M</i>   | AGE<br><i>36</i> | BIRTHPLACE<br><i>Illinois</i> |
| MARRIAGE<br><i>Married</i>   |  | DIVORCE<br><i>None</i>  |                  |                               |
| PREVIOUS MARRIAGE<br><i>None</i>   |  |   |                  |                               |
| RELATIONSHIP TO ABOVE<br><i>Head of Family</i>   |  |   |                  |                               |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input checked="" type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> WIFE<br><input type="checkbox"/> MURDER<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                  |                               |

Form 10-437 (4-22-51)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USE COM-DC 1910-PS1

|                         |     |                |      |            |  |
|-------------------------|-----|----------------|------|------------|--|
| R200                    |     | HEAD OF FAMILY |      | LOUISIANA  |  |
| Nearup Albert           |     | E.D.           |      | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |      |            |  |
| W                       | 56  |                |      |            |  |
| COUNTY                  |     |                | CITY |            |  |
| Vermillion              |     |                |      |            |  |
| OTHER MEMBERS OF FAMILY |     |                |      |            |  |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| Alonso                  |     | W              | 46   |            |  |
| Eustace                 |     | S              | 28   |            |  |
| Deluge                  |     | S              | 20   |            |  |
| Ada                     |     | D              | 15   |            |  |
| Eustace                 |     | D              | 14   |            |  |
| Antoine Gregoire        |     | FL             | 80   |            |  |

FORM 10-436 (4-30-31)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |     |                |     |            |  |
|-------------------------|-----|----------------|-----|------------|--|
| R200                    |     | HEAD OF FAMILY |     | LOUISIANA  |  |
| Rosa Albert             |     | E.D.           |     | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |     |            |  |
| B                       | 30  | U.S.           |     |            |  |
| COUNTY                  |     | CITY           |     |            |  |
| St. Charles             |     |                |     |            |  |
| OTHER MEMBERS OF FAMILY |     |                |     |            |  |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| Pearlina                |     | w              | 27  |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |

FORM 16-636 (4-30-67)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |                  |   |  |   |                    |
|--|------------------|---|--|---|--------------------|
| R200   |                  | NAME OF INDIVIDUAL<br><i>Richard Albert</i>   |  | E.O.<br><i>59</i>   | SHEET<br><i>13</i> |
| COLOR<br><i>W</i>  | AGE<br><i>52</i> | BIRTHPLACE<br><i>Ireland</i>  |  |   |                    |
| COUNTY   |                  | Terryville  |  | CITY  |                    |
| ENUMERATED WITH<br><i>Andrews James</i>  |                  |   |  |   |                    |
| RELATIONSHIP TO ABOVE  |                  |   |  |   |                    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NUDE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>Pa</i> |                    |

FORM 10-437 (4-29-51)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P01

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R200                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| W                       | 36  |                |     | 40         | 11    |
| COUNTY                  |     | CITY           |     |            |       |
| Lafourche               |     | Lockport       |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Celeste                 |     | W              | 33  |            |       |
| Elmore                  |     | S              | 12  |            |       |
| Albert J Jr             |     | S              | 5   |            |       |
| Elsie                   |     | D              | 10  |            |       |
| Jeanne                  |     | D              | 8   |            |       |
| Melba                   |     | D              | 3   |            |       |
|                         |     |                |     |            |       |

FORM 16-436 (4-20-31)  
1910 CENSUS INDEX- FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |      |            |  |
|-------------------------|-----|----------------|------|------------|--|
| R202                    |     | HEAD OF FAMILY |      | LOUISIANA  |  |
| Rosa Albert J.          |     | E.D.           |      | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |      |            |  |
| W                       | 34  | Ark.           |      |            |  |
| COUNTY                  |     |                | CITY |            |  |
| Jackson                 |     |                |      |            |  |
| OTHER MEMBERS OF FAMILY |     |                |      |            |  |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| Ida                     |     | W              | 30   |            |  |
| Lena M                  |     | D              | 6    |            |  |
| Evelin                  |     | D              | 3    |            |  |
| Hilbur                  |     | S              | 12   |            |  |
| Sarah W.                |     | M              | 74   | Ark.       |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |

FORM 70-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |  |                |  |            |  |
|-------------------------|--|----------------|--|----------------|--|------------|--|
| R 200                   |  | HEAD OF FAMILY |  | Lusk, Albert R |  | LOUISIANA  |  |
| COLOR                   |  | AGE            |  | BIRTHPLACE     |  | E.D. SHEET |  |
| W                       |  | 35             |  |                |  | 79 12      |  |
| COUNTY                  |  |                |  | CITY           |  |            |  |
| Rapides                 |  |                |  | Alexandria     |  |            |  |
| OTHER MEMBERS OF FAMILY |  |                |  |                |  |            |  |
| NAME                    |  |                |  | RELATIONSHIP   |  | AGE        |  |
|                         |  |                |  |                |  | BIRTHPLACE |  |
| Mary L                  |  |                |  | W              |  | 31         |  |
| Johnny L                |  |                |  | S              |  | 11         |  |
| Lutie L                 |  |                |  | D              |  | 9          |  |
| Helena R                |  |                |  | D              |  | 7          |  |
| Clara L                 |  |                |  | D              |  | 5          |  |
| Thellie L               |  |                |  | D              |  | 3          |  |

FORM 16-636 (4-22-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |   |  |                   |                   |
|--|---|--|-------------------|-------------------|
| 2200                                       | NAME OF INDIVIDUAL<br><i>Ricks Albert T</i> |  | E.O.<br><i>69</i> | SHEET<br><i>9</i> |
| COLOR<br><i>W</i>                          | AGE<br><i>56</i>                            | BIRTHPLACE                               |                   |                   |
| COUNTY<br><i>De Soto</i>                   | CITY<br><i>Manassfield</i>                  |  |                   |                   |
| ENUMERATED WITH<br><i>Ricks John T</i>     |   |  |                   |                   |
| RELATIONSHIP TO ABOVE                      |   |  |                   |                   |
| <input checked="" type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW             | <input type="checkbox"/> WIDATE          |                   |                   |
| <input type="checkbox"/> MOTHER            | <input type="checkbox"/> NIECE              | <input type="checkbox"/> NURSE           |                   |                   |
| <input type="checkbox"/> GRANDFATHER       | <input type="checkbox"/> FATHER-IN-LAW      | <input type="checkbox"/> PATIENT         |                   |                   |
| <input type="checkbox"/> GRANDMOTHER       | <input type="checkbox"/> MOTHER-IN-LAW      | <input type="checkbox"/> ROOMER          |                   |                   |
| <input type="checkbox"/> GRANDSON          | <input type="checkbox"/> SON-IN-LAW         | <input type="checkbox"/> SERVANT         |                   |                   |
| <input type="checkbox"/> GRANDDAUGHTER     | <input type="checkbox"/> DAUGHTER-IN-LAW    | <input type="checkbox"/> OTHER (Specify) |                   |                   |
| <input type="checkbox"/> AUNT              | <input type="checkbox"/> BROTHER-IN-LAW     |  |                   |                   |
| <input type="checkbox"/> UNCLE             | <input type="checkbox"/> SISTER-IN-LAW      |  |                   |                   |

FORM 16-627 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 16106-P-51

|                         |     |                |     |            |  |
|-------------------------|-----|----------------|-----|------------|--|
| R200                    |     | HEAD OF FAMILY |     | LOUISIANA  |  |
| Reese, Albert W.        |     | E.O.           |     | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |     |            |  |
| W                       | 32  | Illinois       |     |            |  |
| COUNTY                  |     | CITY           |     |            |  |
| Calcasieu               |     | Lake Charles   |     |            |  |
| OTHER MEMBERS OF FAMILY |     |                |     |            |  |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| 1 Emma                  |     | W              | 30  | Missouri   |  |
| 1 Edward                |     | F              | 58  | Ohio       |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |

FORM 18-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|                         |          |                |          |                 |      |      |       |
|-------------------------|----------|----------------|----------|-----------------|------|------|-------|
| 1200                    |          | HEAD OF FAMILY |          | Riggs Albert W. |      | E.O. | SHEET |
| COLOR                   | W        | AGE            | 39       | BIRTHPLACE      |      | 105  | 19    |
| COUNTY                  | Ouachita |                | Ouachita |                 | CITY |      |       |
| OTHER MEMBERS OF FAMILY |          |                |          |                 |      |      |       |
| NAME                    |          | RELATIONSHIP   | AGE      | BIRTHPLACE      |      |      |       |
| Martha W.               |          | W              | 39       | Miss            |      |      |       |
| Louise                  |          | D              | 17       | Miss            |      |      |       |
| Ruth                    |          | D              | 15       |                 |      |      |       |
| Matthew                 |          | D              | 13       |                 |      |      |       |
| Albert Jr.              |          | S              | 12       |                 |      |      |       |
| Naomi                   |          | D              | 7        |                 |      |      |       |
| Mildred                 |          | D              | 4        |                 |      |      |       |



LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME     | RELATION-<br>SHIP | AGE   | BIRTHPLACE |
|----------|-------------------|-------|------------|
| Harold   | S                 | 2     |            |
| Winifred | D                 | 8 1/2 |            |
|          |                   |       |            |
|          |                   |       |            |
|          |                   |       |            |
|          |                   |       |            |
|          |                   |       |            |
|          |                   |       |            |
|          |                   |       |            |
|          |                   |       |            |
|          |                   |       |            |

FORM 16-636c (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 18166-P61

|   |  |   |      |           |            |            |
|---|--|---|------|-----------|------------|------------|
| R 200   |  | NAME OF INDIVIDUAL<br><i>Rose Alberta</i> |      | LOUISIANA | E.O.<br>43 | SHEET<br>8 |
| COLOR<br>13                                       | AGE<br>2 1/2                             | BIRTHPLACE                                |      |           |            |            |
| COUNTY<br>East Carroll                            |  |   | CITY |           |            |            |
| ENUMERATED WITH<br><i>Rose William</i>            |  |   |      |           |            |            |
| RELATIONSHIP TO ABOVE                             |  |   |      |           |            |            |
| <input type="checkbox"/> FATHER                   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDWIFE          |      |           |            |            |
| <input type="checkbox"/> MOTHER                   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE            |      |           |            |            |
| <input type="checkbox"/> GRANDFATHER              | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT          |      |           |            |            |
| <input type="checkbox"/> GRANDMOTHER              | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER           |      |           |            |            |
| <input type="checkbox"/> GRANDSON                 | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT          |      |           |            |            |
| <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)  |      |           |            |            |
| <input type="checkbox"/> AUNT                     | <input type="checkbox"/> BROTHER-IN-LAW  |   |      |           |            |            |
| <input type="checkbox"/> UNCLE                    | <input type="checkbox"/> SISTER-IN-LAW   |   |      |           |            |            |

FORM 18-637 (4-23-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-OC 18198-P61

|                         |     |                |     |            |  |
|-------------------------|-----|----------------|-----|------------|--|
| R290                    |     | HEAD OF FAMILY |     | LOUISIANA  |  |
| E.D.                    |     | SHEET          |     | 139 6      |  |
| COLOR                   | AGE | BIRTHPLACE     |     |            |  |
| W                       | 26  |                |     |            |  |
| COUNTY                  |     | Vermillion     |     | CITY       |  |
| OTHER MEMBERS OF FAMILY |     |                |     |            |  |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| Elgin                   |     | W              | 28  |            |  |
| Wilson                  |     | S              | 5   |            |  |
| Dudley                  |     | S              | 4   |            |  |
| Gertie                  |     | D              | 2   |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |

Form 19-434 (4-20-61)  
1919 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |  |    |            |  |  |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |                                      |  |
|---|--|--|----|------------|--|--|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--------------------------------------|--|
| R200  |  | NAME OF INDIVIDUAL                       |    | LOUISIANA  |  |  |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |                                      |  |
| Rocca, Alcide   |  | E.D.                                     |    | SHEET      |  |  |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |                                      |  |
| COLOR   | W  | AGE                                      | 53 | BIRTHPLACE |  |  |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |                                      |  |
| COUNTY  |  | Calcasieu                                |    | CITY       |  |  |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |                                      |  |
| ENUMERATED WITH   |  |  |    |            |  |  |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |                                      |  |
| Rocca, Alcide   |  |  |    |            |  |  |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |                                      |  |
| RELATIONSHIP TO ABOVE   |  |  |    |            |  |  |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |                                      |  |
| <table border="0"> <tr> <td><input checked="" type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> NEAUTE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> WIFE-IN-LAW</td> <td></td> </tr> </table> |  |  |    |            |  | <input checked="" type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> NEAUTE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> WIFE-IN-LAW |  |
| <input checked="" type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> NEAUTE          |    |            |  |  |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |                                      |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |    |            |  |  |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |                                      |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |    |            |  |  |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |                                      |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |    |            |  |  |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |                                      |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |    |            |  |  |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |                                      |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |    |            |  |  |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |                                      |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |    |            |  |  |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |                                      |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> WIFE-IN-LAW     |  |    |            |  |  |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |                                      |  |

Form 16-637 (4-30-31)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USECOM-DC 1910-2-101

|                         |   |                |                |            |       |
|-------------------------|---|----------------|----------------|------------|-------|
| R200                    |   | HEAD OF FAMILY |                | LOUISIANA  |       |
| Hask                    |   | Alicia         |                | E.D.       | SHEET |
| COLOR                   | W | AGE            | 32.            | 133        | 8     |
| BIRTHPLACE              |   |                |                |            |       |
| COUNTY                  |   | Vermillion     | CITY Delcambre |            |       |
| OTHER MEMBERS OF FAMILY |   |                |                |            |       |
| NAME                    |   | RELATIONSHIP   | AGE            | BIRTHPLACE |       |
| Alicia                  |   | W              | 29             |            |       |
| Amelia                  |   | D              | 11             |            |       |
| Claude                  |   | S              | 5              |            |       |
| Louisa                  |   | D              | 4              |            |       |
|                         |   |                |                |            |       |
|                         |   |                |                |            |       |
|                         |   |                |                |            |       |

FORM 10-436 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|                         |   |                |     |              |  |      |       |
|-------------------------|---|----------------|-----|--------------|--|------|-------|
| R200                    |   | HEAD OF FAMILY |     | Rocca, Alcie |  | E.Q. | SHEET |
| COLOR                   | W | AGE            | 34  | BIRTHPLACE   |  |      |       |
| COUNTY                  |   |                |     | CITY         |  |      |       |
| Calcasieu               |   |                |     |              |  |      |       |
| OTHER MEMBERS OF FAMILY |   |                |     |              |  |      |       |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE   |  |      |       |
| Alcie                   |   | W              | 23  |              |  |      |       |
| Annie                   |   | Si             | 9   |              |  |      |       |
| Alcie                   |   | I              | 23  |              |  |      |       |
| Vencieux, Clorinda      |   | Si             | 18  |              |  |      |       |
|                         |   |                |     |              |  |      |       |
|                         |   |                |     |              |  |      |       |
|                         |   |                |     |              |  |      |       |

FORM 10-436 (4-22-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |  |                         |                   |                    |
|--|--|--|-------------------------|-------------------|--------------------|
| R 200  |  | NAME OF INDIVIDUAL<br><i>Russell Allen</i> |                         | LOUISIANA         |                    |
| COLOR<br><i>B</i>                            |  | AGE<br><i>21</i>                           | BIRTHPLACE<br><i>La</i> | E.D.<br><i>63</i> | SHEET<br><i>17</i> |
| COUNTY<br><i>De Soto</i>                     |  |  | CITY                    |                   |                    |
| ENUMERATED WITH<br><i>Johnson, W. Estley</i> |  |  |                         |                   |                    |
| RELATIONSHIP TO ABOVE                        |  |  |                         |                   |                    |
| <input type="checkbox"/> FATHER              | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDOW             |                         |                   |                    |
| <input type="checkbox"/> MOTHER              | <input type="checkbox"/> Niece           | <input type="checkbox"/> MARRIED           |                         |                   |                    |
| <input type="checkbox"/> GRANDFATHER         | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |                         |                   |                    |
| <input type="checkbox"/> GRANDMOTHER         | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER            |                         |                   |                    |
| <input type="checkbox"/> GRANDSON            | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |                         |                   |                    |
| <input type="checkbox"/> GRANDDAUGHTER       | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |                         |                   |                    |
| <input type="checkbox"/> AUNT                | <input type="checkbox"/> BROTHER-IN-LAW  | <i>Partner</i>                             |                         |                   |                    |
| <input type="checkbox"/> UNCLE               | <input type="checkbox"/> SISTER-IN-LAW   |  |                         |                   |                    |

Form 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18190-P61

|                         |     |                |      |            |  |
|-------------------------|-----|----------------|------|------------|--|
| R200                    |     | HEAD OF FAMILY |      | LOUISIANA  |  |
| Roach, Alex             |     | E.O.           |      | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |      |            |  |
| W                       | 21  |                |      |            |  |
| COUNTY                  |     | Vermillion     |      | CITY       |  |
| OTHER MEMBERS OF FAMILY |     |                |      |            |  |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| Elias                   |     | W              | 20   |            |  |
| Cleveland               |     | S              | 2    |            |  |
| L. Sperry               |     | D              | 8/12 |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |

FORM 70-636 (4-30-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



| HEAD OF FAMILY          |              | LOUISIANA  |            |
|-------------------------|--------------|------------|------------|
| ROSS                    |              | E.O.       | SHEET      |
| ROSS Alex               |              | 51         | 32         |
| COLOR                   | AGE          | BIRTHPLACE |            |
| B                       | 37           |            |            |
| COUNTY                  | Iberville    |            | CITY       |
|                         |              |            |            |
| OTHER MEMBERS OF FAMILY |              |            |            |
| NAME                    | RELATIONSHIP | AGE        | BIRTHPLACE |
| 1 Louis                 | W            | 29         |            |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |

Form 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |            |  |
|-------------------------|---|----------------|-----|------------|--|
| R 200                   |   | HEAD OF FAMILY |     | LOUISIANA  |  |
| E.D.                    |   | SHEET          |     | 84 20      |  |
| COLOR                   | B | AGE            | 40  | BIRTHPLACE |  |
| COUNTY                  |   | Madison        |     | CITY       |  |
| OTHER MEMBERS OF FAMILY |   |                |     |            |  |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| 1 Violet                |   | W              | 23  |            |  |
|                         |   |                |     |            |  |
|                         |   |                |     |            |  |
|                         |   |                |     |            |  |
|                         |   |                |     |            |  |
|                         |   |                |     |            |  |
|                         |   |                |     |            |  |
|                         |   |                |     |            |  |

Form 16-634 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |            |    |
|-------------------------|---|----------------|-----|------------|----|
| R200                    |   | HEAD OF FAMILY |     | LOUISIANA  |    |
| COLOR                   | B | AGE            | 40  | BIRTHPLACE | Ky |
| COUNTY                  |   |                |     | CITY       |    |
| St. Charles             |   |                |     |            |    |
| OTHER MEMBERS OF FAMILY |   |                |     |            |    |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |    |
| Emile                   |   | S              | 16  |            |    |
| Eugene                  |   | S              | 13  |            |    |
|                         |   |                |     |            |    |
|                         |   |                |     |            |    |
|                         |   |                |     |            |    |
|                         |   |                |     |            |    |
|                         |   |                |     |            |    |
|                         |   |                |     |            |    |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |  |      |           |                   |                    |
|---|--|--|------|-----------|-------------------|--------------------|
| R 200                                       |  | NAME OF INDIVIDUAL<br><i>Russell</i>     |      | LOUISIANA | E.O.<br><i>14</i> | SHEET<br><i>10</i> |
| COLOR<br><i>B</i>                           | AGE<br><i>12</i>                           | BIRTHPLACE                               |      |           |                   |                    |
| COUNTY<br><i>East Carroll</i>               |  |  | CITY |           |                   |                    |
| ENUMERATED WITH<br><i>Marion, Halliwell</i> |  |  |      |           |                   |                    |
| RELATIONSHIP TO ABOVE                       |  |  |      |           |                   |                    |
| <input type="checkbox"/> FATHER             | <input checked="" type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW           |      |           |                   |                    |
| <input type="checkbox"/> MOTHER             | <input type="checkbox"/> NIECE             | <input type="checkbox"/> NURSE           |      |           |                   |                    |
| <input type="checkbox"/> GRANDFATHER        | <input type="checkbox"/> FATHER-IN-LAW     | <input type="checkbox"/> PATIENT         |      |           |                   |                    |
| <input type="checkbox"/> GRANDMOTHER        | <input type="checkbox"/> MOTHER-IN-LAW     | <input type="checkbox"/> ROOMER          |      |           |                   |                    |
| <input type="checkbox"/> GRANDSON           | <input type="checkbox"/> SON-IN-LAW        | <input type="checkbox"/> SERVANT         |      |           |                   |                    |
| <input type="checkbox"/> GRANDDAUGHTER      | <input type="checkbox"/> DAUGHTER-IN-LAW   | <input type="checkbox"/> OTHER (Specify) |      |           |                   |                    |
| <input type="checkbox"/> AUNT               | <input type="checkbox"/> BROTHER-IN-LAW    |  |      |           |                   |                    |
| <input type="checkbox"/> UNCLE              | <input type="checkbox"/> SISTER-IN-LAW     |  |      |           |                   |                    |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 16106-P01

|                         |     |                |            |            |  |
|-------------------------|-----|----------------|------------|------------|--|
| R200                    |     | HEAD OF FAMILY |            | LOUISIANA  |  |
| Kassie Alexander        |     | E. 80          |            | SHEET 2    |  |
| COLOR                   | AGE | BIRTHPLACE     |            |            |  |
| W                       | 37  | Miss           |            |            |  |
| COUNTY                  |     |                | CITY       |            |  |
| Rapides                 |     |                | Alexandria |            |  |
| OTHER MEMBERS OF FAMILY |     |                |            |            |  |
| NAME                    |     | RELATIONSHIP   | AGE        | BIRTHPLACE |  |
| Mable                   |     | W              | 35         | Tex        |  |
| Charmin Louise          |     | da             | 25         |            |  |
| Joe                     |     | da             | 20         |            |  |
| Helen                   |     | da             | 18         |            |  |
|                         |     |                |            |            |  |
|                         |     |                |            |            |  |
|                         |     |                |            |            |  |
|                         |     |                |            |            |  |

FORM 16-536 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |            |
|-------------------------|--|----------------|------------|------------|------------|
| R200                    |  | HEAD OF FAMILY |            | LOUISIANA  |            |
| COLOR                   |  | AGE            | BIRTHPLACE |            | E.D. SHEET |
| B                       |  | 37             |            |            | 44 6       |
| COUNTY                  |  |                | CITY       |            |            |
| East Carroll            |  |                |            |            |            |
| OTHER MEMBERS OF FAMILY |  |                |            |            |            |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |            |
| / Betty                 |  | W              | 24         |            |            |
| Franklin                |  | S              | 10         |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |                 |      |           |       |
|-------------------------|--|----------------|------------|-----------------|------|-----------|-------|
| K200                    |  | HEAD OF FAMILY |            | ROSS, Alexander |      | LOUISIANA |       |
| COLOR                   |  | AGE            | BIRTHPLACE |                 | E.D. |           | SHEET |
| B                       |  | 37             |            |                 | 106  |           | 28    |
| COUNTY                  |  |                |            | St. Landry      |      | CITY      |       |
| OTHER MEMBERS OF FAMILY |  |                |            |                 |      |           |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE      |      |           |       |
| Louisiana               |  | W              | 28         |                 |      |           |       |
| Sampson                 |  | S              | 10         |                 |      |           |       |
| Hilda                   |  | d              | 9          |                 |      |           |       |
| Mandy                   |  | d              | 6          |                 |      |           |       |
| Pierre                  |  | S              | 4          |                 |      |           |       |
| Joseph                  |  | S              | 1 1/2      |                 |      |           |       |

FORM 16-436 (4-26-31)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                 |     |            |       |
|-------------------------|-----|-----------------|-----|------------|-------|
| R 202                   |     | HEAD OF FAMILY  |     | LOUISIANA  |       |
|                         |     | Boach Alexander |     | E.O.       | SHEET |
| COLOR                   | AGE | BIRTHPLACE      |     |            |       |
| B                       | 22  |                 |     |            |       |
| COUNTY                  |     | Lafourche       |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |     |                 |     |            |       |
| NAME                    |     | RELATIONSHIP    | AGE | BIRTHPLACE |       |
| 1 Rebecca               |     | w               | 30  |            |       |
| Simon Ethel             |     | SD              | 4   |            |       |
|                         |     |                 |     |            |       |
|                         |     |                 |     |            |       |
|                         |     |                 |     |            |       |
|                         |     |                 |     |            |       |
|                         |     |                 |     |            |       |
|                         |     |                 |     |            |       |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|   |     |                    |               |           |  |
|---|-----|--------------------|---------------|-----------|--|
| R 200   |     | NAME OF INDIVIDUAL |               | LOUISIANA |  |
| COLOR   | AGE | BIRTHPLACE         | E.D.          | SHEET     |  |
| 9/1   | 25  | Lad                | 31            | 4         |  |
| COUNTY  |     |                    | CITY          |           |  |
| Caddo   |     |                    | Union Village |           |  |
| ENUMERATED WITH   |     |                    |               |           |  |
| Drew George B.  |     |                    |               |           |  |
| RELATIONSHIP TO ABOVE   |     |                    |               |           |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE<br><input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW<br><input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><u>Lodger</u> |     |                    |               |           |  |

FORM 16-637 (4-23-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 16109-P61

|                         |              |                |                                    |                       |  |           |  |
|-------------------------|--------------|----------------|------------------------------------|-----------------------|--|-----------|--|
| <i>R200</i>             |              | HEAD OF FAMILY |                                    | <i>Ross Alexander</i> |  | LOUISIANA |  |
| COLOR                   | <i>B</i>     | AGE            | <i>29</i>                          | BIRTHPLACE            |  |           |  |
| COUNTY                  |              |                |                                    | CITY                  |  |           |  |
| <i>Jefferson</i>        |              |                |                                    |                       |  |           |  |
| OTHER MEMBERS OF FAMILY |              |                |                                    |                       |  |           |  |
| NAME                    |              | RELATIONSHIP   | AGE                                | BIRTHPLACE            |  |           |  |
| <i>Viola</i>            |              | <i>W</i>       | <i>19</i>                          |                       |  |           |  |
| <i>- - - -</i>          |              | <i>W</i>       | <i>-</i>                           |                       |  |           |  |
| <i>Joseph</i>           |              | <i>S</i>       | <i>1<sup>11</sup>/<sub>2</sub></i> |                       |  |           |  |
| <i>Riley</i>            | <i>Clara</i> | <i>M-l</i>     | <i>49</i>                          |                       |  |           |  |
| <i>1</i>                | <i>John</i>  | <i>S-l</i>     | <i>60</i>                          |                       |  |           |  |
|                         |              |                |                                    |                       |  |           |  |
|                         |              |                |                                    |                       |  |           |  |

FORM 16-436 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |     |                  |            |            |       |
|-------------------------|--|----------------|-----|------------------|------------|------------|-------|
| R200                    |  | HEAD OF FAMILY |     | Rickey Alexander |            | LOUISIANA  |       |
| COLOR                   |  | W              | AGE | 54               | BIRTHPLACE | E.D.       | SHEET |
|                         |  |                |     |                  |            | 13         | 5     |
| COUNTY                  |  |                |     | Avoyelles        |            | CITY       |       |
| OTHER MEMBERS OF FAMILY |  |                |     |                  |            |            |       |
| NAME                    |  |                |     | RELATIONSHIP     | AGE        | BIRTHPLACE |       |
| 1 Adeline               |  |                |     | W                | 51         |            |       |
|                         |  |                |     |                  |            |            |       |
|                         |  |                |     |                  |            |            |       |
|                         |  |                |     |                  |            |            |       |
|                         |  |                |     |                  |            |            |       |
|                         |  |                |     |                  |            |            |       |
|                         |  |                |     |                  |            |            |       |
|                         |  |                |     |                  |            |            |       |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |      |            |  |
|-------------------------|-----|----------------|------|------------|--|
| R 200                   |     | HEAD OF FAMILY |      | LOUISIANA  |  |
| Rugg, Alfred            |     | E.O.           |      | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |      |            |  |
| W                       | 29  |                |      |            |  |
| COUNTY                  |     |                | CITY |            |  |
| Winn                    |     |                |      |            |  |
| OTHER MEMBERS OF FAMILY |     |                |      |            |  |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| Kate                    |     | W              | 45   | Tex.       |  |
| Eali                    |     | S              | 22   |            |  |
| Bevi                    |     | S              | 19   |            |  |
| Thomas                  |     | S              | 15   |            |  |
| Johnson, Vasti          |     | D              | 25   |            |  |
| Cecil E.                |     | GS             | 5    |            |  |
| Eugene                  |     | S-L            | 32   |            |  |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS





|   |  |  |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|--|-----------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R200  |  | NAME OF INDIVIDUAL                         |  | LOUISIANA |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| R200  |  | Rosa Alfred                                |  | E.D. 97   |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR B   |  | AGE 19                                     |  | SHEET 9   |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| BIRTHPLACE  |  |  |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY  |  | Red River                                  |  | CITY      |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| REGISTERED WITH   |  | Williams John                              |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> IMMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |           |  | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> IMMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> IMMATE            |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE             |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

Form 10-437 (10-20-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMB-DC 10100-P41

| HEAD OF FAMILY              |              | LOUISIANA  |            |
|-----------------------------|--------------|------------|------------|
| NAME                        |              | E.D.       | SHEET      |
| Broo <i>Rausseau Alfred</i> |              | 15         | 10         |
| COLOR                       | AGE          | BIRTHPLACE |            |
| W                           | 64           |            |            |
| COUNTY                      |              | CITY       |            |
| Avoyelles                   |              |            |            |
| OTHER MEMBERS OF FAMILY     |              |            |            |
| NAME                        | RELATIONSHIP | AGE        | BIRTHPLACE |
| <i>Ellen</i>                | w            | 58         |            |
| <i>George</i>               | s            | 26         |            |
| <i>Clara</i>                | d            | 23         |            |
| <i>Lawrence</i>             | s            | 18         |            |
| <i>Alfred</i>               | s            | 16         |            |
| <i>Berry</i>                | s            | 12         |            |
|                             |              |            |            |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                               |                               | LOUISIANA    |                  |
|-------------------------------|-------------------------------|--------------|------------------|
| R700                          | HEAD OF FAMILY<br>Nice Alfred |              | E.D. 82 SHEET 13 |
| COLOR<br>B                    | AGE<br>35                     | BIRTHPLACE   |                  |
| COUNTY<br>St John the Baptist | CITY                          |              |                  |
| OTHER MEMBERS OF FAMILY       |                               |              |                  |
| NAME                          |                               | RELATIONSHIP | AGE              |
| Elizabeth                     |                               | W            | 26               |
| Lavinia                       |                               | D            | 12               |
|                               |                               |              |                  |
|                               |                               |              |                  |
|                               |                               |              |                  |
|                               |                               |              |                  |
|                               |                               |              |                  |
|                               |                               |              |                  |

|                         |               |            | LOUISIANA  |  |
|-------------------------|---------------|------------|------------|--|
| HEAD OF FAMILY          | S.D.          | SHEET      |            |  |
| R 200                   | Lucas, Alfred | 32         | 21         |  |
| COLOR                   | AGE           | BIRTHPLACE |            |  |
| B                       | 25            | Miss       |            |  |
| COUNTY                  | CITY          |            |            |  |
| Concordia               |               |            |            |  |
| OTHER MEMBERS OF FAMILY |               |            |            |  |
| NAME                    | RELATIONSHIP  | AGE        | BIRTHPLACE |  |
| Amelia                  | W             | 22         |            |  |
| Calvin                  | S             | 4          |            |  |
| Annie                   | D             | 5          |            |  |
|                         |               |            |            |  |
|                         |               |            |            |  |
|                         |               |            |            |  |
|                         |               |            |            |  |

FORM 16-436 (4-20-51)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                             |  |                   |                             |            |                             |
|-----------------------------|--|-------------------|-----------------------------|------------|-----------------------------|
| <i>R200</i>                 |  | HEAD OF FAMILY    |                             | LOUISIANA  |                             |
| COLOR<br><i>W</i>           |  | AGE<br><i>29</i>  | NAME<br><i>Ross, Alfred</i> |            | E.D. SHEET<br><i>110 27</i> |
| COUNTY<br><i>Terrebonne</i> |  |                   | CITY                        |            |                             |
| OTHER MEMBERS OF FAMILY     |  |                   |                             |            |                             |
| NAME                        |  | RELATION-<br>SHIP | AGE                         | BIRTHPLACE |                             |
| <i>Adelle</i>               |  | <i>W</i>          | <i>29</i>                   |            |                             |
| <i>Bernice</i>              |  | <i>W</i>          | <i>20</i>                   |            |                             |
| <i>Bertie</i>               |  | <i>W</i>          | <i>3</i>                    |            |                             |
|                             |  |                   |                             |            |                             |
|                             |  |                   |                             |            |                             |
|                             |  |                   |                             |            |                             |
|                             |  |                   |                             |            |                             |

FORM 10-636 (4-30-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |         |            |       |
|-------------------------|-----|----------------|---------|------------|-------|
| R200                    |     | HEAD OF FAMILY |         | LOUISIANA  |       |
|                         |     | Rush, Alfred   |         | E.D.       | SHEET |
| COLOR                   | AGE | BIRTHPLACE     |         |            |       |
| W                       | 35  |                |         |            |       |
| COUNTY                  |     |                | CITY    |            |       |
|                         |     |                | Rapides |            |       |
| OTHER MEMBERS OF FAMILY |     |                |         |            |       |
| NAME                    |     | RELATIONSHIP   | AGE     | BIRTHPLACE |       |
| Mary E                  |     | W              | 33      |            |       |
| John P                  |     | S              | 12      |            |       |
| Beatrice                |     | D              | 10      |            |       |
| Thelma                  |     | D              | 8       |            |       |
| Lena                    |     | D              | 6       |            |       |
| Nellie                  |     | D              | 3       |            |       |
|                         |     |                |         |            |       |

Form 16-636 (4-20-31)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R 200                   |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE |            | E.D.  |
| B                       |  | 78             | Miss.      |            | 126   |
| COUNTY                  |  |                | CITY       |            | SHEET |
| JONES                   |  |                |            |            | 2     |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Louisa                  |  | W              | 71         |            |       |
| Calvin                  |  | S              | 40         |            |       |
| David                   |  | S              | 26         |            |       |
| Luelle                  |  | d              | 30         |            |       |
| Sue                     |  | d              | 25         |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 18-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |          |            |  |
|-------------------------|-----|----------------|----------|------------|--|
| R200                    |     | HEAD OF FAMILY |          | LOUISIANA  |  |
| Backs Alfred            |     | E.D.           |          | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |          |            |  |
| B                       | 40. |                |          |            |  |
| COUNTY                  |     |                | CITY     |            |  |
| St. Mary                |     |                | Franklin |            |  |
| OTHER MEMBERS OF FAMILY |     |                |          |            |  |
| NAME                    |     | RELATIONSHIP   | AGE      | BIRTHPLACE |  |
| Marguerite              |     | W              | 52       |            |  |
| Be                      |     | S              | 24       |            |  |
| Agnie                   |     | D              | 18       |            |  |
| Rene                    |     | D.P.           | 21       |            |  |
| Lester                  |     | Y.D.           | 2        |            |  |
| Ben                     |     | Y.D.           | 1        |            |  |
| Alfred                  |     | S              | 20       |            |  |

LOUISIANA

HEAD OF FAMILY - CONTINUE

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME | RELATION-<br>SHIP | AGE | BIRTHPLACE |
|------|-------------------|-----|------------|
| Lee  | S                 | 40  |            |
|      |                   |     |            |
|      |                   |     |            |
|      |                   |     |            |
|      |                   |     |            |
|      |                   |     |            |
|      |                   |     |            |
|      |                   |     |            |
|      |                   |     |            |
|      |                   |     |            |

FORM 10-436a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 18108-P61

|                         |          |                |           |                    |            |            |           |
|-------------------------|----------|----------------|-----------|--------------------|------------|------------|-----------|
| <i>R200</i>             |          | HEAD OF FAMILY |           | <i>Rosa Alfred</i> |            | LOUISIANA  |           |
| COLOR                   | <i>B</i> | AGE            | <i>25</i> | BIRTHPLACE         | <i>Ark</i> | E.D.       | SHEET     |
|                         |          |                |           |                    |            | <i>132</i> | <i>10</i> |
| COUNTY                  |          |                |           | CITY               |            |            |           |
| <i>Winn</i>             |          |                |           |                    |            |            |           |
| OTHER MEMBERS OF FAMILY |          |                |           |                    |            |            |           |
| NAME                    |          |                |           | RELATIONSHIP       | AGE        | BIRTHPLACE |           |
| <i>1 Rosa</i>           |          |                |           | <i>u</i>           | <i>18</i>  |            |           |
| <i>and 2 Bs</i>         |          |                |           |                    |            |            |           |
|                         |          |                |           |                    |            |            |           |
|                         |          |                |           |                    |            |            |           |
|                         |          |                |           |                    |            |            |           |
|                         |          |                |           |                    |            |            |           |
|                         |          |                |           |                    |            |            |           |
|                         |          |                |           |                    |            |            |           |

Form 16-636 (4-22-31)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |   |                |    |                  |     |            |    |
|-------------------------|---|----------------|----|------------------|-----|------------|----|
| R200                    |   | HEAD OF FAMILY |    | Roach, Alfred J. |     | LOUISIANA  |    |
| COLOR                   | W | AGE            | 46 | BIRTHPLACE       |     | E.D.       | 71 |
| COUNTY                  |   |                |    |                  |     | SHEET      |    |
|                         |   | Do Soto        |    | CITY             |     |            |    |
| OTHER MEMBERS OF FAMILY |   |                |    |                  |     |            |    |
| NAME                    |   |                |    | RELATIONSHIP     | AGE | BIRTHPLACE |    |
| Living alone            |   |                |    |                  |     |            |    |
|                         |   |                |    |                  |     |            |    |
|                         |   |                |    |                  |     |            |    |
|                         |   |                |    |                  |     |            |    |
|                         |   |                |    |                  |     |            |    |
|                         |   |                |    |                  |     |            |    |
|                         |   |                |    |                  |     |            |    |
|                         |   |                |    |                  |     |            |    |
|                         |   |                |    |                  |     |            |    |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |       |  |  |  |         |
|--|-------|--|--|--|---------|
| R200                                   |       | NAME OF INDIVIDUAL Ruiz, Alice           |  | LOUISIANA                                |         |
| COLOR W                                | AGE 2 | BIRTH PLACE                              |  | E.D. 1                                   | SHEET 5 |
| COUNTY Assumption                      |       | CITY                                     |  |  |         |
| ENUMERATED WITH Ruiz, Rosalich         |       |  |  |  |         |
| RELATIONSHIP TO ABOVE                  |       |  |  |  |         |
| <input type="checkbox"/> FATHER        |       | <input type="checkbox"/> NEPHEW          |  | <input type="checkbox"/> INMATE          |         |
| <input type="checkbox"/> MOTHER        |       | <input type="checkbox"/> NIECE           |  | <input type="checkbox"/> NURSE           |         |
| <input type="checkbox"/> GRANDFATHER   |       | <input type="checkbox"/> FATHER-IN-LAW   |  | <input type="checkbox"/> PATIENT         |         |
| <input type="checkbox"/> GRANDMOTHER   |       | <input type="checkbox"/> MOTHER-IN-LAW   |  | <input type="checkbox"/> ROOMER          |         |
| <input type="checkbox"/> GRANDSON      |       | <input type="checkbox"/> SON-IN-LAW      |  | <input type="checkbox"/> SERVANT         |         |
| <input type="checkbox"/> GRANDDAUGHTER |       | <input type="checkbox"/> DAUGHTER-IN-LAW |  | <input type="checkbox"/> OTHER (Specify) |         |
| <input type="checkbox"/> AUNT          |       | <input type="checkbox"/> BROTHER-IN-LAW  |  | <input checked="" type="checkbox"/> E Ch |         |
| <input type="checkbox"/> UNCLE         |       | <input type="checkbox"/> SISTER-IN-LAW   |  |  |         |

FORM 18-637 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18192-P-81

|  |   |   |    |   |                 |
|--|---|---|----|---|-----------------|
| K200   |   | NAME OF INDIVIDUAL  |    | LOUISIANA   |                 |
| COLOR  | W | AGE   | 27 | BIRTHPLACE  | E.D. 55 SHEET 2 |
| COUNTY   |   | Berville  |    | CITY  |                 |
| ENUMERATED WITH  |   | Rousseau  |    |   |                 |
| RELATIONSHIP TO ABOVE  |   | Rousseau, William J.  |    |   |                 |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |   | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |    | <input type="checkbox"/> TENANT<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br>Li |                 |

FORM 19-437 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                   |     |            |       |
|-------------------------|-----|-------------------|-----|------------|-------|
| R200                    |     | HEAD OF FAMILY    |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE        |     | E.D.       | SHEET |
| W                       | 44  |                   |     | 69         | 26    |
| COUNTY                  |     | St. James         |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |     |                   |     |            |       |
| NAME                    |     | RELATION-<br>SHIP | AGE | BIRTHPLACE |       |
| 1 Emma                  |     | d                 | 19  |            |       |
|                         |     |                   |     |            |       |
|                         |     |                   |     |            |       |
|                         |     |                   |     |            |       |
|                         |     |                   |     |            |       |
|                         |     |                   |     |            |       |
|                         |     |                   |     |            |       |
|                         |     |                   |     |            |       |

FORM 10-426 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1916 CENSUS INDEX - INDIVIDUAL

Form 16-637 (4-20-01)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

NAME OF INDIVIDUAL *Rose Alice*

Race *Race*

SEX *Q* AGE *22* BIRTHPLACE *St. John the Baptist*

CITY *St. John the Baptist*

RELATIONSHIP TO ABOVE

☐ FATHER  
☐ MOTHER  
☐ GRANDFATHER  
☐ GRANDMOTHER  
☐ GRANDSON  
☐ GRANDDAUGHTER  
☐ AUNT  
☐ UNCLE  
☐ NEPHEW  
☐ NIECE  
☐ FATHER-IN-LAW  
☐ MOTHER-IN-LAW  
☐ SON-IN-LAW  
☐ DAUGHTER-IN-LAW  
☐ BROTHER-IN-LAW  
☐ SISTER-IN-LAW  
☐ WIFE  
☐ HUSBAND  
☐ PATIENT  
☐ ROOMER  
☐ SERVANT  
☐ OTHER (Specify)

|                         |              |                |            |           |       |
|-------------------------|--------------|----------------|------------|-----------|-------|
| R200                    |              | HEAD OF FAMILY |            | LOUISIANA |       |
| COLOR                   | AGE          | NAME           |            | E.O.      | SHEET |
| W                       | 59           | Ross, Alice    |            | 38        | 41    |
| BIRTHPLACE              |              | COUNTY         |            |           |       |
| Lafourche               |              | CITY           |            |           |       |
|                         |              | Thibodaux      |            |           |       |
| OTHER MEMBERS OF FAMILY |              |                |            |           |       |
| NAME                    | RELATIONSHIP | AGE            | BIRTHPLACE |           |       |
| Living alone            |              |                |            |           |       |
|                         |              |                |            |           |       |
|                         |              |                |            |           |       |
|                         |              |                |            |           |       |
|                         |              |                |            |           |       |
|                         |              |                |            |           |       |
|                         |              |                |            |           |       |
|                         |              |                |            |           |       |
|                         |              |                |            |           |       |

FORM 10-636 (4-30-07)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |                  |   |  |                  |                   |
|---|------------------|---|--|------------------|-------------------|
| R200  |                  | NAME OF INDIVIDUAL<br><i>Rest Alice</i> |  | LOUISIANA        |                   |
| COLOR<br><i>B</i>   | AGE<br><i>20</i> | BIRTHPLACE                              |  | E.D.<br><i>3</i> | SHEET<br><i>6</i> |
| COUNTY<br><i>East Baton Rouge</i>   |                  | CITY                                    |  |                  |                   |
| ENUMERATED WITH<br><i>Brian Thomas</i>  |                  |   |  |                  |                   |
| RELATIONSHIP TO ABOVE   |                  |   |  |                  |                   |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER<br/> <input type="checkbox"/> MOTHER<br/> <input type="checkbox"/> GRANDFATHER<br/> <input type="checkbox"/> GRANDMOTHER<br/> <input type="checkbox"/> GRANDSON<br/> <input type="checkbox"/> GRANDDAUGHTER<br/> <input type="checkbox"/> AUNT<br/> <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW<br/> <input type="checkbox"/> Niece<br/> <input type="checkbox"/> FATHER-IN-LAW<br/> <input type="checkbox"/> MOTHER-IN-LAW<br/> <input type="checkbox"/> SON-IN-LAW<br/> <input type="checkbox"/> DAUGHTER-IN-LAW<br/> <input type="checkbox"/> BROTHER-IN-LAW<br/> <input checked="" type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE<br/> <input type="checkbox"/> NURSE<br/> <input type="checkbox"/> PATIENT<br/> <input type="checkbox"/> ROOMER<br/> <input type="checkbox"/> SERVANT<br/> <input type="checkbox"/> OTHER (Specify) </div> </div> |                  |   |  |                  |                   |

Form 16-637 (4-22-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 1619-P61

|  |           |  |      |  |  |           |    |
|--|-----------|--|------|--|--|-----------|----|
| R200   |           | NAME OF INDIVIDUAL   |      | Rice, Alice  |  | LOUISIANA |    |
| COLOR  | W         | AGE  | 19   | BIRTHPLACE   |  | E.O.      | 25 |
| COUNTY   | Jefferson |  | CITY | Mc Donoghville   |  |           |    |
| ENUMERATED WITH  |           | Murray, Walter   |      |  |  |           |    |
| RELATIONSHIP TO ABOVE  |           |  |      |  |  |           |    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |           | <input type="checkbox"/> NEPHEW<br><input checked="" type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> WORKER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |  |           |    |

FORM 18-57 (4-22-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 18189-001



|   |                  |   |  |   |                    |
|---|------------------|---|--|---|--------------------|
| R200  |                  | NAME OF INDIVIDUAL<br><i>Reed Oliver</i>  |  | LOUISIANA   |                    |
| COLOR<br><i>B</i>   | AGE<br><i>19</i> | BIRTHPLACE  |  | E.D.<br><i>93</i>   | SHEET<br><i>14</i> |
| COUNTY  |                  | CITY  |  |   |                    |
| ENUMERATED WITH   |                  |   |  |   |                    |
| RELATIONSHIP TO ABOVE<br><i>Patterson Eliza</i>   |                  |   |  |   |                    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input checked="" type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> WIFE<br><input type="checkbox"/> MURDER<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                    |

FORM 19-437 (4-22-21)

1919 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |            |       |
|-------------------------|---|----------------|-----|------------|-------|
| A200                    |   | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | B | AGE            | 38  | BIRTHPLACE | Alice |
| COUNTY                  |   | CITY           |     | E.O.       | SHEET |
|                         |   | Pointe Coupee  |     | 78         | 16    |
| OTHER MEMBERS OF FAMILY |   |                |     |            |       |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| 1 Jane                  |   | 5'             | 25  |            |       |
|                         |   |                |     |            |       |
|                         |   |                |     |            |       |
|                         |   |                |     |            |       |
|                         |   |                |     |            |       |
|                         |   |                |     |            |       |
|                         |   |                |     |            |       |
|                         |   |                |     |            |       |
|                         |   |                |     |            |       |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |   |                    |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|---|--|---|--------------------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| NAME OF INDIVIDUAL<br><i>Rose</i>   |  | LOUISIANA   |                    |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR<br><i>W</i>   | AGE<br><i>2</i>                          | BIRTHPLACE<br><i>Albion</i>                         | SHEET<br><i>11</i> |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY  |  | CITY  |                    |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| BROADWAY DIV<br><i>Lafayette</i>  |  |   |                    |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE<br><i>Rose</i><br><i>Daughter</i>   |  |   |                    |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> UNCLE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> MURDER</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROBBER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (SPECIFY)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> UNCLE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> MURDER | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROBBER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (SPECIFY) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> UNCLE                      |                    |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> MURDER                     |                    |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |                    |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROBBER                     |                    |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |                    |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (SPECIFY) |                    |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |                    |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |                    |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 10-457 (10-22-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

U.S. GOVERNMENT PRINTING OFFICE

|                         |   |                |       |             |         |
|-------------------------|---|----------------|-------|-------------|---------|
| R 200                   |   | HEAD OF FAMILY |       | LOUISIANA   |         |
| COLOR                   | W | AGE            | 25    | BIRTHPLACE  | Allen E |
| COUNTY                  |   |                | S.D.  | 74          | SHEET   |
|                         |   | City           |       | Baton Rouge |         |
| OTHER MEMBERS OF FAMILY |   |                |       |             |         |
| NAME                    |   | RELATIONSHIP   | AGE   | BIRTHPLACE  |         |
| Eva                     |   | W              | 28    |             |         |
| Harold D                |   | S              | 2     |             |         |
| Kenneth                 |   | D              | 8 1/2 |             |         |
|                         |   |                |       |             |         |
|                         |   |                |       |             |         |
|                         |   |                |       |             |         |
|                         |   |                |       |             |         |
|                         |   |                |       |             |         |
|                         |   |                |       |             |         |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - PART 7

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |    |   |    |   |    |
|--|----|---|----|---|----|
| 0207   |    | NAME OF INDIVIDUAL  |    | LOUISIANA   |    |
| COLOR  | 13 | AGE   | 92 | BIRTHPLACE  | La |
| COUNTY   |    | CITY  |    | 101 32  |    |
| ENUMERATED WITH  |    | Dorachita   |    | Mouwe   |    |
| RELATIONSHIP TO ABOVE  |    | Jefferson Thomas  |    |   |    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |    | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |    | <input type="checkbox"/> INMATE<br><input type="checkbox"/> JURY<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |    |
| FORM 10-637 (4-20-61)  |    | 552   |    |   |    |

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

16200-101 (10-10-61)



|  |         |   |             |   |                  |
|--|---------|---|-------------|---|------------------|
| R202   |         | NAME OF INDIVIDUAL  |             | LOUISIANA   |                  |
| COLOR  | W       | AGE   | 38          | BIRTHPLACE  | E.D. 69 SHEET 13 |
| COUNTY   | Lincoln |   | CITY Ruston |   |                  |
| ENUMERATED WITH  |         |   |             |   |                  |
| Mamie Mrs. Engle   |         |   |             |   |                  |
| RELATIONSHIP TO ABOVE  |         |   |             |   |                  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |         | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |             | <input type="checkbox"/> BOARDER<br><input type="checkbox"/> BOARDER<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify) <u>B</u> |                  |

FORM 16-637 (10-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCENS-DC 1910-661

|                         |            |                |      |             |    |           |     |
|-------------------------|------------|----------------|------|-------------|----|-----------|-----|
| R 200                   |            | HEAD OF FAMILY |      | ROSS, Allen |    | LOUISIANA |     |
| COLOR                   | B          | AGE            | 19   | BIRTHPLACE  |    | E.D.      | 105 |
| COUNTY                  | Terrebonne |                |      | CITY        | 12 |           |     |
| OTHER MEMBERS OF FAMILY |            |                |      |             |    |           |     |
| NAME                    |            | RELATIONSHIP   | AGE  | BIRTHPLACE  |    |           |     |
| Fannie                  |            | W              | 22   |             |    |           |     |
| Rosevelt                |            | S              | 3    |             |    |           |     |
| James                   |            | S              | 2    |             |    |           |     |
| Clifford                |            | S              | 3/12 |             |    |           |     |
|                         |            |                |      |             |    |           |     |
|                         |            |                |      |             |    |           |     |
|                         |            |                |      |             |    |           |     |
|                         |            |                |      |             |    |           |     |

FORM 10-636 (4-20-07)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |   |                |     |                |  |           |    |
|-------------------------|---|----------------|-----|----------------|--|-----------|----|
| R 200                   |   | HEAD OF FAMILY |     | Roach Allen L. |  | LOUISIANA |    |
| COLOR                   | W | AGE            | 42  | BIRTHPLACE     |  | S.D.      | 69 |
| COUNTY                  |   |                |     |                |  | SHEET     | 3  |
|                         |   |                |     | CITY           |  |           |    |
| OTHER MEMBERS OF FAMILY |   |                |     |                |  |           |    |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE     |  |           |    |
| Mammy                   |   | W              | 39  |                |  |           |    |
| Alice                   |   | D              | 15  |                |  |           |    |
| Mammy                   |   | D              | 13  |                |  |           |    |
| Beckinsley              |   | D              | 8   |                |  |           |    |
| Larabie                 |   | D              | 5   |                |  |           |    |
| Billie                  |   | D              | 2   |                |  |           |    |
| Allen R. Jr.            |   | S              | 1/2 |                |  |           |    |

FORM 18-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |           |                    |      |            |          |
|--|-----------|--------------------|------|------------|----------|
| R202   |           | NAME OF INDIVIDUAL |      | LOUISIANA  |          |
| COLOR  | W         | AGE                | 3    | BIRTHPLACE | ILLINOIS |
| COUNTY   | Lefourche |                    | CITY |            |          |
| ENUMERATED WITH  |           |                    |      |            |          |
| Rome Joseph  |           |                    |      |            |          |
| RELATIONSHIP TO ABOVE  |           |                    |      |            |          |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> FATHER<br/> <input type="checkbox"/> MOTHER<br/> <input type="checkbox"/> GRANDFATHER<br/> <input type="checkbox"/> GRANDMOTHER<br/> <input type="checkbox"/> GRANDSON<br/> <input type="checkbox"/> GRANDDAUGHTER<br/> <input type="checkbox"/> AUNT<br/> <input type="checkbox"/> UNCLE </div> <div style="width: 30%;"> <input type="checkbox"/> NEPHEW<br/> <input type="checkbox"/> NIECE<br/> <input type="checkbox"/> FATHER-IN-LAW<br/> <input type="checkbox"/> MOTHER-IN-LAW<br/> <input type="checkbox"/> SON-IN-LAW<br/> <input type="checkbox"/> DAUGHTER-IN-LAW<br/> <input type="checkbox"/> BROTHER-IN-LAW<br/> <input type="checkbox"/> SISTER-IN-LAW </div> <div style="width: 30%;"> <input type="checkbox"/> IMMATE<br/> <input type="checkbox"/> NURSE<br/> <input type="checkbox"/> PATIENT<br/> <input type="checkbox"/> ROOMER<br/> <input type="checkbox"/> SERVANT<br/> <input type="checkbox"/> OTHER (Specify) </div> </div> |           |                    |      |            |          |

FORM 16-437 (4-29-31)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 18104-P01

|   |  |  |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|--|--------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| A200  |  | NAME OF INDIVIDUAL<br><i>Ross Alma</i>     |  | LOUISIANA          |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>W</i>   | AGE<br><i>24</i>                         | BIRTH PLACE                                |  | E.O.<br><i>104</i> | SHEET<br><i>2</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>Ouachita</i>   |  | CITY                                       |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Byrona Perinette</i>  |  |  |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |                    |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE            |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE             |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 18100-P01

|                                |            |                       |            |                   |              |
|--------------------------------|------------|-----------------------|------------|-------------------|--------------|
| <b>R200</b>                    |            | <b>HEAD OF FAMILY</b> |            | <b>LOUISIANA</b>  |              |
| <b>COLOR</b>                   | <b>AGE</b> | <b>BIRTHPLACE</b>     |            | <b>E.D.</b>       | <b>SHEET</b> |
| W                              | 46         |                       |            | 67                | 2            |
| <b>COUNTY</b>                  |            | <b>Livingston</b>     |            | <b>CITY</b>       |              |
| <b>OTHER MEMBERS OF FAMILY</b> |            |                       |            |                   |              |
| <b>NAME</b>                    |            | <b>RELATIONSHIP</b>   | <b>AGE</b> | <b>BIRTHPLACE</b> |              |
| Eugene                         |            | W                     | 43         |                   |              |
| Myrtle                         |            | D                     | 3          |                   |              |
| Edward                         |            | S                     | 1 1/2      |                   |              |
|                                |            |                       |            |                   |              |
|                                |            |                       |            |                   |              |
|                                |            |                       |            |                   |              |
|                                |            |                       |            |                   |              |
|                                |            |                       |            |                   |              |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |           |                |     |             |  |           |    |
|-------------------------|-----------|----------------|-----|-------------|--|-----------|----|
| A 700                   |           | HEAD OF FAMILY |     | Rich Alonge |  | LOUISIANA |    |
| COLOR                   | W         | AGE            | 24  | BIRTHPLACE  |  | E.D.      | 97 |
| COUNTY                  | Red River |                |     | CITY        |  | SHEET     | 7  |
| OTHER MEMBERS OF FAMILY |           |                |     |             |  |           |    |
| NAME                    |           | RELATIONSHIP   | AGE | BIRTHPLACE  |  |           |    |
| Marney                  |           | W              | 23  |             |  |           |    |
| Vernon                  |           | S              | 2   |             |  |           |    |
|                         |           |                |     |             |  |           |    |
|                         |           |                |     |             |  |           |    |
|                         |           |                |     |             |  |           |    |
|                         |           |                |     |             |  |           |    |
|                         |           |                |     |             |  |           |    |
|                         |           |                |     |             |  |           |    |

FORM 16-636 (4-28-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R200                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.O.       | SHEET |
| W                       | 81  | Rice Olango    |     | #2         | 3     |
| COUNTY                  |     | CITY           |     |            |       |
| Vermillion              |     |                |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Living alone            |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 16-436 (4-20-07)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |      |            |  |
|-------------------------|-----|----------------|------|------------|--|
| R 200                   |     | HEAD OF FAMILY |      | LOUISIANA  |  |
| COLOR                   | AGE | BIRTHPLACE     | E.D. | SHEET      |  |
| B 25                    |     | Richland Ala   | 118  | 2          |  |
| COUNTY                  |     |                | CITY |            |  |
| OTHER MEMBERS OF FAMILY |     |                |      |            |  |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| / Sister                |     | W              | 20   |            |  |
| Sister                  |     | B              | 25   |            |  |
| / B.                    |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |

FORM 18-636 (4-20-21)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |       |            |       |
|-------------------------|-----|----------------|-------|------------|-------|
| R-200                   |     | HEAD OF FAMILY |       | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |       | E.D.       | SHEET |
| W                       | 28  | Alpa           |       | 24         | 16    |
| COUNTY                  |     | Avoyelles      |       | CITY       |       |
| OTHER MEMBERS OF FAMILY |     |                |       |            |       |
| NAME                    |     | RELATIONSHIP   | AGE   | BIRTHPLACE |       |
| J. Ida.                 |     | W              | 24    |            |       |
| Oggy B.                 |     | S              | 1 1/2 |            |       |
|                         |     |                |       |            |       |
|                         |     |                |       |            |       |
|                         |     |                |       |            |       |
|                         |     |                |       |            |       |
|                         |     |                |       |            |       |
|                         |     |                |       |            |       |
|                         |     |                |       |            |       |

FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|   |   |   |    |   |    |
|---|---|---|----|---|----|
| R 200   |   | NAME OF INDIVIDUAL  |    | LOUISIANA   |    |
| COLOR   | W | AGE   | 62 | BIRTHPLACE  | 72 |
|   |   |   |    | SHEET 14  |    |
| COUNTY  |   | Lafayette   |    | CITY  |    |
| ENUMERATED WITH   |   |   |    |   |    |
| Laundry, Stoenie  |   |   |    |   |    |
| RELATIONSHIP TO ABOVE   |   |   |    |   |    |
| <input type="checkbox"/> FATHER<br><input checked="" type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |   | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> Niece<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |    | <input type="checkbox"/> WIFE<br><input type="checkbox"/> MURDER<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |    |

FORM 10-637 (10-23-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 10100-P01

|  |   |   |    |   |           |
|--|---|---|----|---|-----------|
| 1200   |   | NAME OF INDIVIDUAL  |    | LOUISIANA   |           |
| COLOR  | B | AGE   | 15 | BIRTH PLACE   | LAfayette |
| COUNTY   |   | CITY  |    | ED  |           |
| ENUMERATED WITH  |   | MOSES, Albert   |    | SHEET 2   |           |
| RELATIONSHIP TO ABOVE  |   |   |    |   |           |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |   | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |    | <input type="checkbox"/> WIDOW<br><input type="checkbox"/> WIFE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify) |           |
| Hired man  |   |   |    |   |           |

FORM 10-637 (10-22-31)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMB-DC 1910-P81

|  |     |   |  |   |       |
|--|-----|---|--|---|-------|
| A200   |     | NAME OF INDIVIDUAL  |  | LOUISIANA   |       |
| COLOR  | AGE | BIRTHPLACE  |  | E.D.  | SHEET |
| B  | 10  | Rose, Alberta   |  | 56  | 26    |
| COUNTY   |     | CITY  |  |   |       |
|  |     | Plaquemine  |  |   |       |
| ENUMERATED WITH  |     |   |  |   |       |
| RELATIONSHIP TO ABOVE  |     | Richardson, Peirce  |  |   |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |       |

FORM 16-57 (10-22-31)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |     |                    |      |           |       |
|--|-----|--------------------|------|-----------|-------|
| R 200  |     | NAME OF INDIVIDUAL |      | LOUISIANA |       |
| COLOR  | AGE | BIRTHPLACE         |      | E.O.      | SHEET |
| B  | 25  |                    |      | 75        | 8     |
| COUNTY   |     |                    | CITY |           |       |
| Lincoln  |     |                    |      |           |       |
| ENUMERATED WITH  |     |                    |      |           |       |
| Wheeler, Sidney  |     |                    |      |           |       |
| RELATIONSHIP TO ABOVE  |     |                    |      |           |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE<br><input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW<br><input type="checkbox"/> ROOMMATE<br><input type="checkbox"/> BOARDER<br><input type="checkbox"/> BOARDER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><u>Pa</u> |     |                    |      |           |       |

FORM 10-637 (10-25-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |            |             |
|-------------------------|---|----------------|-----|------------|-------------|
| R 200                   |   | HEAD OF FAMILY |     | LOUISIANA  |             |
| COLOR                   | W | AGE            | 31  | BIRTHPLACE | St. Mary    |
|                         |   |                |     | CITY       | Morgan City |
| OTHER MEMBERS OF FAMILY |   |                |     |            |             |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |             |
| Mary                    |   | W              | 32  |            |             |
| Rossie                  |   | D              | 1   |            |             |
| 1/3                     |   |                |     |            |             |
|                         |   |                |     |            |             |
|                         |   |                |     |            |             |
|                         |   |                |     |            |             |
|                         |   |                |     |            |             |
|                         |   |                |     |            |             |
|                         |   |                |     |            |             |

FORM 10-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |     |   |  |   |       |
|--|-----|---|--|---|-------|
| R200   |     | NAME OF INDIVIDUAL  |  | LOUISIANA   |       |
| COLOR  | AGE | BIRTHPLACE  |  | E.D.  | SHEET |
| Wm   | 26  | Boach, Amanta   |  | 145   | 18    |
| COUNTY   |     | CITY  |  |   |       |
| West Feliciana   |     |   |  |   |       |
| ENUMERATED WITH  |     |   |  |   |       |
| Jesse, Charles   |     |   |  |   |       |
| RELATIONSHIP TO ABOVE  |     |   |  |   |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br>hb |       |

FORM 16-637 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCIB-DC 1910-P-61

|                         |   |                |     |            |                |
|-------------------------|---|----------------|-----|------------|----------------|
| 48-200                  |   | HEAD OF FAMILY |     | LOUISIANA  |                |
| COLOR                   | B | AGE            | 56  | BIRTHPLACE | Ross, Arkansas |
| COUNTY                  |   | Union          |     | CITY       | Franklinville  |
| OTHER MEMBERS OF FAMILY |   |                |     |            |                |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |                |
| Bessie                  |   | 2              | 21  |            |                |
| Frankie                 |   | 2              | 20  |            |                |
| Genevieve               |   | gd             | 17  |            |                |
| Minnie                  |   | gd             | 13  |            |                |
| 8 2 boarders            |   |                |     |            |                |
|                         |   |                |     |            |                |
|                         |   |                |     |            |                |
|                         |   |                |     |            |                |

FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |   |  |           |       |                                 |                                 |                               |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|--|--|---|--|-----------|-------|---------------------------------|---------------------------------|-------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| R200   |  | NAME OF INDIVIDUAL                                  |  | LOUISIANA |       |                                 |                                 |                               |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR  | AGE                                      | BIRTHPLACE  |  | E.O.      | SHEET |                                 |                                 |                               |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| B  | 60                                       |   |  | 145       | 16    |                                 |                                 |                               |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY   |  | CITY  |  |           |       |                                 |                                 |                               |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| West Feliciana   |  |   |  |           |       |                                 |                                 |                               |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH  |  |   |  |           |       |                                 |                                 |                               |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| Wiley, Sue   |  |   |  |           |       |                                 |                                 |                               |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   |  |           |       |                                 |                                 |                               |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIFE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> MURDER</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIFE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> MURDER | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIFE                       |  |           |       |                                 |                                 |                               |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> MURDER                     |  |           |       |                                 |                                 |                               |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |           |       |                                 |                                 |                               |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |           |       |                                 |                                 |                               |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |           |       |                                 |                                 |                               |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |           |       |                                 |                                 |                               |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |           |       |                                 |                                 |                               |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |   |  |           |       |                                 |                                 |                               |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 10-437 (4-30-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

UNCOMM-DC 18198-P61



|  |   |   |           |  |                  |
|--|---|---|-----------|--|------------------|
| R200   |   | NAME OF INDIVIDUAL  |           | LOUISIANA  |                  |
| COLOR  | W | AGE   | 30        | BIRTHPLACE   | E.S. 68 SHEET 11 |
| COUNTY   |   |   | St. James | CITY   |                  |
| ENUMERATED WITH  |   |   |           |  |                  |
| Lambert Johnnie Noel   |   |   |           |  |                  |
| RELATIONSHIP TO ABOVE  |   |   |           |  |                  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |   | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |           | <input type="checkbox"/> WIDWIFE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify) |                  |

FORM 16-537 (10-20-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |   |  |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|---|--|--|--------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|---|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| <b>R200</b>   |   | NAME OF INDIVIDUAL<br><i>Rice Amelia</i> |  | LOUISIANA          |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>W</i>   | AGE<br><i>74</i>                                  | BIRTHPLACE                               |  | E.D.<br><i>100</i> | SHEET<br><i>7</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>St. Tammany</i>  |   | CITY                                     |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH   |   |  |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE<br><i>Wife</i>  |   |  |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input checked="" type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |   |  |  |                    |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input checked="" type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW                   | <input type="checkbox"/> INMATE          |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE                    | <input type="checkbox"/> NURSE           |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW            | <input type="checkbox"/> PATIENT         |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input checked="" type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER          |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW               | <input type="checkbox"/> SERVANT         |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW          | <input type="checkbox"/> OTHER (Specify) |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW           |  |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW            |  |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-627 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |  |                   |                    |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|-------------------|--------------------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| P 200   |  | NAME OF INDIVIDUAL<br><i>Rose Amelia</i>   |                   | LOUISIANA          |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>B</i>   | AGE<br><i>16</i>                         | BIRTHPLACE                                 | E.O.<br><i>36</i> | SHEET<br><i>14</i> |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY  |  |  | CITY              |                    |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>East Baton Rouge</i>  |  |  |                   |                    |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE<br><i>James Harrison</i>  |  |  |                   |                    |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> IMMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |                   |                    |  | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> IMMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> IMMATE            |                   |                    |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE             |                   |                    |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |                   |                    |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER |                   |                    |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |                   |                    |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |                   |                    |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |                   |                    |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |                   |                    |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 18-437 (4-29-67)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |     |   |  |  |       |
|--|-----|---|--|--|-------|
| R200   |     | NAME OF INDIVIDUAL  |  | LOUISIANA  |       |
| COLOR  | AGE | BIRTHPLACE  |  | E.D.   | SHEET |
| B  | 4   | Amelia  |  | 146  | 6     |
| COUNTY   |     | CITY  |  |  |       |
| West Feliciana   |     |   |  |  |       |
| EMIGRATED WITH   |     |   |  |  |       |
| Wills Rose   |     |   |  |  |       |
| RELATIONSHIP TO ABOVE  |     |   |  |  |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> IMMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br>D |       |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18100-P01

|  |      |   |  |   |       |
|--|------|---|--|---|-------|
| R200   |      | NAME OF INDIVIDUAL  |  | LOUISIANA   |       |
| COLOR  | AGE  | BIRTHPLACE  |  | E.D.  | SHEET |
| B  | 31   | Rivers, Amelia  |  | 77  | 9     |
| COUNTY   | CITY |   |  |   |       |
| Rapid  |      |   |  |   |       |
| ENUMERATED WITH  |      |   |  |   |       |
| JOHNSON, Beatrice  |      |   |  |   |       |
| RELATIONSHIP TO ABOVE  |      |   |  |   |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |      | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify) |       |
|  |      |   |  | D   |       |

FORM 19-437 (4-20-01)

1919 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 1919-P61

|  |   |  |  |            |  |
|--|---|--|--|------------|--|
| R200                                   |   | NAME OF INDIVIDUAL                       |  | LOUISIANA  |  |
| RACE                                   |   | AGE                                      |  | S.D. SHEET |  |
| W                                      |   | 59                                       |  | 114 12     |  |
| BIRTHPLACE                             |   |  |  |            |  |
| COUNTY                                 |   | CITY                                     |  |            |  |
| Nichland                               |   | Rayville                                 |  |            |  |
| ENUMERATED WITH                        |   |  |  |            |  |
| James Clarence W                       |   |  |  |            |  |
| RELATIONSHIP TO ABOVE                  |   |  |  |            |  |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW                   | <input type="checkbox"/> INMATE          |  |            |  |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NIECE                    | <input type="checkbox"/> NURSE           |  |            |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW            | <input type="checkbox"/> PATIENT         |  |            |  |
| <input type="checkbox"/> GRANDMOTHER   | <input checked="" type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER          |  |            |  |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW               | <input type="checkbox"/> SERVANT         |  |            |  |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW          | <input type="checkbox"/> OTHER (Specify) |  |            |  |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW           |  |  |            |  |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> MISTRESS-IN-LAW          |  |  |            |  |

FORM 10-637 (4-22-61)

1930 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 10100-P01

|                         |  |                |  |            |  |
|-------------------------|--|----------------|--|------------|--|
| R 200                   |  | HEAD OF FAMILY |  | LOUISIANA  |  |
| BIOLOGICAL              |  | NAME           |  | S.D.       |  |
| Ma                      |  | Riggs          |  | 126        |  |
| AGE                     |  | BIRTHPLACE     |  | SHEET      |  |
| 41                      |  | Amos           |  | 15         |  |
| COUNTY                  |  |                |  |            |  |
| St. Martin              |  |                |  |            |  |
| CITY                    |  |                |  |            |  |
| St. Martinsville        |  |                |  |            |  |
| OTHER MEMBERS OF FAMILY |  |                |  |            |  |
| NAME                    |  | RELATIONSHIP   |  | AGE        |  |
|                         |  |                |  | BIRTHPLACE |  |
| Amelia                  |  | W              |  | 33         |  |
| Edmond                  |  | S              |  | 3          |  |
| Paul                    |  | Ages           |  | 16         |  |
| Paul                    |  | Chad           |  | 40         |  |
| Riggs                   |  | Honora         |  | 13         |  |
| 1                       |  | Alice          |  | 8          |  |

FORM 10-436 (10-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |           |                |      |            |      |
|-------------------------|-----------|----------------|------|------------|------|
| R 200                   |           | HEAD OF FAMILY |      | LOUISIANA  |      |
| COLOR                   | B         | AGE            | 27   | BIRTHPLACE | Miss |
| COUNTY                  | Calcasieu |                | CITY |            |      |
| OTHER MEMBERS OF FAMILY |           |                |      |            |      |
| NAME                    |           | RELATIONSHIP   | AGE  | BIRTHPLACE |      |
| 1 Alice                 |           | W              | 36   |            |      |
| 2 3 Boarders            |           |                |      |            |      |
| 4 1 Lodger              |           |                |      |            |      |
|                         |           |                |      |            |      |
|                         |           |                |      |            |      |
|                         |           |                |      |            |      |
|                         |           |                |      |            |      |

FORM 10-426 (4-20-31)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |     |                   |      |            |       |
|-------------------------|-----|-------------------|------|------------|-------|
| R200                    |     | HEAD OF FAMILY    |      | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE        |      | E.D.       | SHEET |
| B                       | 22  | Miss              |      | 28         | 16    |
| COUNTY                  |     |                   | CITY |            |       |
| Calcasieu               |     |                   |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                   |      |            |       |
| NAME                    |     | RELATION-<br>SHIP | AGE  | BIRTHPLACE |       |
| Lady                    |     | W                 | 19   | Miss       |       |
| Husband                 |     | S.D.              | 3    | Miss       |       |
|                         |     |                   |      |            |       |
|                         |     |                   |      |            |       |
|                         |     |                   |      |            |       |
|                         |     |                   |      |            |       |
|                         |     |                   |      |            |       |
|                         |     |                   |      |            |       |
|                         |     |                   |      |            |       |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                 |     |            |       |
|-------------------------|-----|-----------------|-----|------------|-------|
| 8200                    |     | HEAD OF FAMILY  |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE      |     | E.O.       | SHEET |
| W                       | 25  | Richey Ames Jr. |     | 92         | 17    |
| COUNTY                  |     | Napides         |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |     |                 |     |            |       |
| NAME                    |     | RELATIONSHIP    | AGE | BIRTHPLACE |       |
| Luisella                |     | W               | 23  |            |       |
| Leon D.                 |     | S               | 2   |            |       |
| Melvin                  |     | S               | 1/2 |            |       |
|                         |     |                 |     |            |       |
|                         |     |                 |     |            |       |
|                         |     |                 |     |            |       |
|                         |     |                 |     |            |       |
|                         |     |                 |     |            |       |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |            |         |
|-------------------------|---|----------------|-----|------------|---------|
| R200                    |   | HEAD OF FAMILY |     | Louisiana  |         |
| COLOR                   | W | AGE            | 36  | BIRTHPLACE | Rapides |
| CITY                    |   | CITY           |     |            |         |
| OTHER MEMBERS OF FAMILY |   |                |     |            |         |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |         |
| Malittie                |   | W              | 30  |            |         |
| Oscar                   |   | S              | 4R  |            |         |
| Jesse                   |   | HH             | 21  |            |         |
|                         |   |                |     |            |         |
|                         |   |                |     |            |         |
|                         |   |                |     |            |         |
|                         |   |                |     |            |         |
|                         |   |                |     |            |         |
|                         |   |                |     |            |         |

FORM 18-536 (4-20-27)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                   |     |            |      |
|-------------------------|---|-------------------|-----|------------|------|
| R200                    |   | HEAD OF FAMILY    |     | LOUISIANA  |      |
| COLOR                   | W | AGE               | 39  | BIRTHPLACE | Army |
| COUNTY                  |   | St. Landry        |     | CITY       |      |
| OTHER MEMBERS OF FAMILY |   |                   |     |            |      |
| NAME                    |   | RELATION-<br>SHIP | AGE | BIRTHPLACE |      |
| Azad                    |   | s                 | 15  |            |      |
| Lefie                   |   | d                 | 14  |            |      |
| Amma                    |   | s                 | 12  |            |      |
| Anna                    |   | d                 | 10  |            |      |
| Alice                   |   | d                 | 8   |            |      |
|                         |   |                   |     |            |      |
|                         |   |                   |     |            |      |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |   |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|---|--|--------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R 700  |  | NAME OF INDIVIDUAL<br><i>Rose Ann</i>                   |  | LOUISIANA          |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>W</i>  | AGE<br><i>26</i>                         | BIRTHPLACE  |  | E.D.<br><i>104</i> | SHEET<br><i>2</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>Ouachita</i>  |  | CITY  |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Byron, Henrietta</i>   |  |   |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NUNCE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> <del>CONJUGER</del></td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |                    |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NUNCE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> <del>CONJUGER</del> | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                         |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NUNCE                          |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                        |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> <del>CONJUGER</del> |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                        |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)                |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |   |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-437 (4-22-51)

1930 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCIB-4-DC 1930-P-61

|                         |      |                |                |            |  |
|-------------------------|------|----------------|----------------|------------|--|
| 1200                    |      | HEAD OF FAMILY |                | LOUISIANA  |  |
| ROSS ANDERSON           |      | E.O.           |                | SHEET      |  |
| COLOR                   | AGE  | BIRTHPLACE     |                |            |  |
| B                       | 72   | Ascension      |                |            |  |
| COUNTY                  | CITY |                | Donaldsonville |            |  |
| OTHER MEMBERS OF FAMILY |      |                |                |            |  |
| NAME                    |      | RELATIONSHIP   | AGE            | BIRTHPLACE |  |
| Zeph                    |      | C              | 34             |            |  |
| Levinde                 |      | C              | 23             |            |  |
| Falleble, Henrietta     |      | Sd             | 26             |            |  |
| James                   |      | 55             | 27             |            |  |
|                         |      |                |                |            |  |
|                         |      |                |                |            |  |
|                         |      |                |                |            |  |
|                         |      |                |                |            |  |

FORM 10-436 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |   |   |       |
|--|---|---|-------|
| A200   |   | LOUISIANA   |       |
| NAME OF INDIVIDUAL   |   | E.D.  | SHEET |
| Ruth Anderson  |   | 94  | 13    |
| COLON  | AGE   | BIRTHPLACE  |       |
| 8  | 10  |   |       |
| COUNTY   | Rapides   |   | CITY  |
| RESIDENT WITH  |   |   |       |
| D. Russell Williams  |   |   |       |
| RELATIONSHIP TO ABOVE  |   |   |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify) | ad 5  |

FORM 16-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18195-P61

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R200                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | NAME           |     | E.D.       | SHEET |
| B                       | 31  | Rose Anderson  |     | 63         | 20    |
| COUNTY                  |     | CITY           |     |            |       |
| De Soto                 |     |                |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Leance                  |     | W              | 27  |            |       |
| Foster                  |     | D              | 9   |            |       |
| Curton                  |     | D              | 7   |            |       |
| Pearl                   |     | D              | 5   |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 16-436 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



SECRET  
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LIBRARY (MILITARY DEPARTMENT)  
ARMED SERVICES



|                         |   |                |     |            |              |
|-------------------------|---|----------------|-----|------------|--------------|
| K200                    |   | HEAD OF FAMILY |     | LOUISIANA  |              |
| Boock                   |   | Boock          |     | Andrew     |              |
| COLOR                   | W | AGE            | 67  | BIRTHPLACE | Natchitoches |
| COUNTY                  |   |                |     | CITY       |              |
| OTHER MEMBERS OF FAMILY |   |                |     |            |              |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |              |
| Lina Boock              |   |                |     |            |              |
|                         |   |                |     |            |              |
|                         |   |                |     |            |              |
|                         |   |                |     |            |              |
|                         |   |                |     |            |              |
|                         |   |                |     |            |              |
|                         |   |                |     |            |              |
|                         |   |                |     |            |              |
|                         |   |                |     |            |              |

FORM 16-636 (4-25-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|                         |                |     |              |            |            |       |    |
|-------------------------|----------------|-----|--------------|------------|------------|-------|----|
| R200                    | HEAD OF FAMILY |     | Ross Andrew  | E.D.       | 97         | SHEET | 28 |
| COLOR                   | W              | AGE | 31           | BIRTHPLACE |            |       |    |
| COUNTY                  | St Mary        |     | CITY Morgan  |            |            |       |    |
| OTHER MEMBERS OF FAMILY |                |     |              |            |            |       |    |
| NAME                    |                |     | RELATIONSHIP | AGE        | BIRTHPLACE |       |    |
| living alone            |                |     |              |            |            |       |    |
|                         |                |     |              |            |            |       |    |
|                         |                |     |              |            |            |       |    |
|                         |                |     |              |            |            |       |    |
|                         |                |     |              |            |            |       |    |
|                         |                |     |              |            |            |       |    |
|                         |                |     |              |            |            |       |    |
|                         |                |     |              |            |            |       |    |

LOUISIANA

|   |   |   |                          |                           |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
|---|---|---|--------------------------|---------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|----------|--------------------------------|--|--|
| <b>R200</b>   | <b>NAME OF INDIVIDUAL</b><br><i>Ross Andrew</i> |   | <b>S.S.</b><br><i>99</i> | <b>SHEET</b><br><i>13</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <b>COLOR</b><br><i>W</i>  | <b>AGE</b><br><i>35</i>                         | <b>BIRTHPLACE</b>                                   |                          |                           |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <b>COUNTY</b><br><i>St. Mary</i>  |   | <b>CITY</b><br><i>Levitt</i>                        |                          |                           |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <b>ENUMERATED WITH</b><br><i>Lerna Pate</i>   |   |   |                          |                           |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <b>RELATIONSHIP TO ABOVE</b>  |   |   |                          |                           |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> Niece</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>P</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |   |   |                          |                           | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> Niece | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>P</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW                 | <input type="checkbox"/> INMATE                     |                          |                           |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> Niece                  | <input type="checkbox"/> NURSE                      |                          |                           |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW          | <input type="checkbox"/> PATIENT                    |                          |                           |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW          | <input type="checkbox"/> ROOMER                     |                          |                           |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW             | <input type="checkbox"/> SERVANT                    |                          |                           |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW        | <input checked="" type="checkbox"/> OTHER (Specify) |                          |                           |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW         | <i>P</i>  |                          |                           |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW          |   |                          |                           |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |

FORM 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-PC 13100-P81

LOUISIANA

|  |           |   |  |  |            |
|--|-----------|---|--|--|------------|
| R200   |           | NAME OF INDIVIDUAL<br>Rene Andrew   |  | FD<br>32   | SHEET<br>5 |
| COLOR<br>W   | AGE<br>16 | BIRTHPLACE  |  |  |            |
| COUNTY<br>Jefferson  |           | CITY  |  |  |            |
| ENUMERATED WITH<br>Bucke William   |           |   |  |  |            |
| RELATIONSHIP TO ABOVE  |           |   |  |  |            |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |           | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br>S-S |            |

FORM 19-637 (4-29-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCEN-DC 1910-P01

LOUISIANA

|   |  |  |                    |
|---|--|--|--------------------|
| R 200   | NAME OF INDIVIDUAL<br><i>Kings Andrew</i>  | E.O.<br><i>23</i>                        | SHEET<br><i>10</i> |
| COLOR<br><i>B</i>                             | AGE<br><i>13</i>                           | BIRTHPLACE                               |                    |
| COUNTY<br><i>East Baton Rouge</i>             | CITY<br><i>Baton Rouge</i>                 |  |                    |
| ENUMERATED WITH<br><i>Clearance, Angelina</i> |  |  |                    |
| RELATIONSHIP TO ABOVE                         |  |  |                    |
| <input type="checkbox"/> FATHER               | <input checked="" type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE          |                    |
| <input type="checkbox"/> MOTHER               | <input type="checkbox"/> NIECE             | <input type="checkbox"/> NURSE           |                    |
| <input type="checkbox"/> GRANDFATHER          | <input type="checkbox"/> FATHER-IN-LAW     | <input type="checkbox"/> PATIENT         |                    |
| <input type="checkbox"/> GRANDMOTHER          | <input type="checkbox"/> MOTHER-IN-LAW     | <input type="checkbox"/> ROOMER          |                    |
| <input type="checkbox"/> GRANDSON             | <input type="checkbox"/> SON-IN-LAW        | <input type="checkbox"/> SERVANT         |                    |
| <input type="checkbox"/> GRANDDAUGHTER        | <input type="checkbox"/> DAUGHTER-IN-LAW   | <input type="checkbox"/> OTHER (Specify) |                    |
| <input type="checkbox"/> AUNT                 | <input type="checkbox"/> BROTHER-IN-LAW    |  |                    |
| <input type="checkbox"/> UNCLE                | <input type="checkbox"/> SISTER-IN-LAW     |  |                    |

FORM 10-527 (4-20-01)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P01

|                         |         |                   |      | LOUISIANA  |       |
|-------------------------|---------|-------------------|------|------------|-------|
| R200                    |         | HEAD OF FAMILY    |      | S.D.       | SHEET |
|                         |         | Rickey Andrew     |      | 13         | 9     |
| COLOR                   | AGE     | BIRTHPLACE        |      |            |       |
| W                       | 73      |                   |      |            |       |
| COUNTY                  |         |                   | CITY |            |       |
| Avoyelles               |         |                   |      |            |       |
| OTHER MEMBERS OF FAMILY |         |                   |      |            |       |
|                         | NAME    | RELATION-<br>SHIP | AGE  | BIRTHPLACE |       |
| 1                       | Mary C. | W                 | 40   | La.        |       |
|                         |         |                   |      |            |       |
|                         |         |                   |      |            |       |
|                         |         |                   |      |            |       |
|                         |         |                   |      |            |       |
|                         |         |                   |      |            |       |
|                         |         |                   |      |            |       |
|                         |         |                   |      |            |       |
|                         |         |                   |      |            |       |

FORM 10-626 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |  |   |            |            |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
|--|--|---|------------|------------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|-----------|--------------------------------|--|--|
| R200   | NAME OF INDIVIDUAL<br><i>Ross Andrew</i> |   | E.O.<br>89 | SHEET<br>8 |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| COLOR<br><i>W</i>  | AGE<br><i>22</i>                         | BIRTHPLACE  |            |            |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| COUNTY<br><i>Natchitoches</i>  |  | CITY  |            |            |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| ENUMERATED WITH<br><i>Stanley Louis E</i>  |  |   |            |            |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   |            |            |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDOW</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> MURDER</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>HM</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |            |            | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> MURDER | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>HM</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDOW                      |            |            |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> MURDER                     |            |            |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |            |            |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |            |            |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |            |            |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |            |            |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  | <i>HM</i>   |            |            |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |   |            |            |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |

FORM 10-637 (4-30-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 16100-P01



| LOUISIANA  |   |  |                   |
|--|---|--|-------------------|
| <i>R200</i>  | NAME OF INDIVIDUAL<br><i>Rose Andrew</i>  |  | E.D.<br><i>60</i> |
| COLOR<br><i>B</i>  | AGE<br><i>17</i>  | BIRTHPLACE   |                   |
| COUNTY<br><i>St. Bernard</i>   |   | CITY   |                   |
| ENUMERATED WITH<br><i>Garwick John</i>   |   |  |                   |
| RELATIONSHIP TO ABOVE  |   |  |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>SS</i> |                   |

FORM 16-437 (4-29-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18198-P01

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R200                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| W                       |  | 25             | Lafayette  | 66         | 38    |
| COUNTY                  |  |                | CITY       |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Leontine                |  | W              | 24         |            |       |
| Nasida                  |  | D              | 4          |            |       |
| Larina                  |  | D              | 3          |            |       |
| Wittney                 |  | S              | 2 1/2      |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 18-436 (4-20-51)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |      |            |       |
|-------------------------|-----|----------------|------|------------|-------|
| R200                    |     | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |      | E.D.       | SHEET |
| W                       | 60  | Ala.           |      | 136        | 21    |
| COUNTY                  |     |                | CITY |            |       |
| Union                   |     |                |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| L Martin                |     | W              | 63   | Ala.       |       |
| Annie L                 |     | D              | 15   |            |       |
| and 1 Bo                |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |

FORM 16-636 (4-26-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |   |  |                      |  |         |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
|---|--|---|--|----------------------|--|---------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|---|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| H200<br>COLOR   |  | NAME OF INDIVIDUAL<br>Reese Angelina        |  | LOUISIANA<br>E.O. 52 |  | SHEET 3 |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| W<br>AGE 16   |  | BIRTHPLACE                                  |  |                      |  |         |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br>Plaquemines   |  |   |  | CITY                 |  |         |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br>Joseph, Emily J  |  |   |  |                      |  |         |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |  |                      |  |         |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input checked="" type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |                      |  |         |  | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input checked="" type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE             |  |                      |  |         |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE              |  |                      |  |         |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT            |  |                      |  |         |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER             |  |                      |  |         |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input checked="" type="checkbox"/> SERVANT |  |                      |  |         |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)    |  |                      |  |         |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |                      |  |         |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |  |                      |  |         |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |

FORM 16-537 (4-29-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 1910-501

|  |           |   |                       |  |           |
|--|-----------|---|-----------------------|--|-----------|
| <b>R207</b>  |           | NAME OF INDIVIDUAL  |                       | LOUISIANA  |           |
| COLOR  | AGE       | BIRTHPLACE  |                       | E.D.   | SHEET     |
| <b>B</b>   | <b>21</b> | <b>Ross Angeline</b>  |                       | <b>101</b>   | <b>32</b> |
| COUNTY   |           |   | CITY                  |  |           |
|  |           |   | <b>Orchita Monroe</b> |  |           |
| ENUMERATED WITH  |           |   |                       |  |           |
| <b>Jefferson Thomas</b>  |           |   |                       |  |           |
| RELATIONSHIP TO ABOVE  |           |   |                       |  |           |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |           | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |                       | <input type="checkbox"/> IMMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><b>SD</b> |           |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |  |      |           |  |
|--|--|--|------|-----------|--|
| R200                                   |  | NAME INDIVIDUAL                          |      | LOUISIANA |  |
| Russo Angelina                         |  | R.O.                                     |      | BIRTH     |  |
| COLOR                                  | AGE                                      | BIRTHPLACE                               |      |           |  |
| W                                      | 11                                       |  |      |           |  |
| COUNTY                                 |  |  | CITY |           |  |
| Ansonville                             |  |  |      |           |  |
| ENUMERATED WITH                        |  |  |      |           |  |
| Russo Tony                             |  |  |      |           |  |
| RELATIONSHIP TO ABOVE                  |  |  |      |           |  |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |      |           |  |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |      |           |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |      |           |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |      |           |  |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |      |           |  |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |      |           |  |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW  | <input type="checkbox"/> Sister          |      |           |  |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW   |  |      |           |  |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USC&amp;AM-NC 1010-P01

|   |  |   |      |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|---|--|---|------|-----------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| R20   |  | NAME OF INDIVIDUAL                                  |      | LOUISIANA |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR   | AGE                                      | BIRTHPLACE  | S.S. | SHEET     |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| B   | 15                                       | Anguila   | 21   | 15        |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY  |  | CITY  |      |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| Natchitoches  |  |   |      |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |   |      |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| Mary, Mary  |  |   |      |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |      |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |      |           |  | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |      |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |      |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |      |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |      |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |      |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |      |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |      |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |      |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 16-527 (4-23-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 16100-P01

|                         |     |                |      |            |       |
|-------------------------|-----|----------------|------|------------|-------|
| R200                    |     | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |      | E.D.       | SHEET |
| B                       | 56  |                |      | 3          | 55    |
| COUNTY                  |     |                | CITY |            |       |
| Bienville               |     |                |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Joe                     |     | S              | 29   |            |       |
| Leah                    |     | D              | 21   |            |       |
| Minnie                  |     | D              | 15   |            |       |
| Ella                    |     | D              | 13   |            |       |
| John                    |     | S              | 11   |            |       |
| Emily                   |     | D              | 8    |            |       |
| George                  |     | S              | 5    |            |       |

FORM 16-436 (2-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R200                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
|                         | 58  | Miss           |     | 25         | 19    |
| COUNTY                  |     | CITY           |     |            |       |
| Concordia               |     |                |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Paul Mammie             |     | 10             | 16  |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 10-496 (10-20-21)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |                 |   |  |  |                   |
|---|-----------------|---|--|--|-------------------|
| R200  |                 | NAME OF INDIVIDUAL<br><i>Low Ann</i>  |  | LOUISIANA  |                   |
| COLOR<br><i>B</i>   | AGE<br><i>9</i> | BIRTHPLACE  |  | S.S.<br><i>32</i>  | SHEET<br><i>9</i> |
| COUNTY<br><i>Caddo</i>  |                 | CITY<br><i>Blanchard Village</i>  |  |  |                   |
| ENUMERATED WITH<br><i>Buckner Annie</i>   |                 |   |  |  |                   |
| RELATIONSHIP TO ABOVE   |                 |   |  |  |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input checked="" type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                 | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                   |

FORM 10-627 (4-27-31)

1930 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

UCCS-DC 10100-P01

|   |     |   |  |   |       |
|---|-----|---|--|---|-------|
| R200  |     | NAME OF INDIVIDUAL  |  | LOUISIANA   |       |
| COLOR   | AGE | BIRTHPLACE  |  | S.D.  | SHEET |
| B   | 44  |   |  | 91  | 8     |
| COUNTY  |     | CITY  |  |   |       |
|   |     | Rapides   |  | Boyer   |       |
| ENUMERATED WITH   |     | Rosa Oscar  |  |   |       |
| RELATIONSHIP TO ABOVE   |     |   |  |   |       |
| <input type="checkbox"/> FATHER<br><input checked="" type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> BOARDER<br><input type="checkbox"/> BOARDER<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |       |

FORM 18-537 (4-20-57)

1930 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |  |                      |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|----------------------|------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| P200  |  | NAME OF INDIVIDUAL<br><i>Rose Anna</i>                           |                      | LOUISIANA        |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>B</i>   | AGE<br><i>NR</i>                         | BIRTHPLACE<br><i>Liberty, Mo.</i>                                |                      | ED.<br><i>SS</i> | SHEET<br><i>1</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY  |  |  | CITY<br><i>Beggs</i> |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Buckner Ake</i>   |  |  |                      |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |                      |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)<br/><i>Si</i></td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |                      |                  |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify)<br><i>Si</i> | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                                  |                      |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                                   |                      |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                                 |                      |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                                  |                      |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                                 |                      |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify)<br><i>Si</i> |                      |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |                      |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |                      |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                          |                  |                              |                    |
|--------------------------|------------------|------------------------------|--------------------|
| HEAD OF FAMILY           |                  | LOUISIANA                    |                    |
| COLOR<br><i>W</i>        | AGE<br><i>46</i> | BIRTHPLACE<br><i>Do Soto</i> | SHEET<br><i>15</i> |
| COUNTY<br><i>Do Soto</i> |                  | CITY                         |                    |
| OTHER MEMBERS OF FAMILY  |                  |                              |                    |
| NAME                     | RELATIONSHIP     | AGE                          | BIRTHPLACE         |
| <i>Betty May</i>         | <i>D</i>         | <i>19</i>                    |                    |
| <i>Sam</i>               | <i>S</i>         | <i>15</i>                    |                    |
| <i>Judson</i>            | <i>S</i>         | <i>13</i>                    |                    |
| <i>Mama E</i>            | <i>D</i>         | <i>11</i>                    |                    |
|                          |                  |                              |                    |
|                          |                  |                              |                    |
|                          |                  |                              |                    |
|                          |                  |                              |                    |

FORM 16-636 (4-22-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |   |   |         |   |         |
|--|---|---|---------|---|---------|
| R200   |   | NAME OF INDIVIDUAL <i>Bush Anna</i>   |         | LOUISIANA   |         |
| COLOR  | B | AGE   | 30      | BIRTHPLACE  | E.D. 68 |
| COUNTY   |   |   | Lincoln | CITY  |         |
| ENUMERATED WITH <i>Galmer Lott</i>   |   |   |         |   |         |
| RELATIONSHIP TO ABOVE  |   |   |         |   |         |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |   | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |         | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |         |

FORM 16-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMB-DC 1910-901

|  |   |   |    |   |  |
|--|---|---|----|---|--|
| R200   |   | NAME OF INDIVIDUAL  |    | LOUISIANA   |  |
| COLOR  | B | AGE   | 32 | BIRTHPLACE  |  |
| COUNTY   |   | Tensas  |    | CITY  |  |
| ENUMERATED WITH  |   |   |    |   |  |
| Bee Bush   |   |   |    |   |  |
| RELATIONSHIP TO ABOVE  |   |   |    |   |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |   | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |    | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify) |  |
| Cook   |   |   |    |   |  |

FORM 18-437 (4-20-61)

1928 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |     |   |  |   |       |
|--|-----|---|--|---|-------|
| P300   |     | NAME OF INDIVIDUAL  |  | LOUISIANA   |       |
| COLOR  | AGE | BIRTHPLACE  |  | E.D.  | SHEET |
| B  | 29  |   |  | 103   | 18    |
| COUNTY   |     | CITY  |  |   |       |
|  |     | Monroe  |  |   |       |
| ENUMERATED WITH  |     | Lewis Julia   |  |   |       |
| RELATIONSHIP TO ABOVE  |     |   |  |   |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> IMMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |       |

FORM 18-537 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|  |     |                    |  |           |       |
|--|-----|--------------------|--|-----------|-------|
| A 200  |     | NAME OF INDIVIDUAL |  | LOUISIANA |       |
| COLOR  | AGE | BIRTHPLACE         |  | E.D.      | SHEET |
| W  | 1   |                    |  | 4         | 6     |
| COUNTY   |     | CITY               |  |           |       |
| Ascension  |     | Donaldsonville     |  |           |       |
| ENUMERATED WITH  |     |                    |  |           |       |
| Pessie, Annie  |     |                    |  |           |       |
| RELATIONSHIP TO ABOVE  |     |                    |  |           |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE<br><input type="checkbox"/> NEPHEW<br><input checked="" type="checkbox"/> Niece<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW<br><input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |     |                    |  |           |       |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |   |  |   |   |              |
|--|---|--|---|---|--------------|
| R200   |   | NAME OF INDIVIDUAL   |   | LOUISIANA   |              |
| COLOR  | W | AGE  | 7 | BIRTHPLACE  | Rocca, Annie |
| COUNTY   |   | Calcasieu  |   | CITY  |              |
| ENUMERATED WITH  |   |  |   |   |              |
| Rocca, Alcie   |   |  |   |   |              |
| RELATIONSHIP TO ABOVE  |   |  |   |   |              |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |   | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NICE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |   | <input type="checkbox"/> INDIAVE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER <i>Li</i> |              |

FORM 19-437 (4-29-31)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 1910B-PG1

|  |  |   |  |                   |                   |                                 |                                 |                                |                                 |                               |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
|--|--|---|--|-------------------|-------------------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|-------------------------------|-------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|----------|--------------------------------|--|--|
| R202   |  | NAME OF INDIVIDUAL<br><i>Rush Annie</i>             |  | LOUISIANA         |                   |                                 |                                 |                                |                                 |                               |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| COLOR<br><i>W</i>  | AGE<br><i>51</i>                         | BIRTHPLACE  |  | E.D.<br><i>22</i> | SHEET<br><i>5</i> |                                 |                                 |                                |                                 |                               |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| COUNTY<br><i>East Baton Rouge</i>  |  | CITY<br><i>Baton Rouge</i>                          |  |                   |                   |                                 |                                 |                                |                                 |                               |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| ENUMERATED WITH<br><i>James Thos J.</i>  |  |   |  |                   |                   |                                 |                                 |                                |                                 |                               |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   |  |                   |                   |                                 |                                 |                                |                                 |                               |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDOW</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NICE</td> <td><input type="checkbox"/> WIFE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>P</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |                   |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NICE | <input type="checkbox"/> WIFE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>P</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDOW                      |  |                   |                   |                                 |                                 |                                |                                 |                               |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NICE            | <input type="checkbox"/> WIFE                       |  |                   |                   |                                 |                                 |                                |                                 |                               |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |                   |                   |                                 |                                 |                                |                                 |                               |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |                   |                   |                                 |                                 |                                |                                 |                               |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |                   |                   |                                 |                                 |                                |                                 |                               |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |                   |                   |                                 |                                 |                                |                                 |                               |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  | <i>P</i>  |  |                   |                   |                                 |                                 |                                |                                 |                               |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |   |  |                   |                   |                                 |                                 |                                |                                 |                               |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |

FORM 10-437 (4-20-31)

1930 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |     |                    |      |           |  |
|--|-----|--------------------|------|-----------|--|
| R200   |     | NAME OF INDIVIDUAL |      | LOUISIANA |  |
| COLOR  | AGE | BIRTHPLACE         | E.D. | SHEET     |  |
| 10   | 22  |                    | 126  | 9         |  |
| COUNTY   |     |                    | CITY |           |  |
| Win  |     |                    |      |           |  |
| ENUMERATED WITH  |     |                    |      |           |  |
| Relationship to above  |     |                    |      |           |  |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER<br/> <input type="checkbox"/> MOTHER<br/> <input type="checkbox"/> GRANDFATHER<br/> <input type="checkbox"/> GRANDMOTHER<br/> <input type="checkbox"/> GRANDSON<br/> <input type="checkbox"/> GRANDDAUGHTER<br/> <input type="checkbox"/> AUNT<br/> <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW<br/> <input type="checkbox"/> NIECE<br/> <input type="checkbox"/> FATHER-IN-LAW<br/> <input type="checkbox"/> MOTHER-IN-LAW<br/> <input type="checkbox"/> SON-IN-LAW<br/> <input checked="" type="checkbox"/> DAUGHTER-IN-LAW<br/> <input type="checkbox"/> BROTHER-IN-LAW<br/> <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> WIDOW<br/> <input type="checkbox"/> HOUSE<br/> <input type="checkbox"/> PARTNER<br/> <input type="checkbox"/> ROOMER<br/> <input type="checkbox"/> SERVANT<br/> <input type="checkbox"/> OTHER (Specify) </div> </div> |     |                    |      |           |  |

FORM 10-637 (4-30-61)

1930 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |  |                           |
|--|--|--|---------------------------|
| NAME OF INDIVIDUAL<br><i>R. Zed</i>  |  | LOUISIANA  |                           |
| COLOR<br><i>B</i>  | AGE<br><i>16</i>   | BIRTHPLACE<br><i>Reese, Arkansas</i>   | E.D. SHEET<br><i>29 6</i> |
| COUNTY<br><i>EAST BAYOU ROUNDS</i>   |  | CITY   |                           |
| ENUMERATED WITH<br><i>Morgan Hays</i>  |  |  |                           |
| RELATIONSHIP TO ABOVE  |  |  |                           |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input checked="" type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> ROOMMATE<br><input type="checkbox"/> HOUSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                           |

Form 10-437 (4-30-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |              |            |            |
|-------------------------|--------------|------------|------------|
| HEAD OF FAMILY          |              | LOUISIANA  |            |
| COLOR                   | AGE          | BIRTHPLACE | E.O. SWEET |
| Black                   | 55           | Miss       | 119 11     |
| COUNTY                  | CITY         |            |            |
| Tensas                  |              |            |            |
| OTHER MEMBERS OF FAMILY |              |            |            |
| NAME                    | RELATIONSHIP | AGE        | BIRTHPLACE |
| Abie                    | W            | 45         | h.c.       |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |    |              |      |            |     |
|-------------------------|---|----------------|----|--------------|------|------------|-----|
| 1200                    |   | HEAD OF FAMILY |    | ROSS Anthony |      | LOUISIANA  |     |
| COLOR                   | B | AGE            | 58 | BIRTHPLACE   |      | E.O.       | 101 |
|                         |   |                |    |              |      | SHEET      | 38  |
| COUNTY                  |   |                |    | Ouachita     | CITY |            |     |
|                         |   |                |    | Monroe       |      |            |     |
| OTHER MEMBERS OF FAMILY |   |                |    |              |      |            |     |
| NAME                    |   |                |    | RELATIONSHIP | AGE  | BIRTHPLACE |     |
| 1 Martha                |   |                |    | W            | 56   |            |     |
| Sparks Calvin           |   |                |    | 45           | 21   |            |     |
|                         |   |                |    |              |      |            |     |
|                         |   |                |    |              |      |            |     |
|                         |   |                |    |              |      |            |     |
|                         |   |                |    |              |      |            |     |
|                         |   |                |    |              |      |            |     |
|                         |   |                |    |              |      |            |     |

FORM 16-636 (4-28-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |           |   |      |   |  |
|--|-----------|---|------|---|--|
| 8200   |           | NAME OF INDIVIDUAL  |      | LOUISIANA   |  |
| COLOR  | AGE       | BIRTHPLACE  | E.O. | SHEET   |  |
| W  | 28        | Syria   | 4    | 6   |  |
| COUNTY   | Ascension |   | CITY |   |  |
| ENUMERATED WITH  |           | Donaldsonville  |      |   |  |
| RELATIONSHIP TO ABOVE  |           | Ressie, Abraham   |      |   |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |           | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify) |  |
|  |           | Cousin  |      |   |  |

FORM 16-437 (6-26-61)

1916 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 16100-001



|                            |                  |                             |           |                      |
|----------------------------|------------------|-----------------------------|-----------|----------------------|
| <i>R200</i>                | HEAD OF FAMILY   |                             | LOUISIANA |                      |
| COLOR<br><i>8</i>          | AGE<br><i>35</i> | NAME<br><i>Russ Anthony</i> |           | SHEET<br><i>31 6</i> |
| BIRTHPLACE                 |                  |                             |           |                      |
| COUNTY<br><i>Concordia</i> | CITY             |                             |           |                      |
| OTHER MEMBERS OF FAMILY    |                  |                             |           |                      |
| NAME                       |                  | RELATIONSHIP                | AGE       | BIRTHPLACE           |
| <i>Mary</i>                |                  | <i>W</i>                    | <i>35</i> | <i>Miss</i>          |
| <i>Pearl</i>               |                  | <i>D</i>                    | <i>6</i>  |                      |
| <i>Spencer</i>             |                  | <i>D</i>                    | <i>1</i>  |                      |
| <i>William Alfred</i>      |                  | <i>SS</i>                   | <i>2</i>  |                      |
|                            |                  |                             |           |                      |
|                            |                  |                             |           |                      |
|                            |                  |                             |           |                      |
|                            |                  |                             |           |                      |

FORM 10-636 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |        |                |             |            |       |
|-------------------------|--------|----------------|-------------|------------|-------|
| R200                    |        | HEAD OF FAMILY |             | LOUISIANA  |       |
| COLOR                   |        | AGE            | BIRTHPLACE  | E.D.       | SHEET |
| It                      |        | 61             | Italy       | 77         | 2     |
| COUNTY                  |        |                | CITY        |            |       |
| St. Mary                |        |                | Morgan City |            |       |
| OTHER MEMBERS OF FAMILY |        |                |             |            |       |
|                         | NAME   | RELATIONSHIP   | AGE         | BIRTHPLACE |       |
|                         | Annie  | W              | 60          | Italy      |       |
|                         | James  | S              | 17          | It         |       |
|                         | Samuel | S              | 14          |            |       |
|                         |        |                |             |            |       |
|                         |        |                |             |            |       |
|                         |        |                |             |            |       |
|                         |        |                |             |            |       |
|                         |        |                |             |            |       |

Form 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |               |  |           |  |
|-------------------------|---|----------------|-----|---------------|--|-----------|--|
| R200                    |   | HEAD OF FAMILY |     | Rush, Anthony |  | LOUISIANA |  |
| COLOR                   | W | AGE            | 35  | BIRTHPLACE    |  |           |  |
| COUNTY                  |   |                |     | CITY          |  |           |  |
| Jefferson               |   |                |     |               |  |           |  |
| OTHER MEMBERS OF FAMILY |   |                |     |               |  |           |  |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE    |  |           |  |
| Sophie                  |   | W              | 35  |               |  |           |  |
| Leary                   |   | S              | 9   |               |  |           |  |
| Jennie                  |   | D              | 6   |               |  |           |  |
| Benjamin                |   | S              | 4   |               |  |           |  |
| Englant Margaret        |   | M              | 5.3 | mo            |  |           |  |
|                         |   |                |     |               |  |           |  |
|                         |   |                |     |               |  |           |  |

FORM 10-636 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |    |                 |     |                |       |
|-------------------------|---|----------------|----|-----------------|-----|----------------|-------|
| K200                    |   | HEAD OF FAMILY |    | Rose, Anthony P |     | LOUISIANA      |       |
| COLOR                   | W | AGE            | 47 | BIRTHPLACE      |     | E.D.           | SHEET |
|                         |   |                |    |                 |     | 25             | 17    |
| COUNTY                  |   |                |    | Jefferson       |     | CITY           |       |
|                         |   |                |    |                 |     | McDonoughville |       |
| OTHER MEMBERS OF FAMILY |   |                |    |                 |     |                |       |
| NAME                    |   |                |    | RELATIONSHIP    | AGE | BIRTHPLACE     |       |
| Ida C                   |   |                |    | W               | 37  |                |       |
| Frank H                 |   |                |    | S               | 17  |                |       |
| Leo H                   |   |                |    | S               | 14  |                |       |
| Ramon H                 |   |                |    | S               | 12  |                |       |
| Willie D                |   |                |    | S               | 11  |                |       |
|                         |   |                |    |                 |     |                |       |
|                         |   |                |    |                 |     |                |       |

FORM 16-636 (4-26-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |   |                    |    |            |        |
|---|---|--------------------|----|------------|--------|
| R 203   |   | NAME OF INDIVIDUAL |    | LOUISIANA  |        |
| COLOR   | B | AGE                | 21 | BIRTHPLACE | Ed. 12 |
| COUNTY  |   | Bossier            |    | CITY       |        |
| ENUMERATED WITH   |   |                    |    |            |        |
| Relationship to above   |   |                    |    |            |        |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE<br><input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW<br><input type="checkbox"/> WIDOW<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |   |                    |    |            |        |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USE COM-DC 1910-PSI

|                         |   |                |    |                |  |            |       |
|-------------------------|---|----------------|----|----------------|--|------------|-------|
| R200                    |   | HEAD OF FAMILY |    | Roach, Catone  |  | LOUISIANA  |       |
| COLOR                   | B | AGE            | 19 | BIRTHPLACE     |  | E.D.       | SHEET |
|                         |   |                |    | 25 16          |  |            |       |
| COUNTY                  |   |                |    | Jefferson      |  |            |       |
|                         |   |                |    | CITY           |  |            |       |
|                         |   |                |    | Mc Donoghville |  |            |       |
| OTHER MEMBERS OF FAMILY |   |                |    |                |  |            |       |
| NAME                    |   | RELATIONSHIP   |    | AGE            |  | BIRTHPLACE |       |
| 1 Josephine             |   | W              |    | 19             |  |            |       |
|                         |   |                |    |                |  |            |       |
|                         |   |                |    |                |  |            |       |
|                         |   |                |    |                |  |            |       |
|                         |   |                |    |                |  |            |       |
|                         |   |                |    |                |  |            |       |
|                         |   |                |    |                |  |            |       |
|                         |   |                |    |                |  |            |       |
|                         |   |                |    |                |  |            |       |

FORM 16-626 (4-20-27)  
1919 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

## LOUISIANA

|                         |           |                |      |            |  |
|-------------------------|-----------|----------------|------|------------|--|
| HEAD OF FAMILY          |           | E.O.           |      | SHEET      |  |
| R200                    |           | 3              |      | 2          |  |
| NAME                    |           | Brisz, Antonio |      |            |  |
| COLOR                   | AGE       | BIRTHPLACE     |      |            |  |
| W.                      | 34        |                |      |            |  |
| COUNTY                  | Ascension |                | CITY |            |  |
| OTHER MEMBERS OF FAMILY |           |                |      |            |  |
| NAME                    |           | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| Roselle                 |           | W              | 24   |            |  |
| Mama                    |           | D              | 12   |            |  |
| Oulofa                  |           | D              | 10   |            |  |
| Nicholas                |           | S              | 7    |            |  |
| Hortina                 |           | D              | 6    |            |  |
| Libbey                  |           | S              | 5    |            |  |
| Claborn                 |           | S              | 2    |            |  |





|                         |           |                |      |            |                  |
|-------------------------|-----------|----------------|------|------------|------------------|
| R 200                   |           | HEAD OF FAMILY |      | LOUISIANA  |                  |
| COLOR                   | W         | AGE            | 34   | BIRTHPLACE | Agassie, Antonio |
| COUNTY                  | Lafayette |                | CITY | Lafayette  |                  |
| OTHER MEMBERS OF FAMILY |           |                |      |            |                  |
|                         | NAME      | RELATIONSHIP   | AGE  | BIRTHPLACE |                  |
|                         | Julienne  | W              | 36   |            |                  |
|                         | Eunice    | D              | 13   |            |                  |
|                         | Dewey     | S              | 12   |            |                  |
|                         | Aimable   | D              | 10   |            |                  |
|                         | Edith     | D              | 7    |            |                  |
|                         | Agnes     | D              | 5    |            |                  |

FORM 10-490 (10-20-21)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |              |                |            |           |       |
|-------------------------|--------------|----------------|------------|-----------|-------|
| H-200                   |              | HEAD OF FAMILY |            | LOUISIANA |       |
| COLOR                   | AGE          | BIRTHPLACE     |            | S.D.      | SHEET |
| White                   | 32           | Andrew         |            | 15        | 26    |
| COUNTY                  |              | CITY           |            |           |       |
| Webster                 |              |                |            |           |       |
| OTHER MEMBERS OF FAMILY |              |                |            |           |       |
| NAME                    | RELATIONSHIP | AGE            | BIRTHPLACE |           |       |
| Emma                    | W            | 28             |            |           |       |
| Beatrice                | D            | 1              |            |           |       |
| Ligeia                  | D            | 6              |            |           |       |
| 4 2 D                   |              |                |            |           |       |
|                         |              |                |            |           |       |
|                         |              |                |            |           |       |
|                         |              |                |            |           |       |
|                         |              |                |            |           |       |

FORM 10-635 (10-20-27)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |            |            |
|-------------------------|---|----------------|-----|------------|------------|
| R200                    |   | HEAD OF FAMILY |     | LOUISIANA  |            |
| COLOR                   | W | AGE            | 23  | BIRTHPLACE | Assumption |
|                         |   |                |     | CITY       |            |
| OTHER MEMBERS OF FAMILY |   |                |     |            |            |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |            |
| Andraia                 |   | W              | 23  |            |            |
| Haffer                  |   |                | 5   |            |            |
| Hazzard                 |   |                | 2   |            |            |
|                         |   |                |     |            |            |
|                         |   |                |     |            |            |
|                         |   |                |     |            |            |
|                         |   |                |     |            |            |
|                         |   |                |     |            |            |
|                         |   |                |     |            |            |

FORM 10-536 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |       |            |      |           |    |
|-------------------------|---|----------------|-------|------------|------|-----------|----|
| R200                    |   | HEAD OF FAMILY |       | Riggs Arch |      | LOUISIANA |    |
| COLOR                   | W | AGE            | 25    | BIRTHPLACE | Arch | E.D.      | 62 |
| COUNTY                  |   |                |       | CITY       |      |           |    |
| OTHER MEMBERS OF FAMILY |   |                |       |            |      |           |    |
| NAME                    |   | RELATIONSHIP   | AGE   | BIRTHPLACE |      |           |    |
| Hattie B.               |   | W              | 25    | Miss       |      |           |    |
| Clida L.                |   | S              | 1 1/2 |            |      |           |    |
| Quinn Mary E            |   | m.f            | 65    | d C        |      |           |    |
| and 1 bond              |   |                |       |            |      |           |    |
|                         |   |                |       |            |      |           |    |
|                         |   |                |       |            |      |           |    |
|                         |   |                |       |            |      |           |    |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |     |                    |      |           |  |
|--|-----|--------------------|------|-----------|--|
| R 200  |     | NAME OF INDIVIDUAL |      | LOUISIANA |  |
| COLOR  | AGE | BIRTHPLACE         | E.B. | SHEET     |  |
| Imm  | 7   | Rock, Ardroid      | 92   | 25        |  |
| COUNTY   |     | Natchitoches       |      | CITY      |  |
| ENUMERATED WITH  |     |                    |      |           |  |
| RELATIONSHIP TO ABOVE  |     |                    |      |           |  |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER<br/> <input type="checkbox"/> MOTHER<br/> <input type="checkbox"/> GRANDFATHER<br/> <input type="checkbox"/> GRANDMOTHER<br/> <input type="checkbox"/> GRANDSON<br/> <input type="checkbox"/> GRANDDAUGHTER<br/> <input type="checkbox"/> AUNT<br/> <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW<br/> <input type="checkbox"/> NIECE<br/> <input type="checkbox"/> FATHER-IN-LAW<br/> <input type="checkbox"/> MOTHER-IN-LAW<br/> <input type="checkbox"/> SON-IN-LAW<br/> <input type="checkbox"/> DAUGHTER-IN-LAW<br/> <input type="checkbox"/> BROTHER-IN-LAW<br/> <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> BOARDER<br/> <input type="checkbox"/> NURSE<br/> <input type="checkbox"/> PATIENT<br/> <input type="checkbox"/> ROOMER<br/> <input type="checkbox"/> SERVANT<br/> <input checked="" type="checkbox"/> OTHER (Specify) </div> </div> |     |                    |      |           |  |

FORM 10-437 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18100-001

|                                |                           |                     |                   |              |
|--------------------------------|---------------------------|---------------------|-------------------|--------------|
| <b>R200</b>                    | <b>HEAD OF FAMILY</b>     |                     | <b>LOUISIANA</b>  |              |
| <b>COLOR</b>                   | <b>AGE</b>                | <b>BIRTHPLACE</b>   | <b>E.D.</b>       | <b>SHEET</b> |
| <i>W</i>                       | <i>78</i>                 | <i>Roussau Area</i> | <i>120</i>        | <i>5</i>     |
| <b>COUNTY</b>                  |                           | <b>CITY</b>         |                   |              |
| <i>St. Landry</i>              |                           |                     |                   |              |
| <b>OTHER MEMBERS OF FAMILY</b> |                           |                     |                   |              |
| <b>NAME</b>                    | <b>RELATION-<br/>SHIP</b> | <b>AGE</b>          | <b>BIRTHPLACE</b> |              |
| <i>Margaret</i>                | <i>W</i>                  | <i>20</i>           |                   |              |
| <i>Marie</i>                   | <i>D</i>                  | <i>4</i>            |                   |              |
| <i>Lige</i>                    | <i>P</i>                  | <i>3</i>            |                   |              |
|                                |                           |                     |                   |              |
|                                |                           |                     |                   |              |
|                                |                           |                     |                   |              |
|                                |                           |                     |                   |              |
|                                |                           |                     |                   |              |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |            |    |
|-------------------------|---|----------------|-----|------------|----|
| R 200                   |   | HEAD OF FAMILY |     | LOUISIANA  |    |
| COLOR                   | W | AGE            | 55  | BIRTHPLACE |    |
|                         |   |                |     | E.D.       | 14 |
|                         |   |                |     | SHEET      | 23 |
| COUNTY                  |   | Avoyelles      |     | CITY       |    |
|                         |   |                |     | Marksville |    |
| OTHER MEMBERS OF FAMILY |   |                |     |            |    |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |    |
| 1 Clayd                 |   | S              | 17  |            |    |
| Cris. Lillian           |   | Sch            | 10  |            |    |
| 1 Elaine                |   | Sch            | 7   |            |    |
|                         |   |                |     |            |    |
|                         |   |                |     |            |    |
|                         |   |                |     |            |    |
|                         |   |                |     |            |    |
|                         |   |                |     |            |    |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |                 |   |  |   |                   |
|--|-----------------|---|--|---|-------------------|
| R300   |                 | NAME OF INDIVIDUAL<br><i>Rosa Arline</i>  |  | LOUISIANA   |                   |
| COLOR<br><i>W</i>  | AGE<br><i>5</i> | BIRTHPLACE  |  | E.D.<br><i>104</i>  | SHEET<br><i>2</i> |
| COUNTY<br><i>Ouachita</i>  |                 | CITY  |  |   |                   |
| ENUMERATED WITH<br><i>Byline, Henrietta</i>  |                 |   |  |   |                   |
| RELATIONSHIP TO ABOVE  |                 |   |  |   |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                 | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input checked="" type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                   |

FORM 10-637 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCENS-DC 16100-P61



|                         |     |                |      |            |       |
|-------------------------|-----|----------------|------|------------|-------|
| 1200                    |     | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR                   | AGE | NAME           |      | E.O.       | SHEET |
| 20                      | 30  | Duez Armand    |      | 3          | 3     |
| COUNTY                  |     | CITY           |      |            |       |
| Ascension               |     |                |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Azella                  |     | w              | 28   |            |       |
| Henry                   |     | s              | 10   |            |       |
| Armand                  |     | d              | 8    |            |       |
| Maria                   |     | d              | 7    |            |       |
| Dorastine               |     | d              | 6    |            |       |
| Armand                  |     | s              | 5    |            |       |
| Armand                  |     | d              | 3/12 |            |       |

FORM 15-536 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

CARD 2 OF 2

**OTHER MEMBERS OF FAMILY**

[illegible]

FORM 10-6346 (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

UNCLASSIFIED

|                         |   |                |            |            |               |
|-------------------------|---|----------------|------------|------------|---------------|
| P200                    |   | HEAD OF FAMILY |            | LOUISIANA  |               |
| COLOR                   | W | AGE            | 24         | BIRTHPLACE | Roach Arnegan |
| E.D.                    |   | 139            |            | SHEET 7    |               |
| COUNTY                  |   |                | Vermillion |            |               |
| CITY                    |   |                |            |            |               |
| OTHER MEMBERS OF FAMILY |   |                |            |            |               |
| NAME                    |   | RELATIONSHIP   | AGE        | BIRTHPLACE |               |
| / Coraline              |   | W              | 23         |            |               |
| Edna                    |   | D              | 4          |            |               |
| Prin                    |   | S              | 2          |            |               |
|                         |   |                |            |            |               |
|                         |   |                |            |            |               |
|                         |   |                |            |            |               |
|                         |   |                |            |            |               |
|                         |   |                |            |            |               |

FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |          |   |    |  |                  |
|--|----------|---|----|--|------------------|
| 1200   |          | NAME OF INDIVIDUAL  |    | LOUISIANA  |                  |
| COLOR  | W        | AGE   | 28 | BIRTHPLACE   | E.D. 99 SHEET 11 |
| COUNTY   | Ouachita |   |    | CITY   |                  |
| ENUMERATED WITH  |          |   |    |  |                  |
| Munch Janna M  |          |   |    |  |                  |
| RELATIONSHIP TO ABOVE  |          |   |    |  |                  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |          | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> Niece<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |    | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                  |

FORM 10-437 (4-30-61)

1910 CENSUS INDEX - INDIVID

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USC&MS-DC 18100-P61

|                         |           |                |           |            |          |
|-------------------------|-----------|----------------|-----------|------------|----------|
| <i>1200</i>             |           | HEAD OF FAMILY |           | LOUISIANA  |          |
| COLOR                   | AGE       | BIRTHPLACE     |           | E.O.       | SHEET    |
| <i>B</i>                | <i>56</i> | <i>La</i>      |           | <i>98</i>  | <i>4</i> |
| COUNTY                  |           | CITY           |           |            |          |
| <i>Red River</i>        |           |                |           |            |          |
| OTHER MEMBERS OF FAMILY |           |                |           |            |          |
| NAME                    |           | RELATIONSHIP   | AGE       | BIRTHPLACE |          |
| <i>Eliza</i>            |           | <i>W</i>       | <i>52</i> |            |          |
| <i>Mary J</i>           |           | <i>D</i>       | <i>17</i> |            |          |
|                         |           |                |           |            |          |
|                         |           |                |           |            |          |
|                         |           |                |           |            |          |
|                         |           |                |           |            |          |
|                         |           |                |           |            |          |
|                         |           |                |           |            |          |

FORM 16-436 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |                 |  |  |                   |                    |
|--|-----------------|--|--|-------------------|--------------------|
| R-200  |                 | NAME OF INDIVIDUAL<br><i>Rose Arthur</i> |  | LOUISIANA         |                    |
| COLOR<br><i>B</i>  | AGE<br><i>9</i> | BIRTHPLACE                               |  | E.O.<br><i>40</i> | SHEET<br><i>19</i> |
| COUNTY<br><i>East Feliciana</i>  |                 | CITY                                     |  |                   |                    |
| ENUMERATED WITH<br><i>Aita, George</i>   |                 |  |  |                   |                    |
| RELATIONSHIP TO ABOVE  |                 |  |  |                   |                    |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER<br/> <input type="checkbox"/> MOTHER<br/> <input type="checkbox"/> GRANDFATHER<br/> <input type="checkbox"/> GRANDMOTHER<br/> <input type="checkbox"/> GRANDSON<br/> <input type="checkbox"/> GRANDDAUGHTER<br/> <input type="checkbox"/> AUNT<br/> <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW<br/> <input type="checkbox"/> NIECE<br/> <input type="checkbox"/> FATHER-IN-LAW<br/> <input type="checkbox"/> MOTHER-IN-LAW<br/> <input type="checkbox"/> SON-IN-LAW<br/> <input type="checkbox"/> DAUGHTER-IN-LAW<br/> <input type="checkbox"/> BROTHER-IN-LAW<br/> <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE<br/> <input type="checkbox"/> NURSE<br/> <input type="checkbox"/> PATIENT<br/> <input type="checkbox"/> ROOMER<br/> <input type="checkbox"/> SERVANT<br/> <input checked="" type="checkbox"/> OTHER (Specify)<br/><i>S-S</i> </div> </div> |                 |  |  |                   |                    |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 18100-P61

|                         |          |                |               |            |                     |
|-------------------------|----------|----------------|---------------|------------|---------------------|
| <i>Red</i>              |          | HEAD OF FAMILY |               | LOUISIANA  |                     |
| COLOR                   | <i>B</i> | AGE            | <i>39</i>     | BIRTHPLACE | <i>Ross Arnette</i> |
| COUNTY                  |          |                | CITY          |            |                     |
|                         |          |                | <i>Monroe</i> |            |                     |
| OTHER MEMBERS OF FAMILY |          |                |               |            |                     |
| NAME                    |          | RELATIONSHIP   | AGE           | BIRTHPLACE |                     |
| <i>Emma</i>             |          | <i>W</i>       | <i>28</i>     |            |                     |
| <i>Y 1 Boarder</i>      |          |                |               |            |                     |
|                         |          |                |               |            |                     |
|                         |          |                |               |            |                     |
|                         |          |                |               |            |                     |
|                         |          |                |               |            |                     |
|                         |          |                |               |            |                     |
|                         |          |                |               |            |                     |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| 18200                   |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| B                       | 20  |                |     | 36         | 8     |
| COUNTY                  |     | CITY           |     |            |       |
| East Baton Rouge        |     |                |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Ada                     |     | 24             | 17  |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 18-538 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |              |                |            |           |       |
|-------------------------|--------------|----------------|------------|-----------|-------|
| P200                    |              | HEAD OF FAMILY |            | LOUISIANA |       |
| COLOR                   | AGE          | BIRTHPLACE     |            | E.D.      | SHEET |
| 15                      | 24           |                |            | 81        | 13    |
| COUNTY                  |              | CITY           |            |           |       |
| Rapides                 |              | Alexandria     |            |           |       |
| OTHER MEMBERS OF FAMILY |              |                |            |           |       |
| NAME                    | RELATIONSHIP | AGE            | BIRTHPLACE |           |       |
| Rosa                    | W            | 24             |            |           |       |
| Arthur Jr.              | S            | 5              |            |           |       |
| Ruby                    | D            | 4              |            |           |       |
| Thelma                  | D            | 2              |            |           |       |
| Bennett, & c            | S            | 30             |            |           |       |
|                         |              |                |            |           |       |
|                         |              |                |            |           |       |

FORM 18-436 (4-26-31)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |        |                |     |            |                 |
|-------------------------|--------|----------------|-----|------------|-----------------|
| R200                    |        | HEAD OF FAMILY |     | LOUISIANA  |                 |
| COLOR                   | W      | AGE            | 36  | BIRTHPLACE | Rougeau, Arthur |
| COUNTY                  |        | St. Landry     |     | CITY       |                 |
| OTHER MEMBERS OF FAMILY |        |                |     |            |                 |
| NAME                    |        | RELATIONSHIP   | AGE | BIRTHPLACE |                 |
|                         | Celsia | W              | 34  |            |                 |
|                         | Lorina | S              | 14  |            |                 |
|                         | Remus  | S              | 13  |            |                 |
|                         | Addie  | D              | 10  |            |                 |
|                         | Rene   | S              | 8   |            |                 |
|                         | Abby   | S              | 7   |            |                 |
|                         | Alma   | D              | 5   |            |                 |

FORM 16-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



| HEAD OF FAMILY          |                       | LOUISIANA             |                 |
|-------------------------|-----------------------|-----------------------|-----------------|
| <i>R200</i>             | <i>Roach, Arthur</i>  | S.D. <i>25</i>        | SHEET <i>26</i> |
| COLOR <i>Mu</i>         | AGE <i>37</i>         | BIRTHPLACE            |                 |
| COUNTY                  | CITY <i>Jefferson</i> | <i>Mc Donoghville</i> |                 |
| OTHER MEMBERS OF FAMILY |                       |                       |                 |
| NAME                    | RELATIONSHIP          | AGE                   | BIRTHPLACE      |
| <i>Mary</i>             | <i>W</i>              | <i>35</i>             |                 |
| <i>Arthur</i>           | <i>S</i>              | <i>14</i>             |                 |
| <i>Oneida</i>           | <i>D</i>              | <i>12</i>             |                 |
| <i>Robert</i>           | <i>S</i>              | <i>2</i>              |                 |
| <i>Norman</i>           | <i>S</i>              | <i>7/10</i>           |                 |
|                         |                       |                       |                 |
|                         |                       |                       |                 |

FORM 16-636 (4-26-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |            |             |
|-------------------------|---|----------------|-----|------------|-------------|
| R200                    |   | HEAD OF FAMILY |     | LOUISIANA  |             |
| COLOR                   | W | AGE            | 39  | BIRTHPLACE | King Archer |
| COUNTY                  |   | Jefferson      |     | CITY       |             |
| OTHER MEMBERS OF FAMILY |   |                |     |            |             |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |             |
| 1 Lena                  |   | W              | 39  | Ala        |             |
| Raniel Beatrice         |   | SD             | 19  |            |             |
| King Archer Jr          |   | S              | 6   |            |             |
|                         |   |                |     |            |             |
|                         |   |                |     |            |             |
|                         |   |                |     |            |             |
|                         |   |                |     |            |             |
|                         |   |                |     |            |             |

FORM 10-626 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R200                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| B                       |  | 24             |            | 156        | 8     |
| COUNTY                  |  |                | CITY       |            |       |
| West Baton Rouge        |  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Emma                    |  | W              | 24         |            |       |
| Petula                  |  | D              | 2          |            |       |
| Royal Celestine         |  | Si             | 18         |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 16-436 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |  |
|-------------------------|-----|----------------|-----|------------|--|
| R200                    |     | HEAD OF FAMILY |     | LOUISIANA  |  |
| Kiggs, Arthur           |     | E.D.           |     | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |     |            |  |
| mu                      | 52  |                |     |            |  |
| COUNTY                  |     | St. Martin     |     | CITY       |  |
| OTHER MEMBERS OF FAMILY |     |                |     |            |  |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| Felicie                 |     | W              | 50  |            |  |
| Leonora                 |     | D              | 19  |            |  |
| Lawrence                |     | D              | 17  |            |  |
| Melanie                 |     | D              | 15  |            |  |
| Noe                     |     | D              | 13  |            |  |
| Thomas                  |     | D              | 11  |            |  |
| George                  |     | D              | 7   |            |  |

FORM 10-636 (4-30-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |      |            |  |
|-------------------------|-----|----------------|------|------------|--|
| R 200                   |     | HEAD OF FAMILY |      | LOUISIANA  |  |
| Rock, Arthur            |     | E.D.           |      | SHEET      |  |
| 92                      |     | 27             |      |            |  |
| COLOR                   | AGE | BIRTHPLACE     |      |            |  |
| mu                      | 45  |                |      |            |  |
| COUNTY                  |     |                | CITY |            |  |
| Natchitoches            |     |                |      |            |  |
| OTHER MEMBERS OF FAMILY |     |                |      |            |  |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| Mary                    |     | W              | 35   |            |  |
| John                    |     | S              | 14   |            |  |
| Chas.                   |     | S              | 12   |            |  |
| Azzina                  |     | S              | 10   |            |  |
| William                 |     | S              | 8    |            |  |
| Angeline                |     | S              | 6    |            |  |
| Quinn                   |     | S              | 4    |            |  |



LOUISIANA

|  |               |  |      |   |                 |
|--|---------------|--|------|---|-----------------|
| <b>R 702</b>   |               | NAME OF INDIVIDUAL <i>Rose, Arthur</i>   |      | E.O. <i>87</i>  | SHEET <i>15</i> |
| COLO. <i>B</i>   | AGE <i>12</i> | BIRTHPLACE <i>Miss</i>   |      |   |                 |
| COUNTY <i>Madison</i>  |               |  | CITY |   |                 |
| ENUMERATED WITH <i>Crockett, Arthur</i>  |               |  |      |   |                 |
| RELATIONSHIP TO ABOVE  |               |  |      |   |                 |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |               | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input checked="" type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> IMMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify) <i>SS</i> |                 |

FORM 10-437 (4-22-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1940 CENSUS INDEX - INDIVIDUAL

USE ON MS-DC 10100-P-61

|   |     |   |  |  |  |
|---|-----|---|--|--|--|
| R 200   |     | NAME OF INDIVIDUAL  |  | LOUISIANA  |  |
| R 200   |     | Roach, Arthur   |  | R. S. 51   |  |
| COLOR   | AGE | BIRTHPLACE  |  | SHEET  |  |
| 0   | 8   |   |  | 8  |  |
| COUNTY  |     | Cade  |  | CITY   |  |
|   |     |   |  |  |  |
| ENUMERATES WITH   |     | Roach, Mel  |  |  |  |
| RELATIONSHIP TO ABOVE   |     |   |  |  |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input checked="" type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPH N<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |  |

FORM 10-37 (4-20-31)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |  |  |           |         |         |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|--|-----------|---------|---------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R 700   |  | NAME OF INDIVIDUAL<br>Rosa C. Calcasieu  |  | LOUISIANA | E.D. 11 | SHEET 5 |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br>W  | AGE<br>62                                | BIRTHPLACE                               |  |           |         |         |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY  |  | Calcasieu                                |  | CITY      |         |         |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br>Manning Davis  |  |  |  |           |         |         |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |  |           |         |         |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> HOUSE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> Niece</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |           |         |         | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> HOUSE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> Niece | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> HOUSE           |  |           |         |         |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> Niece           | <input type="checkbox"/> NURSE           |  |           |         |         |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |  |           |         |         |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |  |           |         |         |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |  |           |         |         |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |  |           |         |         |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |           |         |         |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |  |           |         |         |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-437 (4-22-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1970 CENSUS INDEX - INDIVIDUAL

|                         |     |                |     |            |  |
|-------------------------|-----|----------------|-----|------------|--|
| R200                    |     | HEAD OF FAMILY |     | LOUISIANA  |  |
| Reese, Athel            |     | E.D.           |     | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |     |            |  |
| W                       | 30  | Tex            |     |            |  |
| COUNTY                  |     | CITY           |     |            |  |
| Rapides                 |     | Alexandria     |     |            |  |
| OTHER MEMBERS OF FAMILY |     |                |     |            |  |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| Missouri                |     | W              | 25  | Arb        |  |
| Lassone                 |     | D              | 5   | Tex        |  |
| Lund                    |     | D              | 2   | Tex        |  |
| Athel                   |     | S              | 1   | Tex        |  |
| Reese, John             |     | H              | 9   | Tex        |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |

FORM 16-636 (4-26-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |  |  |                   |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|-------------------|-------------------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R200   | NAME OF INDIVIDUAL<br><i>Russ, Allen</i> |  | E.D.<br><i>45</i> | SHEET<br><i>9</i> |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>B</i>  | AGE<br><i>26</i>                         | BIRTHPLACE                                 |                   |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY   |  | CITY                                       |                   |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>East Carroll</i>   |  |  |                   |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE<br><i>Parker, Andrew</i>   |  |  |                   |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDOW</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> DRIVER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |                   |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> DRIVER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDOW             |                   |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE             |                   |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |                   |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> DRIVER |                   |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |                   |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |                   |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |                   |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |                   |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 18-637 (4-22-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USE 62-10100-101

|  |   |   |  |             |
|--|---|---|--|-------------|
| R200   |   | NAME OF INDIVIDUAL<br>Rosa Audron   |  | LOUISIANA   |
| COLOR<br>W   | AGE<br>27   | BIRTHPLACE  |  | S.D.<br>127 |
| COUNTY<br>St. Martin   |   | SHEET<br>2  |  |             |
| CITY   |   |   |  |             |
| ENUMERATED WITH<br>Algie Andy  |   |   |  |             |
| RELATIONSHIP TO ABOVE  |   |   |  |             |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |  |             |

FORM 10-437 (4-30-61)

1930 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCENS-DC 10100-101

## LOUISIANA

|  |  |   |      |                   |                    |
|--|--|---|------|-------------------|--------------------|
| K200                                   |  | NAME OF INDIVIDUAL<br><i>Russo August</i> |      | E.D.<br><i>10</i> | SHEET<br><i>25</i> |
| COLOR<br><i>W</i>                      | AGE<br><i>1 7/8</i>                      | BIRTHPLACE                                |      |                   |                    |
| COUNTY<br><i>Assumption</i>            |  |   | CITY |                   |                    |
| ENUMERATED WITH<br><i>Russo Tony</i>   |  |   |      |                   |                    |
| RELATIONSHIP TO ABOVE                  |  |   |      |                   |                    |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE           |      |                   |                    |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE            |      |                   |                    |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT          |      |                   |                    |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER           |      |                   |                    |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT          |      |                   |                    |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)  |      |                   |                    |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW  | <i>Brother</i>                            |      |                   |                    |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW   |   |      |                   |                    |

FORM 10-637 (4-22-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18395-P61

| HEAD OF FAMILY          |              | LOUISIANA    |            |
|-------------------------|--------------|--------------|------------|
| COLOR                   | AGE          | BIRTHPLACE   | SHEET      |
| R202                    | 52           | Rose, August | 34 4       |
| W                       |              | Germany      |            |
| COUNTY                  | Calcasieu    | CITY         |            |
| OTHER MEMBERS OF FAMILY |              |              |            |
| NAME                    | RELATIONSHIP | AGE          | BIRTHPLACE |
| Ella                    | W            | 43           |            |
| Richard                 | S            | 22           |            |
| Carl                    | S            | 15           |            |
| Emma                    | D            | 11           |            |
| Lennie                  | D            | 10           |            |
|                         |              |              |            |
|                         |              |              |            |



|                         |  |                |     |            |  |
|-------------------------|--|----------------|-----|------------|--|
| R200                    |  | HEAD OF FAMILY |     | LOUISIANA  |  |
| COLOR                   |  | AGE            |     | E.D.       |  |
| B                       |  | 45             |     | 81         |  |
| BIRTHPLACE              |  | CITY           |     | SHEET      |  |
|                         |  | Rapides        |     | 34         |  |
| COUNTY                  |  | ALEXANDRIA     |     |            |  |
| OTHER MEMBERS OF FAMILY |  |                |     |            |  |
| NAME                    |  | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| Emma                    |  | W              | 38  |            |  |
| Annie                   |  | D              | 28  |            |  |
| Mat                     |  | S              | 18  |            |  |
| Lannah                  |  | D              | 16  |            |  |
| Mary                    |  | D              | 15  |            |  |
| Cortia                  |  | D              | 12  |            |  |
| Della                   |  | D              | 10  |            |  |

FORM 16-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

HEAD OF FAMILY - CONTINUED

LOUISIANA

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME    | RELATIONSHIP | AGE | BIRTHPLACE |
|---------|--------------|-----|------------|
| Agnes   | D            | 7   |            |
| Charlie | S            | 5   |            |
| Louise  | D            | 3   |            |
|         |              |     |            |
|         |              |     |            |
|         |              |     |            |
|         |              |     |            |
|         |              |     |            |
|         |              |     |            |
|         |              |     |            |
|         |              |     |            |

Form 18-634a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMB-DC 1610a-P61

LOUISIANA

|                         |     |                |     |              |  |      |       |
|-------------------------|-----|----------------|-----|--------------|--|------|-------|
| K200                    |     | HEAD OF FAMILY |     | Rock, August |  | E.D. | SHEET |
|                         |     |                |     |              |  | 92   | 27    |
| COLOR                   | AGE | BIRTHPLACE     |     |              |  |      |       |
| mu                      | 58  |                |     |              |  |      |       |
| COUNTY                  |     | Natchitoches   |     | CITY         |  |      |       |
|                         |     |                |     |              |  |      |       |
| OTHER MEMBERS OF FAMILY |     |                |     |              |  |      |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE   |  |      |       |
| / Laura                 |     | 24             | 600 |              |  |      |       |
| / Clementine            |     | 8              | 20  |              |  |      |       |
| / Liza                  |     | 8              | 17  |              |  |      |       |
|                         |     |                |     |              |  |      |       |
|                         |     |                |     |              |  |      |       |
|                         |     |                |     |              |  |      |       |
|                         |     |                |     |              |  |      |       |
|                         |     |                |     |              |  |      |       |
|                         |     |                |     |              |  |      |       |

Form 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

LOUISIANA

|                         |  |                |  |              |     |            |  |
|-------------------------|--|----------------|--|--------------|-----|------------|--|
| R 200                   |  | HEAD OF FAMILY |  | E.O.         |     | SHEET      |  |
| COLOR                   |  | AGE            |  | BIRTHPLACE   |     |            |  |
| W                       |  | 23             |  | Assumption   |     | CITY       |  |
| COUNTY                  |  |                |  |              |     |            |  |
| OTHER MEMBERS OF FAMILY |  |                |  |              |     |            |  |
| NAME                    |  |                |  | RELATIONSHIP | AGE | BIRTHPLACE |  |
| Adolphine               |  |                |  | W            | 48  |            |  |
| Edward                  |  |                |  | S            | 17  |            |  |
| Adolph                  |  |                |  | S            | 16  |            |  |
| Elizabeth               |  |                |  | D            | 14  |            |  |
| Ulysses                 |  |                |  | S            | 10  |            |  |
| Ernest                  |  |                |  | S            | 10  |            |  |
| Louis                   |  |                |  | S            | 5   |            |  |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|   |   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |           |                                |  |  |
|---|---|--|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|-----------|--------------------------------|--|--|
| R 200   | NAME OF INDIVIDUAL<br><i>Ross Augustina</i> |  | R.O.<br><i>57</i> | SHEET<br><i>23</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |           |                                |  |  |
| COLOR<br><i>B</i>   | AGE<br><i>16</i>                            | BIRTHPLACE<br><i>Iderville</i>           | CITY              |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |           |                                |  |  |
| COUNTY  |   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |           |                                |  |  |
| ENUMERATED WITH<br><i>Walker, Henry</i>   |   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |           |                                |  |  |
| RELATIONSHIP TO ABOVE   |   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |           |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>AD</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |   |  |                   |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>AD</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW             | <input type="checkbox"/> INMATE          |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |           |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE              | <input type="checkbox"/> NURSE           |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW      | <input type="checkbox"/> PATIENT         |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW      | <input type="checkbox"/> ROOMER          |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW         | <input type="checkbox"/> SERVANT         |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW    | <input type="checkbox"/> OTHER (Specify) |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |           |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW     | <i>AD</i>                                |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |           |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW      |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |           |                                |  |  |

FORM 10-637 (4-20-01)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 1910-P-61

|                         |     |              | LOUISIANA |            |
|-------------------------|-----|--------------|-----------|------------|
| HEAD OF FAMILY          |     |              | E.D.      | SHEET      |
| Russo Augustin B        |     |              | 84        | 22         |
| COLOR                   | AGE | BIRTHPLACE   |           |            |
| W                       | 45  |              |           |            |
| COUNTY                  |     | CITY         |           |            |
| Pointe Coupee           |     |              |           |            |
| OTHER MEMBERS OF FAMILY |     |              |           |            |
| NAME                    |     | RELATIONSHIP | AGE       | BIRTHPLACE |
| Antonia S               |     | W            | 47        |            |
| Dusson Aldridge C       |     | C            | 14        |            |
| Lajoie Edna M           |     | C            | 30        |            |
| Christie E              |     | M            | 64        |            |
|                         |     |              |           |            |
|                         |     |              |           |            |
|                         |     |              |           |            |
|                         |     |              |           |            |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     | LOUISIANA  |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R200                    |     | HEAD OF FAMILY |     | E.D.       | SHEET |
| R200                    |     | Rooks          |     | 36         | 4     |
| COLOR                   | AGE | BIRTHPLACE     |     |            |       |
| B                       | 23  |                |     |            |       |
| COUNTY                  |     | Lefourche      |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| 1 Winny                 |     | W              | 79  |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

Form 10-636 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |              |                | LOUISIANA  |      |       |
|-------------------------|--------------|----------------|------------|------|-------|
| R200                    |              | HEAD OF FAMILY |            | E.D. | SHEET |
|                         |              | Rocks Austin   |            | 36   | 4     |
| COLOR                   | AGE          | BIRTHPLACE     |            |      |       |
| B                       | 33           |                |            |      |       |
| COUNTY                  |              | CITY           |            |      |       |
| Lafourche               |              |                |            |      |       |
| OTHER MEMBERS OF FAMILY |              |                |            |      |       |
| NAME                    | RELATIONSHIP | AGE            | BIRTHPLACE |      |       |
| Rebecca                 | W            | 22             |            |      |       |
| E. Ann                  | D            | 3              |            |      |       |
| The best                | D            | 14 1/2         |            |      |       |
|                         |              |                |            |      |       |
|                         |              |                |            |      |       |
|                         |              |                |            |      |       |
|                         |              |                |            |      |       |
|                         |              |                |            |      |       |
|                         |              |                |            |      |       |

FORM 18-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA



|                         |              |            | LOUISIANA  |       |
|-------------------------|--------------|------------|------------|-------|
| HEAD OF FAMILY          |              |            | E.O.       | SHEET |
| R200                    | Rigge        |            | 84         | 20    |
| COLOR                   | AGE          | BIRTHPLACE |            |       |
| B                       | 21           |            |            |       |
| COUNTY                  | Madison      |            | CITY       |       |
| OTHER MEMBERS OF FAMILY |              |            |            |       |
| NAME                    | RELATIONSHIP | AGE        | BIRTHPLACE |       |
| 1 Sally                 | w            | 23         |            |       |
|                         |              |            |            |       |
|                         |              |            |            |       |
|                         |              |            |            |       |
|                         |              |            |            |       |
|                         |              |            |            |       |
|                         |              |            |            |       |
|                         |              |            |            |       |
|                         |              |            |            |       |
|                         |              |            |            |       |

FORM 10-436 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |  |   |    |            |   |
|--|--|---|----|------------|---|
| 2202 Rose Author                       |  | E.O.  | 7  | SHEET      | 5 |
| COLOR                                  | B  | AGE   | 11 | BIRTHPLACE |   |
| COUNTY                                 |  | Ascension   |    | CITY       |   |
| ENUMERATED WITH Joseph Mary            |  |   |    |            |   |
| RELATIONSHIP TO ABOVE                  |  |   |    |            |   |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> UNCLE                      |    |            |   |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NIECE           | <input type="checkbox"/> MURDER                     |    |            |   |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |    |            |   |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |    |            |   |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |    |            |   |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |    |            |   |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW  |   |    |            |   |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW   |   |    |            |   |

FORM 16-637 (4-30-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1970 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 15100-P01

|                         |  |                   |             | LOUISIANA  |       |
|-------------------------|--|-------------------|-------------|------------|-------|
| R 200                   |  | HEAD OF FAMILY    |             | E.D.       | SHEET |
| COLOR                   |  | AGE               | BIRTHPLACE  |            |       |
| W                       |  | 42                |             | 71         | 3     |
| COUNTY                  |  |                   | CITY        |            |       |
| Lafayette               |  |                   | Youngsville |            |       |
| OTHER MEMBERS OF FAMILY |  |                   |             |            |       |
| NAME                    |  | RELATION-<br>SHIP | AGE         | BIRTHPLACE |       |
| Azelle                  |  | W                 | 38          |            |       |
| Henry                   |  | S                 | 19          |            |       |
| Shadrice                |  | S                 | 17          |            |       |
| Emerite                 |  | D                 | 16          |            |       |
| Deviene                 |  | D                 | 13          |            |       |
| Andre                   |  | S                 | 10          |            |       |

FORM 16-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

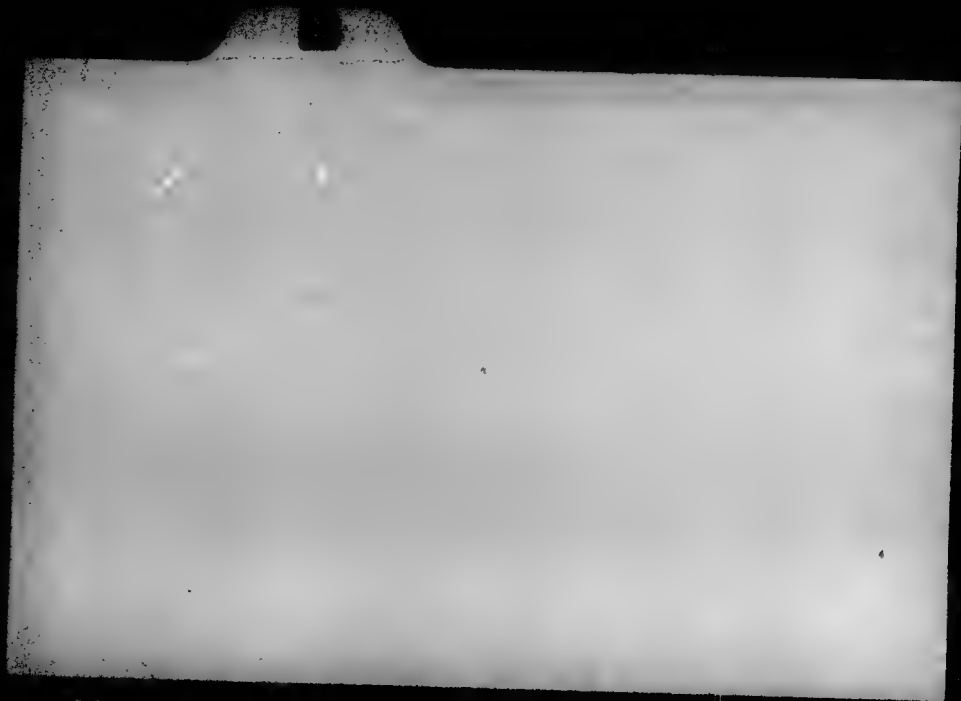
U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |            |            |  |
|-------------------------|---|----------------|------------|------------|--|
| R200                    |   | HEAD OF FAMILY |            | LOUISIANA  |  |
| COLOR                   | W | AGE            | 33         | BIRTHPLACE |  |
| COUNTY                  |   |                | St. Landry | CITY       |  |
| OTHER MEMBERS OF FAMILY |   |                |            |            |  |
| NAME                    |   | RELATIONSHIP   | AGE        | BIRTHPLACE |  |
| Matile                  |   | W              | 37         |            |  |
| Louvin                  |   | D              | 11         |            |  |
| Lillie                  |   | D              | 9          |            |  |
| Adala                   |   | D              | 7          |            |  |
| Marie                   |   | D              | 5          |            |  |
| Armona                  |   | D              | 3          |            |  |

FORM 16-536 (4-22-51)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



LOUISIANA

|                         |                |              |              |            |       |
|-------------------------|----------------|--------------|--------------|------------|-------|
| R 200                   | HEAD OF FAMILY |              | B Reese B.D. | E.O.       | SHEET |
|                         |                |              |              | 104        | 2     |
| COLOR                   | AGE            | BIRTHPLACE   |              |            |       |
| W                       | 64             | Miss         |              |            |       |
| COUNTY                  | Sabine         |              |              | CITY       |       |
| OTHER MEMBERS OF FAMILY |                |              |              |            |       |
| NAME                    |                | RELATIONSHIP | AGE          | BIRTHPLACE |       |
| Living alone            |                |              |              |            |       |
|                         |                |              |              |            |       |
|                         |                |              |              |            |       |
|                         |                |              |              |            |       |
|                         |                |              |              |            |       |
|                         |                |              |              |            |       |
|                         |                |              |              |            |       |
|                         |                |              |              |            |       |
|                         |                |              |              |            |       |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

LOUISIANA

|   |  |   |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|---|--|---|--------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| <b>R200</b>   | NAME OF INDIVIDUAL<br><i>Rosa Bardua</i> |   | R.O.<br><i>132</i> | SHEET<br><i>52</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR<br><i>W</i>   | AGE<br><i>15</i>                         | BIRTHPLACE<br><i>Italy</i>                          |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY<br><i>St. Martin</i>   |  | CITY  |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Rosa Benjamin</i>   |  |   |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |                    |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 10-437 (4-29-01)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOURT-DC 16196-P61

LOUISIANA

|                          |                               | LOUISIANA  |                     |
|--------------------------|-------------------------------|------------|---------------------|
| B 200                    | HEAD OF FAMILY<br>Rosa Barney |            | E.D. SHEET<br>44 23 |
| COLOR<br>B               | AGE<br>54                     | BIRTHPLACE |                     |
| COUNTY<br>East Feliciana | CITY                          |            |                     |
| OTHER MEMBERS OF FAMILY  |                               |            |                     |
| NAME                     | RELATIONSHIP                  | AGE        | BIRTHPLACE          |
| 1 Francis                | W                             | 50         |                     |
| Thomas Lizzie            | H D                           | 16         |                     |
| Nelson Leah              | H D                           | 14         |                     |
|                          |                               |            |                     |
|                          |                               |            |                     |
|                          |                               |            |                     |
|                          |                               |            |                     |
|                          |                               |            |                     |



LOUISIANA

|  |  |  |  |                   |                    |
|--|--|--|--|-------------------|--------------------|
| R200                                   |  | NAME OF INDIVIDUAL<br><i>Ruiz Bartolomea</i>                       |  | E.O.<br><i>43</i> | SHEET<br><i>27</i> |
| COLOR<br><i>W</i>                      | AGE<br><i>28</i>                         | BIRTHPLACE<br><i>Porto Rico</i>                                    |  |                   |                    |
| COUNTY<br><i>Lafourche</i>             |  | CITY   |  |                   |                    |
| ENUMERATED WITH<br><i>Simmons John</i> |  |  |  |                   |                    |
| RELATIONSHIP TO ABOVE                  |  |  |  |                   |                    |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHER          | <input type="checkbox"/> INMATE                                    |  |                   |                    |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                                     |  |                   |                    |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                                   |  |                   |                    |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                                    |  |                   |                    |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                                   |  |                   |                    |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify)<br><i>N.R.</i> |  |                   |                    |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |                   |                    |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> MISTER-IN-LAW   |  |  |                   |                    |

FORM 16-617 (2-28-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1930 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 16100-201

LOUISIANA

|  |           |   |      |  |            |
|--|-----------|---|------|--|------------|
| R200   |           | NAME OF INDIVIDUAL<br>Roe, Bastin   |      | E.O.<br>141  | SHEET<br>5 |
| COLOR<br>B   | AGE<br>55 | BIRTHPLACE  |      |  |            |
| COUNTY<br>West Baton Rouge   |           |   | CITY |  |            |
| ENUMERATED WITH<br>King H.T.   |           |   |      |  |            |
| RELATIONSHIP TO ABOVE  |           |   |      |  |            |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |           | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> WIDOW<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input checked="" type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |            |

FORM 19-637 (4-25-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 19100-P01

|                         |                  |                |     |            |  |
|-------------------------|------------------|----------------|-----|------------|--|
| R200                    |                  | HEAD OF FAMILY |     | LOUISIANA  |  |
| Rose Bates              |                  | E.O.           |     | SHEET      |  |
| COLOR                   | AGE              | BIRTHPLACE     |     | 30 19      |  |
| B                       | 44               |                |     |            |  |
| COUNTY                  | East Baton Rouge | CITY           |     |            |  |
| OTHER MEMBERS OF FAMILY |                  |                |     |            |  |
| NAME                    |                  | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| Mary                    |                  | W              | 41  |            |  |
| Pleasant                |                  | D              | 19  |            |  |
| Johnny                  |                  | S              | 14  |            |  |
| Rhe                     |                  | S              | 16  |            |  |
| Selena                  |                  | D              | 6   |            |  |
| Albert                  |                  | S              | 5   |            |  |
|                         |                  |                |     |            |  |

FORM 10-426 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |   |       |
|--|--|---|-------|
| K200   |  | LOUISIANA   |       |
| NAME OF INDIVIDUAL   |  | E.D.  | SHEET |
| Bess Beatrice  |  | 103   | 22    |
| COLOR  | AGE  | BIRTHPLACE  |       |
| B  | 14   |   |       |
| COUNTY   |  | CITY  |       |
| Ouachita   |  | Monroe  |       |
| ENUMERATED WITH  |  |   |       |
| Smith Olivia   |  |   |       |
| RELATIONSHIP TO ABOVE  |  |   |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NICE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify) |       |

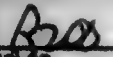






FORM 10-437 (4-29-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCEN-117C 1910-P-61

LOUISIANA

|  |  |                    |  |   |  |   |   |
|--|--|--------------------|--|---|--|---|---|
|   |  | NAME OF INDIVIDUAL |  |  |  | E.O.  | SHEET   |
|   |  | AGE                |  |  |  |  |  |
| COLOR  |  | BIRTHPLACE         |  |   |  |   |   |
| COUNTY   |  |                    |  | CITY  |  |   |   |
| ENUMERATED WITH<br>   |  |                    |  |   |  |   |   |
| RELATIONSHIP TO ABOVE<br><div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER<br/> <input type="checkbox"/> MOTHER<br/> <input type="checkbox"/> GRANDFATHER<br/> <input type="checkbox"/> GRANDMOTHER<br/> <input type="checkbox"/> GRANDSON<br/> <input type="checkbox"/> GRANDDAUGHTER<br/> <input type="checkbox"/> AUNT<br/> <input type="checkbox"/> UNCLE         </div> <div> <input type="checkbox"/> NEPHEW<br/> <input checked="" type="checkbox"/> NIECE<br/> <input type="checkbox"/> FATHER-IN-LAW<br/> <input type="checkbox"/> MOTHER-IN-LAW<br/> <input type="checkbox"/> SON-IN-LAW<br/> <input type="checkbox"/> DAUGHTER-IN-LAW<br/> <input type="checkbox"/> BROTHER-IN-LAW<br/> <input type="checkbox"/> SISTER-IN-LAW         </div> <div> <input type="checkbox"/> WIDATE<br/> <input type="checkbox"/> NURSE<br/> <input type="checkbox"/> PATIENT<br/> <input type="checkbox"/> ROOMER<br/> <input type="checkbox"/> SERVANT<br/> <input type="checkbox"/> OTHER (Specify)         </div> </div> |  |                    |  |   |  |   |   |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P01

|   |   |  |                   |
|---|---|--|-------------------|
|   |   | LOUISIANA  |                   |
| <i>P 210</i>  | NAME OF INDIVIDUAL<br><i>Reese Beatrice</i>   |  | E.O.<br><i>83</i> |
| COLOR<br><i>B</i>   | AGE<br><i>4</i>   | SHEET<br><i>17</i>   |                   |
| BIRTHPLACE  |   |  |                   |
| COUNTY<br><i>Rapides</i>  | CITY  |  |                   |
| ENUMERATED WITH<br><i>Cotton Prince</i>   |   |  |                   |
| RELATIONSHIP TO ABOVE   |   |  |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input checked="" type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> WMAVE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify)<br><hr/> |                   |

FORM 10-437 (4-25-51)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

|                         |   |                |    |              |     |            |    |
|-------------------------|---|----------------|----|--------------|-----|------------|----|
| R 200                   |   | HEAD OF FAMILY |    | Rusk Beck    |     | LOUISIANA  |    |
| COLOR                   | B | AGE            | 25 | BIRTHPLACE   |     | R.D.       | 28 |
|                         |   |                |    |              |     | SHEET      | 9  |
| COUNTY                  |   |                |    | CITY         |     |            |    |
| Caddo                   |   |                |    |              |     |            |    |
| OTHER MEMBERS OF FAMILY |   |                |    |              |     |            |    |
| NAME                    |   |                |    | RELATIONSHIP | AGE | BIRTHPLACE |    |
|                         |   |                |    |              |     |            |    |
|                         |   |                |    |              |     |            |    |
|                         |   |                |    |              |     |            |    |
|                         |   |                |    |              |     |            |    |
|                         |   |                |    |              |     |            |    |
|                         |   |                |    |              |     |            |    |
|                         |   |                |    |              |     |            |    |
|                         |   |                |    |              |     |            |    |
|                         |   |                |    |              |     |            |    |
|                         |   |                |    |              |     |            |    |

FORM 10-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |          |                |            |            |            |
|-------------------------|----------|----------------|------------|------------|------------|
| R200                    |          | HEAD OF FAMILY |            | LOUISIANA  |            |
| COLOR                   |          | AGE            | BIRTHPLACE |            | E.O. SHEET |
| B                       |          | 40             |            |            | 87 18      |
| COUNTY                  |          |                | CITY       |            |            |
| Natchitoches            |          |                |            |            |            |
| OTHER MEMBERS OF FAMILY |          |                |            |            |            |
|                         | NAME     | RELATIONSHIP   | AGE        | BIRTHPLACE |            |
|                         | Corine   | S              | 12         |            |            |
|                         | Everline | D              | 10         |            |            |
|                         | Charly   | S              | 14         |            |            |
|                         | Dorothy  | S              | 16         |            |            |
|                         | Luc      | S              | 8          |            |            |
|                         |          |                |            |            |            |
|                         |          |                |            |            |            |

FORM 16-636 (4-26-67)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|   |   |  |            |
|---|---|--|------------|
| R200  |   | LOUISIANA  |            |
| NAME OF INDIVIDUAL  |   | Roach, Bell  |            |
| COLOR   | AGE   | BIRTHPLACE   | E.D. SHEET |
| 13  | 6   |  | 145 10     |
| COUNTY  |   | CITY   |            |
| West Feliciana  |   |  |            |
| ENUMERATED WITH   |   |  |            |
| Roach, Silas  |   |  |            |
| RELATIONSHIP TO ABOVE   |   |  |            |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input checked="" type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |            |

FORM 16-437 (4-23-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18106-P61

|                         |     |                |      |            |  |
|-------------------------|-----|----------------|------|------------|--|
| K200                    |     | HEAD OF FAMILY |      | LOUISIANA  |  |
| Rack Ben                |     | E.O.           |      | SHEET      |  |
| 82                      |     | 17             |      |            |  |
| COLOR                   | AGE | BIRTHPLACE     |      |            |  |
| B                       | 24  |                |      |            |  |
| COUNTY                  |     |                | CITY |            |  |
| Rapides                 |     |                |      |            |  |
| OTHER MEMBERS OF FAMILY |     |                |      |            |  |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| Cola                    |     | W              | 23   |            |  |
| Josephine               |     | D              | 2    |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |     |   |          |   |  |
|---|-----|---|----------|---|--|
| R200  |     | NAME OF INDIVIDUAL  |          | LOUISIANA   |  |
| Packs Ben   |     | E.D.  |          | SHEET   |  |
| COLOR   | AGE | BIRTHPLACE  |          |   |  |
| B   | 1   |   |          |   |  |
| COUNTY  |     |   | CITY     |   |  |
| COLUMBIA  |     |   | Franklin |   |  |
| ENUMERATED WITH   |     |   |          |   |  |
| Packs Alfred  |     |   |          |   |  |
| RELATIONSHIP TO ABOVE   |     |   |          |   |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input checked="" type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |          | <input type="checkbox"/> WIDWIFE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |  |

FORM 16-437 (4-30-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 1510b-P01

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| A200                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| W                       |  | 32             | Ark        | 152        | 33    |
| COUNTY                  |  |                | CITY       |            |       |
| St. Landry              |  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| 1 Mary                  |  | W              | 39         |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |   |                    |   |            |                  |
|--|---|--------------------|---|------------|------------------|
| R 200  |   | NAME OF INDIVIDUAL |   | LOUISIANA  |                  |
| COLOR  | W | AGE                | 22  | BIRTHPLACE | E.D. 44 SHEET 27 |
| COUNTY   |   |                    | CITY  |            |                  |
| ENUMERATED WITH  |   |                    | Calcasieu   |            |                  |
| RELATIONSHIP TO ABOVE  |   |                    | Hockey, Jack E  |            |                  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |   |                    | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |            |                  |
|  |   |                    | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify)   |            |                  |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18109-P61

|                         |        |                |    |              |     |            |     |
|-------------------------|--------|----------------|----|--------------|-----|------------|-----|
| 2200                    |        | HEAD OF FAMILY |    | Kane Ben     |     | LOUISIANA  |     |
| COLOR                   | White  | AGE            | 56 | BIRTHPLACE   |     | E.D.       | 125 |
| COUNTY                  | Tensas |                |    | CITY         |     |            |     |
| OTHER MEMBERS OF FAMILY |        |                |    |              |     |            |     |
| NAME                    |        |                |    | RELATIONSHIP | AGE | BIRTHPLACE |     |
| Living alone            |        |                |    |              |     |            |     |
|                         |        |                |    |              |     |            |     |
|                         |        |                |    |              |     |            |     |
|                         |        |                |    |              |     |            |     |
|                         |        |                |    |              |     |            |     |
|                         |        |                |    |              |     |            |     |
|                         |        |                |    |              |     |            |     |
|                         |        |                |    |              |     |            |     |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |      |            |       |
|-------------------------|-----|----------------|------|------------|-------|
| R 200                   |     | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |      | E.D.       | SHEET |
| B                       | 46  |                |      | 3          | 8     |
| COUNTY                  |     |                | CITY |            |       |
| Assumption              |     |                |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Henrietta               |     | W              | 48   |            |       |
| Solad                   |     | S              | 12   |            |       |
| Bella                   |     | S              | 24   |            |       |
| Linda                   |     | S              | 14   |            |       |
| Robertson, Allan        |     | S              | 7    |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |

FORM 70-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |       |            |       |
|-------------------------|-----|----------------|-------|------------|-------|
| R-200                   |     | HEAD OF FAMILY |       | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |       | E.D.       | SHEET |
| B                       | 23  |                |       | 120        | 11    |
| COUNTY                  |     | CITY           |       |            |       |
| Webster                 |     | Minden         |       |            |       |
| OTHER MEMBERS OF FAMILY |     |                |       |            |       |
| NAME                    |     | RELATIONSHIP   | AGE   | BIRTHPLACE |       |
| Angelina                |     | W              | 22    |            |       |
| Brown                   |     | S              | 2     |            |       |
| Eva                     |     | D              | 1 1/2 |            |       |
| Fred                    |     | B              | 20    |            |       |
|                         |     |                |       |            |       |
|                         |     |                |       |            |       |
|                         |     |                |       |            |       |
|                         |     |                |       |            |       |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



| R200                    |              | HEAD OF FAMILY |            | LOUISIANA  |       |
|-------------------------|--------------|----------------|------------|------------|-------|
| COLOR                   | W            | AGE            | 22         | BIRTHPLACE | Italy |
| COUNTY                  | Sabine       |                | CITY       |            |       |
| OTHER MEMBERS OF FAMILY |              |                |            |            |       |
| NAME                    | RELATIONSHIP | AGE            | BIRTHPLACE |            |       |
| Francis                 | W            | 32             | Italy      |            |       |
| Sam                     | S            | 3              |            |            |       |
| Biggie                  | D            | 1              |            |            |       |
| Stu                     | S            | 1/2            |            |            |       |
| + 2 Bu                  |              |                |            |            |       |
|                         |              |                |            |            |       |
|                         |              |                |            |            |       |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| 2200                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| B                       | 21  | Ben            |     | 113        | 22    |
| COUNTY                  |     | CITY           |     |            |       |
| Richland                |     |                |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Tenny                   |     | W              | 20  |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |     |   |  |  |       |
|--|-----|---|--|--|-------|
| R200   |     | NAME OF INDIVIDUAL  |  | LOUISIANA  |       |
| COLOR  | AGE | BIRTHPLACE  |  | E.D.   | SHEET |
| Wm   | 42  |   |  | 68   | 10    |
| COUNTY   |     | CITY  |  |  |       |
| St. James  |     |   |  |  |       |
| ENUMERATED WITH  |     |   |  |  |       |
| Teresa Padlock   |     |   |  |  |       |
| RELATIONSHIP TO ABOVE  |     |   |  |  |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify)<br>Si |       |

FORM 10-57 (4-22-57)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18103-P01

|  |     |                    |  |           |       |
|--|-----|--------------------|--|-----------|-------|
| R200   |     | NAME OF INDIVIDUAL |  | LOUISIANA |       |
| COLOR  | AGE | BIRTHPLACE         |  | E.O.      | SHEET |
| B  | 23  | Pasci, Ben         |  | 114       | 7     |
| COUNTY   |     | CITY               |  |           |       |
|  |     | Tangipahoa         |  |           |       |
| ENUMERATED WITH  |     |                    |  |           |       |
| Relationship to Above  |     |                    |  |           |       |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> FATHER<br/> <input type="checkbox"/> MOTHER<br/> <input type="checkbox"/> GRANDFATHER<br/> <input type="checkbox"/> GRANDMOTHER<br/> <input type="checkbox"/> GRANDSON<br/> <input type="checkbox"/> GRANDDAUGHTER<br/> <input type="checkbox"/> AUNT<br/> <input type="checkbox"/> UNCLE </div> <div style="width: 30%;"> <input type="checkbox"/> NEPHEW<br/> <input type="checkbox"/> NIECE<br/> <input type="checkbox"/> FATHER-IN-LAW<br/> <input type="checkbox"/> MOTHER-IN-LAW<br/> <input type="checkbox"/> SON-IN-LAW<br/> <input type="checkbox"/> DAUGHTER-IN-LAW<br/> <input type="checkbox"/> BROTHER-IN-LAW<br/> <input type="checkbox"/> SISTER-IN-LAW </div> <div style="width: 30%;"> <input type="checkbox"/> WMALE<br/> <input type="checkbox"/> NURSE<br/> <input type="checkbox"/> PATIENT<br/> <input checked="" type="checkbox"/> PRISONER<br/> <input type="checkbox"/> SERVANT<br/> <input type="checkbox"/> OTHER (Specify) </div> </div> |     |                    |  |           |       |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                 |              |           |            |
|-------------------------|-----------------|--------------|-----------|------------|
| R200                    | HEAD OF FAMILY. |              | LOUISIANA |            |
| COLOR                   | AGE             | BIRTHPLACE   | E.D.      | SHEET      |
| W                       | 57              | Assumption   | 5         | 24         |
| COUNTY                  | CITY            |              |           |            |
| OTHER MEMBERS OF FAMILY |                 |              |           |            |
| NAME                    |                 | RELATIONSHIP | AGE       | BIRTHPLACE |
| Bessie                  |                 | W            | 43        |            |
| Luke                    |                 | A            | 17        |            |
| Mary                    |                 | A            | 14        |            |
| Rosa                    |                 | A            | 11        |            |
| Lilly                   |                 | A            | 8         |            |
| John                    |                 | A            | 5         |            |
| Caroline Mongon         |                 | S L          | 71        |            |

FORM 16-436 (2-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |                  |  |  |                    |                   |
|---|------------------|--|--|--------------------|-------------------|
| R200  |                  | NAME OF INDIVIDUAL<br><i>Rugg, Ben F</i> |  | LOUISIANA          |                   |
| COLOR<br><i>W</i>   | AGE<br><i>26</i> | BIRTHPLACE                               |  | E.O.<br><i>137</i> | SHEET<br><i>5</i> |
| COUNTY<br><i>Union</i>  |                  | CITY                                     |  |                    |                   |
| ENUMERATED WITH<br><i>Hella, William H</i>  |                  |  |  |                    |                   |
| RELATIONSHIP TO ABOVE   |                  |  |  |                    |                   |
| <div style="display: flex; flex-wrap: wrap;"> <div style="flex: 1; min-width: 200px;"> <input type="checkbox"/> FATHER<br/> <input type="checkbox"/> MOTHER<br/> <input type="checkbox"/> GRANDFATHER<br/> <input type="checkbox"/> GRANDMOTHER<br/> <input type="checkbox"/> GRANDSON<br/> <input type="checkbox"/> GRANDDAUGHTER<br/> <input type="checkbox"/> AUNT<br/> <input type="checkbox"/> UNCLE </div> <div style="flex: 1; min-width: 200px;"> <input type="checkbox"/> NEPHEW<br/> <input type="checkbox"/> NIECE<br/> <input type="checkbox"/> FATHER-IN-LAW<br/> <input type="checkbox"/> MOTHER-IN-LAW<br/> <input type="checkbox"/> SON-IN-LAW<br/> <input type="checkbox"/> DAUGHTER-IN-LAW<br/> <input type="checkbox"/> BROTHER-IN-LAW<br/> <input type="checkbox"/> SISTER-IN-LAW </div> <div style="flex: 1; min-width: 200px;"> <input type="checkbox"/> INMATE<br/> <input type="checkbox"/> NURSE<br/> <input type="checkbox"/> PATIENT<br/> <input checked="" type="checkbox"/> ROOMER<br/> <input type="checkbox"/> SERVANT<br/> <input type="checkbox"/> OTHER (Specify) </div> </div> |                  |  |  |                    |                   |

FORM 10-437 (4-30-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USC9000-DC 16100-P01

|      |                |
|------|----------------|
| R300 | HEAD OF FAMILY |
|------|----------------|

|                         |       |                |     |            |     |
|-------------------------|-------|----------------|-----|------------|-----|
| R200                    |       | HEAD OF FAMILY |     | LOUISIANA  |     |
| COLOR                   | W     | AGE            | 66  | BIRTHPLACE | Ark |
| COUNTY                  | Caddo | CITY           |     | E.D.       | 34  |
|                         |       |                |     | SHEET      | 16  |
| OTHER MEMBERS OF FAMILY |       |                |     |            |     |
| NAME                    |       | RELATIONSHIP   | AGE | BIRTHPLACE |     |
| Mary H.                 |       | W              | 59  |            |     |
| William B.              |       | S              | 31  |            |     |
| Marguerite              |       | D              | 26  |            |     |
| Ernest B.               |       | D              | 24  |            |     |
| Priscott                |       | S              | 22  |            |     |
| Egan                    |       | S              | 19  |            |     |
| Ernest E.               |       | D              | 16  |            |     |

FORM 16-436 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|      |                    |
|------|--------------------|
| R200 | NAME OF INDIVIDUAL |
|------|--------------------|

|  |           |   |      |   |         |
|--|-----------|---|------|---|---------|
| R200   |           | NAME OF INDIVIDUAL  |      | LOUISIANA   |         |
| COLOR  | W         | AGE   | 22   | BIRTHPLACE  | E.D. 44 |
| COUNTY   | Calcasieu |   | CITY |   |         |
| ENUMERATED WITH  |           |   |      |   |         |
| RELATIONSHIP TO ABOVE  |           |   |      |   |         |
| Hockey, Jack E   |           |   |      |   |         |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |           | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |         |

FORM 18-637 (4-30-51)

1918 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

UNCOMM-DC 18128-761



|  |                    |                 |           |       |
|--|--------------------|-----------------|-----------|-------|
| R200   | NAME OF INDIVIDUAL |                 | LOUISIANA |       |
| COLOR  | AGE                | BIRTHPLACE      | E.D.      | SHEET |
| B  | 28                 | Rouse, Benjamin | 120       | 8     |
| COUNTY   | Webster            |                 | CITY      |       |
|  |                    | Minden          |           |       |
| ENUMERATED WITH  |                    |                 |           |       |
| Mooring, Samuel  |                    |                 |           |       |
| RELATIONSHIP TO ABOVE  |                    |                 |           |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE<br><input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW<br><input type="checkbox"/> WIFE<br><input type="checkbox"/> NURSE<br><input checked="" type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                    |                 |           |       |

FORM 10-437 (4-22-21)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

RECORDED-1812-21

|                         |              |                |            |            |               |
|-------------------------|--------------|----------------|------------|------------|---------------|
| R200                    |              | HEAD OF FAMILY |            | LOUISIANA  |               |
| COLOR                   | W            | AGE            | 33         | BIRTHPLACE | Ross Benjamin |
| COUNTY                  | St. Martin   |                | CITY       | E.D.       | 132           |
|                         |              |                |            | SHEET      | 52            |
| OTHER MEMBERS OF FAMILY |              |                |            |            |               |
| NAME                    | RELATIONSHIP | AGE            | BIRTHPLACE |            |               |
| Maria                   | W            | 24             | Italy      |            |               |
| John                    | S            | 7              |            |            |               |
| Vincent                 | S            | 5              |            |            |               |
| Bard                    | S            | 4              |            |            |               |
| Giannina                | S            | 1 1/2          |            |            |               |
| Jachino                 | S            | 7/2            |            |            |               |
| Ross Bardessa           | B            | 15             | Italy      |            |               |

FORM 10-436 (4-20-67)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

[illegible]

FORM 10-436 (4-20-61)  
1910 CENTRAL

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |    |                 |     |            |    |
|-------------------------|---|----------------|----|-----------------|-----|------------|----|
| P200                    |   | HEAD OF FAMILY |    | Rougeon, Benj F |     | LOUISIANA  |    |
| COLOR                   | W | AGE            | 32 | BIRTHPLACE      |     | E.D.       | 89 |
|                         |   |                |    |                 |     | SHEET      | 15 |
| COUNTY                  |   |                |    | CITY            |     |            |    |
| OTHER MEMBERS OF FAMILY |   |                |    |                 |     |            |    |
| NAME                    |   |                |    | RELATIONSHIP    | AGE | BIRTHPLACE |    |
| Rebecca C.              |   |                |    | W               | 28  |            |    |
| Benjamin                |   |                |    | S               | 3   |            |    |
| Elizabeth               |   |                |    | D               | 1   |            |    |
|                         |   |                |    |                 |     |            |    |
|                         |   |                |    |                 |     |            |    |
|                         |   |                |    |                 |     |            |    |
|                         |   |                |    |                 |     |            |    |
|                         |   |                |    |                 |     |            |    |

FORM 18-626 (4-22-01)  
 1918 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

|   |           |   |      |   |  |
|---|-----------|---|------|---|--|
| R 200   |           | NAME OF INDIVIDUAL  |      | LOUISIANA   |  |
| COLOR   | B         | AGE   | 1    | BIRTHPLACE  |  |
| COUNTY  | Concordia |   | CITY |   |  |
| ENUMERATED WITH   |           |   |      |   |  |
| Davis Thomas Jr   |           |   |      |   |  |
| RELATIONSHIP TO ABOVE   |           |   |      |   |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input checked="" type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |           | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> WIDOW<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> WORKER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |  |

FORM 10-637 (4-22-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 10100-001

|  |                  |  |  |                   |                    |
|--|------------------|--|--|-------------------|--------------------|
| R 200  |                  | NAME OF INDIVIDUAL<br><i>Bechie Bernie</i> |  | LOUISIANA         |                    |
| COLOR<br><i>B</i>  | AGE<br><i>20</i> | BIRTHPLACE                                 |  | E.D.<br><i>23</i> | SHEET<br><i>17</i> |
| COUNTY   |                  | CITY                                       |  |                   |                    |
| ENUMERATED WITH<br><i>Allen Willis</i>   |                  | Do Soto                                    |  |                   |                    |
| RELATIONSHIP TO ABOVE  |                  |  |  |                   |                    |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> FATHER<br/> <input type="checkbox"/> MOTHER<br/> <input type="checkbox"/> GRANDFATHER<br/> <input type="checkbox"/> GRANDMOTHER<br/> <input type="checkbox"/> GRANDSON<br/> <input type="checkbox"/> GRANDDAUGHTER<br/> <input type="checkbox"/> AUNT<br/> <input type="checkbox"/> UNCLE </div> <div style="width: 30%;"> <input type="checkbox"/> NEPHEW<br/> <input type="checkbox"/> NIECE<br/> <input type="checkbox"/> FATHER-IN-LAW<br/> <input type="checkbox"/> MOTHER-IN-LAW<br/> <input type="checkbox"/> SON-IN-LAW<br/> <input type="checkbox"/> DAUGHTER-IN-LAW<br/> <input type="checkbox"/> BROTHER-IN-LAW<br/> <input type="checkbox"/> SISTER-IN-LAW </div> <div style="width: 30%;"> <input type="checkbox"/> INMATE<br/> <input type="checkbox"/> NURSE<br/> <input type="checkbox"/> PATIENT<br/> <input type="checkbox"/> ROOMER<br/> <input type="checkbox"/> SERVANT<br/> <input checked="" type="checkbox"/> OWNER (Specify)<br/> <i>Half-S</i> </div> </div> |                  |  |  |                   |                    |

FORM 16-637 (4-30-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 16106-061

|       |                |
|-------|----------------|
| R 200 | HEAD OF FAMILY |
|-------|----------------|

|                         |          |                |     |            |      |           |    |
|-------------------------|----------|----------------|-----|------------|------|-----------|----|
| R200                    |          | HEAD OF FAMILY |     | Rice Berry |      | LOUISIANA |    |
| COLOR                   | B        | AGE            | 42  | BIRTHPLACE | S.C. | E.D.      | 99 |
| COUNTY                  | Ouachita |                |     | CITY       |      |           |    |
| OTHER MEMBERS OF FAMILY |          |                |     |            |      |           |    |
| NAME                    |          | RELATIONSHIP   | AGE | BIRTHPLACE |      |           |    |
| Maggie                  |          | W              | 32  | Miss       |      |           |    |
| Mabel                   |          | D              | 13  |            |      |           |    |
| Mabel                   |          | S              | 10  |            |      |           |    |
| Jenny                   |          | S              | 8   |            |      |           |    |
| Berney                  |          | S              | 6   |            |      |           |    |
| Susan                   |          | D              | 3   |            |      |           |    |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |   |  |                   |                   |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
|--|---|--|-------------------|-------------------|---------------------------------|---------------------------------|----------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|---|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R 200  | NAME OF INDIVIDUAL<br><i>Mose Berta L</i> |  | LOUISIANA         |                   |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>CB</i>   | AGE<br><i>2 1/2</i>                       | BIRTHPLACE                               | E.D.<br><i>47</i> | SHEET<br><i>2</i> |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>East Feliciana</i>  |   | CITY                                     |                   |                   |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Spear Jerry</i>  |   |  |                   |                   |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |   |  |                   |                   |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHER</td> <td><input type="checkbox"/> BOARDER</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NUNSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> MISTER-IN-LAW</td> <td></td> </tr> </table> |   |  |                   |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHER | <input type="checkbox"/> BOARDER | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NUNSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> MISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHER           | <input type="checkbox"/> BOARDER         |                   |                   |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE            | <input type="checkbox"/> NUNSE           |                   |                   |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW    | <input type="checkbox"/> PATIENT         |                   |                   |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW    | <input type="checkbox"/> ROOMER          |                   |                   |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW       | <input type="checkbox"/> SERVANT         |                   |                   |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW  | <input type="checkbox"/> OTHER (Specify) |                   |                   |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW   |  |                   |                   |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> MISTER-IN-LAW    |  |                   |                   |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |

FORM 18-637 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCIB-DC 18189-P81



|  |  |   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
|--|--|---|--|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|-----------|--------------------------------|--|--|
| 1200   |  | NAME OF INDIVIDUAL<br><i>Rose Bertha</i>            |  | LOUISIANA         |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| COLOR<br><i>B</i>  | AGE<br><i>19</i>                         | BIRTHPLACE  |  | E.D.<br><i>98</i> | SHEET<br><i>34</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| COUNTY   |  | CITY<br><i>Onachita</i>                             |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| ENUMERATED WITH<br><i>Chassey Ernest</i>   |  |   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>Si</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |                   |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>Si</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  | <i>Si</i>   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |

Form 10-437 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 18100-P01

|                         |   |                |           |            |     |
|-------------------------|---|----------------|-----------|------------|-----|
| R202                    |   | HEAD OF FAMILY |           | LOUISIANA  |     |
| COLOR                   | W | AGE            | 23        | BIRTHPLACE | La. |
| COUNTY                  |   |                | Jefferson | CITY       |     |
| OTHER MEMBERS OF FAMILY |   |                |           |            |     |
| NAME                    |   | RELATIONSHIP   | AGE       | BIRTHPLACE |     |
| Eugene                  |   | S              | 36        |            |     |
| Lena                    |   | D              | 40        |            |     |
|                         |   |                |           |            |     |
|                         |   |                |           |            |     |
|                         |   |                |           |            |     |
|                         |   |                |           |            |     |
|                         |   |                |           |            |     |
|                         |   |                |           |            |     |
|                         |   |                |           |            |     |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |   |    |            |              |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|---|--|---|----|------------|--------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| K200  |  | NAME OF INDIVIDUAL                                  |    | LOUISIANA  |              |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR   | W  | AGE   | 10 | BIRTHPLACE | Ross, Bertha |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY  |  | Calcasieu   |    | CITY       |              |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |   |    |            |              |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |    |            |              |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> SLAVE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |    |            |              | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> SLAVE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |    |            |              |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> SLAVE                      |    |            |              |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |    |            |              |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |    |            |              |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |    |            |              |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |    |            |              |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |    |            |              |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |    |            |              |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <div style="text-align: right;"> <u>Son</u> </div>  |  |   |    |            |              |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 16-537 (4-20-21)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

UNCOMB-DE 18100-P41

|                       |   |   |    |            |           |
|-----------------------|---|---|----|------------|-----------|
| R 200                 |   | NAME OF INDIVIDUAL  |    | LOUISIANA  |           |
| COLOR                 | W | AGE   | 10 | BIRTHPLACE |           |
| COUNTY                |   | Calcasieu   |    | CITY       | De Ridder |
| ENUMERATED WITH       |   | Cullum, Tom J.  |    |            |           |
| RELATIONSHIP TO ABOVE |   | <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER<br/> <input type="checkbox"/> MOTHER<br/> <input type="checkbox"/> GRANDFATHER<br/> <input type="checkbox"/> GRANDMOTHER<br/> <input type="checkbox"/> GRANDSON<br/> <input type="checkbox"/> GRANDDAUGHTER<br/> <input type="checkbox"/> AUNT<br/> <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW<br/> <input type="checkbox"/> NIECE<br/> <input type="checkbox"/> FATHER-IN-LAW<br/> <input type="checkbox"/> MOTHER-IN-LAW<br/> <input type="checkbox"/> SON-IN-LAW<br/> <input type="checkbox"/> DAUGHTER-IN-LAW<br/> <input type="checkbox"/> BROTHER-IN-LAW<br/> <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE<br/> <input type="checkbox"/> NUNCE<br/> <input type="checkbox"/> PATIENT<br/> <input type="checkbox"/> ROOMER<br/> <input type="checkbox"/> SERVANT<br/> <input checked="" type="checkbox"/> OTHER (Specify)<br/> <div style="text-align: center; font-size: 2em;">S</div> </div> </div> |    |            |           |

FORM 18-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-OC 18100-P-81

|  |     |   |  |  |       |
|--|-----|---|--|--|-------|
| R200   |     | NAME OF INDIVIDUAL  |  | LOUISIANA  |       |
| COLOR  | AGE | BIRTHPLACE  |  | E.D.   | SHEET |
| mu   | 8   |   |  | 103  | 1     |
| COUNTY   |     | CITY  |  |  |       |
| Sabine   |     |   |  |  |       |
| ENUMERATED WITH  |     |   |  |  |       |
| Miller, L. J.  |     |   |  |  |       |
| RELATIONSHIP TO ABOVE  |     |   |  |  |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input checked="" type="checkbox"/> WIFE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |       |

FORM 18-437 (4-28-81)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOPM-DC 18186-P01

|   |     |   |      |   |       |
|---|-----|---|------|---|-------|
| R200  |     | NAME OF INDIVIDUAL  |      | LOUISIANA   |       |
| COLOR   | AGE | BIRTHPLACE  |      | E.D.  | SHEET |
| B   | 75  |   |      | 152   | 8     |
| COUNTY  |     |   | CITY |   |       |
| West Feliciana  |     |   |      |   |       |
| ENUMERATED WITH   |     |   |      |   |       |
| Roach, Louis  |     |   |      |   |       |
| RELATIONSHIP TO ABOVE   |     |   |      |   |       |
| <input type="checkbox"/> FATHER<br><input checked="" type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> WIDWIFE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |       |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 1910-P61

|  |           |  |      |  |  |
|--|-----------|--|------|--|--|
| R200   |           | NAME OF INDIVIDUAL   |      | LOUISIANA  |  |
| Koss, Bettie   |           | E.O.   |      | 58   |  |
| COLOR  | B         | AGE  | 42   | BIRTHPLACE   |  |
| COUNTY   | Iberville |  | CITY |  |  |
| ENUMERATED WITH  |           |  |      |  |  |
| Stewart, Dave  |           |  |      |  |  |
| RELATIONSHIP TO ABOVE  |           |  |      |  |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |           | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input checked="" type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> WIFE<br><input type="checkbox"/> HUSBAND<br><input type="checkbox"/> PAYMENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |  |

FORM 10-437 (10-22-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

UNCOB-DC 18100-P01

|                         |   |                   |     |             |      |
|-------------------------|---|-------------------|-----|-------------|------|
| R 200                   |   | HEAD OF FAMILY    |     | LOUISIANA   |      |
| COLOR                   | 8 | AGE               | 55  | BIRTHPLACE  | Miss |
| COUNTY                  |   |                   |     | CITY        |      |
| East Baton Rouge        |   |                   |     | Baton Rouge |      |
| OTHER MEMBERS OF FAMILY |   |                   |     |             |      |
| NAME                    |   | RELATION-<br>SHIP | AGE | BIRTHPLACE  |      |
| 1. <i>Leunardi</i>      |   | 6-5               | 9   |             |      |
| 2. <i>Wadger</i>        |   |                   |     |             |      |
|                         |   |                   |     |             |      |
|                         |   |                   |     |             |      |
|                         |   |                   |     |             |      |
|                         |   |                   |     |             |      |
|                         |   |                   |     |             |      |
|                         |   |                   |     |             |      |
|                         |   |                   |     |             |      |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R200                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| W                       | 57  | Rush, Bettie   |     | 77         | 1     |
| COUNTY                  |     | Gla.           |     |            |       |
| Resides                 |     | CITY           |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Caroline                |     | D              | 22  |            |       |
| Stanley                 |     | S              | 14  |            |       |
| L 2 Bo                  |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 16-636 (4-26-07)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |     |                    |   |           |  |
|--|-----|--------------------|---|-----------|--|
| K200   |     | NAME OF INDIVIDUAL |   | LOUISIANA |  |
| Rouse Benish   |     | E.D.               |   | SHEET     |  |
| COLOR  | AGE | BIRTHPLACE         |   | 8936      |  |
| W  | 38  |                    |   |           |  |
| COUNTY   |     |                    | CITY  |           |  |
| St. John the Baptist   |     |                    |   |           |  |
| ENUMERATED WITH  |     |                    | Little Ellen  |           |  |
| RELATIONSHIP TO ABOVE  |     |                    |   |           |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     |                    | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> Niece<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |           |  |
|  |     |                    | <input type="checkbox"/> WIFE<br><input type="checkbox"/> MURDER<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify)  |           |  |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

152000-DC 10100-P01

|                         |   |                   |            |            |      |
|-------------------------|---|-------------------|------------|------------|------|
| R 200                   |   | HEAD OF FAMILY    |            | LOUISIANA  |      |
| COLOR                   | B | AGE               | BIRTHPLACE |            | E.D. |
|                         |   | 35                |            |            | 115  |
| COUNTY                  |   | Richland          |            | CITY       |      |
| OTHER MEMBERS OF FAMILY |   |                   |            |            |      |
| NAME                    |   | RELATION-<br>SHIP | AGE        | BIRTHPLACE |      |
| Katie                   |   | W                 | 26         |            |      |
| Bud                     |   | S                 | 6          |            |      |
| Henry                   |   | S                 | 5          |            |      |
| Katie                   |   | D                 | 3          |            |      |
|                         |   |                   |            |            |      |
|                         |   |                   |            |            |      |
|                         |   |                   |            |            |      |

Form 10-436 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

| R 200                   |        | HEAD OF FAMILY |     | LOUISIANA  |       |
|-------------------------|--------|----------------|-----|------------|-------|
| COLOR                   | AGE    | BIRTHPLACE     |     | E.D.       | SHEET |
| B                       | 47     | Roach, Bill    |     | 95         | 26    |
| COUNTY                  |        | St. Mary       |     | CITY       |       |
|                         |        |                |     | Morgan     |       |
| OTHER MEMBERS OF FAMILY |        |                |     |            |       |
| NAME                    |        | RELATIONSHIP   | AGE | BIRTHPLACE |       |
|                         | Sarah  | W              | 45  |            |       |
|                         | Alfred | S              | 18  |            |       |
|                         | Glenn  | D              | 15  |            |       |
|                         | Stella | D              | 11  |            |       |
|                         |        |                |     |            |       |
|                         |        |                |     |            |       |
|                         |        |                |     |            |       |
|                         |        |                |     |            |       |
|                         |        |                |     |            |       |
|                         |        |                |     |            |       |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILYU.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |   |   |    |   |              |
|---|---|---|----|---|--------------|
| R200  |   | NAME OF INDIVIDUAL  |    | LOUISIANA   |              |
| COLOR   | 8 | AGE   | 11 | BIRTHPLACE  | Roach, Belle |
| E.D.  |   | 54  |    | SHEET   |              |
| 8   |   | COUNTY  |    | Caddo   |              |
| CITY  |   | ENUMERATED WITH   |    | Roach, Mat  |              |
| RELATIONSHIP TO ABOVE   |   | <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input checked="" type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |    | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |              |
| <input type="checkbox"/> WIDOW<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |   |   |    |   |              |

FORM 10-57 (4-20-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 10100-P01

|                         |   |                |     |            |     |
|-------------------------|---|----------------|-----|------------|-----|
| 8200                    |   | HEAD OF FAMILY |     | Louisiana  |     |
| COLOR                   | W | AGE            | 61  | BIRTHPLACE | Ala |
| COUNTY                  |   | De Soto        |     | CITY       |     |
| OTHER MEMBERS OF FAMILY |   |                |     |            |     |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |     |
| Alice                   |   | W              | 59  | Ala        |     |
| Laron                   |   | S              | 29  |            |     |
| Elyde                   |   | S              | 25  |            |     |
| Sarah H                 |   | M              | 82  | Ala        |     |
|                         |   |                |     |            |     |
|                         |   |                |     |            |     |
|                         |   |                |     |            |     |

FORM 16-436 (4-30-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |                |      |           |         |
|-------------------------|---|----------------|-----|----------------|------|-----------|---------|
| B200                    |   | HEAD OF FAMILY |     | Reese, Bire 3. |      | LOUISIANA |         |
| COLOR                   | W | AGE            | 41  | BIRTHPLACE     | Ala. | E.D.      | SHEET 8 |
| COUNTY                  |   |                |     | Bienville      |      | CITY      |         |
| OTHER MEMBERS OF FAMILY |   |                |     |                |      |           |         |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE     |      |           |         |
| Mollie                  |   | W              | 36  |                |      |           |         |
| Emma                    |   | D              | 10  |                |      |           |         |
| Ada May                 |   | D              | 6   |                |      |           |         |
| Elvira                  |   | S              | 3   |                |      |           |         |
| Marion                  |   | S              | 2   |                |      |           |         |
|                         |   |                |     |                |      |           |         |
|                         |   |                |     |                |      |           |         |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |   |            |   |            |
|--|--|---|------------|---|------------|
| R200   |  | NAME OF INDIVIDUAL  |            | LOUISIANA   |            |
| COLOR  |  | AGE   | BIRTHPLACE |   | E.D. SHEET |
| B  |  | 25  |            |   | 64 48      |
| COUNTY   |  |   | CITY       |   |            |
| St. Charles  |  |   |            |   |            |
| ENUMERATED WITH  |  |   |            |   |            |
| Green Willie   |  |   |            |   |            |
| RELATIONSHIP TO ABOVE  |  |   |            |   |            |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |            | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br>Pa |            |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18102-P-61



|                                |  |                       |                   |                   |              |
|--------------------------------|--|-----------------------|-------------------|-------------------|--------------|
| <b>R200</b>                    |  | <b>HEAD OF FAMILY</b> |                   | <b>LOUISIANA</b>  |              |
| <b>COLOR</b>                   |  | <b>AGE</b>            | <b>BIRTHPLACE</b> | <b>E.D.</b>       | <b>SHEET</b> |
| B                              |  | 38                    | 5 C               | 40                | 12           |
| <b>COUNTY</b>                  |  |                       | <b>CITY</b>       |                   |              |
| East Carroll                   |  |                       |                   |                   |              |
| <b>OTHER MEMBERS OF FAMILY</b> |  |                       |                   |                   |              |
| <b>NAME</b>                    |  | <b>RELATIONSHIP</b>   | <b>AGE</b>        | <b>BIRTHPLACE</b> |              |
| Living Alone                   |  |                       |                   |                   |              |
|                                |  |                       |                   |                   |              |
|                                |  |                       |                   |                   |              |
|                                |  |                       |                   |                   |              |
|                                |  |                       |                   |                   |              |
|                                |  |                       |                   |                   |              |
|                                |  |                       |                   |                   |              |
|                                |  |                       |                   |                   |              |
|                                |  |                       |                   |                   |              |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |   |  |   |  |           |  |
|--|--|---|--|---|--|-----------|--|
| R200   |  | NAME OF INDIVIDUAL  |  | Ricks Blanch  |  | LOUISIANA |  |
| COLOR  |  | AGE   |  | BIRTHPLACE  |  | E.D.      |  |
| W  |  | 16  |  |   |  | 102       |  |
| COUNTY   |  |   |  | CITY  |  |           |  |
| ENUMERATED WITH  |  |   |  | Oscar   |  |           |  |
| RELATIONSHIP TO ABOVE  |  |   |  | Mildon Oscar  |  |           |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> Niece<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br>SD |  |           |  |

FORM 16-437 (4-20-61)

1916 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 1916-P51

|   |                  |   |      |  |                   |
|---|------------------|---|------|--|-------------------|
| R200  |                  | NAME OF INDIVIDUAL<br><i>Russ. Blanche</i>  |      | LOUISIANA  |                   |
| COLOR<br><i>Mu</i>  | AGE<br><i>16</i> | BIRTHPLACE  |      | E.D.<br><i>33</i>  | SHEET<br><i>2</i> |
| COUNTY<br><i>East Baton Rouge</i>   |                  |   | CITY |  |                   |
| ENUMERATED WITH<br><i>Richardson, Charlie</i>   |                  |   |      |  |                   |
| RELATIONSHIP TO ABOVE   |                  |   |      |  |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input checked="" type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> WINTER-IN-LAW |      | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                   |

FORM 16-637 (4-20-31)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18199-P61

|   |     |   |  |  |       |
|---|-----|---|--|--|-------|
| R200  |     | NAME OF INDIVIDUAL  |  | LOUISIANA  |       |
|   |     | Rush Rob  |  | E.D.   | SHEET |
| COLOR   | AGE | BIRTHPLACE  |  | 85   | 6     |
| B   | NR  |   |  |  |       |
| COUNTY  |     | CITY  |  |  |       |
|   |     | Madison   |  |  |       |
| ENUMERATED WITH   |     |   |  |  |       |
| Smith Anderson  |     |   |  |  |       |
| RELATIONSHIP TO ABOVE   |     |   |  |  |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input checked="" type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |       |

FORM 16-637 (4-29-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18199-P01

LOUISIANA

|                         |   |                |     |               |  |      |       |
|-------------------------|---|----------------|-----|---------------|--|------|-------|
| R 200                   |   | HEAD OF FAMILY |     | Roach, Bolder |  | E.O. | SHEET |
| 126                     |   | 2              |     |               |  |      |       |
| COLOR                   | B | AGE            | 37  | BIRTHPLACE    |  |      |       |
| COUNTY                  |   |                |     | Tensas        |  | CITY |       |
| OTHER MEMBERS OF FAMILY |   |                |     |               |  |      |       |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE    |  |      |       |
| Dorothy                 |   | w              | 37  |               |  |      |       |
| Mattie                  |   | d              | 16  |               |  |      |       |
| Landon                  |   | s              | 12  |               |  |      |       |
| Williamena              |   | d              | 10  |               |  |      |       |
| Isaac                   |   | s              | 8   |               |  |      |       |
|                         |   |                |     |               |  |      |       |
|                         |   |                |     |               |  |      |       |

FORM 10-636 (4-29-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|                         |                |     |              |            |            |       |    |
|-------------------------|----------------|-----|--------------|------------|------------|-------|----|
| R200                    | HEAD OF FAMILY |     | Roach Brad   | E.D.       | 81         | SHEET | 26 |
| COLOR                   | B              | AGE | 37           | BIRTHPLACE |            |       |    |
| COUNTY                  | Madison        |     |              | CITY       |            |       |    |
| OTHER MEMBERS OF FAMILY |                |     |              |            |            |       |    |
| NAME                    |                |     | RELATIONSHIP | AGE        | BIRTHPLACE |       |    |
| 1 Mallie                |                |     | W            | 30         |            |       |    |
|                         |                |     |              |            |            |       |    |
|                         |                |     |              |            |            |       |    |
|                         |                |     |              |            |            |       |    |
|                         |                |     |              |            |            |       |    |
|                         |                |     |              |            |            |       |    |
|                         |                |     |              |            |            |       |    |
|                         |                |     |              |            |            |       |    |
|                         |                |     |              |            |            |       |    |

FORM 10-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|   |          |   |      |   |             |
|---|----------|---|------|---|-------------|
| R200  |          | NAME OF INDIVIDUAL<br>Rocher Braden   |      | E.D.<br>62  | SHEET<br>22 |
| COLOR<br>ma   | AGE<br>3 | BIRTHPLACE  |      |   |             |
| COUNTY  |          | Theriot   | CITY |   |             |
| ENUMERATED WITH<br>Frickly Boy  |          |   |      |   |             |
| RELATIONSHIP TO ABOVE   |          |   |      |   |             |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input checked="" type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |          | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> WIDOW<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |             |

FORM 16-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 1910-101

LOUISIANA

|  |          |   |  |  |            |
|--|----------|---|--|--|------------|
| R-200  |          | NAME OF INDIVIDUAL<br>Ross, Brantly   |  | E.D.<br>116  | SHEET<br>6 |
| COLOR<br>B   | AGE<br>8 | BIRTHPLACE  |  |  |            |
| COUNTY<br>Webster  |          | CITY  |  |  |            |
| ENUMERATED WITH<br>Tibb, Albert  |          |   |  |  |            |
| RELATIONSHIP TO ABOVE  |          |   |  |  |            |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |          | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> IMMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>sd</i> |            |

FORM 10-627 (4-27-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 10100-P81



| R200                    |            | HEAD OF FAMILY |      | LOUISIANA  |  |
|-------------------------|------------|----------------|------|------------|--|
| E.D.                    |            | SHEET          |      |            |  |
| 100                     |            | 5              |      |            |  |
| COLOR                   | AGE        | BIRTHPLACE     |      |            |  |
| B                       | 52         |                |      |            |  |
| COUNTY                  | Terrebonne |                | CITY |            |  |
| OTHER MEMBERS OF FAMILY |            |                |      |            |  |
| NAME                    |            | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| Corinne                 |            | D              | 24   |            |  |
| Mignon                  |            | S              | 15   |            |  |
| Helen                   |            | D              | 14   |            |  |
| Charles                 |            | S              | 17   |            |  |
| Elizabeth               |            | S              | 23   |            |  |
| Kathleen                |            | D              | 22   |            |  |
| Elsie                   |            | D              | 22   |            |  |

FORM 10-426 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

CARD 2 OF 2

## CARD 2 OF 2

## NAME \_\_\_\_\_

### RELATIONSHIP

AGE

## BIRTHPLACE

|   |        |   |    |
|---|--------|---|----|
| 1 | Miller | D | 12 |
|---|--------|---|----|

1910 CENSUS INDEX - FAMILY (Continued)

U S DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMA-DC 15152-P-01

|                         |                  |                |            |             |       |
|-------------------------|------------------|----------------|------------|-------------|-------|
| R200                    |                  | HEAD OF FAMILY |            | LOUISIANA   |       |
| Roux                    |                  | Bridget        |            | E.D.        | SHEET |
| W                       |                  | AGE            | BIRTHPLACE |             |       |
| 75                      |                  |                |            |             |       |
| COUNTY                  | East Baton Rouge |                | CITY       | Baton Rouge |       |
| OTHER MEMBERS OF FAMILY |                  |                |            |             |       |
| NAME                    |                  | RELATIONSHIP   | AGE        | BIRTHPLACE  |       |
| 1                       | Celestine        | D              | 35         |             |       |
|                         |                  |                |            |             |       |
|                         |                  |                |            |             |       |
|                         |                  |                |            |             |       |
|                         |                  |                |            |             |       |
|                         |                  |                |            |             |       |
|                         |                  |                |            |             |       |
|                         |                  |                |            |             |       |

FORM 15-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |              |  |      |  |         |
|--|--------------|--|------|--|---------|
| R 300  |              | NAME OF INDIVIDUAL<br>Rizzo, Broggio   |      | E. 62  | SHEET 4 |
| COLOR<br>W   | AGE<br>2 1/2 | BIRTHPLACE<br>Iberville  |      |  |         |
| COUNTY   |              |  | CITY |  |         |
| ENUMERATED WITH<br>Sto Gulotta, Carlo  |              |  |      |  |         |
| RELATIONSHIP TO ABOVE  |              |  |      |  |         |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |              | <input checked="" type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> WIDAVE<br><input type="checkbox"/> WIDOW<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |         |

FORM 19-537 (4-29-51)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P-61

| NAME OF INDIVIDUAL                     |  |  | LOUISIANA         |                    |
|--|--|--|-------------------|--------------------|
| <i>R200</i>                            | <i>Reese Brown</i>                       |  | E.O.<br><i>69</i> | SHEET<br><i>27</i> |
| COLOR<br><i>B</i>                      | AGE<br><i>36</i>                         | BIRTHPLACE   |                   |                    |
| COUNTY<br><i>De Soto</i>               |  | CITY   |                   |                    |
| ENUMERATED WITH<br><i>Yancy Ed</i>     |  |  |                   |                    |
| RELATIONSHIP TO ABOVE                  |  |  |                   |                    |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                                  |                   |                    |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                                   |                   |                    |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                                 |                   |                    |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                                  |                   |                    |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                                 |                   |                    |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify)<br><i>Bo</i> |                   |                    |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW  |  |                   |                    |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> MISTRESS-IN-LAW |  |                   |                    |

FORM 10-537 (4-10-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  | LOUISIANA   |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|---|--|---|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|-------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| NAME OF INDIVIDUAL<br><i>R200 Jasco Bruce</i>   |  | ED.<br><i>70</i>                                    | SHEET<br><i>9</i> |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR<br><i>W.</i>  | AGE<br><i>58</i>                         | BIRTHPLACE  |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY<br><i>De Soto</i>  | CITY                                     |   |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Ford J J</i>  |  |   |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> INMATE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> WIFE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input checked="" type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> |  |   |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> WIFE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> WIFE            | <input type="checkbox"/> NURSE                      |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|   |  |   |  |            |  |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|---|--|---|--|------------|--|------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| R202  |  | NAME OF INDIVIDUAL                                  |  | Rosa Bulah |  | E.O. | SHEET |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| 23  |  | 4   |  |            |  |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR   | AGE                                      | BIRTHPLACE  |  |            |  |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|   | 69                                       |   |  |            |  |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY  | Bossier                                  |   |  | CITY       |  |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |   |  |            |  |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| Richarda Bulah  |  |   |  |            |  |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |  |            |  |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> IMMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |            |  |      |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> IMMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> IMMATE                     |  |            |  |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |  |            |  |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |            |  |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |            |  |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |            |  |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |            |  |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |            |  |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |  |            |  |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| My Daughter   |  |   |  |            |  |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 10-437 (4-29-51)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 15100-P01

LOUISIANA

|                         |           |              | LOUISIANA |            |
|-------------------------|-----------|--------------|-----------|------------|
| HEAD OF FAMILY          |           |              | E.D.      | SHEET      |
| 07200                   | Rush Bush |              | 57        | 14         |
| COLOR                   | AGE       | BIRTHPLACE   |           |            |
| B                       | 53        |              |           |            |
| COUNTY                  | JACKSON   |              | CITY      |            |
| OTHER MEMBERS OF FAMILY |           |              |           |            |
| NAME                    |           | RELATIONSHIP | AGE       | BIRTHPLACE |
| Anne                    |           | W            | 48        |            |
| Addie                   |           | D            | 13        |            |
| Allie                   |           | D            | 12        |            |
| Mamie                   |           | D            | 6         |            |
| Scott Lattie            |           | G-D          | 10        |            |
| Rush Lillie W.          |           | G-D          | 2         |            |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



LOUISIANA

|  |   |  |                    |                    |
|--|---|--|--------------------|--------------------|
| <i>R200</i>  | NAME OF INDIVIDUAL<br><i>Eric, Ruston</i>   |  | E.D.<br><i>108</i> | SHEET<br><i>20</i> |
| COLOR<br><i>mu</i>   | AGE<br><i>14</i>  | BIRTHPLACE   |                    |                    |
| COUNTY<br><i>St. Landry</i>  |   | CITY   |                    |                    |
| ENUMERATED WITH<br><i>Thomas, Ruston</i>   |   |  |                    |                    |
| RELATIONSHIP TO ABOVE  |   |  |                    |                    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> IMMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>Ad - son</i> |                    |                    |

FORM 10-437 (4-20-31)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

11250405-DC 1910-PS-1

LOUISIANA

|   |   |  |                           |                           |
|---|---|--|---------------------------|---------------------------|
| <b>R200</b>                                 | <b>NAME OF INDIVIDUAL</b><br><i>Ryan, C</i> |  | <b>S.O.</b><br><i>149</i> | <b>SHEET</b><br><i>25</i> |
| <b>COLOR</b><br><i>W</i>                    | <b>AGE</b><br><i>23</i>                     | <b>BIRTHPLACE</b><br><i>Mississippi</i>    |                           |                           |
| <b>COUNTY</b><br><i>Vernon</i>              |   | <b>CITY</b><br><i>Fullerton</i>            |                           |                           |
| <b>ENUMERATED WITH</b><br><i>Doal, Asay</i> |   |  |                           |                           |
| <b>RELATIONSHIP TO ABOVE</b>                |   |  |                           |                           |
| <input type="checkbox"/> FATHER             | <input type="checkbox"/> NEPHEW             | <input type="checkbox"/> INMATE            |                           |                           |
| <input type="checkbox"/> MOTHER             | <input type="checkbox"/> NIECE              | <input type="checkbox"/> NURSE             |                           |                           |
| <input type="checkbox"/> GRANDFATHER        | <input type="checkbox"/> FATHER-IN-LAW      | <input type="checkbox"/> PATIENT           |                           |                           |
| <input type="checkbox"/> GRANDMOTHER        | <input type="checkbox"/> MOTHER-IN-LAW      | <input checked="" type="checkbox"/> ROOMER |                           |                           |
| <input type="checkbox"/> GRANDSON           | <input type="checkbox"/> SON-IN-LAW         | <input type="checkbox"/> SERVANT           |                           |                           |
| <input type="checkbox"/> GRANDDAUGHTER      | <input type="checkbox"/> DAUGHTER-IN-LAW    | <input type="checkbox"/> OTHER (Specify)   |                           |                           |
| <input type="checkbox"/> AUNT               | <input type="checkbox"/> BROTHER-IN-LAW     |  |                           |                           |
| <input type="checkbox"/> UNCLE              | <input type="checkbox"/> SISTER-IN-LAW      |  |                           |                           |

FORM 16-637 (4-20-21)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 15129-P61

LOUISIANA

|  |  |  |  |            |            |
|--|--|--|--|------------|------------|
| R200                                   |  | NAME OF INDIVIDUAL<br>R200 C. J.         |  | E.B.<br>72 | SHEET<br>9 |
| COLOR<br>B                             | AGE<br>16                                  | BIRTHPLACE<br>Solo                       |  |            |            |
| COUNTY                                 |  | CITY                                     |  |            |            |
| ENUMERATED WITH<br>Bennett Ann M.      |  |  |  |            |            |
| RELATIONSHIP TO ABOVE                  |  |  |  |            |            |
| <input type="checkbox"/> FATHER        | <input checked="" type="checkbox"/> NEPHEW | <input type="checkbox"/> UNCLE           |  |            |            |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NIECE             | <input type="checkbox"/> NURSE           |  |            |            |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW     | <input type="checkbox"/> PATIENT         |  |            |            |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW     | <input type="checkbox"/> ROOMER          |  |            |            |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW        | <input type="checkbox"/> SERVANT         |  |            |            |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW   | <input type="checkbox"/> OTHER (Specify) |  |            |            |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW    |  |  |            |            |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW     |  |  |            |            |

Form 16-427 (4-22-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18198-P81

|                         |        |                |       |             |  |           |    |
|-------------------------|--------|----------------|-------|-------------|--|-----------|----|
| P200                    |        | HEAD OF FAMILY |       | Rice, C. H. |  | LOUISIANA |    |
| COLOR                   | W      | AGE            | 33    | BIRTHPLACE  |  | E.D.      | 60 |
|                         |        |                |       |             |  | SHEET     | 30 |
| COUNTY                  |        |                |       | CITY        |  |           |    |
| OTHER MEMBERS OF FAMILY |        |                |       |             |  |           |    |
|                         | NAME   | RELATIONSHIP   | AGE   | BIRTHPLACE  |  |           |    |
|                         | Laura  | W              | 29    |             |  |           |    |
|                         | Asa    | S              | 9     |             |  |           |    |
|                         | Ollie  | S              | 8     |             |  |           |    |
|                         | Curtis | S              | 4     |             |  |           |    |
|                         | Lixie  | D              | 1 1/2 |             |  |           |    |
|                         |        |                |       |             |  |           |    |
|                         |        |                |       |             |  |           |    |

FORM 16-436 (6-20-07)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

| 1920                    |     | HEAD OF FAMILY |      | LOUISIANA  |  |
|-------------------------|-----|----------------|------|------------|--|
| COLOR                   | AGE | BIRTHPLACE     | E.D. | SHEET      |  |
| W                       | 69  | Ark.           | 60   | 16         |  |
| COUNTY                  |     | Grant          | CITY |            |  |
| OTHER MEMBERS OF FAMILY |     |                |      |            |  |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| Melvin                  |     | S              | 18   |            |  |
| Arch                    |     | S              | 16   |            |  |
| Anna                    |     | D              | 14   |            |  |
| Hillem                  |     | S              | 12   |            |  |
| Catherine               |     | D              | 10   |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                              |            |                   |  |       |  |
|-------------------------|--|------------------------------|------------|-------------------|--|-------|--|
| 1200<br>COLOR           |  | HEAD OF FAMILY<br>King C. G. |            | LOUISIANA<br>E.D. |  | SHEET |  |
| W<br>COUNTY             |  | AGE<br>42                    | BIRTHPLACE |                   |  |       |  |
| Iberia                  |  |                              | CITY       |                   |  |       |  |
| OTHER MEMBERS OF FAMILY |  |                              |            |                   |  |       |  |
| NAME                    |  | RELATIONSHIP                 | AGE        | BIRTHPLACE        |  |       |  |
| John                    |  | W                            | 35         |                   |  |       |  |
| Mary                    |  |                              | 30         |                   |  |       |  |
| Charles                 |  |                              | 10         |                   |  |       |  |
| Michael                 |  |                              | 5          |                   |  |       |  |
| Ray                     |  |                              | 10         |                   |  |       |  |
| George                  |  |                              | 10         |                   |  |       |  |
| Charles                 |  |                              | 5          |                   |  |       |  |

FORM 10-636 (4-20-61)  
 1960 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

LOUISIANA

**OTHER MEMBERS OF FAMILY**

NAME \_\_\_\_\_

RELATIONSHIP

AGE

BIRTHPLACE

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

WCCO-TV 1570-PM

**HEAD OF FAMILY**

|                         |   |                |     |            |            |
|-------------------------|---|----------------|-----|------------|------------|
| R200                    |   | HEAD OF FAMILY |     | LOUISIANA  |            |
| COLOR                   | W | AGE            | 33  | BIRTHPLACE | St. Martin |
|                         |   |                |     | CITY       |            |
| OTHER MEMBERS OF FAMILY |   |                |     |            |            |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |            |
| 1. Willie               |   | W              | 34  |            |            |
|                         |   |                |     |            |            |
|                         |   |                |     |            |            |
|                         |   |                |     |            |            |
|                         |   |                |     |            |            |
|                         |   |                |     |            |            |
|                         |   |                |     |            |            |
|                         |   |                |     |            |            |
|                         |   |                |     |            |            |
|                         |   |                |     |            |            |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|  |  |  |                   |
|--|--|--|-------------------|
| NAME OF INDIVIDUAL<br><i>Ross, Celestine</i> |  | LOUISIANA                                |                   |
| COLOR<br><i>W</i>                            | AGE<br><i>71</i>                         | BIRTHPLACE                               | E.D.<br><i>30</i> |
| COUNTY<br><i>Calcasieu</i>                   |  | CITY<br><i>Kenner</i>                    |                   |
| ENUMERATED WITH<br><i>Ross, Edueck</i>       |  |  |                   |
| RELATIONSHIP TO ABOVE                        |  |  |                   |
| <input type="checkbox"/> FATHER              | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |                   |
| <input checked="" type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NUNCE           |                   |
| <input type="checkbox"/> GRANDFATHER         | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |                   |
| <input type="checkbox"/> GRANDMOTHER         | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |                   |
| <input type="checkbox"/> GRANDSON            | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |                   |
| <input type="checkbox"/> GRANDDAUGHTER       | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |                   |
| <input type="checkbox"/> AUNT                | <input type="checkbox"/> BROTHER-IN-LAW  |  |                   |
| <input type="checkbox"/> UNCLE               | <input type="checkbox"/> SISTER-IN-LAW   |  |                   |

FORM 16-437 (4-22-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18160-P01

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| B200   |  | NAME OF INDIVIDUAL  |  | LOUISIANA   |  |
| HOLCH  |  | AGE   |  | E.O.  |  |
| W  |  | 24  |  | 140   |  |
| COUNTY   |  | BIRTHPLACE  |  | SHEET   |  |
|  |  | Vermillion  |  | 9   |  |
| ENUMERATED WITH  |  | CITY  |  |   |  |
|  |  |   |  |   |  |
| RELATIONSHIP TO ABOVE  |  | Infant, Valentin  |  |   |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> IMMIGRANT<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |  |

FORM 16-427 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |   |                    |    |            |        |
|---|---|--------------------|----|------------|--------|
| R200  |   | NAME OF INDIVIDUAL |    | LOUISIANA  |        |
| COLOR   | W | AGE                | 61 | BIRTHPLACE | Callie |
| COUNTY  |   | Sabine             |    | CITY       | Noble  |
| ENUMERATED WITH   |   |                    |    |            |        |
| RELATIONSHIP TO ABOVE   |   |                    |    |            |        |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> FATHER<br/> <input type="checkbox"/> MOTHER<br/> <input type="checkbox"/> GRANDFATHER<br/> <input type="checkbox"/> GRANDMOTHER<br/> <input type="checkbox"/> GRANDSON<br/> <input type="checkbox"/> GRANDDAUGHTER<br/> <input type="checkbox"/> AUNT<br/> <input type="checkbox"/> UNCLE </div> <div style="width: 30%;"> <input type="checkbox"/> NEPHEW<br/> <input type="checkbox"/> NIECE<br/> <input type="checkbox"/> FATHER-IN-LAW<br/> <input checked="" type="checkbox"/> MOTHER-IN-LAW<br/> <input type="checkbox"/> SON-IN-LAW<br/> <input type="checkbox"/> DAUGHTER-IN-LAW<br/> <input type="checkbox"/> BROTHER-IN-LAW<br/> <input type="checkbox"/> SISTER-IN-LAW </div> <div style="width: 30%;"> <input type="checkbox"/> NEMATE<br/> <input type="checkbox"/> NURSE<br/> <input type="checkbox"/> PATIENT<br/> <input type="checkbox"/> ROOMER<br/> <input type="checkbox"/> SERVANT<br/> <input type="checkbox"/> OTHER (Specify) </div> </div> |   |                    |    |            |        |

FORM 10-437 (4-20-67)

1930 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
|---|--|--|--|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|--|--|--------------------------------|--|--|
| R500  |  | NAME OF INDIVIDUAL                       |  | LOUISIANA |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| COLOR   | AGE  | BIRTHPLACE                               |  | E.O.      | SHEET |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| W   | 23   |  |  | 127       | 7     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| COUNTY  |  | CITY                                     |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| Win   |  |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| ENUMERATED WITH   |  |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| Billings Ben F.   |  |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input checked="" type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input checked="" type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW                    | <input type="checkbox"/> INMATE          |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE                     | <input type="checkbox"/> NURSE           |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW             | <input type="checkbox"/> PATIENT         |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW             | <input type="checkbox"/> ROOMER          |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW                | <input type="checkbox"/> SERVANT         |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW           | <input type="checkbox"/> OTHER (Specify) |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input checked="" type="checkbox"/> BROTHER-IN-LAW |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW             |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-OC 1910-P61

|                         |        |                |     |            |                   |
|-------------------------|--------|----------------|-----|------------|-------------------|
| R200                    |        | HEAD OF FAMILY |     | LOUISIANA  |                   |
| COLOR                   | W      | AGE            | 54  | BIRTHPLACE | Laurens, Calvin M |
| COUNTY                  |        | Livingston     |     | CITY       |                   |
| OTHER MEMBERS OF FAMILY |        |                |     |            |                   |
|                         | NAME   | RELATIONSHIP   | AGE | BIRTHPLACE |                   |
|                         | Mercia | W              | 48  |            |                   |
|                         | Alma   | D              | 17  |            |                   |
|                         | Calvin | S              | 15  |            |                   |
|                         | Walter | S              | 10  |            |                   |
|                         |        |                |     |            |                   |
|                         |        |                |     |            |                   |
|                         |        |                |     |            |                   |

FORM 16-636 (4-22-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                |              |           |            |
|-------------------------|----------------|--------------|-----------|------------|
| R200                    | HEAD OF FAMILY |              | LOUISIANA |            |
| COLOR<br>B              | AGE<br>26      | Rosa Camella |           | E.O.<br>27 |
| BIRTHPLACE              |                | SHEET<br>26  |           |            |
| COUNTY<br>Avoyelles     |                | CITY         |           |            |
| OTHER MEMBERS OF FAMILY |                |              |           |            |
| NAME                    |                | RELATIONSHIP | AGE       | BIRTHPLACE |
| 1 Luella                |                | D            | 11        |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |

FORM 18-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |                 |  |      |  |                    |
|--|-----------------|--|------|--|--------------------|
| R 200  |                 | NAME OF INDIVIDUAL<br><i>Russos Camile</i>   |      | LOUISIANA  |                    |
| COLOR<br><i>W</i>  | AGE<br><i>5</i> | BIRTHPLACE   |      | E.D.<br><i>10</i>  | SHEET<br><i>25</i> |
| COUNTY   |                 |  | CITY |  |                    |
| ENUMERATED WITH<br><i>Russos Tony</i>  |                 |  |      |  |                    |
| RELATIONSHIP TO ABOVE  |                 |  |      |  |                    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                 | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NICE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> WIDOW<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>Brother</i> |                    |

FORM 10-437 (4-22-51)

1950 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCENS-DC 10190-P61

|                         |                |             |            |          |
|-------------------------|----------------|-------------|------------|----------|
| <i>R200</i>             | HEAD OF FAMILY |             | LOUISIANA  |          |
| COLOR                   | AGE            | BIRTHPLACE  | E.D.       | SHEET    |
| <i>Wm</i>               | <i>64</i>      | <i>U.S.</i> | <i>34</i>  | <i>8</i> |
| COUNTY                  | CITY           |             |            |          |
|                         | <i>Caddo</i>   |             |            |          |
| OTHER MEMBERS OF FAMILY |                |             |            |          |
| NAME                    | RELATIONSHIP   | AGE         | BIRTHPLACE |          |
| <i>1 Amelia</i>         | <i>D</i>       | <i>15</i>   |            |          |
| <i>and 1 lodger</i>     |                |             |            |          |
|                         |                |             |            |          |
|                         |                |             |            |          |
|                         |                |             |            |          |
|                         |                |             |            |          |
|                         |                |             |            |          |
|                         |                |             |            |          |
|                         |                |             |            |          |

FORM 10-435 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R210                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| Mu                      | 65  | Boss Carr      |     | 93         | 9     |
| COUNTY                  |     | CITY           |     |            |       |
| Natchitoches            |     |                |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Jefferson Robert        |     | 6.5            | 16  |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 16-636 (4-22-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| R 200  |  | NAME OF INDIVIDUAL   |  | LOUISIANA  |  |
| R 200  |  | Rizzo, Carlo   |  | U.S. SHEET   |  |
| 4  |  | AGE 1 9/12   |  | 62 4   |  |
| COUNTY   |  | Berwick  |  | CITY   |  |
| ENUMERATED WITH  |  |  |  |  |  |
| Gulotta, Carlo   |  |  |  |  |  |
| RELATIONSHIP TO ABOVE  |  |  |  |  |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input checked="" type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |  |

FORM 10-637 (4-23-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-OC 10100-P-1

|   |   |   |   |  |    |
|---|---|---|---|--|----|
| R200  |   | NAME OF INDIVIDUAL  |   | LOUISIANA  |    |
| COLOR   | B | AGE   | 6 | BIRTHPLACE   | 57 |
| COUNTY  |   | Iberville   |   | CITY   |    |
| ENUMERATED WITH   |   |   |   |  |    |
| Lewis, Richard  |   |   |   |  |    |
| RELATIONSHIP TO ABOVE   |   |   |   |  |    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input checked="" type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |   | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |   | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |    |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |   |   |                            |
|--|---|---|----------------------------|
| NAME OF INDIVIDUAL<br><i>Ross</i>  |   | LOUISIANA   |                            |
| COLOR<br><i>B</i>  | AGE<br><i>28</i>  | BIRTHPLACE  | E.O. SHEET<br><i>102 9</i> |
| COUNTY<br><i>Ouachita</i>  |   | CITY<br><i>Monroe</i>   |                            |
| ENUMERATED WITH<br><i>Barnes Mary</i>  |   |   |                            |
| RELATIONSHIP TO ABOVE  |   |   |                            |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> Niece<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> WHITE<br><input type="checkbox"/> NEGRO<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> LABORER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                            |

FORM 16-637 (4-10-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCENSUS-DC 18198-P61

1910-1911-12-13-14-15-16-17-18-19-20

|                         |     |                |      |            |       |
|-------------------------|-----|----------------|------|------------|-------|
| R200                    |     | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |      | E.D.       | SHEET |
| B                       | 20  | Miss           |      | 31         | 19    |
| COUNTY                  |     |                | CITY |            |       |
| East Carroll            |     |                |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Ally Carter A           |     | D              | 38   |            |       |
| Wanda                   |     | DD             | 6    |            |       |
| Eugene                  |     | DD             | 4    |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |

FORM 16-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |   |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
|--|--|---|--------------------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|---|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| NAME OF INDIVIDUAL<br><i>Rosa Richards Caroline</i>  |  | LOUISIANA                                   |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>B</i>  | AGE<br><i>80</i>                         | BIRTH PLACE<br><i>Ky.</i>                   | SHEET<br><i>10</i> |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>East Baton Rouge</i>  | CITY                                     |   |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Louise Edwin B.</i>  |  |   |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDOW</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input checked="" type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> WISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input checked="" type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> WISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDOW              |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE              |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT            |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER             |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input checked="" type="checkbox"/> SERVANT |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)    |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |   |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> WISTER-IN-LAW   |   |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |

FORM 18-427 (4-20-41)

1930 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18190-P-01

|  |  |  |             |
|--|--|--|-------------|
| NAME OF INDIVIDUAL   |  | LOUISIANA  |             |
| NAME   | ROSS CAROLINE  |  | E.D. 106    |
| COLOR  | AGE  | BIRTHPLACE   | SHEET 20    |
| B  | 74   | Ala  |             |
| COUNTY   | Quachita   | CITY   | West Monroe |
| ENUMERATED WITH  | Dorcas Moses   |  |             |
| RELATIONSHIP TO ABOVE  |  |  |             |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input checked="" type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> IMMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |             |

FORM 16-637 (10-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

| NAME OF INDIVIDUAL                                |  |  | LOUISIANA      |                |
|---|--|--|----------------|----------------|
| <i>R200</i>                                       | <i>Rough Carrie</i>                      |  | E.D. <i>86</i> | SHEET <i>7</i> |
| COLOR <i>B</i>                                    | AGE <i>16</i>                            | BIRTHPLACE                               |                |                |
| COUNTY <i>Madison</i>                             |  | CITY                                     |                |                |
| ENUMERATED WITH <i>Little Louis</i>               |  |  |                |                |
| RELATIONSHIP TO ABOVE                             |  |  |                |                |
| <input type="checkbox"/> FATHER                   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDATE          |                |                |
| <input type="checkbox"/> MOTHER                   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |                |                |
| <input type="checkbox"/> GRANDFATHER              | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |                |                |
| <input type="checkbox"/> GRANDMOTHER              | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |                |                |
| <input type="checkbox"/> GRANDSON                 | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |                |                |
| <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |                |                |
| <input type="checkbox"/> AUNT                     | <input type="checkbox"/> BROTHER-IN-LAW  |  |                |                |
| <input type="checkbox"/> UNCLE                    | <input type="checkbox"/> SISTER-IN-LAW   |  |                |                |

FORM 10-527 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCENS-DC 10100-P01



|                         |         |                |     |              |  |           |     |
|-------------------------|---------|----------------|-----|--------------|--|-----------|-----|
| R-200                   |         | HEAD OF FAMILY |     | Reese Carrie |  | LOUISIANA |     |
| COLOR                   | B       | AGE            | 46  | BIRTHPLACE   |  | E.D.      | 144 |
| COUNTY                  |         |                |     | West Carroll |  | SHEET     |     |
|                         |         |                |     | CITY         |  |           |     |
| OTHER MEMBERS OF FAMILY |         |                |     |              |  |           |     |
| NAME                    |         | RELATIONSHIP   | AGE | BIRTHPLACE   |  |           |     |
| Bell                    | Viney   | Pa             | 33  |              |  |           |     |
|                         | Mary    | D              | 12  |              |  |           |     |
|                         | Natasha | D              | 10  |              |  |           |     |
|                         | James   | S              | 7   |              |  |           |     |
|                         | Lela    | D              | 3   |              |  |           |     |
|                         |         |                |     |              |  |           |     |
|                         |         |                |     |              |  |           |     |

FORM 16-535 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|       |                |  |
|-------|----------------|--|
| R-200 | HEAD OF FAMILY |  |
|-------|----------------|--|

|                         |   |                |    |              |  |           |     |             |    |
|-------------------------|---|----------------|----|--------------|--|-----------|-----|-------------|----|
| R200                    |   | HEAD OF FAMILY |    | ROSS Carrie  |  | LOUISIANA |     |             |    |
| COLOR                   | B | AGE            | 22 | BIRTHPLACE   |  | E.D.      | 106 | SHEET       | 21 |
| COUNTY                  |   |                |    | Dwight       |  | CITY      |     | West Monroe |    |
| OTHER MEMBERS OF FAMILY |   |                |    |              |  |           |     |             |    |
| NAME                    |   |                |    | RELATIONSHIP |  | AGE       |     | BIRTHPLACE  |    |
| 1 Bernice               |   |                |    | D            |  | 5         |     |             |    |
|                         |   |                |    |              |  |           |     |             |    |
|                         |   |                |    |              |  |           |     |             |    |
|                         |   |                |    |              |  |           |     |             |    |
|                         |   |                |    |              |  |           |     |             |    |
|                         |   |                |    |              |  |           |     |             |    |
|                         |   |                |    |              |  |           |     |             |    |
|                         |   |                |    |              |  |           |     |             |    |
|                         |   |                |    |              |  |           |     |             |    |
|                         |   |                |    |              |  |           |     |             |    |

FORM 18-636 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |     |   |  |  |       |
|---|-----|---|--|--|-------|
| R202  |     | NAME OF INDIVIDUAL  |  | LOUISIANA  |       |
| COLOR   | AGE | BIRTHPLACE  |  | E.O.   | SHEET |
| White   | 8   | St. Bernard   |  | 59   | 17    |
| COUNTY  |     | CITY  |  |  |       |
| ENUMERATED WITH   |     |   |  |  |       |
| Saxby, Ernest   |     |   |  |  |       |
| RELATIONSHIP TO ABOVE   |     |   |  |  |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input checked="" type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> WILATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |       |

FORM 18-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18100-PSI

|  |  |  |    |            |                 |                                 |                                 |                                |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|----|------------|-----------------|---------------------------------|---------------------------------|--------------------------------|--|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R200   |  | NAME OF INDIVIDUAL                       |    | LOUISIANA  |                 |                                 |                                 |                                |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR  | W  | AGE                                      | 71 | BIRTHPLACE | Rougeon, Carrie |                                 |                                 |                                |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY   |  | RAPIDES                                  |    | CITY       |                 |                                 |                                 |                                |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH  |  |  |    |            |                 |                                 |                                 |                                |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |    |            |                 |                                 |                                 |                                |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDOW</td> </tr> <tr> <td><input checked="" type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |    |            |                 | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | <input checked="" type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDOW           |    |            |                 |                                 |                                 |                                |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |    |            |                 |                                 |                                 |                                |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |    |            |                 |                                 |                                 |                                |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |    |            |                 |                                 |                                 |                                |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |    |            |                 |                                 |                                 |                                |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |    |            |                 |                                 |                                 |                                |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |    |            |                 |                                 |                                 |                                |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |    |            |                 |                                 |                                 |                                |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 19-437 (4-20-31)

1919 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |     |            |       |
|-------------------------|--|----------------|-----|------------|-------|
| R 200                   |  | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   |  | AGE            |     | E.D.       | SHEET |
| W                       |  | 2800           |     | 69         | 18    |
| COUNTY                  |  | CITY           |     |            |       |
| Lafayette               |  | Lafayette      |     |            |       |
| OTHER MEMBERS OF FAMILY |  |                |     |            |       |
| NAME                    |  | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Philomena               |  | W              | 27  |            |       |
| Paul                    |  | S              | 6   |            |       |
| Vasheia                 |  | S              | 5   |            |       |
| Mooney                  |  | S              | 4   |            |       |
| Pierre                  |  | S              | 2   |            |       |
| Dudley                  |  | S              | 1   |            |       |
| Pierre                  |  | B              | 14  |            |       |

FORM 18-636 (4-20-21)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |  |  |            |               |      |      |       |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |          |                                |  |
|--|--|--|------------|---------------|------|------|-------|---------------------------------|---------------------------------|-------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|----------|--------------------------------|--|
| R200   |  | NAME OF INDIVIDUAL                       |            | Rose, Carroll |      | F.D. | SHEET |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |          |                                |  |
| COLOR  | B  | AGE                                      | 16         | BIRTHPLACE    |      |      |       |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |          |                                |  |
| COUNTY   |  |  | Assumption |               | CITY |      |       |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |          |                                |  |
| ENUMERATED WITH  |  |  |            |               |      |      |       |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |          |                                |  |
| Necessie, C. Larky   |  |  |            |               |      |      |       |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |          |                                |  |
| RELATIONSHIP TO ABOVE  |  |  |            |               |      |      |       |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |          |                                |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIFE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td rowspan="2">Step-son</td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> </tr> </table> |  |  |            |               |      |      |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIFE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | Step-son | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIFE            |            |               |      |      |       |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |          |                                |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |            |               |      |      |       |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |          |                                |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |            |               |      |      |       |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |          |                                |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |            |               |      |      |       |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |          |                                |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |            |               |      |      |       |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |          |                                |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |            |               |      |      |       |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |          |                                |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  | Step-son                                 |            |               |      |      |       |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |          |                                |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |            |               |      |      |       |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |          |                                |  |

FORM 15-537 (4-25-51)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18105-P81

| LOUISIANA                                 |  |  |                    |
|---|--|--|--------------------|
| NAME OF INDIVIDUAL<br><i>Rague, Casey</i> |  | E.D.<br><i>71</i>                        | SHEET<br><i>26</i> |
| COLOR<br><i>B</i>                         | AGE<br><i>6</i>                          | BIRTHPLACE                               |                    |
| COUNTY                                    | CITY                                     |  |                    |
| <i>Natchitoches</i>                       |  |  |                    |
| ENUMERATED WITH<br><i>Rague, Charles</i>  |  |  |                    |
| RELATIONSHIP TO ABOVE                     |  |  |                    |
| <input type="checkbox"/> FATHER           | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |                    |
| <input type="checkbox"/> MOTHER           | <input checked="" type="checkbox"/> WIFE | <input type="checkbox"/> NURSE           |                    |
| <input type="checkbox"/> GRANDFATHER      | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |                    |
| <input type="checkbox"/> GRANDMOTHER      | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |                    |
| <input type="checkbox"/> GRANDSON         | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |                    |
| <input type="checkbox"/> GRANDDAUGHTER    | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |                    |
| <input type="checkbox"/> AUNT             | <input type="checkbox"/> BROTHER-IN-LAW  |  |                    |
| <input type="checkbox"/> UNCLE            | <input type="checkbox"/> SISTER-IN-LAW   |  |                    |

FORM 16-637 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 1910-P-61

|  |               |   |  |   |                 |
|--|---------------|---|--|---|-----------------|
| Name <i>Kane</i>   |               | NAME OF INDIVIDUAL <i>Levi Carter</i>   |  | LOUISIANA   |                 |
| COLOR <i>W</i>   | AGE <i>53</i> | BIRTHPLACE <i>La.</i>   |  | E.D. <i>114</i>   | SHEET <i>16</i> |
| COUNTY   |               | Tangipahoa  |  | CITY  |                 |
| ENUMERATED WITH <i>Richardson Lucas</i>  |               |   |  |   |                 |
| RELATIONSHIP TO ABOVE  |               |   |  |   |                 |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |               | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> IMMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                 |

FORM 16-537 (4-29-31)

1919 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 1919-P-1



|                         |                |              |              |            |           |
|-------------------------|----------------|--------------|--------------|------------|-----------|
| R200                    | HEAD OF FAMILY |              | Reese, Cassy |            | LOUISIANA |
| COLOR                   | AGE            | BIRTHPLACE   | E.O.         | SHEET      |           |
| mu                      | 65             | Va           | 127          | M          |           |
| COUNTY                  |                | IOWA         |              | CITY       |           |
| OTHER MEMBERS OF FAMILY |                |              |              |            |           |
| NAME                    |                | RELATIONSHIP | AGE          | BIRTHPLACE |           |
| Emmett                  |                | S            | 25           |            |           |
|                         |                |              |              |            |           |
|                         |                |              |              |            |           |
|                         |                |              |              |            |           |
|                         |                |              |              |            |           |
|                         |                |              |              |            |           |
|                         |                |              |              |            |           |
|                         |                |              |              |            |           |

FORM 18-536 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |  |                  |                   |  |                                 |                                 |                                |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|------------------|-------------------|--|---------------------------------|---------------------------------|--------------------------------|--|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| <b>R200</b>  |  | NAME OF INDIVIDUAL<br><i>Richie L. Grant</i> |                  | LOUISIANA         |  |                                 |                                 |                                |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>B</i>  | AGE<br><i>52</i>                         | BIRTHPLACE                                   | E.D.<br><i>3</i> | SHEET<br><i>2</i> |  |                                 |                                 |                                |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>Natchitoches</i>  |  | CITY   |                  |                   |  |                                 |                                 |                                |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Richie L. Grant</i>  |  |  |                  |                   |  |                                 |                                 |                                |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |                  |                   |  |                                 |                                 |                                |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDOW</td> </tr> <tr> <td><input checked="" type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> Niece</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |                  |                   |  | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | <input checked="" type="checkbox"/> MOTHER | <input type="checkbox"/> Niece | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDOW               |                  |                   |  |                                 |                                 |                                |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> MOTHER   | <input type="checkbox"/> Niece           | <input type="checkbox"/> NURSE               |                  |                   |  |                                 |                                 |                                |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT             |                  |                   |  |                                 |                                 |                                |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER              |                  |                   |  |                                 |                                 |                                |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT             |                  |                   |  |                                 |                                 |                                |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)     |                  |                   |  |                                 |                                 |                                |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |                  |                   |  |                                 |                                 |                                |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |                  |                   |  |                                 |                                 |                                |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 19-637 (4-30-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18198-P61

|   |  |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|--|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 9200  |  | NAME OF INDIVIDUAL                         |  | LOUISIANA |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Ries  |  | Catsline                                   |  | E.O.      | SHEET |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR   | AGE                                      | BIRTH PLACE                                |  | 31        | 9     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| NR  | 45                                       | Philippines                                |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY  | Jefferson                                | CITY                                       |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Ang. Hung   |  |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> REMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> REMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> REMATE            |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE             |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-637 (4-30-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

|   |  |  |  |                   |                    |  |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|--|-------------------|--------------------|--|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R200  |  | NAME OF INDIVIDUAL<br><i>Ross Caesar</i> |  | LOUISIANA         |                    |  |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>B</i>   | AGE<br><i>66</i>                         | BIRTHPLACE                               |  | E.O.<br><i>10</i> | SHEET<br><i>30</i> |  |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>Assumption</i>   |  | CITY                                     |  |                   |                    |  |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Ross John</i>   |  |  |  |                   |                    |  |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |  |                   |                    |  |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input checked="" type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> MISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |                   |                    | <input checked="" type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> MISTER-IN-LAW |  |
| <input checked="" type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |  |                   |                    |  |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |  |                   |                    |  |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |  |                   |                    |  |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |  |                   |                    |  |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |  |                   |                    |  |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |  |                   |                    |  |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |                   |                    |  |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> MISTER-IN-LAW   |  |  |                   |                    |  |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 16-537 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 1910-P01

|                         |     |                |      |            |       |
|-------------------------|-----|----------------|------|------------|-------|
| R 200                   |     | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |      | E.D.       | SHEET |
| B                       | 54  |                |      | 90         | 12    |
| COUNTY                  |     |                | CITY |            |       |
| St. Helena              |     |                |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Aline                   |     | w              | 38   |            |       |
| Cornie                  |     | d              | 24   |            |       |
| Eveline                 |     | d              | 23   |            |       |
| Ida                     |     | d              | 21   |            |       |
| James                   |     | d              | 19   |            |       |
| Mary                    |     | d              | 17   |            |       |
| Cessie                  |     | s              | 2    |            |       |

FORM 16-636 (4-30-31)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |    |               |     |            |       |
|-------------------------|---|----------------|----|---------------|-----|------------|-------|
| R200                    |   | HEAD OF FAMILY |    | Rigg, Cecelia |     | LOUISIANA  |       |
| COLOR                   | B | AGE            | 25 | BIRTHPLACE    |     | E.D.       | SHEET |
|                         |   |                |    |               |     | 106        | 24    |
| COUNTY                  |   |                |    | St. Landry    |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |   |                |    |               |     |            |       |
| NAME                    |   |                |    | RELATIONSHIP  | AGE | BIRTHPLACE |       |
| + Mattizore             |   |                |    | d             | 9   |            |       |
|                         |   |                |    |               |     |            |       |
|                         |   |                |    |               |     |            |       |
|                         |   |                |    |               |     |            |       |
|                         |   |                |    |               |     |            |       |
|                         |   |                |    |               |     |            |       |
|                         |   |                |    |               |     |            |       |
|                         |   |                |    |               |     |            |       |

FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |            |   |  |  |       |
|--|------------|---|--|--|-------|
| R200   |            | NAME OF INDIVIDUAL  |  | LOUISIANA  |       |
|  |            | Rose Cecelia  |  | E.D.   | SHEET |
| COLOR  | AGE        | BIRTHPLACE  |  |  |       |
| w  | 4          | New York  |  |  |       |
| COUNTY   | St. Landry | City  |  |  |       |
|  |            | Sugart  |  |  |       |
| ENUMERATED WITH  |            |   |  |  |       |
| Dugan J. M.  |            |   |  |  |       |
| RELATIONSHIP TO ABOVE  |            |   |  |  |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |            | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NUNNE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> WORKER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><u>Orphan</u> |       |

FORM 16-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-OC 16100-P-1

|  |  |   |    |            |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
|--|--|---|----|------------|--|---------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|---|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R 200  |  | NAME OF INDIVIDUAL                          |    | LOUISIANA  |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| Reis, Ceile  |  | E.D.  |    | SHEET      |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| COLOR  | W  | AGE   | 44 | BIRTHPLACE |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| COUNTY   |  | St. Landry                                  |    | CITY       |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| AMANDVILLE   |  | ENUMERATED WITH                             |    |            |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| Morin, Ben Jean B.   |  | RELATIONSHIP TO ABOVE                       |    |            |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDOW</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> Niece</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input checked="" type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |    |            |  | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | <input type="checkbox"/> MOTHER | <input type="checkbox"/> Niece | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input checked="" type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDOW              |    |            |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> Niece           | <input type="checkbox"/> NURSE              |    |            |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT            |    |            |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER             |    |            |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input checked="" type="checkbox"/> SERVANT |    |            |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)    |    |            |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |   |    |            |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |   |    |            |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |

FORM 16-517 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 1910-P61



|                         |   |                |    |                |     |            |    |
|-------------------------|---|----------------|----|----------------|-----|------------|----|
| Rosa                    |   | HEAD OF FAMILY |    | Rosa Celestina |     | LOUISIANA  |    |
| COLOR                   | B | AGE            | 70 | BIRTHPLACE     |     | E.D.       | 57 |
|                         |   |                |    |                |     | SHEET 17   |    |
| COUNTY                  |   |                |    | CITY           |     |            |    |
| OTHER MEMBERS OF FAMILY |   |                |    |                |     |            |    |
| NAME                    |   |                |    | RELATIONSHIP   | AGE | BIRTHPLACE |    |
| 1. Zelie                |   |                |    | W              | 70  |            |    |
| and one Bo              |   |                |    |                |     |            |    |
|                         |   |                |    |                |     |            |    |
|                         |   |                |    |                |     |            |    |
|                         |   |                |    |                |     |            |    |
|                         |   |                |    |                |     |            |    |
|                         |   |                |    |                |     |            |    |
|                         |   |                |    |                |     |            |    |
|                         |   |                |    |                |     |            |    |

FORM 10-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |         |                |     |            |  |
|-------------------------|---------|----------------|-----|------------|--|
| A 200                   |         | HEAD OF FAMILY |     | LOUISIANA  |  |
| Kee, Celestine          |         | E.D.           |     | SHEET      |  |
| COLOR                   | AGE     | BIRTHPLACE     |     |            |  |
| Mu                      | 65      |                |     |            |  |
| COUNTY                  |         | St. Martin     |     | CITY       |  |
| OTHER MEMBERS OF FAMILY |         |                |     |            |  |
| NAME                    |         | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| 1                       | Octavia | D              | 35  |            |  |
|                         |         |                |     |            |  |
|                         |         |                |     |            |  |
|                         |         |                |     |            |  |
|                         |         |                |     |            |  |
|                         |         |                |     |            |  |
|                         |         |                |     |            |  |
|                         |         |                |     |            |  |

FORM 16-436 (4-20-11)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
|---|--|---|--|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|---|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R 200   |  | NAME OF INDIVIDUAL                          |  | LOUISIANA |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| Kase  |  | Celestine                                   |  | E.O.      | SHEET |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| COLOR   | AGE                                      | BIRTHPLACE                                  |  | 70        | 2     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| B   | 25                                       |   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| COUNTY  |  | CITY  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| Lafayette   |  | Lafayette                                   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| EMIGRATED WITH  |  |   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| Seurlings, Wm Joe   |  |   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input checked="" type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input checked="" type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE             |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE              |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT            |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER             |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input checked="" type="checkbox"/> SERVANT |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)    |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |

FORM 10-437 (4-22-67)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18199-P01

|   |  |  |      |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|------|-----------|-------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| P200  |  | NAME OF INDIVIDUAL                       |      | LOUISIANA |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR   | AGE                                      | BIRTHPLACE                               |      | E.D.      | SHEET |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| B   | 3  | Reno, Calum                              |      | 112       | 3     |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY  |  |  | CITY |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Terrebonne  |  |  |      |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |  |      |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Relationship to above   |  |  |      |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Miller, Carry   |  |  |      |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDOW</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |      |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDOW           |      |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |      |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |      |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |      |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |      |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |      |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |      |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |      |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |      |            |               |
|-------------------------|---|----------------|------|------------|---------------|
| R200                    |   | HEAD OF FAMILY |      | LOUISIANA  |               |
| COLOR                   | B | AGE            | 24   | BIRTHPLACE | LA. & Orleans |
| COUNTY                  |   | La Salle       |      | CITY       |               |
| OTHER MEMBERS OF FAMILY |   |                |      |            |               |
| NAME                    |   | RELATIONSHIP   | AGE  | BIRTHPLACE |               |
| Marie                   |   | W              | 25   |            |               |
| Rodney                  |   | S              | 4    |            |               |
| John                    |   | D              | 3    |            |               |
| Beat                    |   | S              | 2/12 |            |               |
|                         |   |                |      |            |               |
|                         |   |                |      |            |               |
|                         |   |                |      |            |               |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |            |     |
|-------------------------|---|----------------|-----|------------|-----|
| 8200                    |   | HEAD OF FAMILY |     | LOUISIANA  |     |
| COLOR                   | B | AGE            | 57  | BIRTHPLACE | 221 |
| COUNTY                  |   | Clai borne     |     | CITY       |     |
| OTHER MEMBERS OF FAMILY |   |                |     |            |     |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |     |
| Anna                    |   | d              | 34  |            |     |
| Joe                     |   | d              | 32  |            |     |
| Mary                    |   | d              | 16  |            |     |
| Will                    |   | s              | 5   |            |     |
| J. B. ...               |   |                |     |            |     |
|                         |   |                |     |            |     |
|                         |   |                |     |            |     |
|                         |   |                |     |            |     |

FORM 10-626 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |                  |   |  |  |                   |
|--|------------------|---|--|--|-------------------|
| R200   |                  | NAME OF INDIVIDUAL<br><i>Ricks, Charity</i>   |  | LOUISIANA  |                   |
| COLOR<br><i>B</i>  | AGE<br><i>29</i> | BIRTHPLACE  |  | E.D.<br><i>5</i>   | SHEET<br><i>5</i> |
| COUNTY<br><i>Assumption</i>  |                  | CITY  |  |  |                   |
| ENUMERATED WITH<br><i>William, mine</i>  |                  |   |  |  |                   |
| RELATIONSHIP TO ABOVE  |                  |   |  |  |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify)<br><i>u</i> |                   |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18105-P01

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R200                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.O.       | SHEET |
| B                       | 60  |                |     | 33         | 14    |
| COUNTY                  |     | CITY           |     |            |       |
| Concordia               |     | Vidalia        |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| 1 Joseph                |     | 5              | 22  |            |       |
| and 2 boarders          |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |  |                |             |            |       |
|-------------------------|--|----------------|-------------|------------|-------|
| R207                    |  | HEAD OF FAMILY |             | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE  | E.D.       | SHEET |
| W                       |  | 39             | Italy       | 25         | 4     |
| COUNTY                  |  |                | CITY        |            |       |
| Rapides                 |  |                | Cherryville |            |       |
| OTHER MEMBERS OF FAMILY |  |                |             |            |       |
| NAME                    |  | RELATIONSHIP   | AGE         | BIRTHPLACE |       |
| Catherine               |  | W              | 39          | Italy      |       |
| Joseph                  |  | S              | 9           |            |       |
| Sarah                   |  | D              | 8           |            |       |
| Loan                    |  | D              | 6           |            |       |
| Philip                  |  | S              | 3           |            |       |
|                         |  |                |             |            |       |
|                         |  |                |             |            |       |

FORM 10-436 (4-30-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |                  |   |  |  |                   |
|---|------------------|---|--|--|-------------------|
| R200  |                  | NAME OF INDIVIDUAL<br><i>Ross Charles</i>   |  | LOUISIANA  |                   |
| COLOR<br><i>B</i>   | AGE<br><i>12</i> | BIRTHPLACE  |  | E.D.<br><i>91</i>  | SHEET<br><i>8</i> |
| COUNTY  |                  | CITY<br><i>Rapides</i>  |  |  |                   |
| ENUMERATED WITH<br><i>Foster A. Julia</i>   |                  | CITY<br><i>Bayou</i>  |  |  |                   |
| RELATIONSHIP TO ABOVE   |                  |   |  |  |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input checked="" type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                   |

FORM 15-437 (4-20-31)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 15105-P61

|  |   |                    |    |           |       |
|--|---|--------------------|----|-----------|-------|
| R200   |   | NAME OF INDIVIDUAL |    | LOUISIANA |       |
| Rossi  |   | Chas.              |    | E.D.      | SHEET |
| COLOR  | W | AGE                | 30 | 5         | 20    |
| BIRTHPLACE   |   | Italy              |    |           |       |
| COUNTY   |   | Ascension          |    |           |       |
| CITY   |   | Bonneville         |    |           |       |
| ENUMERATED WITH  |   |                    |    |           |       |
| Rossi  |   |                    |    |           |       |
| Levin  |   |                    |    |           |       |
| RELATIONSHIP TO ABOVE  |   |                    |    |           |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE<br><input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW<br><input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><u>B</u> |   |                    |    |           |       |

FORM 16-537 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |           |                |           |            |    |
|-------------------------|-----------|----------------|-----------|------------|----|
| R 200                   |           | HEAD OF FAMILY |           | LOUISIANA  |    |
| COLOR                   | W         | AGE            | 30        | E.D.       | 70 |
|                         |           | BIRTHPLACE     |           | SHEET 2    |    |
| COUNTY                  |           |                | CITY      |            |    |
| Lafayette               |           |                | Lafayette |            |    |
| OTHER MEMBERS OF FAMILY |           |                |           |            |    |
|                         | NAME      | RELATIONSHIP   | AGE       | BIRTHPLACE |    |
|                         | Lillie    | W              | 28        |            |    |
|                         | Dallas C. | S              | 9         |            |    |
|                         | John A.   | S              | 7         |            |    |
|                         | Dora E.   | D              | 6         |            |    |
|                         | Isaac J.  | S              | 3         |            |    |
|                         |           |                |           |            |    |
|                         |           |                |           |            |    |

FORM 18-436 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R200                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | NAME           |     | E.O.       | SHEET |
| W                       | 31  | Charles        |     | 55         | 20    |
| BIRTHPLACE              |     |                |     |            |       |
| COUNTY                  |     | Therrell       |     | CITY       |       |
|                         |     |                |     | Plaquemine |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| 1 Cora                  |     | W              | 16  |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 18-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |     |                |      |            |       |
|--|-----|----------------|------|------------|-------|
| A 200  |     | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR  | AGE | BIRTHPLACE     |      | E.D.       | SHEET |
| B  | 42  |                |      | 57         | 11    |
| COUNTY   |     |                | CITY |            |       |
| <div style="text-align: center;"> <del>Florida</del><br/> OTHER MEMBERS OF FAMILY </div> |     |                |      |            |       |
| NAME   |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Rebecca  |     | W              | 41   |            |       |
| Charles Jr.  |     | S              | 18   |            |       |
| Florence   |     | D              | 16   |            |       |
|  |     |                |      |            |       |
|  |     |                |      |            |       |
|  |     |                |      |            |       |
|  |     |                |      |            |       |
|  |     |                |      |            |       |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |            |              |
|-------------------------|---|----------------|-----|------------|--------------|
| R200                    |   | HEAD OF FAMILY |     | LOUISIANA  |              |
| COLOR                   | W | AGE            | 49  | BIRTHPLACE | St. Martin   |
|                         |   |                |     | CITY       | Brown Bridge |
| OTHER MEMBERS OF FAMILY |   |                |     |            |              |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |              |
| Aphelia                 |   | W              | 52  |            |              |
| Maydel                  |   | D              | 21  |            |              |
| Edwin                   |   | S              | 20  |            |              |
| George                  |   | S              | 78  |            |              |
| Hanna                   |   | D              | 78  |            |              |
| Charles                 |   | S              | 13  |            |              |
| Robert, Alexander       |   | BL             | 67  |            |              |

FORM 10-636 (4-30-61)

1970 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |   |   |      |   |     |
|--|---|---|------|---|-----|
| P200   |   | NAME OF INDIVIDUAL  |      | LOUISIANA   |     |
| COLOR  | B | AGE   | 22   | E.O.  | 107 |
|  |   | BIRTHPLACE  | Miss | SHEET   | 18  |
| COUNTY   |   | Tangipahoa  |      | CITY  |     |
|  |   | Kentwood  |      |   |     |
| ENumerated WITH  |   | Banks John  |      |   |     |
| RELATIONSHIP TO ABOVE  |   |   |      |   |     |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |   | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> Niece<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |     |

FORM 10-437 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 10109-P01

|      |                |           |
|------|----------------|-----------|
| P200 | HEAD OF FAMILY | LOUISIANA |
|------|----------------|-----------|



USCOMM-DC 18100-P01

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R200                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| mm                      | 50  | Rock, Chas.    |     | 92         | 24    |
| COUNTY                  |     | CITY           |     |            |       |
| Natchitoches            |     |                |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Alice                   |     | H              | 39  |            |       |
| Victoria                |     | D              | 16  |            |       |
| Josephine               |     | D              | 18  |            |       |
| Paul                    |     | D              | 13  |            |       |
| Francis                 |     | D              | 12  |            |       |
| Thelma                  |     | D              | 3   |            |       |
| John                    |     | D              | 7   |            |       |

FORM 18-636 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME            | RELATIONSHIP | AGE      | BIRTHPLACE |
|-----------------|--------------|----------|------------|
| 1. <i>Wanda</i> | <i>S</i>     | <i>5</i> |            |
| <i>Joseph</i>   | <i>S</i>     | <i>9</i> |            |
|                 |              |          |            |
|                 |              |          |            |
|                 |              |          |            |
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FORM 16-636 (4-20-67)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

RECORDED-13128-1131

|                         |                      |              |           |            |
|-------------------------|----------------------|--------------|-----------|------------|
| R200                    | HEAD OF FAMILY       |              | LOUISIANA |            |
| COLOR                   | AGE                  | BIRTHPLACE   | E.O.      | SHEET      |
| W                       | 49                   |              | 82        | 41         |
| COUNTY                  | St. John the Baptist |              | CITY      |            |
| OTHER MEMBERS OF FAMILY |                      |              |           |            |
| NAME                    |                      | RELATIONSHIP | AGE       | BIRTHPLACE |
| Mary                    |                      | H            | 37        | L. Y.      |
| Mary P.                 |                      | D            | 6         |            |
| Ellen                   |                      | D            | 5         |            |
| Charles                 |                      | S            | 10/12     |            |
| Conkey Edward           |                      | S            | 14        |            |
| Mary                    |                      | S.D.         | 12        |            |

FORM 16-536 (4-22-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |    |              |     |            |     |
|-------------------------|---|----------------|----|--------------|-----|------------|-----|
| 2200                    |   | HEAD OF FAMILY |    | Bess Charles |     | LOUISIANA  |     |
| COLOR                   | B | AGE            | 30 | BIRTHPLACE   |     | E.D.       | 107 |
|                         |   |                |    |              |     | SHEET 13   |     |
| COUNTY                  |   |                |    | Ouachita     |     | CITY       |     |
| OTHER MEMBERS OF FAMILY |   |                |    |              |     |            |     |
| NAME                    |   |                |    | RELATIONSHIP | AGE | BIRTHPLACE |     |
| 1 Bess                  |   |                |    |              |     |            |     |
|                         |   |                |    |              |     |            |     |
|                         |   |                |    |              |     |            |     |
|                         |   |                |    |              |     |            |     |
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|                         |   |                |    |              |     |            |     |

FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |   |  |       |
|--|---|--|-------|
| NAME OF INDIVIDUAL   |   | LOUISIANA  |       |
| ROSS Charles   |   | E.S.   | SHEET |
| SEX  | AGE   | BIRTHPLACE   |       |
| W  | 73  |  |       |
| COUNTY   | Parish  | CITY   |       |
|  | Orleans   | Monroe   |       |
| RESIDED WITH   |   |  |       |
| Silman George  |   |  |       |
| RELATIONSHIP TO ABOVE  |   |  |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input checked="" type="checkbox"/> WIFE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |       |

FORM 10-437 (4-22-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 10199-P61

|                         |  |                |            |            |      |
|-------------------------|--|----------------|------------|------------|------|
| R200                    |  | HEAD OF FAMILY |            | Louisiana  |      |
| COLOR                   |  | AGE            | BIRTHPLACE |            | E.O. |
| B                       |  | 23             |            |            | 66   |
| COUNTY                  |  | St. James      |            | CITY       |      |
| OTHER MEMBERS OF FAMILY |  |                |            |            |      |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |      |
| 1 Catherine             |  | W              | 23         | Miss       |      |
| Robertson Willy         |  | BL             | 24         | Miss       |      |
|                         |  |                |            |            |      |
|                         |  |                |            |            |      |
|                         |  |                |            |            |      |
|                         |  |                |            |            |      |
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FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R200                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| W                       |  | 22             | Italy      | 66         | 33    |
| COUNTY                  |  |                | CITY       |            |       |
| St. James               |  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| 1 John                  |  | 13             | 6          |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
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FORM 19-636 (4-26-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |  |              |  |      |  |            |  |
|-------------------------|--|----------------|--|--------------|--|------|--|------------|--|
| R200                    |  | HEAD OF FAMILY |  | Louisiana    |  | E.O. |  | SHEET      |  |
| COLOR                   |  | AGE            |  | BIRTHPLACE   |  | 94   |  | 14         |  |
| W                       |  | 70             |  | Germany      |  |      |  |            |  |
| COUNTY                  |  |                |  | St. Tammany  |  | CITY |  |            |  |
| OTHER MEMBERS OF FAMILY |  |                |  |              |  |      |  |            |  |
| NAME                    |  |                |  | RELATIONSHIP |  | AGE  |  | BIRTHPLACE |  |
| Theresa                 |  |                |  | W            |  | 64   |  | Germany    |  |
|                         |  |                |  |              |  |      |  |            |  |
|                         |  |                |  |              |  |      |  |            |  |
|                         |  |                |  |              |  |      |  |            |  |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |       |                |    |              |          |            |    |
|-------------------------|-------|----------------|----|--------------|----------|------------|----|
| R200                    |       | HEAD OF FAMILY |    | Koss Charles |          | LOUISIANA  |    |
| COLOR                   | B     | AGE            | 22 | BIRTHPLACE   | Ark      | E.D.       | 62 |
| COUNTY                  | Grant |                |    | CITY         | Rockelle |            |    |
| OTHER MEMBERS OF FAMILY |       |                |    |              |          |            |    |
| NAME                    |       |                |    | RELATIONSHIP | AGE      | BIRTHPLACE |    |
| 1 Georgia               |       |                |    | W            | 25       |            |    |
| and 1 Boarder           |       |                |    |              |          |            |    |
|                         |       |                |    |              |          |            |    |
|                         |       |                |    |              |          |            |    |
|                         |       |                |    |              |          |            |    |
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|                         |       |                |    |              |          |            |    |
|                         |       |                |    |              |          |            |    |

Form 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |   |            |                   |                    |
|---|--|---|------------|-------------------|--------------------|
| R 200   |  | NAME OF INDIVIDUAL<br><i>Rome Charles</i> |            | LOUISIANA         |                    |
| COLOR<br><i>W</i>   |  | AGE<br><i>30</i>                          | BIRTHPLACE | E.D.<br><i>10</i> | SHEET<br><i>19</i> |
| COUNTY  |  |   | CITY       |                   |                    |
| <i>Lafourche</i>  |  |   |            |                   |                    |
| ENUMERATED WITH<br><i>Patricia Adams</i>  |  |   |            |                   |                    |
| RELATIONSHIP TO ABOVE   |  |   |            |                   |                    |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> FATHER<br/> <input type="checkbox"/> MOTHER<br/> <input type="checkbox"/> GRANDFATHER<br/> <input type="checkbox"/> GRANDMOTHER<br/> <input type="checkbox"/> GRANDSON<br/> <input type="checkbox"/> GRANDDAUGHTER<br/> <input type="checkbox"/> AUNT<br/> <input type="checkbox"/> UNCLE </div> <div style="width: 30%;"> <input type="checkbox"/> NEPHEW<br/> <input type="checkbox"/> NIECE<br/> <input type="checkbox"/> FATHER-IN-LAW<br/> <input type="checkbox"/> MOTHER-IN-LAW<br/> <input checked="" type="checkbox"/> SON-IN-LAW<br/> <input type="checkbox"/> DAUGHTER-IN-LAW<br/> <input type="checkbox"/> BROTHER-IN-LAW<br/> <input type="checkbox"/> SISTER-IN-LAW </div> <div style="width: 30%;"> <input type="checkbox"/> <del>WMALE</del><br/> <input type="checkbox"/> NURSE<br/> <input type="checkbox"/> PATIENT<br/> <input type="checkbox"/> ROOMER<br/> <input type="checkbox"/> SERVANT<br/> <input type="checkbox"/> OTHER (Specify) </div> </div> |  |   |            |                   |                    |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18100-P61

|                         |  |                |            |            |            |
|-------------------------|--|----------------|------------|------------|------------|
| A200                    |  | HEAD OF FAMILY |            | LOUISIANA  |            |
| COLOR                   |  | AGE            | BIRTHPLACE |            | E.D. SHEET |
| W                       |  | 71             | Penn.      |            | 54 3       |
| COUNTY                  |  |                | CITY       |            |            |
| Jackson                 |  |                | Greensboro |            |            |
| OTHER MEMBERS OF FAMILY |  |                |            |            |            |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |            |
| 1 Maudie C              |  | W              | 61         | Georgia    |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |

FORM 18-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |        |                |     |            |  |
|-------------------------|--------|----------------|-----|------------|--|
| R200                    |        | HEAD OF FAMILY |     | LOUISIANA  |  |
| Race Charles            |        | E.D. 29        |     | SHEET 6    |  |
| COLOR W                 | AGE 50 | BIRTHPLACE Mo. |     |            |  |
| COUNTY Caddo            |        | CITY           |     |            |  |
| OTHER MEMBERS OF FAMILY |        |                |     |            |  |
| NAME                    |        | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| Living alone            |        |                |     |            |  |
|                         |        |                |     |            |  |
|                         |        |                |     |            |  |
|                         |        |                |     |            |  |
|                         |        |                |     |            |  |
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|                         |        |                |     |            |  |
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|                         |        |                |     |            |  |

FORM 18-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |             |                |     |            |       |
|-------------------------|-------------|----------------|-----|------------|-------|
| 2000                    |             | HEAD OF FAMILY |     | LOUISIANA  |       |
|                         |             | Rose, Charles  |     | E.D.       | SHEET |
| COLOR                   | AGE         | BIRTHPLACE     |     |            |       |
| B                       | 21          |                |     |            |       |
| COUNTY                  | Plaquemines |                |     | CITY       |       |
| B                       |             |                |     |            |       |
| OTHER MEMBERS OF FAMILY |             |                |     |            |       |
| NAME                    |             | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Plaquemines             |             |                |     |            |       |
| 1                       | Celeste     | W              | 25  |            |       |
|                         | Elizabeth   | w              | 12  |            |       |
| Parmer                  | Johnnie     | mh             | 52  |            |       |
| Ray                     | Walter      | ss             | 8   |            |       |
| 1                       | Lemona      | sd             | 6   |            |       |
|                         |             |                |     |            |       |
|                         |             |                |     |            |       |

FORM 16-436 (4-22-61)  
1916 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |  |               |  |            |  |
|-------------------------|--|----------------|--|---------------|--|------------|--|
| A200                    |  | HEAD OF FAMILY |  | ROOS, Charles |  | LOUISIANA  |  |
| COLOR                   |  | AGE            |  | BIRTHPLACE    |  | E.D. SHEET |  |
| 2                       |  | 33             |  |               |  | 10621      |  |
| COUNTY                  |  |                |  | St. Landry    |  | CITY       |  |
| OTHER MEMBERS OF FAMILY |  |                |  |               |  |            |  |
| NAME                    |  |                |  | RELATIONSHIP  |  | AGE        |  |
| 1 Ortensio W            |  |                |  | 46            |  |            |  |
| Lorigna, Judie          |  |                |  | Adopt 6       |  |            |  |
|                         |  |                |  |               |  |            |  |
|                         |  |                |  |               |  |            |  |
|                         |  |                |  |               |  |            |  |
|                         |  |                |  |               |  |            |  |
|                         |  |                |  |               |  |            |  |
|                         |  |                |  |               |  |            |  |

FORM 16-636 (4-30-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |         |                |     |            |  |
|-------------------------|---------|----------------|-----|------------|--|
| P200                    |         | HEAD OF FAMILY |     | LOUISIANA  |  |
| Russo Chas R            |         | E.B.           |     | SHEET      |  |
| COLOR                   | AGE     | BIRTHPLACE     |     |            |  |
| W                       | 47      |                |     |            |  |
| COUNTY                  | Lincoln | CITY Ruston    |     |            |  |
| OTHER MEMBERS OF FAMILY |         |                |     |            |  |
| NAME                    |         | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| Mrs. Chas               |         | W              | 35  | Ga         |  |
| Roberts                 |         | S              | 14  |            |  |
| Charlie                 |         | D              | 9   |            |  |
|                         |         |                |     |            |  |
|                         |         |                |     |            |  |
|                         |         |                |     |            |  |
|                         |         |                |     |            |  |
|                         |         |                |     |            |  |

Form 16-536 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |  |
|-------------------------|-----|----------------|-----|------------|--|
| R200                    |     | HEAD OF FAMILY |     | LOUISIANA  |  |
| Bigger Charles A.       |     | E.D.           |     | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |     |            |  |
| W                       | 46  | Miss           |     |            |  |
| COUNTY                  |     | Concordia      |     | CITY       |  |
| OTHER MEMBERS OF FAMILY |     |                |     |            |  |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| Lula                    |     | W              | 35  | Miss       |  |
| Louis                   |     | D              | 1   |            |  |
| Charles, George H       |     | SD             | 12  | Miss       |  |
| Myrtle                  |     | SD             | 5   | Miss       |  |
| Bessie                  |     | SD             | 3   | Miss       |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |

FORM 16-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |            |                |                |            |       |
|-------------------------|------------|----------------|----------------|------------|-------|
| R200                    |            | HEAD OF FAMILY |                | LOUISIANA  |       |
| COLOR                   |            | AGE            | BIRTHPLACE     | E.D.       | SHEET |
| W                       |            | 35             | Russ, Class. A | 134        | 7     |
| COUNTY                  |            |                | CITY           |            |       |
| Washington              |            |                |                |            |       |
| OTHER MEMBERS OF FAMILY |            |                |                |            |       |
|                         | NAME       | RELATIONSHIP   | AGE            | BIRTHPLACE |       |
|                         | Ella       | W              | 30             | Miss.      |       |
|                         | Charlie    | A              | 5              |            |       |
|                         | Harry      | A              | 3              | Miss.      |       |
|                         | Lela       | A              | 1              |            |       |
|                         | 3 children |                |                |            |       |
|                         |            |                |                |            |       |
|                         |            |                |                |            |       |
|                         |            |                |                |            |       |

FORM 18-436 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |         |                |                 |            |     |
|-------------------------|---------|----------------|-----------------|------------|-----|
| R200                    |         | HEAD OF FAMILY |                 | LOUISIANA  |     |
| Rusk, Charles C.        |         | E.D.           |                 | 78         |     |
| SHEET                   |         | 13             |                 |            |     |
| COLOR                   | H       | AGE            | 31              | BIRTHPLACE | Tex |
| COUNTY                  | Rapides |                | CITY Alexandria |            |     |
| OTHER MEMBERS OF FAMILY |         |                |                 |            |     |
| NAME                    |         | RELATIONSHIP   | AGE             | BIRTHPLACE |     |
| Frances L.              |         | H              | 30              | Miss       |     |
| Ruth                    |         | D              | 7               |            |     |
| Charles C.              |         | S.             | 1               |            |     |
|                         |         |                |                 |            |     |
|                         |         |                |                 |            |     |
|                         |         |                |                 |            |     |
|                         |         |                |                 |            |     |
|                         |         |                |                 |            |     |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |              |                       |            |           |  |
|-------------------------|--|----------------|--------------|-----------------------|------------|-----------|--|
| <i>Rzed</i>             |  | HEAD OF FAMILY |              | <i>Reiss Chas. D.</i> |            | LOUISIANA |  |
| COLOR                   |  | AGE            | BIRTHPLACE   |                       | E.D.       | SHEET     |  |
| <i>B</i>                |  | <i>53</i>      |              |                       | <i>104</i> | <i>26</i> |  |
| COUNTY                  |  |                |              | CITY                  |            |           |  |
| <i>Telluride</i>        |  |                |              | <i>Houma</i>          |            |           |  |
| OTHER MEMBERS OF FAMILY |  |                |              |                       |            |           |  |
| NAME                    |  |                | RELATIONSHIP | AGE                   | BIRTHPLACE |           |  |
| <i>Bertie</i>           |  |                | <i>W</i>     | <i>23</i>             |            |           |  |
| <i>Chester</i>          |  |                | <i>AdS</i>   | <i>10</i>             |            |           |  |
|                         |  |                |              |                       |            |           |  |
|                         |  |                |              |                       |            |           |  |
|                         |  |                |              |                       |            |           |  |
|                         |  |                |              |                       |            |           |  |
|                         |  |                |              |                       |            |           |  |
|                         |  |                |              |                       |            |           |  |
|                         |  |                |              |                       |            |           |  |

FORM 10-636 (4-20-31)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |  |
|-------------------------|-----|----------------|-----|------------|--|
| P 208                   |     | HEAD OF FAMILY |     | LOUISIANA  |  |
| Kush, Charles H         |     | E.D.           |     | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |     |            |  |
| 24                      | 26  | Tex.           |     |            |  |
| COUNTY                  |     | CITY           |     |            |  |
| Rapides                 |     | Alexandria     |     |            |  |
| OTHER MEMBERS OF FAMILY |     |                |     |            |  |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| Alida                   |     | H              | 24  |            |  |
| Bernard L.              |     | S.             | 2   |            |  |
| Besseneett, Dodge       |     | Bl.            | 20  |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |

FORM 16-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |   |   | LOUISIANA  |            |
|--|---|---|------------|------------|
| B 300  | NAME OF INDIVIDUAL<br><i>Reese, Charles L</i>   |   | E.D.<br>45 | SHEET<br>8 |
| COLOR<br><i>W</i>  | AGE<br>40   | BIRTHPLACE  |            |            |
| COUNTY<br>East Feliciana   |   | CITY<br><i>Clinton</i>  |            |            |
| ENUMERATED WITH<br><i>Young, Lucette W</i>   |   |   |            |            |
| RELATIONSHIP TO ABOVE  |   |   |            |            |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |            |            |

FORM 10-627 (4-20-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 1810D-P01

|                         |   |                |    |               |      |            |  |
|-------------------------|---|----------------|----|---------------|------|------------|--|
| R200                    |   | HEAD OF FAMILY |    | Rice Chas. P. |      | LOUISIANA  |  |
| COLOR                   | B | AGE            | 56 | BIRTHPLACE    | Tenn |            |  |
| COUNTY                  |   | Calcasieu      |    | CITY          |      |            |  |
| OTHER MEMBERS OF FAMILY |   |                |    |               |      |            |  |
| NAME                    |   |                |    | RELATIONSHIP  | AGE  | BIRTHPLACE |  |
| Living alone            |   |                |    |               |      |            |  |
|                         |   |                |    |               |      |            |  |
|                         |   |                |    |               |      |            |  |
|                         |   |                |    |               |      |            |  |
|                         |   |                |    |               |      |            |  |
|                         |   |                |    |               |      |            |  |
|                         |   |                |    |               |      |            |  |
|                         |   |                |    |               |      |            |  |

FORM 16-436 (4-20-07)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |           |                |     |            |  |
|-------------------------|-----------|----------------|-----|------------|--|
| R208                    |           | HEAD OF FAMILY |     | LOUISIANA  |  |
| Raise Chas P.           |           | E.D.           |     | SHEET      |  |
| COLOR                   | W         | AGE            | 33  | BIRTHPLACE |  |
| COUNTY                  | Jefferson |                |     | CITY       |  |
| OTHER MEMBERS OF FAMILY |           |                |     |            |  |
| NAME                    |           | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| Nelly                   |           | W              | 27  |            |  |
| Edison J.               |           | S              | 7   |            |  |
| Lawrence J.             |           | S              | "   |            |  |
| Rosalie                 |           | D              | 3   |            |  |
|                         |           |                |     |            |  |
|                         |           |                |     |            |  |
|                         |           |                |     |            |  |

FORM 16-636 (4-20-07)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| A 202                   |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| W                       |  | 28             | Canada     | 62         | 18    |
| COUNTY                  |  |                | CITY       |            |       |
| St. Charles             |  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Katie                   |  | W              | 21         |            |       |
| Charles                 |  | S              | 3          |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |  |                |  |                  |  |            |  |
|-------------------------|--|----------------|--|------------------|--|------------|--|
| R 202                   |  | HEAD OF FAMILY |  | ROOS, Charles H. |  | LOUISIANA  |  |
| COLOR                   |  | AGE            |  | BIRTHPLACE       |  | E.D. SHEET |  |
| W                       |  | 36             |  | Miss             |  | 8 18       |  |
| COUNTY                  |  |                |  | CITY             |  |            |  |
| Bienville               |  |                |  |                  |  |            |  |
| OTHER MEMBERS OF FAMILY |  |                |  |                  |  |            |  |
| NAME                    |  |                |  | RELATIONSHIP     |  | AGE        |  |
|                         |  |                |  |                  |  | BIRTHPLACE |  |
| Cora                    |  |                |  | W                |  | 29         |  |
| Albert L                |  |                |  | S                |  | 5          |  |
| Charles L               |  |                |  | S                |  | 4          |  |
| William R               |  |                |  | S                |  | 1 1/2      |  |
| Mamie                   |  |                |  | D                |  | 10 Miss    |  |
|                         |  |                |  |                  |  |            |  |
|                         |  |                |  |                  |  |            |  |

Form 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|                         |            |                |       |            |     |
|-------------------------|------------|----------------|-------|------------|-----|
| R200                    |            | HEAD OF FAMILY |       | LOUISIANA  |     |
| Rico Charley            |            | E.D.           |       | SHEET      |     |
| COLOR                   | W          | AGE            | 3'    | BIRTHPLACE | It. |
| COUNTY                  | Assumption |                |       | CITY       |     |
| OTHER MEMBERS OF FAMILY |            |                |       |            |     |
| NAME                    |            | RELATIONSHIP   | AGE   | BIRTHPLACE |     |
| Jennie                  |            | W              | 22    | It.        |     |
| Charley                 |            | S              | 5     |            |     |
| Anna                    |            | D              | 3     |            |     |
| John                    |            | S              | 1 1/2 |            |     |
|                         |            |                |       |            |     |
|                         |            |                |       |            |     |
|                         |            |                |       |            |     |
|                         |            |                |       |            |     |

FORM 16-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |   | LOUISIANA |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|---|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R200  | NAME OF INDIVIDUAL                       |   | E.O.      | SHEET |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|   | Kessa Charles                            |   | 114       | 20    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR   | AGE                                      | BIRTHPLACE                                  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| W   | 25                                       | It.   |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY  | Tangipahoa                               |   | CITY      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |   |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Penny Jasper  |  |   |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tbody> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> WIDOWER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </tbody> </table> |  |   |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> WIDOWER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE             |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE              |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> WIDOWER |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)    |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-657 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-7C 1910-P01

|                         |           |                                    |           |            |           |
|-------------------------|-----------|------------------------------------|-----------|------------|-----------|
| <i>B 200</i>            |           | HEAD OF FAMILY                     |           | LOUISIANA  |           |
| COLOR                   | AGE       | BIRTHPLACE                         |           | E.D.       | SHEET     |
| <i>W</i>                | <i>26</i> | <i>Ricis Charley</i><br><i>It.</i> |           | <i>114</i> | <i>30</i> |
| COUNTY                  |           | CITY                               |           |            |           |
| <i>Tangipahoa</i>       |           |                                    |           |            |           |
| OTHER MEMBERS OF FAMILY |           |                                    |           |            |           |
| NAME                    |           | RELATIONSHIP                       | AGE       | BIRTHPLACE |           |
| <i>1 Angelina</i>       |           | <i>W</i>                           | <i>24</i> | <i>It.</i> |           |
|                         |           |                                    |           |            |           |
|                         |           |                                    |           |            |           |
|                         |           |                                    |           |            |           |
|                         |           |                                    |           |            |           |
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|                         |           |                                    |           |            |           |

FORM 16-636 (4-26-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                                |  |                       |                     |                   |              |
|--------------------------------|--|-----------------------|---------------------|-------------------|--------------|
| <b>R200</b>                    |  | <b>HEAD OF FAMILY</b> |                     | <b>LOUISIANA</b>  |              |
| <b>COLOR</b>                   |  | <b>AGE</b>            | <b>BIRTHPLACE</b>   | <b>E.O.</b>       | <b>SHEET</b> |
| <b>B</b>                       |  | <b>45</b>             |                     | <b>91</b>         | <b>26</b>    |
| <b>COUNTY</b>                  |  |                       | <b>Natchitoches</b> | <b>CITY</b>       |              |
| <b>OTHER MEMBERS OF FAMILY</b> |  |                       |                     |                   |              |
| <b>NAME</b>                    |  | <b>RELATIONSHIP</b>   | <b>AGE</b>          | <b>BIRTHPLACE</b> |              |
| <b>Ludius</b>                  |  | <b>W</b>              | <b>45</b>           |                   |              |
| <b>Cary</b>                    |  | <b>W</b>              | <b>6</b>            |                   |              |
| <b>Harold</b>                  |  | <b>N</b>              | <b>8</b>            |                   |              |
|                                |  |                       |                     |                   |              |
|                                |  |                       |                     |                   |              |
|                                |  |                       |                     |                   |              |
|                                |  |                       |                     |                   |              |
|                                |  |                       |                     |                   |              |

FORM 18-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |              |   |  |   |             |
|--|--------------|---|--|---|-------------|
| R 200  |              | NAME OF INDIVIDUAL<br>Rosa, Charles   |  | E.O.<br>69  | SHEET<br>12 |
| COLOR<br>B   | AGE<br>1 1/2 | BIRTHPLACE  |  |   |             |
| COUNTY<br>St. Louis  | CITY         |   |  |   |             |
| REGISTERED WITH  |              |   |  |   |             |
| RELATIONSHIP TO ABOVE<br>Raymond, Firdy  |              |   |  |   |             |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |              | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> WIDOW<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><hr/> |             |

FORM 10-527 (4-20-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18100-P01

|   |  |  |      |           |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
|---|--|--|------|-----------|----|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|--|--|--------------------------------|--|--|
| R200  |  | NAME OF INDIVIDUAL                       |      | LOUISIANA |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| COLOR   | B  | AGE                                      | 12   | ED        | 38 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
|   |  | BIRTHPLACE                               |      | SHEET 5   |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| COUNTY  |  |  | CITY |           |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| East Baton Rouge  |  |  | -    |           |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| ENUMERATED WITH   |  |  |      |           |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| Malcome Willis  |  |  |      |           |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |      |           |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input checked="" type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> MISTRESS-IN-LAW</td> <td></td> </tr> </table> |  |  |      |           |    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input checked="" type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> MISTRESS-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW                    | <input type="checkbox"/> INMATE          |      |           |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE                     | <input type="checkbox"/> NURSE           |      |           |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW             | <input type="checkbox"/> PATIENT         |      |           |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW             | <input type="checkbox"/> ROOMER          |      |           |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW                | <input type="checkbox"/> SERVANT         |      |           |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW           | <input type="checkbox"/> OTHER (Specify) |      |           |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input checked="" type="checkbox"/> BROTHER-IN-LAW |  |      |           |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> MISTRESS-IN-LAW           |  |      |           |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |

FORM 18-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R200                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | S.D.       | SHEET |
| B                       | 40  |                |     | 32         | 14    |
| COUNTY                  |     | CITY           |     |            |       |
| Caddo                   |     | Vidalia        |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| 1 Rachel                |     | w              | 43  |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 10-436 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



LOUISIANA

|   |  |  |  |            |             |                                 |                                 |                                 |                                 |                                |                               |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|--|------------|-------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|-------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R200  |  | NAME OF INDIVIDUAL<br>Rock Charley         |  | E.D.<br>21 | SHEET<br>42 |                                 |                                 |                                 |                                 |                                |                               |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br>B  | AGE<br>25                                | BIRTHPLACE                                 |  |            |             |                                 |                                 |                                 |                                 |                                |                               |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br>Calcasieu   |  | CITY                                       |  |            |             |                                 |                                 |                                 |                                 |                                |                               |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br>Mitchell Tom   |  |  |  |            |             |                                 |                                 |                                 |                                 |                                |                               |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |  |            |             |                                 |                                 |                                 |                                 |                                |                               |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> WIDATE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NEECE</td><td><input type="checkbox"/> WIFE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input checked="" type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> |  |  |  |            |             | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NEECE | <input type="checkbox"/> WIFE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDATE            |  |            |             |                                 |                                 |                                 |                                 |                                |                               |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NEECE           | <input type="checkbox"/> WIFE              |  |            |             |                                 |                                 |                                 |                                 |                                |                               |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |  |            |             |                                 |                                 |                                 |                                 |                                |                               |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER |  |            |             |                                 |                                 |                                 |                                 |                                |                               |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |  |            |             |                                 |                                 |                                 |                                 |                                |                               |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |  |            |             |                                 |                                 |                                 |                                 |                                |                               |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |            |             |                                 |                                 |                                 |                                 |                                |                               |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |  |            |             |                                 |                                 |                                 |                                 |                                |                               |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-537 (4-20-51)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P01

|  |  |   |  |                   |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
|--|--|---|--|-------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|-------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|---|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R2001  |  | NAME OF INDIVIDUAL<br><i>Loss Charley</i>   |  | LOUISIANA         |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>W</i>  | AGE<br><i>65</i>                         | BIRTHPLACE<br><i>Va</i>                     |  | E.D.<br><i>87</i> | SHEET<br><i>7</i> |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>Natchitoches</i>  |  | CITY  |  |                   |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Russ Sarator D</i>   |  |   |  |                   |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   |  |                   |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> WIFE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input checked="" type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |                   |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> WIFE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input checked="" type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDATE             |  |                   |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> WIFE            | <input type="checkbox"/> NURSE              |  |                   |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT            |  |                   |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER             |  |                   |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input checked="" type="checkbox"/> SERVANT |  |                   |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)    |  |                   |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |                   |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |   |  |                   |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |

FORM 18-637 (4-30-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |      |            |       |
|-------------------------|-----|----------------|------|------------|-------|
| R-200                   |     | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |      | E.D.       | SHEET |
| W                       | 29  |                |      | 136        | 25    |
| COUNTY                  |     |                | CITY |            |       |
| Union                   |     |                |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Mary L.                 |     | W              | 23   |            |       |
| J. D.                   |     | S              | 1    |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |

FORM 10-636 (4-30-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                |              |           |            |
|-------------------------|----------------|--------------|-----------|------------|
| R 200                   | HEAD OF FAMILY |              | LOUISIANA |            |
| COLOR                   | AGE            | BIRTHPLACE   | E.D.      | SHEET      |
| W                       | 24             |              | 10        | 6          |
| COUNTY                  |                | Catahoula    |           |            |
|                         |                | CITY         |           |            |
| OTHER MEMBERS OF FAMILY |                |              |           |            |
| NAME                    |                | RELATIONSHIP | AGE       | BIRTHPLACE |
| 1 Alice I.              |                | W            | 22        |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |

FORM 16-636 (4-20-91)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |   | LOUISIANA  |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
|--|--|---|------------|-------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|---|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R-200  | NAME OF INDIVIDUAL<br><i>Luse, Charlie</i> |   | E.O.<br>27 | SHEET<br>14 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>B</i>  | AGE<br>30                                  | BIRTHPLACE                                  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>Cade</i>  |  | CITY  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Northcut, George</i>   |  |   |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tbody> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHER</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input checked="" type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </tbody> </table> |  |   |            |             | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHER | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input checked="" type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHER            | <input type="checkbox"/> INMATE             |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE             | <input type="checkbox"/> NURSE              |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW     | <input type="checkbox"/> PATIENT            |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW     | <input type="checkbox"/> ROOMER             |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW        | <input checked="" type="checkbox"/> SERVANT |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW   | <input type="checkbox"/> OTHER (Specify)    |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW    |   |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW     |   |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |

FORM 10-427 (4-20-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18183-P-51

|                         |   |                |           |            |  |
|-------------------------|---|----------------|-----------|------------|--|
| 1920                    |   | HEAD OF FAMILY |           | LOUISIANA  |  |
| Rose Charlie            |   | E.O. 96        |           | SHEET 22   |  |
| COLOR                   | B | AGE            | 23        | BIRTHPLACE |  |
|                         |   | Tex            |           |            |  |
| COUNTY                  |   |                | Morehouse | CITY       |  |
| OTHER MEMBERS OF FAMILY |   |                |           |            |  |
| NAME                    |   | RELATIONSHIP   | AGE       | BIRTHPLACE |  |
| Herby                   |   | W              | 26        |            |  |
| William                 |   | S              | 4         |            |  |
| Charlie                 |   | S              | 3         |            |  |
| Honey Mary              |   | MA             | 65        | Va.        |  |
|                         |   |                |           |            |  |
|                         |   |                |           |            |  |
|                         |   |                |           |            |  |

FORM 16-536 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

| LOUISIANA               |              |            |            |
|-------------------------|--------------|------------|------------|
| HEAD OF FAMILY          |              | E.D.       | SHEET      |
| R 200                   |              | 106        | 5          |
| COLOR                   | AGE          | BIRTHPLACE |            |
| 3                       | 85           | La         |            |
| COUNTY                  | Tangipahoa   |            | CITY       |
|                         |              |            |            |
| OTHER MEMBERS OF FAMILY |              |            |            |
| NAME                    | RELATIONSHIP | AGE        | BIRTHPLACE |
| 1 Phoebe                | W            | 79         |            |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |

FORM 18-436 (4-20-21)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|   |   |  |                    |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|---|--|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| NAME OF INDIVIDUAL<br><i>Rosa Charlie</i>   |   | E.D.<br><i>101</i>                       | SHEET<br><i>28</i> |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>W</i>   | AGE<br><i>13</i>                          | BIRTHPLACE                               |                    |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>Ouachita</i>   | CITY<br><i>Monroe</i>                     |  |                    |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Crook, Green</i>  |   |  |                    |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |   |  |                    |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input checked="" type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |   |  |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input checked="" type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW           | <input type="checkbox"/> INMATE          |                    |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input checked="" type="checkbox"/> NIECE | <input type="checkbox"/> NURSE           |                    |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW    | <input type="checkbox"/> PATIENT         |                    |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW    | <input type="checkbox"/> ROOMER          |                    |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW       | <input type="checkbox"/> SERVANT         |                    |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW  | <input type="checkbox"/> OTHER (Specify) |                    |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW   |  |                    |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW    |  |                    |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 16-437 (4-20-31)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 1910-P01



|                         |   |                |     |            |             |
|-------------------------|---|----------------|-----|------------|-------------|
| R 200                   |   | HEAD OF FAMILY |     | LOUISIANA  |             |
| COLOR                   | B | AGE            | 30  | BIRTHPLACE | Mississippi |
| COUNTY                  |   | CONCORDIA      |     | CITY       |             |
| OTHER MEMBERS OF FAMILY |   |                |     |            |             |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |             |
| 1. Stacy                |   | W              | 24  |            |             |
| 1. Mary                 |   | S              | 7   |            |             |
|                         |   |                |     |            |             |
|                         |   |                |     |            |             |
|                         |   |                |     |            |             |
|                         |   |                |     |            |             |
|                         |   |                |     |            |             |
|                         |   |                |     |            |             |

FORM 10-636 (4-22-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |      |                |     |            |       |
|-------------------------|------|----------------|-----|------------|-------|
| R 201                   |      | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE  | NAME           |     | E.O.       | SHEET |
| B                       | 30   | Boss Charlie   |     | 31         | 14    |
| COUNTY                  |      | CITY           |     |            |       |
| Concordia               |      |                |     |            |       |
| OTHER MEMBERS OF FAMILY |      |                |     |            |       |
| 1                       | NAME | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| 1                       | John | D              | 10  |            |       |
|                         |      |                |     |            |       |
|                         |      |                |     |            |       |
|                         |      |                |     |            |       |
|                         |      |                |     |            |       |
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|                         |      |                |     |            |       |

FORM 10-636 (4-22-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| 82                      |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | R.O.       | SHEET |
| B                       | 38  | Loss, Charlie  |     | 83         | 29    |
| COUNTY                  |     | RAPIDOS        |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Octavie                 |     | W              | 17  |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
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|                         |     |                |     |            |       |

FORM 18-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                |            |            |            |
|-------------------------|----------------|------------|------------|------------|
| R200                    | HEAD OF FAMILY |            | LOUISIANA  |            |
| COLOR                   | AGE            | BIRTHPLACE |            | E.D. SHEET |
| W                       | 52             |            |            | 7/2 27     |
| COUNTY                  |                | CITY       |            |            |
| Tangipahoa              |                |            |            |            |
| OTHER MEMBERS OF FAMILY |                |            |            |            |
| NAME                    | RELATIONSHIP   | AGE        | BIRTHPLACE |            |
| Mary J.                 | W              | 48         |            |            |
| Wood W.                 | S              | 19         |            |            |
| Francis M.              | D              | 11         |            |            |
| 41 Be.                  |                |            |            |            |
|                         |                |            |            |            |
|                         |                |            |            |            |
|                         |                |            |            |            |
|                         |                |            |            |            |
|                         |                |            |            |            |

FORM 10-636 (4-30-61)  
1970 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |            |           |
|-------------------------|---|----------------|-----|------------|-----------|
| R200                    |   | HEAD OF FAMILY |     | LOUISIANA  |           |
| COLOR                   | B | AGE            | 54  | BIRTHPLACE | Charlotte |
| COUNTY                  |   | St. Mary       |     | CITY       | Franklin  |
| OTHER MEMBERS OF FAMILY |   |                |     |            |           |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |           |
| Cousin, Charles         |   | S              | 34  |            |           |
|                         |   |                |     |            |           |
|                         |   |                |     |            |           |
|                         |   |                |     |            |           |
|                         |   |                |     |            |           |
|                         |   |                |     |            |           |
|                         |   |                |     |            |           |
|                         |   |                |     |            |           |

Form 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |   |      |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|---|------|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
|  |  | NAME OF INDIVIDUAL<br><i>Reese, Charlotte</i> |      | LOUISIANA         |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>B</i>  | AGE<br><i>49</i>                         | BIRTH PLACE<br><i>Miss.</i>                   |      | R.D.<br><i>36</i> | SHEET<br><i>14</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><b>East Baton Rouge</b>  |  |   | CITY |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>James Lanson</i>   |  |   |      |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   |      |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |      |                   |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE               |      |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                |      |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT              |      |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER               |      |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT              |      |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)      |      |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |   |      |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |   |      |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

*Franklin*

FORM 16-437 (4-29-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 1910-701

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| R 210  |  | NAME OF INDIVIDUAL  |  | LOUISIANA   |  |
| COLOR  |  | AGE   |  | E.D.  |  |
| W  |  | 22  |  | 97  |  |
| BIRTHPLACE   |  | CITY  |  | SHEET   |  |
| COUNTY   |  | Morehouse   |  | 1   |  |
| ENUMERATED WITH  |  |   |  |   |  |
| Bessie Joseph  |  |   |  |   |  |
| RELATIONSHIP TO ABOVE  |  |   |  |   |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> WIDOW<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |  |

FORM 10-437 (4-20-21)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18100-P81

|                         |  |                   |      |            |       |
|-------------------------|--|-------------------|------|------------|-------|
| R 200                   |  | HEAD OF FAMILY    |      | LOUISIANA  |       |
| COLOR                   |  | AGE               |      | E.D.       | SHEET |
| W 41                    |  | BIRTHPLACE        |      | 112        | 28    |
| COUNTY                  |  |                   | CITY |            |       |
| Tangipahoa              |  |                   |      |            |       |
| OTHER MEMBERS OF FAMILY |  |                   |      |            |       |
| NAME                    |  | RELATION-<br>SHIP | AGE  | BIRTHPLACE |       |
| Willie                  |  | S                 | 15   |            |       |
| Edrath                  |  | D                 | 13   |            |       |
| Henry                   |  | S                 | 8    |            |       |
| Har                     |  | S                 | 5    |            |       |
|                         |  |                   |      |            |       |
|                         |  |                   |      |            |       |
|                         |  |                   |      |            |       |
|                         |  |                   |      |            |       |

FORM 70-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



LOUISIANA

|  |           |   |  |   |             |
|--|-----------|---|--|---|-------------|
| R-200  |           | NAME OF INDIVIDUAL<br>Reiss, Chester  |  | E.D.<br>104   | SHEET<br>36 |
| COLOR<br>B   | AGE<br>10 | BIRTHPLACE  |  |   |             |
| COUNTY<br>Terrebonne   |           | CITY<br>Houma   |  |   |             |
| ENUMERATED WITH<br>Reiss, Chas. D.   |           |   |  |   |             |
| RELATIONSHIP TO ABOVE  |           |   |  |   |             |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |           | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> WIDWIFE<br><input type="checkbox"/> WIFE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><u>AdS</u> |             |

FORM 10-537 (2-20-51)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1930 CENSUS INDEX - INDIVIDUAL

USCOMB-DC 16100-P01

LOUISIANA

|  |  |   |                  |                   |                    |
|--|--|---|------------------|-------------------|--------------------|
| NAME OF INDIVIDUAL<br><i>Read</i>      |  | NAME OF INDIVIDUAL<br><i>Bea Clara</i>              |                  | R.D.<br><i>52</i> | SHEET<br><i>17</i> |
| COLOR<br><i>B</i>                      | AGE<br><i>17</i>                         | BIRTHPLACE  |                  |                   |                    |
| COUNTY                                 |  |   | CITY             |                   |                    |
| ENUMERATED WITH<br><i>15erville</i>    |  |   | <i>Day, Mary</i> |                   |                    |
| RELATIONSHIP TO ABOVE                  |  |   |                  |                   |                    |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIFE                       |                  |                   |                    |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NIECE           | <input type="checkbox"/> MURDER                     |                  |                   |                    |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |                  |                   |                    |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |                  |                   |                    |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |                  |                   |                    |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |                  |                   |                    |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW  | <i>Bo</i>   |                  |                   |                    |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW   |   |                  |                   |                    |

FORM 10-437 (4-29-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCIB-DC 10100-P01

LOUISIANA

|   |  |   |            |              |  |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
|---|--|---|------------|--------------|--|------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|---|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R200  |  | NAME OF INDIVIDUAL                          |            | Boach, Clara |  | E.D. | SHEET |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| COLOR   |  | AGE   | BIRTHPLACE |              |  |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| B   |  | 28  | Miss       |              |  |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| COUNTY  |  |   |            | CITY         |  |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| West Feliciana  |  |   |            |              |  |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |   |            |              |  |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| Curtain, Mollie   |  |   |            |              |  |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |            |              |  |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDAVE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input checked="" type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |            |              |  |      |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDAVE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input checked="" type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDAVE             |            |              |  |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE              |            |              |  |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT            |            |              |  |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER             |            |              |  |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input checked="" type="checkbox"/> SERVANT |            |              |  |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)    |            |              |  |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |            |              |  |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |            |              |  |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |

FORM 10-437 (4-29-67)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCIB-DC 18100-P01

| HEAD OF FAMILY          |              | LOUISIANA      |            |
|-------------------------|--------------|----------------|------------|
| NAME                    |              | E.D.           | SHEET      |
| R200 Rocy Clara         |              | 102            | 15         |
| COLOR                   | AGE          | BIRTHPLACE     |            |
| W                       | 40           |                |            |
| COUNTY                  | St. Landry   | CITY Opelousas |            |
| OTHER MEMBERS OF FAMILY |              |                |            |
| NAME                    | RELATIONSHIP | AGE            | BIRTHPLACE |
| Living alone            |              |                |            |
|                         |              |                |            |
|                         |              |                |            |
|                         |              |                |            |
|                         |              |                |            |
|                         |              |                |            |
|                         |              |                |            |
|                         |              |                |            |
|                         |              |                |            |
|                         |              |                |            |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |         |                |      |            |  |
|-------------------------|---------|----------------|------|------------|--|
| R200                    |         | HEAD OF FAMILY |      | LOUISIANA  |  |
| Ruse, Clara Mrs         |         | E.D.           |      | SHEET      |  |
| COLOR                   | AGE     | BIRTHPLACE     |      |            |  |
| B                       | 48      | Miss           |      |            |  |
| COUNTY                  | Rapides |                | CITY |            |  |
|                         |         | Alexandria     |      |            |  |
| OTHER MEMBERS OF FAMILY |         |                |      |            |  |
| NAME                    |         | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| Living Alone            |         |                |      |            |  |
|                         |         |                |      |            |  |
|                         |         |                |      |            |  |
|                         |         |                |      |            |  |
|                         |         |                |      |            |  |
|                         |         |                |      |            |  |
|                         |         |                |      |            |  |
|                         |         |                |      |            |  |

|  |  |   | LOUISIANA |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|--|--|---|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| R200   | NAME OF INDIVIDUAL                       |   | E.O.      | SHEET |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|  | Pague, Clarice                           |   | 91        | 28    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR  | AGE                                      | BIRTHPLACE  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| Wm   | 12                                       |   |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY   |  | CITY  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|  |  | Natchitoches  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH  |  |   |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| Pague, James   |  |   |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tbody> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </tbody> </table> |  |   |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |   |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |   |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| 5.   |  |   |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 16-637 (6-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 15106-P61

|   |  |  |            |                                 |                                 |                                   |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|------------|---------------------------------|---------------------------------|-----------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|--|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
|   |  | LOUISIANA                                |            |                                 |                                 |                                   |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| R200  | NAME OF INDIVIDUAL<br><i>Roach, Clarence</i> |  | E.O.<br>53 |                                 |                                 |                                   |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>B</i>   | AGE<br>10                                    | BIRTHPLACE                               | SHEET<br>9 |                                 |                                 |                                   |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>Caddo</i>  |  | CITY                                     |            |                                 |                                 |                                   |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Jordan, Jacob</i>   |  |  |            |                                 |                                 |                                   |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |            |                                 |                                 |                                   |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> ROOMMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |            | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> ROOMMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW              | <input type="checkbox"/> ROOMMATE        |            |                                 |                                 |                                   |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE               | <input type="checkbox"/> NURSE           |            |                                 |                                 |                                   |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW       | <input type="checkbox"/> PATIENT         |            |                                 |                                 |                                   |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW       | <input type="checkbox"/> ROOMER          |            |                                 |                                 |                                   |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW          | <input type="checkbox"/> SERVANT         |            |                                 |                                 |                                   |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW     | <input type="checkbox"/> OTHER (Specify) |            |                                 |                                 |                                   |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW      |  |            |                                 |                                 |                                   |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW       |  |            |                                 |                                 |                                   |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 16-537 (4-10-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1916 CENSUS INDEX - INDIV

USCOMB-DC 15198-P61

|                         |     |                  |     |            |       |
|-------------------------|-----|------------------|-----|------------|-------|
| R20                     |     | HEAD OF FAMILY   |     | LOUISIANA  |       |
|                         |     | Rocher, Clarence |     | E.D.       | SHEET |
| COLOR                   | AGE | BIRTHPLACE       |     |            |       |
| Ym                      | 23  |                  |     |            |       |
| COUNTY                  |     | Natchitoches     |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |     |                  |     |            |       |
| NAME                    |     | RELATIONSHIP     | AGE | BIRTHPLACE |       |
| 1 Eugene                |     | (W)              | 21  |            |       |
|                         |     |                  |     |            |       |
|                         |     |                  |     |            |       |
|                         |     |                  |     |            |       |
|                         |     |                  |     |            |       |
|                         |     |                  |     |            |       |
|                         |     |                  |     |            |       |
|                         |     |                  |     |            |       |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                                |     |                   |      |            |       |
|--------------------------------|-----|-------------------|------|------------|-------|
| R200                           |     | HEAD OF FAMILY    |      | LOUISIANA  |       |
| COLOR                          | AGE | BIRTHPLACE        |      | E.O.       | SHEET |
| Mm                             | 26  | Miss, Clarence    |      | 52         | 13    |
| COUNTY                         |     |                   | CITY |            |       |
| MEMBERS OF FAMILY              |     |                   |      |            |       |
| NAME                           |     | RELATION-<br>SHIP | AGE  | BIRTHPLACE |       |
| 1 Nancy                        |     | W                 | 27   |            |       |
| Greene, Edward                 |     | SS                | 9    |            |       |
| <del>Greene</del> John, Willie |     | SS                | 6    |            |       |
|                                |     |                   |      |            |       |
|                                |     |                   |      |            |       |
|                                |     |                   |      |            |       |
|                                |     |                   |      |            |       |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |  |  |  |             |            |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|--|-------------|------------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|-------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R200   |  | NAME OF INDIVIDUAL<br>Riggs, Clarence    |  | E.D.<br>104 | SHEET<br>5 |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br>B   | AGE<br>16                                | BIRTHPLACE                               |  |             |            |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br>St. Landry   |  | CITY                                     |  |             |            |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br>Brown, John   |  |  |  |             |            |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |  |             |            |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WMAFE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NICE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |             |            | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WMAFE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NICE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WMAFE           |  |             |            |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NICE            | <input type="checkbox"/> NURSE           |  |             |            |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |  |             |            |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |  |             |            |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |  |             |            |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |  |             |            |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |             |            |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |  |             |            |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

Form 16-637 (4-22-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-OC 18100-P-61

| R 200                   |     | HEAD OF FAMILY |     | LOUISIANA  |       |
|-------------------------|-----|----------------|-----|------------|-------|
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| B                       | 37  |                |     | 20         | 6     |
| COUNTY                  |     | Clai borne     |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Mandy                   |     | W              | 37  |            |       |
| Cydney                  |     | S              | 12  |            |       |
| Clara B.                |     | S              | 11  |            |       |
| Tom                     |     | S              | 9   |            |       |
| Jim                     |     | S              | 8   |            |       |
| Clark                   |     | S              | 6   |            |       |
| Dewey                   |     | S              | 4   |            |       |

FORM 16-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

P

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME       | RELATIONSHIP | AGE | BIRTHPLACE |
|------------|--------------|-----|------------|
| 1 Florence | D            | 2   |            |
|            |              |     |            |
|            |              |     |            |
| 7 Lodgers  |              |     |            |
|            |              |     |            |
|            |              |     |            |
|            |              |     |            |
|            |              |     |            |
|            |              |     |            |
|            |              |     |            |
|            |              |     |            |

FORM 16-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18198-P61

|                         |   |                |     |            |  |
|-------------------------|---|----------------|-----|------------|--|
| R200                    |   | HEAD OF FAMILY |     | LOUISIANA  |  |
| Haco Clarsutin          |   | E.D.           |     | SHEET      |  |
| COLOR                   | W | AGE            | 33  | BIRTHPLACE |  |
| COUNTY                  |   | Calcasieu      |     | CITY       |  |
| OTHER MEMBERS OF FAMILY |   |                |     |            |  |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| Mandy                   |   | W              | 22  |            |  |
| Adams                   |   | S              | 5   |            |  |
| Henry                   |   | S              | 3   |            |  |
| Harley                  |   | S              | 1   |            |  |
| Robert Lyzzell          |   | M              | 63  |            |  |
|                         |   |                |     |            |  |
|                         |   |                |     |            |  |

Form 18-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |  |      |           |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|------|-----------|-----------|-------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R20  |  | NAME OF INDIVIDUAL<br><i>Rosch Claud</i>   |      | LOUISIANA | E.O.      | SHEET |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>W</i>  | AGE<br><i>18</i>                         | BIRTHPLACE                                 |      | <i>3</i>  | <i>11</i> |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>Bienville</i>   |  |  | CITY |           |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Watson Jesse J.</i>  |  |  |      |           |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |      |           |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDOW</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |      |           |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDOW             |      |           |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE             |      |           |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |      |           |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER |      |           |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |      |           |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |      |           |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |      |           |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |      |           |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 16-437 (4-22-31)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USC&MS-DC 10100-P01

|                         |     |                |     |            |  |
|-------------------------|-----|----------------|-----|------------|--|
| R 200                   |     | HEAD OF FAMILY |     | LOUISIANA  |  |
| Kearney, Claude         |     | E.O.           |     | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |     |            |  |
| Mu                      | 24  |                |     |            |  |
| COUNTY                  |     | Lafayette      |     | CITY       |  |
| OTHER MEMBERS OF FAMILY |     |                |     |            |  |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| Cecilia                 |     | W              | 23  |            |  |
| Claude                  |     | S              | 3   |            |  |
| Marie Louise            |     | D              | 2   |            |  |
| Cecilia                 |     | D              | 1   |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |               |            |       |
|-------------------------|--|----------------|---------------|------------|-------|
| R200                    |  | HEAD OF FAMILY |               | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE    | E.D.       | SHEET |
| W                       |  | 25             |               | 130        | 9     |
| COUNTY                  |  |                | CITY          |            |       |
| St. Martin              |  |                | Orange Bridge |            |       |
| OTHER MEMBERS OF FAMILY |  |                |               |            |       |
| NAME                    |  | RELATIONSHIP   | AGE           | BIRTHPLACE |       |
| 1 Sidonia W             |  |                | 25            |            |       |
|                         |  |                |               |            |       |
|                         |  |                |               |            |       |
|                         |  |                |               |            |       |
|                         |  |                |               |            |       |
|                         |  |                |               |            |       |
|                         |  |                |               |            |       |
|                         |  |                |               |            |       |

Form 10-434 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |     |                |     |            |  |
|-------------------------|-----|----------------|-----|------------|--|
| P202                    |     | HEAD OF FAMILY |     | LOUISIANA  |  |
| R. J. W. Clay           |     | E.D.           |     | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |     |            |  |
| W                       | 52  |                |     |            |  |
| COUNTY                  |     | CITY           |     |            |  |
| St. Tammany             |     | Brazoria       |     |            |  |
| OTHER MEMBERS OF FAMILY |     |                |     |            |  |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| Living alone            |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |

FORM 10-426 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |   |      |            |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|--|--|---|------|------------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|-------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| R200   |  | NAME OF INDIVIDUAL                                  |      | LOUISIANA  |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| Roux   |  | Chéris  |      | E.D.       | SHEET |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR  | W  | AGE   | 18   | BIRTHPLACE |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY   | St. James                                |   | CITY |            |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH  |  |   |      |            |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| Sears Alfred   |  |   |      |            |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   |      |            |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NICE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |      |            |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NICE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |      |            |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NICE            | <input type="checkbox"/> NURSE                      |      |            |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |      |            |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |      |            |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |      |            |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |      |            |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |   |      |            |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |   |      |            |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| Friend   |  |   |      |            |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 16-537 (4-25-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCENSUS-NC 16168-701

| <i>R200</i>             | HEAD OF FAMILY |                  | LOUISIANA  |          |
|-------------------------|----------------|------------------|------------|----------|
| COLOR                   | AGE            | BIRTHPLACE       | E.D.       | SHEET    |
| <i>Wm</i>               | <i>33</i>      | <i>Ross Clem</i> | <i>43</i>  | <i>9</i> |
| COUNTY                  | CITY           |                  |            |          |
| <i>East Carroll</i>     |                |                  |            |          |
| OTHER MEMBERS OF FAMILY |                |                  |            |          |
| NAME                    | RELATIONSHIP   | AGE              | BIRTHPLACE |          |
| <i>Mary</i>             | <i>w</i>       | <i>31</i>        |            |          |
| <i>Elston</i>           | <i>S</i>       | <i>10</i>        |            |          |
| <i>Clemmie</i>          | <i>S</i>       | <i>9</i>         |            |          |
|                         |                |                  |            |          |
|                         |                |                  |            |          |
|                         |                |                  |            |          |
|                         |                |                  |            |          |
|                         |                |                  |            |          |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |    |              |     |            |       |
|-------------------------|---|----------------|----|--------------|-----|------------|-------|
| P 222                   |   | HEAD OF FAMILY |    | Reese, Clara |     | LOUISIANA  |       |
| COLOR                   | B | AGE            | 34 | BIRTHPLACE   |     | E.D.       | SHEET |
|                         |   |                |    |              |     | 86         | 18    |
| COUNTY                  |   |                |    | St. Helena   |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |   |                |    |              |     |            |       |
| NAME                    |   |                |    | RELATIONSHIP | AGE | BIRTHPLACE |       |
| Cora                    |   |                |    | W            | 29  |            |       |
| Eugene                  |   |                |    | D            | 7   |            |       |
| Goldie                  |   |                |    | D            | 6   |            |       |
| Clennie Jr.             |   |                |    | S            | 4   |            |       |
| Cornie                  |   |                |    | D            | 3   |            |       |
|                         |   |                |    |              |     |            |       |
|                         |   |                |    |              |     |            |       |
|                         |   |                |    |              |     |            |       |

Form 16-636 (4-26-31)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |   |    |              |  |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
|--|--|---|----|--------------|--|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|-------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|---|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R200   |  | NAME OF INDIVIDUAL                          |    | Bess Clement |  | LOUISIANA |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| COLOR  | W  | AGE   | 22 | BIRTHPLACE   |  | E.O.      | SHEET |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
|  |  |   |    |              |  | 21        | 33    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| COUNTY   |  |   |    | Avoyelles    |  | CITY      |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH  |  |   |    |              |  |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| Coco Clairaise   |  |   |    |              |  |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   |    |              |  |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> WIFE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input checked="" type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |    |              |  |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> WIFE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input checked="" type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE             |    |              |  |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> WIFE            | <input type="checkbox"/> NURSE              |    |              |  |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT            |    |              |  |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER             |    |              |  |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input checked="" type="checkbox"/> SERVANT |    |              |  |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)    |    |              |  |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |   |    |              |  |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |   |    |              |  |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |

FORM 16-517 (4-20-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

U2C000-00 (2100-P01)

|   |     |   |  |  |       |
|---|-----|---|--|--|-------|
| R 200   |     | NAME OF INDIVIDUAL  |  | LOUISIANA  |       |
| COLOR   | AGE | BIRTHPLACE  |  | U.S.   | SHEET |
| Wm  | 5   | Russia, Cleveland   |  | 95-  | 21    |
| COUNTY  |     | CITY  |  |  |       |
| St. Mary  |     | Morgan  |  |  |       |
| ENUMERATED WITH   |     | Harding, Eliza  |  |  |       |
| RELATIONSHIP TO ABOVE   |     |   |  |  |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input checked="" type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> WIFE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |       |

FORM 15-437 (4-30-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMB-DC 15104-P01

|   |  |  |      |           |  |
|---|--|--|------|-----------|--|
| R-377   |  | NAME OF INDIVIDUAL                       |      | LOUISIANA |  |
| COLOR   | AGE                                      | BIRTHPLACE                               | S.D. | SHEET     |  |
| 6   | 10                                       |  | 110  | 3         |  |
| COUNTY  |  | CITY                                     |      |           |  |
| St. Landry  |  |  |      |           |  |
| ENUMERATED WITH                                   |  |  |      |           |  |
| Landonest Annie                                   |  |  |      |           |  |
| RELATIONSHIP TO ABOVE                             |  |  |      |           |  |
| <input type="checkbox"/> FATHER                   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIFE            |      |           |  |
| <input type="checkbox"/> MOTHER                   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> MURDER          |      |           |  |
| <input type="checkbox"/> GRANDFATHER              | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |      |           |  |
| <input type="checkbox"/> GRANDMOTHER              | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |      |           |  |
| <input type="checkbox"/> GRANDSON                 | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |      |           |  |
| <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |      |           |  |
| <input type="checkbox"/> AUNT                     | <input type="checkbox"/> BROTHER-IN-LAW  |  |      |           |  |
| <input type="checkbox"/> UNCLE                    | <input type="checkbox"/> SISTER-IN-LAW   |  |      |           |  |

FORM 10-627 (4-30-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |             |  |           |  |
|-------------------------|---|----------------|-----|-------------|--|-----------|--|
| R 200                   |   | HEAD OF FAMILY |     | Risee Clint |  | LOUISIANA |  |
| COLOR                   | B | AGE            | 40  | BIRTHPLACE  |  |           |  |
| COUNTY                  |   | Clai borne     |     | CITY        |  |           |  |
| OTHER MEMBERS OF FAMILY |   |                |     |             |  |           |  |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE  |  |           |  |
| Mat                     |   | W              | 40  |             |  |           |  |
| Beaulieu                |   | D              | 24  |             |  |           |  |
| Magg E                  |   | D              | 20  |             |  |           |  |
| Will                    |   | S              | 18  |             |  |           |  |
| Melby                   |   | S              | 16  |             |  |           |  |
| Clint                   |   | S              | 14  |             |  |           |  |
| Fannie                  |   | D              | 11  |             |  |           |  |

FORM 16-536 (4-26-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



HEAD OF FAMILY - CONTINUED

LOUISIANA

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME           | RELATIONSHIP | AGE      | BIRTHPLACE |
|----------------|--------------|----------|------------|
| <i>Sue</i>     | <i>S</i>     | <i>9</i> |            |
| <i>Carrie</i>  | <i>D</i>     | <i>7</i> |            |
| <i>Clemmon</i> | <i>S</i>     | <i>5</i> |            |
|                |              |          |            |
|                |              |          |            |
|                |              |          |            |
|                |              |          |            |
|                |              |          |            |
|                |              |          |            |
|                |              |          |            |
|                |              |          |            |

FORM 16-636 (4-20-01)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 18186-P64

|  |                                     |  |   |  |   |
|--|-------------------------------------|--|---|--|---|
| R200                                   |                                     | NAME OF INDIVIDUAL                       |   | LOUISIANA                                |   |
| COLOR                                  | W                                   | AGE                                      | 75                                      | BIRTHPLACE                               | Risks Creek                                 |
| COUNTY                                 | St. Landry                          |  | CITY                                    | Opelousas                                |   |
| ENUMERATED WITH                        |                                     |  |   |  |   |
| Sandy Alice                            |                                     |  |   |  |   |
| RELATIONSHIP TO ABOVE                  |                                     |  |   |  |   |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW     | <input type="checkbox"/> UNCLE           | <input type="checkbox"/> MRS            | <input type="checkbox"/> MURDER          | <input type="checkbox"/> PATIENT            |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> WIFE       | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> MOTHER-IN-LAW  | <input type="checkbox"/> ROOMER          | <input checked="" type="checkbox"/> SERVANT |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> BROTHER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |   |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> DAUGHTER   | <input type="checkbox"/> BROTHER         | <input type="checkbox"/> SISTER         |  |   |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON        | <input type="checkbox"/> BROTHER         | <input type="checkbox"/> SISTER         |  |   |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER   | <input type="checkbox"/> BROTHER         | <input type="checkbox"/> SISTER         |  |   |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> DAUGHTER   | <input type="checkbox"/> BROTHER         | <input type="checkbox"/> SISTER         |  |   |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> DAUGHTER   | <input type="checkbox"/> BROTHER         | <input type="checkbox"/> SISTER         |  |   |

FORM 18-437 (4-23-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |  |            |                   |                    |
|--|--|--|------------|-------------------|--------------------|
| R202   |  | NAME OF INDIVIDUAL<br><i>Rome Clodia</i> |            | LOUISIANA         |                    |
| COLOR<br><i>W</i>  |  | AGE<br><i>17</i>                         | BIRTHPLACE | E.O.<br><i>48</i> | SHEET<br><i>18</i> |
| COUNTY<br><i>Lafourche</i>   |  |  | CITY       |                   |                    |
| ENUMERATED WITH<br><i>Rome Joseph</i>  |  |  |            |                   |                    |
| RELATIONSHIP TO ABOVE  |  |  |            |                   |                    |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> FATHER<br/> <input type="checkbox"/> MOTHER<br/> <input type="checkbox"/> GRANDFATHER<br/> <input type="checkbox"/> GRANDMOTHER<br/> <input type="checkbox"/> GRANDSON<br/> <input type="checkbox"/> GRANDDAUGHTER<br/> <input type="checkbox"/> AUNT<br/> <input type="checkbox"/> UNCLE </div> <div style="width: 30%;"> <input type="checkbox"/> NEPHEW<br/> <input type="checkbox"/> NIECE<br/> <input type="checkbox"/> FATHER-IN-LAW<br/> <input type="checkbox"/> MOTHER-IN-LAW<br/> <input type="checkbox"/> SON-IN-LAW<br/> <input type="checkbox"/> DAUGHTER-IN-LAW<br/> <input type="checkbox"/> BROTHER-IN-LAW<br/> <input type="checkbox"/> SISTER-IN-LAW </div> <div style="width: 30%;"> <input type="checkbox"/> INMATE<br/> <input type="checkbox"/> NURSE<br/> <input type="checkbox"/> PATIENT<br/> <input type="checkbox"/> ROOMER<br/> <input type="checkbox"/> SERVANT<br/> <input type="checkbox"/> OTHER (Specify) </div> </div> |  |  |            |                   |                    |

FORM 10-637 (4-60-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |   |  |    |  |       |
|---|---|--|----|--|-------|
| R400  |   | NAME OF INDIVIDUAL   |    | LOUISIANA  |       |
| COLOR   | W | AGE  | 69 | E.D.   | SHEET |
|   |   | BIRTHPLACE   |    | 9  |       |
| COUNTY  |   | Livingston   |    | CITY   |       |
| ENUMERATED WITH   |   |  |    |  |       |
| Ramp, Theogene  |   |  |    |  |       |
| RELATIONSHIP TO ABOVE   |   |  |    |  |       |
| <input type="checkbox"/> FATHER<br><input checked="" type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |   | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NICE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |    | <input type="checkbox"/> IMMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |       |

FORM 10-437 (4-30-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |                    |   |           |       |
|--|--|--------------------|---|-----------|-------|
| R200   |  | NAME OF INDIVIDUAL |   | LOUISIANA |       |
| COLON  |  | AGE                | BIRTHPLACE  | E.D.      | SHEET |
| B  |  | 26                 |   | 71        | 11    |
| COUNTY   |  |                    | CITY  |           |       |
| ENUMERATED WITH  |  |                    | St. James   |           |       |
| RELATIONSHIP TO ABOVE  |  |                    | Joseph Octave   |           |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  |                    | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |           |       |
|  |  |                    | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br>D  |           |       |

FORM 10-637 (4-20-61)

1970 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |                  |   |      |  |                   |
|--|------------------|---|------|--|-------------------|
| 17200  |                  | NAME OF INDIVIDUAL<br><i>Picks, Clarence</i>  |      | LOUISIANA  |                   |
| COLOR<br><i>W</i>  | AGE<br><i>27</i> | BIRTHPLACE  |      | E.D.<br><i>73</i>  | SHEET<br><i>2</i> |
| COUNTY   |                  |   | CITY |  |                   |
| ENUMERATED WITH<br><i>Do Soto</i>  |                  |   |      |  |                   |
| RELATIONSHIP TO ABOVE<br><i>Bancroft, Mrs M.</i>   |                  |   |      |  |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> HOUSE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> PRISONER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                   |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|   |  |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 1200  | NAME OF INDIVIDUAL<br><i>Rose, Clyde</i> |  | E.D.<br><i>20</i> | SHEET<br><i>12</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>W</i>   | AGE<br><i>30</i>                         | BIRTHPLACE<br><i>Tex</i>                   |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>Iberia</i>   |  | CITY<br><i>New Iberia</i>                  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Brook, Daisy</i>  |  |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |                   |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE            |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE             |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-637 (10-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 1910-P-61

|  |  |  |  |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|--|-----------|-------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R 200  |  | NAME OF INDIVIDUAL                         |  | LOUISIANA |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|  |  | Rich Clyde                                 |  | E.D.      | SHEET |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR  | AGE                                      | BIRTHPLACE                                 |  | 113       | 5     |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| B  | 21                                       |  |  |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY   |  | Tangipahoa                                 |  | CITY      |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|  |  |  |  |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH  |  |  |  |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Fallen Leonard   |  |  |  |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |  |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WMAVE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WMAVE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WMAVE             |  |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE             |  |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |  |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER |  |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |  |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |  |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |  |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-637 (4-29-61)

1970 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCENS-DC 1970-P-1



| LOUISIANA               |                                | E.D.               |      | SHEET      |     |    |
|-------------------------|--------------------------------|--------------------|------|------------|-----|----|
| R200                    | HEAD OF FAMILY<br>Ross Coleman |                    |      |            | 130 | 13 |
| COLOR<br>B              | AGE<br>50                      | BIRTHPLACE<br>Miss |      |            |     |    |
| COUNTY<br>Tensas        |                                |                    | CITY |            |     |    |
| OTHER MEMBERS OF FAMILY |                                |                    |      |            |     |    |
| NAME                    |                                | RELATIONSHIP       | AGE  | BIRTHPLACE |     |    |
| 1 Cora                  |                                | W                  | 47   |            |     |    |
| Howard John             |                                | S                  | 19   |            |     |    |
|                         |                                |                    |      |            |     |    |
|                         |                                |                    |      |            |     |    |
|                         |                                |                    |      |            |     |    |
|                         |                                |                    |      |            |     |    |
|                         |                                |                    |      |            |     |    |

FORM 16-636 (4-20-31)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|                         |                    |              |      |            |
|-------------------------|--------------------|--------------|------|------------|
| R200                    | HEAD OF FAMILY     |              | E.D. | SHEET      |
|                         | Rauzee Collie Mann |              | 145  | 10         |
| COLOR                   | AGE                | BIRTHPLACE   |      |            |
| W                       | 50                 | Miss         |      |            |
| COUNTY                  | Vernon             |              | CITY |            |
| OTHER MEMBERS OF FAMILY |                    |              |      |            |
| NAME                    |                    | RELATIONSHIP | AGE  | BIRTHPLACE |
| James T                 |                    | S            | 32   | Miss       |
| Henry H                 |                    | S            | 20   | Miss       |
| George Neal             |                    | S            | 18   | Miss       |
| Joseph A                |                    | S            | 16   | Miss       |
| Herald                  |                    | S            | 14   | Miss       |
| Lonnie A                |                    | S            | 12   | Ref        |

FORM 10-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                          |  |            |                 |
|--------------------------|--|------------|-----------------|
|                          |  | LOUISIANA  |                 |
| 1200                     | HEAD OF FAMILY<br><i>Rouse, Cornelia</i> |            | E.O. 78 SHEET 6 |
| COLOR<br><i>B</i>        | AGE<br><i>60</i>                         | BIRTHPLACE |                 |
| COUNTY<br><i>Rapides</i> | CITY<br><i>Alexandria</i>                |            |                 |
| OTHER MEMBERS OF FAMILY  |  |            |                 |
| NAME                     | RELATIONSHIP                             | AGE        | BIRTHPLACE      |
| <i>Living alone</i>      |  |            |                 |
|                          |  |            |                 |
|                          |  |            |                 |
|                          |  |            |                 |
|                          |  |            |                 |
|                          |  |            |                 |
|                          |  |            |                 |
|                          |  |            |                 |

FORM 16-636 (4-20-61)

1916 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|                         |                |                 |                        |            |       |
|-------------------------|----------------|-----------------|------------------------|------------|-------|
| <i>Bacc</i>             | HEAD OF FAMILY |                 | <i>Reiss Comfort M</i> | E.D.       | SHEET |
| COLOR                   | AGE            | BIRTHPLACE      |                        |            |       |
| <i>W</i>                | <i>52</i>      |                 |                        |            |       |
| COUNTY                  |                | <i>Franklin</i> | CITY                   |            |       |
|                         |                |                 | <i>Winneshaw</i>       |            |       |
| OTHER MEMBERS OF FAMILY |                |                 |                        |            |       |
| NAME                    |                | RELATIONSHIP    | AGE                    | BIRTHPLACE |       |
| <i>Sadie</i>            |                | <i>D</i>        | <i>15</i>              |            |       |
| <i>Eleanor</i>          |                | <i>D</i>        | <i>11</i>              |            |       |
| <i>Elbert E</i>         |                | <i>S</i>        | <i>7</i>               |            |       |
|                         |                |                 |                        |            |       |
|                         |                |                 |                        |            |       |
|                         |                |                 |                        |            |       |
|                         |                |                 |                        |            |       |
|                         |                |                 |                        |            |       |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |   |            |  |       |
|--|--|---|------------|--|-------|
| R200   |  | NAME OF INDIVIDUAL  |            | LOUISIANA  |       |
| COLOR  |  | AGE   | BIRTHPLACE | E.D.   | SHEET |
| B  |  | 10  |            | 92   | 11    |
| COUNTY   |  |   | CITY       |  |       |
|  |  |   | Morehouse  |  |       |
| ENUMERATED WITH  |  |   |            |  |       |
| Williams, Nick   |  |   |            |  |       |
| RELATIONSHIP TO ABOVE  |  |   |            |  |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |            | <input type="checkbox"/> BOARDER<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br>SD |       |

FORM 10-437 (4-22-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 15100-P-61

LOUISIANA

|  |  |  |            |            |
|--|--|--|------------|------------|
| R200                                   | NAME OF INDIVIDUAL<br>Rouse, Connie      |  | E.O.<br>25 | SHEET<br>9 |
| COLOR<br>W                             | AGE<br>8                                 | BIRTHPLACE                               |            |            |
| COUNTY<br>East Baton Rouge             | CITY<br>Baton Rouge                      |  |            |            |
| ENUMERATED WITH<br>James, Lizzie       |  |  |            |            |
| RELATIONSHIP TO ABOVE                  |  |  |            |            |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW          | <input checked="" type="checkbox"/> WIFE |            |            |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |            |            |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |            |            |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |            |            |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |            |            |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |            |            |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW  |  |            |            |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW   |  |            |            |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P01

|                         |                | LOUISIANA     |                  |
|-------------------------|----------------|---------------|------------------|
| R 200                   | HEAD OF FAMILY | Rock Constant | E.D. 68 SHEET 11 |
| COLOR<br>W              | AGE<br>38      | BIRTHPLACE    |                  |
| COUNTY                  | Lafayette      |               | CITY             |
| OTHER MEMBERS OF FAMILY |                |               |                  |
| NAME                    | RELATIONSHIP   | AGE           | BIRTHPLACE       |
| Philomeline             | W              | 31            |                  |
| Liliann                 | D              | 15            |                  |
| Corine                  | D              | 10            |                  |
| Robert                  | S              | 6             |                  |
| Azusa                   | D              | 2             |                  |
|                         |                |               |                  |
|                         |                |               |                  |

LOUISIANA

|                         |  |                |  |              |     |            |       |
|-------------------------|--|----------------|--|--------------|-----|------------|-------|
| R200                    |  | HEAD OF FAMILY |  | Reggio, Cora |     | E.O.       | SHEET |
| COLOR                   |  | AGE            |  | BIRTHPLACE   |     | 13         | 7     |
| W                       |  | 49             |  |              |     |            |       |
| COUNTY                  |  |                |  | Iberia       |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |  |                |  |              |     |            |       |
| NAME                    |  |                |  | RELATIONSHIP | AGE | BIRTHPLACE |       |
| Mory, Emilio            |  |                |  | N            | 19  |            |       |
|                         |  |                |  |              |     |            |       |
|                         |  |                |  |              |     |            |       |
|                         |  |                |  |              |     |            |       |
|                         |  |                |  |              |     |            |       |
|                         |  |                |  |              |     |            |       |
|                         |  |                |  |              |     |            |       |
|                         |  |                |  |              |     |            |       |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



LOUISIANA

|                         |                |              |                |            |       |
|-------------------------|----------------|--------------|----------------|------------|-------|
| R-200                   | HEAD OF FAMILY |              | Reese Coraline | E.D.       | SHEET |
| COLOR                   | AGE            | BIRTHPLACE   |                |            |       |
| W                       | 74             | Ohio         |                |            |       |
| COUNTY                  |                |              | CITY           |            |       |
| Calcasieu               |                |              |                |            |       |
| OTHER MEMBERS OF FAMILY |                |              |                |            |       |
| NAME                    |                | RELATIONSHIP | AGE            | BIRTHPLACE |       |
| Mauser Eva B.           |                | ad.          | 6              | Ind.       |       |
|                         |                |              |                |            |       |
|                         |                |              |                |            |       |
|                         |                |              |                |            |       |
|                         |                |              |                |            |       |
|                         |                |              |                |            |       |
|                         |                |              |                |            |       |
|                         |                |              |                |            |       |

FORM 10-636 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

| LOUISIANA  |   |  |                    |
|--|---|--|--------------------|
| <i>P200</i>  | NAME OF INDIVIDUAL<br><i>Lena Carson</i>  |  | E.D.<br><i>116</i> |
| COLOR<br><i>B</i>  | AGE<br><i>13</i>  | BIRTHPLACE   |                    |
| COUNTY<br><i>Richland</i>  | CITY  |  |                    |
| ENUMERATED WITH<br><i>Willie, Pricie</i>   |   |  |                    |
| RELATIONSHIP TO ABOVE  |   |  |                    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input checked="" type="checkbox"/> WIFE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                    |

FORM 16-537 (4-22-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-PC 15195-P01

LOUISIANA

|  |  |   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
|--|--|---|--|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|-----------|--------------------------------|--|--|
| 11200  |  | NAME OF INDIVIDUAL<br><i>Rico Corrie</i>            |  | E.O.<br><i>16</i> | SHEET<br><i>17</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| COLOR<br><i>B</i>  | AGE<br><i>10</i>                         | BIRTHPLACE  |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| COUNTY<br><i>Avoyelles</i>   |  | CITY  |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| ENUMERATED WITH<br><i>Francisco Marcelan</i>   |  |   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>SD</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |                   |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>SD</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  | <i>SD</i>   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |

FORM 10-437 (4-29-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 1910-P01

LOUISIANA

|  |           |  |      |   |             |
|--|-----------|--|------|---|-------------|
| R 207  |           | NAME OF INDIVIDUAL<br>Rose, Cornelia   |      | E.D.<br>56  | SHEET<br>11 |
| COLOR<br>D   | AGE<br>20 | BIRTHPLACE   |      |   |             |
| COUNTY   |           |  | CITY |   |             |
| ENUMERATED WITH<br>Josie, Moses  |           |  |      |   |             |
| RELATIONSHIP TO ABOVE  |           |  |      |   |             |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |           | <input type="checkbox"/> NEPHEW<br><input checked="" type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify)<br>4 |             |

FORM 16-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 1910-P-1

## LOUISIANA

|  |  |  |      |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|------|-------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R 200  | NAME OF INDIVIDUAL                       |  | E.D. | SHEET |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|  | Rice, Coralia                            |  | 28   | 7     |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR  | AGE                                      | BIRTHPLACE                                 |      |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| W  | 35                                       |  |      |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY   | Calcasieu                                |  | CITY |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH  |  |  |      |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Stevens, Charles H.  |  |  |      |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |      |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDOW</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> Niece</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> MISTRESS-IN-LAW</td> <td></td> </tr> </table> |  |  |      |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | <input type="checkbox"/> MOTHER | <input type="checkbox"/> Niece | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> MISTRESS-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDOW             |      |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> Niece           | <input type="checkbox"/> NURSE             |      |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |      |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER |      |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |      |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |      |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |      |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> MISTRESS-IN-LAW |  |      |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 16-637 (6-22-51)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCENS-DC 1910-PM

|                         |                | LOUISIANA  |            |
|-------------------------|----------------|------------|------------|
| Q 200                   | HEAD OF FAMILY | E.D.       | SHEET      |
|                         | Rich Cornulow  | 112        | 31         |
| COLOR                   | AGE            | BIRTHPLACE |            |
| W                       | 59             |            |            |
| COUNTY                  |                | CITY       |            |
| Tangipahoa              |                |            |            |
| OTHER MEMBERS OF FAMILY |                |            |            |
| NAME                    | RELATIONSHIP   | AGE        | BIRTHPLACE |
| Bill Lucy               | SL             | 30         |            |
| Nellie                  | D              | 30         |            |
| Julian C.               | GS             | 4          |            |
| Esther G.               | GS             | 2          |            |
| Chloe                   | GS             | 1 1/2      |            |
| Bobbie                  | GS             | 1 1/2      |            |
| Rich Cornulow           | S              | 21         |            |

LOUISIANA

|  |   |  |                  |                    |
|--|---|--|------------------|--------------------|
| Proo   | NAME OF INDIVIDUAL<br><i>Rose, Cornelia</i> |  | E.O.<br><i>9</i> | SHEET<br><i>12</i> |
| COLOR<br><i>B</i>                            | AGE<br><i>23</i>                            | BIRTH PLACE                              |                  |                    |
| COUNTY<br><i>Ascension</i>                   | CITY  |  |                  |                    |
| ENUMERATED WITH<br><i>Cornett, Richard</i>   |   |  |                  |                    |
| RELATIONSHIP TO ABOVE                        |   |  |                  |                    |
| <input type="checkbox"/> FATHER              | <input type="checkbox"/> NEPHEW             | <input type="checkbox"/> WIDOW           |                  |                    |
| <input type="checkbox"/> MOTHER              | <input type="checkbox"/> NIECE              | <input type="checkbox"/> WIFE            |                  |                    |
| <input type="checkbox"/> GRANDFATHER         | <input type="checkbox"/> FATHER-IN-LAW      | <input type="checkbox"/> PATIENT         |                  |                    |
| <input type="checkbox"/> GRANDMOTHER         | <input type="checkbox"/> MOTHER-IN-LAW      | <input type="checkbox"/> ROOMER          |                  |                    |
| <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW         | <input type="checkbox"/> SERVANT         |                  |                    |
| <input type="checkbox"/> GRANDDAUGHTER       | <input type="checkbox"/> DAUGHTER-IN-LAW    | <input type="checkbox"/> OTHER (Specify) |                  |                    |
| <input type="checkbox"/> AUNT                | <input type="checkbox"/> BROTHER-IN-LAW     |  |                  |                    |
| <input type="checkbox"/> UNCLE               | <input type="checkbox"/> SISTER-IN-LAW      |  |                  |                    |

FORM 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-OC 13190-P61

LOUISIANA

|                         |                |     |                 |            |             |       |   |      |
|-------------------------|----------------|-----|-----------------|------------|-------------|-------|---|------|
| R-200                   | HEAD OF FAMILY |     | Rush, Cornelius | E.D.       | 131         | SHEET | 6 |      |
| COLOR                   | B              | AGE | 34              | BIRTHPLACE |             |       |   | Fla. |
| COUNTY                  | Union          |     |                 | CITY       | Framerville |       |   |      |
| OTHER MEMBERS OF FAMILY |                |     |                 |            |             |       |   |      |
| NAME                    |                |     | RELATIONSHIP    | AGE        | BIRTHPLACE  |       |   |      |
| 1 Trimp                 |                |     | W               | 26         |             |       |   |      |
| Lucas, Ella M           |                |     | 2nd             | 12         |             |       |   |      |
|                         |                |     |                 |            |             |       |   |      |
|                         |                |     |                 |            |             |       |   |      |
|                         |                |     |                 |            |             |       |   |      |
|                         |                |     |                 |            |             |       |   |      |
|                         |                |     |                 |            |             |       |   |      |
|                         |                |     |                 |            |             |       |   |      |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



| K 200                   |     | HEAD OF FAMILY |       | LOUISIANA  |  |
|-------------------------|-----|----------------|-------|------------|--|
| Rice, Cornelius S.      |     | E.O.           | SHEET |            |  |
| COLOR                   | AGE | BIRTHPLACE     |       |            |  |
| B                       | 33  |                |       |            |  |
| COUNTY                  |     | Jackson        |       | CITY       |  |
| OTHER MEMBERS OF FAMILY |     |                |       |            |  |
| NAME                    |     | RELATIONSHIP   | AGE   | BIRTHPLACE |  |
| Hannia                  |     | W              | 30    |            |  |
| Martin                  |     | S              | 10    |            |  |
| and 1 B.                |     |                |       |            |  |
|                         |     |                |       |            |  |
|                         |     |                |       |            |  |
|                         |     |                |       |            |  |
|                         |     |                |       |            |  |
|                         |     |                |       |            |  |

FORM 16-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|                         |   |                |    |              |     |            |  |
|-------------------------|---|----------------|----|--------------|-----|------------|--|
| R200                    |   | HEAD OF FAMILY |    | E.O.         |     | SHEET      |  |
| R200                    |   | R200 Crayton   |    | 82           |     | 18         |  |
| COLOR                   | B | AGE            | 35 | BIRTHPLACE   |     |            |  |
| COUNTY                  |   |                |    | CITY         |     |            |  |
| <del>Watchdog</del>     |   |                |    |              |     |            |  |
| OTHER MEMBERS OF FAMILY |   |                |    |              |     |            |  |
| NAME                    |   |                |    | RELATIONSHIP | AGE | BIRTHPLACE |  |
| 1 Julius                |   |                |    | S            | 13  |            |  |
|                         |   |                |    |              |     |            |  |
|                         |   |                |    |              |     |            |  |
|                         |   |                |    |              |     |            |  |
|                         |   |                |    |              |     |            |  |
|                         |   |                |    |              |     |            |  |
|                         |   |                |    |              |     |            |  |
|                         |   |                |    |              |     |            |  |
|                         |   |                |    |              |     |            |  |

FORM 16-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |  |  |  |             |             |
|--|--|--|--|-------------|-------------|
| R 200                                  |  | NAME OF INDIVIDUAL<br>Rosa Crawford        |  | E.D.<br>106 | SHEET<br>17 |
| COLOR<br>W                             | AGE<br>24                                | BIRTHPLACE<br>N.S.                         |  |             |             |
| COUNTY<br>Sabine                       |  | CITY                                       |  |             |             |
| ENumerated WITH<br>Williams Frank H.   |  |  |  |             |             |
| RELATIONSHIP TO ABOVE                  |  |  |  |             |             |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIFE              |  |             |             |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE             |  |             |             |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |  |             |             |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER |  |             |             |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |  |             |             |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |  |             |             |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |             |             |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW   |  |  |             |             |

FORM 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1960 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 10100-P01

LOUISIANA

|                         |                |              |              |            |       |
|-------------------------|----------------|--------------|--------------|------------|-------|
| R 200                   | HEAD OF FAMILY |              | Pais, Cristy | E.D.       | SHEET |
| W                       | 30             | BIRTHPLACE   |              |            |       |
| COUNTY                  |                |              | Lafayette    | CITY       |       |
| OTHER MEMBERS OF FAMILY |                |              |              |            |       |
| NAME                    |                | RELATIONSHIP | AGE          | BIRTHPLACE |       |
| Matil                   |                | W            | 27           |            |       |
| Media                   |                | D            | 8            |            |       |
| Hippolite               |                | D            | 7            |            |       |
| Willy                   |                | D            | 6            |            |       |
| Edna                    |                | D            | 2            |            |       |
| Amenda                  |                | D            | 4 1/2        |            |       |
| Edie                    |                | D            | 4            |            |       |

FORM 16-626 (4-20-51)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |  |  |           |            |
|--|--|--|-----------|------------|
| R200   | NAME OF INDIVIDUAL<br>Rose Curtis        |  | E.D.<br>8 | SHEET<br>6 |
| COLOR<br>B                                   | AGE<br>17                                | BIRTHPLACE                               |           |            |
| COUNTY<br>Assumption                         |  | CITY                                     |           |            |
| ENUMERATED WITH<br>Rose, Jennie              |  |  |           |            |
| RELATIONSHIP TO ABOVE                        |  |  |           |            |
| <input type="checkbox"/> FATHER              | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |           |            |
| <input type="checkbox"/> MOTHER              | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |           |            |
| <input type="checkbox"/> GRANDFATHER         | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |           |            |
| <input type="checkbox"/> GRANDMOTHER         | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |           |            |
| <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |           |            |
| <input type="checkbox"/> GRANDDAUGHTER       | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |           |            |
| <input type="checkbox"/> AUNT                | <input type="checkbox"/> BROTHER-IN-LAW  |  |           |            |
| <input type="checkbox"/> UNCLE               | <input type="checkbox"/> SISTER-IN-LAW   |  |           |            |

FORM 16-437 (4-30-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18199-P01

LOUISIANA

|  |  |  |             |             |
|--|--|--|-------------|-------------|
| R200   | NAME OF INDIVIDUAL<br>Roach, Cyler       |  | E.O.<br>145 | SHEET<br>16 |
| COLOR<br>B                                   | AGE<br>4                                 | BIRTHPLACE                               |             |             |
| COUNTY<br>West Feliciana                     |  | CITY                                     |             |             |
| ENUMERATED WITH<br>Roach, Silas              |  |  |             |             |
| RELATIONSHIP TO ABOVE                        |  |  |             |             |
| <input type="checkbox"/> FATHER              | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> IMMATE          |             |             |
| <input type="checkbox"/> MOTHER              | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |             |             |
| <input type="checkbox"/> GRANDFATHER         | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |             |             |
| <input type="checkbox"/> GRANDMOTHER         | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |             |             |
| <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |             |             |
| <input type="checkbox"/> GRANDDAUGHTER       | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |             |             |
| <input type="checkbox"/> AUNT                | <input type="checkbox"/> BROTHER-IN-LAW  |  |             |             |
| <input type="checkbox"/> UNCLE               | <input type="checkbox"/> SISTER-IN-LAW   |  |             |             |

FORM 16-437 (4-26-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-NC 1910-P64

LOUISIANA

|                         |                |              |           |            |       |
|-------------------------|----------------|--------------|-----------|------------|-------|
| R200                    | HEAD OF FAMILY |              | Cyprien C | E.D.       | SHEET |
| COLOR                   | AGE            | BIRTHPLACE   |           |            |       |
| W                       | 26             |              |           |            |       |
| COUNTY                  |                |              | CITY      |            |       |
| Avoyelles               |                |              |           |            |       |
| OTHER MEMBERS OF FAMILY |                |              |           |            |       |
| NAME                    |                | RELATIONSHIP | AGE       | BIRTHPLACE |       |
| Celestine M             |                | W            | 22        |            |       |
| Leline M                |                | D            | 2         |            |       |
| Bernadette A            |                | D            | 7/2       |            |       |
|                         |                |              |           |            |       |
|                         |                |              |           |            |       |
|                         |                |              |           |            |       |
|                         |                |              |           |            |       |
|                         |                |              |           |            |       |

|                         |              |                |            | LOUISIANA |   |
|-------------------------|--------------|----------------|------------|-----------|---|
| HEAD OF FAMILY          |              | E.D.           | SHEET      |           |   |
| R200                    |              | Richer Cyrigne |            | 23        | 6 |
| COLOR                   | AGE          | BIRTHPLACE     |            |           |   |
| W                       | 47           |                |            |           |   |
| COUNTY                  |              | CITY           |            |           |   |
| Avoyelles               |              |                |            |           |   |
| OTHER MEMBERS OF FAMILY |              |                |            |           |   |
| NAME                    | RELATIONSHIP | AGE            | BIRTHPLACE |           |   |
| Thermina                | W            | 47             |            |           |   |
| Narcisse                | S            | 24             |            |           |   |
| Clifton                 | S            | 18             |            |           |   |
| Clara                   | D            | 16             |            |           |   |
| Leonard                 | S            | 13             |            |           |   |
| Armas                   | S            | 10             |            |           |   |
| Martin                  | S            | 8              |            |           |   |

FORM 16-436 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME   | RELATIONSHIP | AGE | BIRTHPLACE |
|--------|--------------|-----|------------|
| 1 Mona | D            | 6   |            |
|        |              |     |            |
|        |              |     |            |
|        |              |     |            |
|        |              |     |            |
|        |              |     |            |
|        |              |     |            |
|        |              |     |            |
|        |              |     |            |
|        |              |     |            |
|        |              |     |            |
|        |              |     |            |
|        |              |     |            |
|        |              |     |            |

FORM 16-536a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18100-P01

D

|                         |          |                |     |              |  |                   |    |
|-------------------------|----------|----------------|-----|--------------|--|-------------------|----|
| R. 2nd                  |          | HEAD OF FAMILY |     | Roach, D. C. |  | LOUISIANA         |    |
| COLOR                   | W        | AGE            | 28  | BIRTHPLACE   |  | E.D.              | 17 |
|                         |          |                |     |              |  | SHEET             | 2  |
| COUNTY                  |          |                |     | CITY         |  |                   |    |
|                         |          |                |     | Bossier      |  | Bossier City, La. |    |
| OTHER MEMBERS OF FAMILY |          |                |     |              |  |                   |    |
|                         | NAME     | RELATIONSHIP   | AGE | BIRTHPLACE   |  |                   |    |
| 1                       | Castilla | W              | 28  |              |  |                   |    |
|                         | Eleanor  | D              | 1   |              |  |                   |    |
|                         | L. E.    | S              | 2   |              |  |                   |    |
|                         |          |                |     |              |  |                   |    |
|                         |          |                |     |              |  |                   |    |
|                         |          |                |     |              |  |                   |    |
|                         |          |                |     |              |  |                   |    |
|                         |          |                |     |              |  |                   |    |

FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |          |            |       |
|-------------------------|-----|----------------|----------|------------|-------|
| R 200                   |     | HEAD OF FAMILY |          | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |          | E.D.       | SHEET |
| B                       | 25  | Miss           |          | 131        | 13    |
| COUNTY                  |     |                | CITY     |            |       |
| Washington              |     |                | Bogalusa |            |       |
| OTHER MEMBERS OF FAMILY |     |                |          |            |       |
| NAME                    |     | RELATIONSHIP   | AGE      | BIRTHPLACE |       |
| living alone            |     |                |          |            |       |
|                         |     |                |          |            |       |
|                         |     |                |          |            |       |
|                         |     |                |          |            |       |
|                         |     |                |          |            |       |
|                         |     |                |          |            |       |
|                         |     |                |          |            |       |
|                         |     |                |          |            |       |

FORM 10-436 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |   |  |           |            |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|---|--|---|--|-----------|------------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|-------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| R200  |  | NAME OF INDIVIDUAL<br>Rose, Dan                     |  | LOUISIANA |            |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR<br>B  | AGE<br>11                                | BIRTHPLACE  |  | E.O.<br>2 | SHEET<br>2 |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY  |  | CITY  |  |           |            |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|   |  | Assumption Plattenville                             |  |           |            |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH<br>Breaux, John   |  |   |  |           |            |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |  |           |            |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WMAVE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> WIFE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |           |            | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WMAVE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> WIFE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WMAVE                      |  |           |            |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> WIFE            | <input type="checkbox"/> NURSE                      |  |           |            |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |           |            |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |           |            |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |           |            |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |           |            |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |           |            |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |  |           |            |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

G-C1

FORM 10-637 (4-30-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMB-DC 1910-6-1

|                         |     |                |        |            |  |
|-------------------------|-----|----------------|--------|------------|--|
| R200                    |     | HEAD OF FAMILY |        | LOUISIANA  |  |
| E.D.                    |     | SHEET          |        |            |  |
| COLOR                   | AGE | BIRTHPLACE     |        |            |  |
| ✓                       | 2 ✓ | Rosa Ann       |        |            |  |
| COUNTY                  |     | CITY           |        |            |  |
| Bossier                 |     |                |        |            |  |
| OTHER MEMBERS OF FAMILY |     |                |        |            |  |
| NAME                    |     | RELATIONSHIP   | AGE    | BIRTHPLACE |  |
| / Johnnie               |     | W              | 19     |            |  |
| / Thaddeus              |     | 1              | 10 1/2 |            |  |
|                         |     |                |        |            |  |
|                         |     |                |        |            |  |
|                         |     |                |        |            |  |
|                         |     |                |        |            |  |
|                         |     |                |        |            |  |
|                         |     |                |        |            |  |

FORM 16-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

| HEAD OF FAMILY          |              |            | LOUISIANA  |       |
|-------------------------|--------------|------------|------------|-------|
| COLOR                   | AGE          | BIRTHPLACE | E.O.       | SHEET |
| W                       | 30           | Florida    | 33         | 4     |
| COUNTY                  |              | CITY       |            |       |
| Calcasieu               |              |            |            |       |
| OTHER MEMBERS OF FAMILY |              |            |            |       |
| NAME                    | RELATIONSHIP | AGE        | BIRTHPLACE |       |
| Lucy                    | W            | 26         |            |       |
| Baldie                  | D            | 7          |            |       |
| Sylvia                  | D            | 6          |            |       |
| Army                    | D            | 4          |            |       |
| Gertrude                | D            | 2          |            |       |
| Henry                   | S            | 3          |            |       |

FORM 18-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|                         |     |                |  |              |     |            |  |
|-------------------------|-----|----------------|--|--------------|-----|------------|--|
| A 200                   |     | HEAD OF FAMILY |  | E.D.         |     | SHEET      |  |
|                         |     | Russ Dan       |  | 19           |     | 1          |  |
| COLOR                   | AGE | BIRTHPLACE     |  |              |     |            |  |
| B                       | 37  |                |  |              |     |            |  |
| COUNTY                  |     |                |  | CITY         |     |            |  |
| East Baton Rouge        |     |                |  | Baton Rouge  |     |            |  |
| OTHER MEMBERS OF FAMILY |     |                |  |              |     |            |  |
| NAME                    |     |                |  | RELATIONSHIP | AGE | BIRTHPLACE |  |
| 1 Anna                  |     |                |  | W            | 30  |            |  |
| Green Matthew           |     |                |  | SS           | 13  |            |  |
| 1 Bethie                |     |                |  | SD           | 11  |            |  |
|                         |     |                |  |              |     |            |  |
|                         |     |                |  |              |     |            |  |
|                         |     |                |  |              |     |            |  |
|                         |     |                |  |              |     |            |  |
|                         |     |                |  |              |     |            |  |

FORM 16-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



220

| LOUISIANA  |   |   |
|--|---|---|
| NAME OF INDIVIDUAL<br><i>Roach, Dan</i>  | E.O.<br><i>94</i>   | SHEET<br><i>22</i>  |
| COLOR<br><i>T3</i>   | AGE<br><i>51</i>  | BIRTHPLACE  |
| COUNTY<br><i>St. Mary</i>  | CITY  |   |
| ENUMERATED WITH<br><i>Harris Philip</i>  |   |   |
| RELATIONSHIP TO ABOVE  |   |   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> WIDOW<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>Pauper</i> |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCENS-DC 18100-P61

|                         |              | LOUISIANA  |            |
|-------------------------|--------------|------------|------------|
| HEAD OF FAMILY          |              | E.O.       | SHEET      |
| R 200                   |              | 60         | 1          |
| COLOR                   | AGE          | BIRTHPLACE |            |
| B                       | 59           | Ga.        |            |
| COUNTY                  | CITY         |            |            |
| Cade                    |              |            |            |
| OTHER MEMBERS OF FAMILY |              |            |            |
| NAME                    | RELATIONSHIP | AGE        | BIRTHPLACE |
| Matilda                 | W            | 56         | Ga         |
| Pallie                  | D            | 29         | Ga         |
| William                 | S            | 27         | Ga         |
| Linton                  | S            | 21         |            |
| Edward                  | S            | 19         |            |
| James L                 | S            | 14         |            |
| Walter                  | S            | 16         |            |

FORM 16-436 (4-30-61)

1970 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |  |               |  |            |  |
|-------------------------|--|----------------|--|---------------|--|------------|--|
| R200                    |  | HEAD OF FAMILY |  | Reese, Samial |  | LOUISIANA  |  |
| COLOR                   |  | AGE            |  | BIRTHPLACE    |  | E.D. SHEET |  |
| B                       |  | 43             |  |               |  | 111 6      |  |
| COUNTY                  |  |                |  | St. Landry    |  | CITY       |  |
| OTHER MEMBERS OF FAMILY |  |                |  |               |  |            |  |
| NAME                    |  |                |  | RELATIONSHIP  |  | AGE        |  |
| Loret                   |  |                |  | W             |  | 54         |  |
| Henrickes               |  |                |  | S             |  | 16         |  |
|                         |  |                |  |               |  |            |  |
|                         |  |                |  |               |  |            |  |
|                         |  |                |  |               |  |            |  |
|                         |  |                |  |               |  |            |  |
|                         |  |                |  |               |  |            |  |
|                         |  |                |  |               |  |            |  |
|                         |  |                |  |               |  |            |  |

FORM 16-636 (4-26-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| 19200                   |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE |            | SHEET |
| 6                       |  | 31             |            |            | 50 6  |
| COUNTY                  |  |                | Iberville  | CITY       |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| J. R. Leger             |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 18-436 (4-22-21)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |  |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R200<br>NAME OF INDIVIDUAL<br>Ross Daniel   |  | E.O.<br>156                                | SHEET<br>8 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br>Mu   | AGE<br>36                                | BIRTHPLACE<br>Miss                         |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br>West Baton Rouge  |  | CITY                                       |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br>Brown Jeff   |  |  |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |            | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE             |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-437 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18100-P04

|                         |     |                |     |            |  |
|-------------------------|-----|----------------|-----|------------|--|
| R200                    |     | HEAD OF FAMILY |     | LOUISIANA  |  |
| ROSE, Daniel            |     | E.O.           |     | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |     |            |  |
| B                       | 26  |                |     |            |  |
| COUNTY                  |     | CITY           |     |            |  |
| Iberville               |     |                |     |            |  |
| OTHER MEMBERS OF FAMILY |     |                |     |            |  |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| Grace, Fanny            |     | Comp           | 28  |            |  |
| / Douglas               |     | Ad             | 10  |            |  |
| / Gracilina             |     | Ad             | 10  |            |  |
| M & Howell Ella         |     | Ad             | 4   |            |  |
| Boush, Alexander        |     | Co.            | 20  |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |           |            |  |
|-------------------------|---|----------------|-----------|------------|--|
| 13200                   |   | HEAD OF FAMILY |           | LOUISIANA  |  |
| Rickey Daniel           |   | E.O.           |           | 48 9       |  |
| COLOR                   | W | AGE            | 60        | BIRTHPLACE |  |
| COUNTY                  |   |                | Calcasieu | CITY       |  |
| OTHER MEMBERS OF FAMILY |   |                |           |            |  |
| NAME                    |   | RELATIONSHIP   | AGE       | BIRTHPLACE |  |
| Elizabeth               |   | w              | 56        | Miss       |  |
| James                   |   | s              | 34        |            |  |
| Lily                    |   | d              | 22        |            |  |
| Mary E                  |   | d              | 20        |            |  |
| Nellie                  |   | d              | 23        |            |  |
| McLoren                 |   | d              | 20        |            |  |
| Landon                  |   | g              | 3/4       |            |  |

FORM 16-536 (4-20-51)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R-22                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| R-22                    |     | R-22 Daniel    |     | E.D.       | SHEET |
| COLOR                   | AGE | BIRTHPLACE     |     |            |       |
| B                       | 63  |                |     |            |       |
| COUNTY                  |     | St. Landry     |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| + Solot                 |     | W              | 54  |            |       |
| Higgins                 |     | S              | 18  |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
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FORM 10-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |     |                 |     |            |       |
|-------------------------|-----|-----------------|-----|------------|-------|
| R200                    |     | HEAD OF FAMILY  |     | LOUISIANA  |       |
| COLOR                   | AGE | NAME            |     | E.D.       | SHEET |
| B                       | 46  | Ross, Daniel F. |     | 105        | 2     |
| COUNTY                  |     | CITY            |     |            |       |
| Terrebonne              |     |                 |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                 |     |            |       |
| NAME                    |     | RELATIONSHIP    | AGE | BIRTHPLACE |       |
| Gladstone F             |     | S               | 17  |            |       |
| Bertha                  |     | W               | 24  |            |       |
| Ronald F                |     | S               | 11  |            |       |
| Daniel F Jr             |     | S               | 9   |            |       |
| John D                  |     | S               | 7   |            |       |
|                         |     |                 |     |            |       |
|                         |     |                 |     |            |       |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |       |            |  |
|-------------------------|-----|----------------|-------|------------|--|
| R200                    |     | HEAD OF FAMILY |       | LOUISIANA  |  |
| COLOR                   | AGE | BIRTHPLACE     | E.D.  | SHEET      |  |
| W                       | 31  | Lex            | 62    | 13         |  |
| COUNTY                  |     |                | CITY  |            |  |
| OTHER MEMBERS OF FAMILY |     |                |       |            |  |
| NAME                    |     | RELATIONSHIP   | AGE   | BIRTHPLACE |  |
| / Dennis                |     | W              | 26    |            |  |
| Dillie                  |     | D              | 3     |            |  |
| John F.                 |     | S              | 1 1/2 |            |  |
|                         |     |                |       |            |  |
|                         |     |                |       |            |  |
|                         |     |                |       |            |  |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |        |            |      |
|-------------------------|---|----------------|--------|------------|------|
| R200                    |   | HEAD OF FAMILY |        | LOUISIANA  |      |
| COLOR                   | W | AGE            | 27     | BIRTHPLACE | Miss |
| COUNTY                  |   |                | Vernon | CITY       |      |
| OTHER MEMBERS OF FAMILY |   |                |        |            |      |
| NAME                    |   | RELATIONSHIP   | AGE    | BIRTHPLACE |      |
| Lena L                  |   | W              | 21     |            |      |
| David                   |   | S              | 1 7/12 |            |      |
| not named               |   | S              | 8 1/12 |            |      |
|                         |   |                |        |            |      |
|                         |   |                |        |            |      |
|                         |   |                |        |            |      |
|                         |   |                |        |            |      |
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FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| Rosa                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| W                       | 29  | Rosa, Danno    |     | 79         | 7     |
| COUNTY                  |     | Natchitoches   |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| 2 Son                   |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
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FORM 18-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |      |            |       |
|-------------------------|-----|----------------|------|------------|-------|
| R 200                   |     | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |      | E.D.       | SHEET |
| Mu                      | 32  | Catahoula      |      | 8          | 3     |
| COUNTY                  |     |                | CITY |            |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Living alone            |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
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FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |            |      |           |    |
|-------------------------|---|----------------|-----|------------|------|-----------|----|
| R200                    |   | HEAD OF FAMILY |     | ROSS Dave  |      | LOUISIANA |    |
| COLOR                   | B | AGE            | 33  | BIRTHPLACE | Miss | E.D.      | 60 |
| COUNTY                  |   |                |     | CITY       |      |           |    |
| Iberville               |   |                |     |            |      |           |    |
| OTHER MEMBERS OF FAMILY |   |                |     |            |      |           |    |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |      |           |    |
| Karry                   |   | W              | 26  | Miss       |      |           |    |
| Cnoch                   |   | S              | 3   |            |      |           |    |
|                         |   |                |     |            |      |           |    |
|                         |   |                |     |            |      |           |    |
|                         |   |                |     |            |      |           |    |
|                         |   |                |     |            |      |           |    |
|                         |   |                |     |            |      |           |    |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |     |   |  |   |       |
|--|-----|---|--|---|-------|
| R200   |     | NAME OF INDIVIDUAL  |  | LOUISIANA   |       |
| COLOR  | AGE | BIRTHPLACE  |  | E.D.  | SHEET |
| B  | 8   | Savins  |  | 110   | 19    |
| COUNTY   |     | CITY  |  |   |       |
| SABINE   |     | Zwolle  |  |   |       |
| ENUMERATED WITH  |     | Gardner Charles   |  |   |       |
| RELATIONSHIP TO ABOVE  |     |   |  |   |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> NEAUTE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify) |       |
|  |     |   |  | S.S.<br>_____   |       |

FORM 10-437 (2-22-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCIB-DC 1910-P-1

|                         |          |                |     |            |       |
|-------------------------|----------|----------------|-----|------------|-------|
| P200                    |          | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE      | BIRTHPLACE     |     | E.D.       | SHEET |
| B                       | 45       |                |     | 83         | 28    |
| COUNTY                  |          | CITY           |     |            |       |
| Rapides                 |          |                |     |            |       |
| OTHER MEMBERS OF FAMILY |          |                |     |            |       |
|                         | NAME     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
|                         | Mary     | W              | 31  |            |       |
|                         | Napoleon | S              | 7   |            |       |
|                         | Elsie    | S              | 19  |            |       |
|                         | George   | S              | 16  |            |       |
|                         | Dave     | S              | 15  |            |       |
|                         | Gertrude | S              | 14  |            |       |
|                         | Bertha   | S              | 11  |            |       |

FORM 10-636 (10-20-21)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS







|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| A 200                   |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | NAME           |     | E.D.       | SHEET |
| W                       | 43  | Rose Davis     |     | 113        | 3     |
| COUNTY                  |     | CITY           |     |            |       |
| Iberia                  |     | Lafayetteville |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Mrs E J                 |     | Mrs            | 78  |            |       |
| Kate                    |     | Sis            | 41  |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
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FORM 16-636 (4-26-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R200                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| a                       | 63  |                |     | 130        | 3     |
| COUNTY                  |     | CITY           |     |            |       |
| St. Martin              |     | Broussard      |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Celina                  |     | a              | 62  |            |       |
| Edem                    |     | S              | 32  |            |       |
| Celina                  |     | D              | 18  |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 18-436 (4-30-31)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |                  |  |  |  |                   |
|--|------------------|--|--|--|-------------------|
| R 200  |                  | NAME OF INDIVIDUAL<br><i>Reese, David</i>  |  | LOUISIANA  |                   |
| COLOR<br><i>B</i>  | AGE<br><i>19</i> | BIRTHPLACE   |  | E.D.<br><i>140</i>   | SHEET<br><i>1</i> |
| COUNTY   |                  | Vermillion   |  | CITY<br><i>Hopkins</i>   |                   |
| ENUMERATED WITH<br><i>Green, Willis</i>  |                  |  |  |  |                   |
| RELATIONSHIP TO ABOVE  |                  |  |  |  |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> Niece<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input checked="" type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> ROOMMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                   |

FORM 16-427 (4-22-61)

1940 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18106-P01

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R200                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.O.       | SHEET |
| B                       | 47  |                |     | 8          | 5     |
| COUNTY                  |     | CITY           |     |            |       |
| Assumption              |     |                |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Living alone            |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 19-436 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |   |                                  |                                   |  |
|--|--|---|----------------------------------|-----------------------------------|--|
| R200                                   |  | NAME OF INDIVIDUAL                      |                                  | LOUISIANA                         |  |
| COLOR                                  | AGE                                      | BIRTHPLACE                              |                                  | E.D.                              | SHEET                                    |
| W                                      | 24                                       |   |                                  | 142                               | 3  |
| COUNTY                                 |  | CITY                                    |                                  |                                   |  |
| West Feliciana                         |  |   |                                  |                                   |  |
| ENUMERATED WITH                        |  |   |                                  |                                   |  |
| Curtain, Mollie                        |  |   |                                  |                                   |  |
| RELATIONSHIP TO ABOVE                  |  |   |                                  |                                   |  |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDOW          | <input type="checkbox"/> NURSE   | <input type="checkbox"/> PATIENT  | <input type="checkbox"/> OTHER (Specify) |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NICE            | <input type="checkbox"/> FATHER-IN-LAW  | <input type="checkbox"/> MURDER  | <input type="checkbox"/> FLOUNDER |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> SON-IN-LAW     | <input type="checkbox"/> SERVANT |                                   |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> BROTHER-IN-LAW |                                  |                                   |  |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SISTER-IN-LAW   |   |                                  |                                   |  |
| <input type="checkbox"/> GRANDDAUGHTER |  |   |                                  |                                   |  |
| <input type="checkbox"/> AUNT          |  |   |                                  |                                   |  |
| <input type="checkbox"/> UNCLE         |  |   |                                  |                                   |  |

FORM 10-437 (4-29-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 1910-P01

|                         |   |                |     |            |       |
|-------------------------|---|----------------|-----|------------|-------|
| R200                    |   | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | W | AGE            | 33  | BIRTHPLACE | David |
| COUNTY                  |   | Bossier        |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |   |                |     |            |       |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Amanda                  |   | W              | 51  | ala        |       |
| Cyde C                  |   | S              | 23  |            |       |
| David C                 |   | S              | 21  |            |       |
| Ida                     |   | d              | 20  |            |       |
| Laurance                |   | S              | 17  |            |       |
| Olla                    |   | d              | 15  |            |       |
| Olla                    |   | d              | 12  |            |       |

FORM 70-536 (2-20-07)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS





|                         |   |                |                     |              |  |           |       |
|-------------------------|---|----------------|---------------------|--------------|--|-----------|-------|
| A 200                   |   | HEAD OF FAMILY |                     | Reese, David |  | LOUISIANA |       |
| COLOR                   | B | AGE            | 44                  | BIRTHPLACE   |  | EA        | SHEET |
|                         |   |                |                     |              |  | 56        | 18    |
| COUNTY                  |   |                |                     | St. Helena   |  | CITY      |       |
| OTHER MEMBERS OF FAMILY |   |                |                     |              |  |           |       |
| NAME                    |   | RELATIONSHIP   | AGE                 | BIRTHPLACE   |  |           |       |
| Martha                  |   | W              | 34                  |              |  |           |       |
| Oscar                   |   | S              | 17                  |              |  |           |       |
| Francis                 |   | D              | 13                  |              |  |           |       |
| Myrtle E                |   | D              | 7                   |              |  |           |       |
| George                  |   | S              | 6                   |              |  |           |       |
| Baby                    |   | D              | <del>16</del><br>24 |              |  |           |       |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |  |                    |
|--|--|--|--------------------|
| NAME OF INDIVIDUAL<br><i>Richard Daniel</i>  |  | LOUISIANA  |                    |
| COLOR<br><i>W</i>  | AGE<br><i>45</i>   | BIRTHPLACE   | E.D.<br><i>149</i> |
| COUNTY   |  | SHEET<br><i>8</i>  |                    |
| CITY<br><i>Vernon</i>  |  |  |                    |
| GENERATED WITH<br><i>Johnson Abraham</i>   |  |  |                    |
| RELATIONSHIP TO ABOVE  |  |  |                    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input checked="" type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                    |

FORM 10-437 (4-22-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 10190-P01

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R 702                   |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.B.       | SHEET |
| B                       | 38  |                |     | 31         | 10    |
| COUNTY                  |     | CITY           |     |            |       |
| Concordia               |     |                |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| 1 Mary J.               |     | W              | 35  |            |       |
| Rhelsa Mary             |     | Hi             | 5   |            |       |
| Washington Bertine      |     | C              | 25  |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |           |                |     |            |  |
|-------------------------|-----------|----------------|-----|------------|--|
| P 200                   |           | HEAD OF FAMILY |     | LOUISIANA  |  |
| COLOR                   | B         | AGE            | 38  | BIRTHPLACE |  |
| COUNTY                  | Concordia |                |     | CITY       |  |
| OTHER MEMBERS OF FAMILY |           |                |     |            |  |
| NAME                    |           | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| Lamar                   |           | W              | 33  |            |  |
| Eliza                   |           | D              | 16  |            |  |
| John                    |           | D              | 13  |            |  |
| Frieda                  |           | D              | 12  |            |  |
| Lena                    |           | D              | 8   |            |  |
|                         |           |                |     |            |  |
|                         |           |                |     |            |  |
|                         |           |                |     |            |  |

Form 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                |              |              |            |           |
|-------------------------|----------------|--------------|--------------|------------|-----------|
| R200                    | HEAD OF FAMILY |              | Roace David  |            | LOUISIANA |
| COLOR                   | AGE            | BIRTHPLACE   | S.D.         | SHEET      |           |
| W                       | 58             | Ala          | 75           | 7          |           |
| COUNTY                  |                |              | Lincoln CITY |            |           |
| OTHER MEMBERS OF FAMILY |                |              |              |            |           |
| NAME                    |                | RELATIONSHIP | AGE          | BIRTHPLACE |           |
| Lee                     |                | D            | 28           |            |           |
| Peter                   |                | S            | 22           |            |           |
| Mellie                  |                | D            | 18           |            |           |
| Mattie                  |                | D            | 17           |            |           |
| Robert                  |                | S            | 16           |            |           |
| Johns                   |                | D            | 15           |            |           |
| + 1 A M                 |                |              |              |            |           |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |      |                |        |            |       |
|-------------------------|------|----------------|--------|------------|-------|
| R200                    |      | HEAD OF FAMILY |        | LOUISIANA  |       |
| COLOR                   | Lyce | AGE            | David  | E.O.       | SHEET |
| B                       | 66   | BIRTHPLACE     |        | 97         | 38    |
| COUNTY                  |      |                | CITY   |            |       |
| Tenn                    |      |                | Morgan |            |       |
| OTHER MEMBERS OF FAMILY |      |                |        |            |       |
| NAME                    |      | RELATIONSHIP   | AGE    | BIRTHPLACE |       |
| Living alone            |      |                |        |            |       |
|                         |      |                |        |            |       |
|                         |      |                |        |            |       |
|                         |      |                |        |            |       |
|                         |      |                |        |            |       |
|                         |      |                |        |            |       |
|                         |      |                |        |            |       |
|                         |      |                |        |            |       |

FORM 18-636 (4-20-51)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |        |                |     |            |              |
|-------------------------|--------|----------------|-----|------------|--------------|
| R 200                   |        | HEAD OF FAMILY |     | LOUISIANA  |              |
| COLOR                   | 3      | AGE            | 40  | BIRTHPLACE | Racey Island |
| COUNTY                  | Tensas |                |     | CITY       |              |
| OTHER MEMBERS OF FAMILY |        |                |     |            |              |
| NAME                    |        | RELATIONSHIP   | AGE | BIRTHPLACE |              |
| Lucinda                 |        | W              | 40  |            |              |
| Lary                    |        | V              | 14  |            |              |
| James                   |        | S              | 14  |            |              |
| Theresa                 |        | S              | 9   |            |              |
| Abner                   |        | D              | 4   |            |              |
| Jarl                    |        | S              | 2   |            |              |

Form 16-536 (4-26-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R200                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| Mu                      | 36  |                |     | 99         | 26    |
| COUNTY                  |     | ST. Mary       |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| 1 Lelonia               |     | W              | 30  |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 10-430 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|        |   |                |              |            |       |
|--------|---|----------------|--------------|------------|-------|
| A200   |   | HEAD OF FAMILY |              | LOUISIANA  |       |
| COLOR  | W | AGE            | 47           | BIRTHPLACE |       |
|        |   |                | Richie David |            |       |
| COUNTY |   |                | E.D.         | 78         | SHEET |
|        |   |                | 78           |            | 25    |

| Rapid                   |                   | CITY       |            |
|-------------------------|-------------------|------------|------------|
|                         |                   | Alexandria |            |
| OTHER MEMBERS OF FAMILY |                   |            |            |
| NAME                    | RELATION-<br>SHIP | AGE        | BIRTHPLACE |
| Self                    | W                 | 47         |            |
| Vetcher, Daisy          | S                 | 24         |            |
| Richie, Junior          | S                 | 21         |            |
| Cassie                  | S                 | 19         |            |
| Eli                     | S                 | 17         |            |
| David                   | S                 | 14         |            |
| Al E.                   | S                 | 8          |            |

FORM 16-636 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

**LOUISIANA**

CARD 2 OF 2

**OTHER MEMBERS OF FAMILY**

[illegible]

FORM 10-6100 44-20-011

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MACOS-DC 111111-111111

|    |                |
|----|----------------|
| R. | HEAD OF FAMILY |
|----|----------------|

|                         |            |                |      |            |          |           |     |
|-------------------------|------------|----------------|------|------------|----------|-----------|-----|
| R200                    |            | HEAD OF FAMILY |      | David      |          | LOUISIANA |     |
| COLOR                   | W          | AGE            | 72   | BIRTHPLACE | France   | E.D.      | 103 |
| COUNTY                  | St. Landry |                | CITY |            | Opalauwa |           |     |
| OTHER MEMBERS OF FAMILY |            |                |      |            |          |           |     |
| NAME                    |            | RELATIONSHIP   | AGE  | BIRTHPLACE |          |           |     |
| Heas                    |            |                |      |            |          |           |     |
| Mary                    |            | D              | 32   |            |          |           |     |
| Leonard L               |            | SL             | 32   |            |          |           |     |
| Nathan L                |            | LS             | 8    |            |          |           |     |
| John A                  |            | LS             | 5    |            |          |           |     |
| George Jr               |            | LS             | 3    |            |          |           |     |
| Verona C                |            | LS             | 8    |            |          |           |     |
| 3 servants + 1 yard boy |            |                |      |            |          |           |     |

FORM 18-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |        |                |       |            |             |
|-------------------------|--------|----------------|-------|------------|-------------|
| R200                    |        | HEAD OF FAMILY |       | LOUISIANA  |             |
| COLOR                   | W      | AGE            | 30    | BIRTHPLACE | David La Jr |
| COUNTY                  | Acadia | CITY           |       | E.D.       | 10          |
|                         |        |                |       | SHEET      | 11          |
| OTHER MEMBERS OF FAMILY |        |                |       |            |             |
| NAME                    |        | RELATIONSHIP   | AGE   | BIRTHPLACE |             |
| Maggie D                |        | w              | 33    |            |             |
| Dec R.                  |        | s              | 3 1/2 |            |             |
|                         |        |                |       |            |             |
|                         |        |                |       |            |             |
|                         |        |                |       |            |             |
|                         |        |                |       |            |             |
|                         |        |                |       |            |             |
|                         |        |                |       |            |             |
|                         |        |                |       |            |             |

FORM 16-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

| R200                    | HEAD OF FAMILY<br><i>Rose David C.</i> |                        | LOUISIANA         |                   |
|-------------------------|--|------------------------|-------------------|-------------------|
| COLOR<br><i>W</i>       | AGE<br><i>52</i>                       | BIRTHPLACE             | E.D.<br><i>14</i> | SHEET<br><i>8</i> |
| COUNTY<br><i>Acadia</i> |  | CITY<br><i>Crawley</i> |                   |                   |
| OTHER MEMBERS OF FAMILY |  |                        |                   |                   |
| NAME                    | RELATIONSHIP                           | AGE                    | BIRTHPLACE        |                   |
| <i>Hennie C.</i>        | <i>w</i>                               | <i>54</i>              |                   |                   |
| <i>Archie M.</i>        | <i>s</i>                               | <i>34</i>              |                   |                   |
| <i>William C.</i>       | <i>s</i>                               | <i>32</i>              |                   |                   |
| <i>Natie W.</i>         | <i>d</i>                               | <i>20</i>              |                   |                   |
| <i>Frank L.</i>         | <i>s</i>                               | <i>17</i>              |                   |                   |
| <i>Robert G.</i>        | <i>s</i>                               | <i>14</i>              |                   |                   |
| <i>Eula</i>             | <i>d</i>                               | <i>11</i>              |                   |                   |

FORM 16-536 (4-22-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |            |                   |
|-------------------------|---|----------------|-----|------------|-------------------|
| R 200                   |   | HEAD OF FAMILY |     | LOUISIANA  |                   |
| COLOR                   | W | AGE            | 37  | BIRTHPLACE | Texas             |
| COUNTY                  |   | Calcasieu      |     | CITY       | Lake Charles City |
| OTHER MEMBERS OF FAMILY |   |                |     |            |                   |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |                   |
| Ellen                   |   | W              | 30  |            |                   |
| Harner Bryant           |   | Ed             | 11  |            |                   |
|                         |   |                |     |            |                   |
|                         |   |                |     |            |                   |
|                         |   |                |     |            |                   |
|                         |   |                |     |            |                   |
|                         |   |                |     |            |                   |
|                         |   |                |     |            |                   |

FORM 18-636 (4-26-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |   |          |            |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                   |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|---|--|---|----------|------------|----|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|-----------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| R200  |  | NAME OF INDIVIDUAL                                  |          | LOUISIANA  |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                   |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR   | W  | AGE   | 14       | BIRTHPLACE | 90 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                   |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| CITY  | St. Mary                                 |   | QTY      | 23         |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                   |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENumerated WITH   |  |   | Franklin |            |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                   |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |          |            |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                   |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> Niece</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> PRISONER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |          |            |    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> Niece | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> PRISONER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |          |            |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                   |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> Niece           | <input type="checkbox"/> NURSE                      |          |            |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                   |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |          |            |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                   |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> PRISONER                   |          |            |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                   |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |          |            |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                   |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |          |            |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                   |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |          |            |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                   |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |          |            |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                   |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 19-637 (4-22-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

UNCOM-DC 18100-P01



|                         |                |                    |            |             |
|-------------------------|----------------|--------------------|------------|-------------|
| R200                    | HEAD OF FAMILY |                    | LOUISIANA  |             |
| COLOR<br>W              | AGE<br>44      | BIRTHPLACE<br>Tenn | E.O.<br>75 | SHEET<br>14 |
| COUNTY<br>Do Soto       |                | CITY               |            |             |
| OTHER MEMBERS OF FAMILY |                |                    |            |             |
| NAME                    | RELATIONSHIP   | AGE                | BIRTHPLACE |             |
| Copelia                 | W              | 42                 | Tenn       |             |
| Harris                  | S              | 15                 |            |             |
| Cecil                   | D              | 13                 |            |             |
| Kerchel                 | S              | 11                 |            |             |
| Jack                    | S              | 10                 |            |             |
| Nina                    | D              | 8                  |            |             |
| Malcolm                 | S              | 6                  |            |             |

FORM 18-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

NAME \_\_\_\_\_

RELATIONSHIP

AGE

**BIRTHPLACE**

1 Philipp

5

4

100-10-636- (4-20-81)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMA PC 15180-261



HEAD OF FAMILY - CONTINUED

LOUISIANA

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME     | RELATIONSHIP | AGE   | BIRTHPLACE |
|----------|--------------|-------|------------|
| + Walter | S            | 3     |            |
| Kena     | D            | 7 1/2 |            |
| Paisan   | SS           | 9     |            |
| + Wrenla | SD           | 7     |            |
|          |              |       |            |
|          |              |       |            |
|          |              |       |            |
|          |              |       |            |
|          |              |       |            |
|          |              |       |            |
|          |              |       |            |

FORM 10-636a (2-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

U.S. COM. 10-636-001

| 1720                    |   | HEAD OF FAMILY |      | LOUISIANA  |          |
|-------------------------|---|----------------|------|------------|----------|
| COLOR                   | B | AGE            | 21   | BIRTHPLACE | E.D. 152 |
| COUNTY                  |   | St. Landry     |      | SHEET 2    |          |
|                         |   |                | CITY |            |          |
| OTHER MEMBERS OF FAMILY |   |                |      |            |          |
| NAME                    |   | RELATIONSHIP   | AGE  | BIRTHPLACE |          |
| / Madam Mary            |   | W              | 21   |            |          |
|                         |   | D              | 3/2  |            |          |
|                         |   |                |      |            |          |
|                         |   |                |      |            |          |
|                         |   |                |      |            |          |
|                         |   |                |      |            |          |
|                         |   |                |      |            |          |
|                         |   |                |      |            |          |
|                         |   |                |      |            |          |

FORM 16-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                |            |                   |            |             |  |
|-------------------------|----------------|------------|-------------------|------------|-------------|--|
| R200                    | HEAD OF FAMILY |            | Ross, Davis       |            | LOUISIANA   |  |
| COLOR<br>B.             | AGE<br>47      | BIRTHPLACE |                   | E.D.<br>84 | SHEET<br>13 |  |
| COUNTY                  |                |            | CITY              |            |             |  |
| OTHER MEMBERS OF FAMILY |                |            |                   |            |             |  |
| NAME                    |                |            | RELATION-<br>SHIP | AGE        | BIRTHPLACE  |  |
| Maggie                  |                |            | W                 | 46         |             |  |
| George                  |                |            | S                 | 19         |             |  |
|                         |                |            |                   |            |             |  |
|                         |                |            |                   |            |             |  |
|                         |                |            |                   |            |             |  |
|                         |                |            |                   |            |             |  |
|                         |                |            |                   |            |             |  |
|                         |                |            |                   |            |             |  |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |              |            | LOUISIANA  |       |
|-------------------------|--------------|------------|------------|-------|
| HEAD OF FAMILY          |              |            | E.O.       | SHEET |
| R200                    |              |            | 52         | 4     |
| COLOR                   | AGE          | BIRTHPLACE |            |       |
| W                       | 39           |            |            |       |
| COUNTY                  | Franklin     |            | CITY       |       |
| OTHER MEMBERS OF FAMILY |              |            |            |       |
| NAME                    | RELATIONSHIP | AGE        | BIRTHPLACE |       |
| Lunick                  | W            | 28         |            |       |
| John                    | S            | 13         |            |       |
| Edith                   | S            | 8          |            |       |
| Carry                   | 11           | 7          |            |       |
| Jane                    | 16           | 5          |            |       |
| Nate                    | S            | 3          |            |       |
| Walter                  | 10           | 2          |            |       |

FORM 16-636 (4-22-61)

1976 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS





LOUISIANA

|  |   |  |            |            |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |                                      |  |
|--|---|--|------------|------------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|---|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--------------------------------------|--|
| R200   | NAME OF INDIVIDUAL<br>Ross Bella                  |  | E.D.<br>12 | SHEET<br>8 |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |                                      |  |
| COLOR<br>B   | AGE<br>55   | BIRTHPLACE                               |            |            |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |                                      |  |
| COUNTY<br>BOSSIERE   |   | CITY                                     |            |            |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |                                      |  |
| ENUMERATED WITH<br>Thomas George   |   |  |            |            |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |                                      |  |
| RELATIONSHIP TO ABOVE  |   |  |            |            |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |                                      |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDOW</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input checked="" type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> WIFE-IN-LAW</td> <td></td> </tr> </table> |   |  |            |            | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input checked="" type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> WIFE-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW                   | <input type="checkbox"/> WIDOW           |            |            |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |                                      |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE                    | <input type="checkbox"/> NURSE           |            |            |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |                                      |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW            | <input type="checkbox"/> PATIENT         |            |            |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |                                      |  |
| <input type="checkbox"/> GRANDMOTHER   | <input checked="" type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER          |            |            |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |                                      |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW               | <input type="checkbox"/> SERVANT         |            |            |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |                                      |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW          | <input type="checkbox"/> OTHER (Specify) |            |            |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |                                      |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW           |  |            |            |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |                                      |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> WIFE-IN-LAW              |  |            |            |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |                                      |  |

FORM 10-427 (4-30-31)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1930 CENSUS INDEX - INDIVIDUAL

UCCS-DC 16130-P-1

|  |  |   |  |   |  |       |  |
|--|--|---|--|---|--|-------|--|
| R200<br>COLOR  |  | NAME OF INDIVIDUAL<br><i>Roche Demas</i>  |  | LOUISIANA<br>E.R.   |  | SHEET |  |
| W<br>AGE   |  | 22<br>BIRTHPLACE  |  | 13  |  | 29    |  |
| COUNTY<br><i>Ascension</i>   |  |   |  | CITY  |  |       |  |
| ENUMERATED WITH<br><i>Marie, Mary</i>  |  |   |  |   |  |       |  |
| RELATIONSHIP TO ABOVE  |  |   |  |   |  |       |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> WIDOW<br><input type="checkbox"/> WIFE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |  |       |  |

FORM 10-437 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18100-P01

|                         |     |                |      |            |       |
|-------------------------|-----|----------------|------|------------|-------|
| R 200                   |     | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |      | E.D.       | SHEET |
| B                       | 57  |                |      | 10         | 26    |
| COUNTY                  |     |                | CITY |            |       |
| Assumption              |     |                |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Eve                     |     | W              | 56   |            |       |
| Mary                    |     | S              | 19   |            |       |
| Sam                     |     | S              | 18   |            |       |
| Will                    |     | S              | 11   |            |       |
| Mahaly                  |     | M              | 76   |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |

FORM 78-436 (4-20-91)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |                 |            |                |
|-------------------------|---|----------------|-----------------|------------|----------------|
| 9200                    |   | HEAD OF FAMILY |                 | LOUISIANA  |                |
| COLOR                   | h | AGE            | 30              | BIRTHPLACE | Reasid Orleans |
| E.D.                    |   | 133            |                 | SHEET 37   |                |
| COUNTY                  |   |                | Vermillion CITY |            |                |
| OTHER MEMBERS OF FAMILY |   |                |                 |            |                |
| NAME                    |   | RELATIONSHIP   | AGE             | BIRTHPLACE |                |
| Olive                   |   | W              | 32              |            |                |
| Florence                |   | D              | 12              |            |                |
| Paula                   |   | D              | 9               |            |                |
| Mary                    |   | D              | 7               |            |                |
| Emmie                   |   | D              | 5               |            |                |
| Florence                |   | D              | 3               |            |                |
| Paula                   |   | D              | 1               |            |                |

FORM 16-536 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                   |     |            |       |
|-------------------------|-----|-------------------|-----|------------|-------|
| R200                    |     | HEAD OF FAMILY    |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE        |     | S.D.       | SHEET |
| B                       | 66  | Reese Dampy<br>Ga |     | 33         | 15    |
| COUNTY                  |     | CITY              |     |            |       |
| Concordia               |     | Vidalia           |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                   |     |            |       |
| NAME                    |     | RELATIONSHIP      | AGE | BIRTHPLACE |       |
| Mariah                  |     | W                 | 38  | Ind        |       |
| Joe                     |     | S                 | 32  |            |       |
| Virginia                |     | dh                | 39  |            |       |
|                         |     |                   |     |            |       |
|                         |     |                   |     |            |       |
|                         |     |                   |     |            |       |
|                         |     |                   |     |            |       |
|                         |     |                   |     |            |       |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |     |            |       |
|-------------------------|--|----------------|-----|------------|-------|
| R200                    |  | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   |  | AGE            |     | E.D.       | SHEET |
| B                       |  | 47             |     | 122        | 6     |
| BIRTHPLACE              |  |                |     |            |       |
| COUNTY                  |  | St. Landry     |     | CITY       |       |
|                         |  |                |     |            |       |
| OTHER MEMBERS OF FAMILY |  |                |     |            |       |
| NAME                    |  | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Chestine                |  | D              | 21  |            |       |
| Arthur                  |  | S              | 15  |            |       |
| Francine                |  | D              | 13  |            |       |
| Chattam                 |  | S              | 10  |            |       |
| Melven                  |  | S              | 8   |            |       |
| Battelar                |  | D              | 5   |            |       |
| Clare                   |  | S              | 2   |            |       |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |                    |            |           |       |
|--|--|--------------------|------------|-----------|-------|
| R200   |  | NAME OF INDIVIDUAL |            | LOUISIANA |       |
| COLOR  |  | AGE                | BIRTHPLACE | E.D.      | SHEET |
| W  |  | 14                 |            | 52        | 29    |
| COUNTY   |  |                    | CITY       |           |       |
|  |  |                    | Hillville  |           |       |
| ENUMERATED WITH  |  |                    |            |           |       |
| Louis Pierre C   |  |                    |            |           |       |
| RELATIONSHIP TO ABOVE  |  |                    |            |           |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE<br><input type="checkbox"/> NEPHEW<br><input type="checkbox"/> Niece<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW<br><input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br>A.D. |  |                    |            |           |       |

FORM 16-437 (4-26-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18106-P61

|                         |     |                |      |            |       |
|-------------------------|-----|----------------|------|------------|-------|
| R200                    |     | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |      | E.D.       | SHEET |
| B                       | 33  |                |      | 8          | 6     |
| COUNTY                  |     |                | CITY |            |       |
| Assumption              |     |                |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Street, Louise          |     | S              | 48   |            |       |
| Ross, Virginia          |     | D              | 40   |            |       |
| Stella                  |     | D              | 17   |            |       |
| Dora                    |     | D              | 16   |            |       |
| Curtis                  |     | GC             | 7    |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |              |                |     |              |    |           |    |
|-------------------------|--------------|----------------|-----|--------------|----|-----------|----|
| Raro                    |              | HEAD OF FAMILY |     | Rock, Dennis |    | LOUISIANA |    |
| COLOR                   | 3            | AGE            | 31  | BIRTHPLACE   |    | E.D.      | 92 |
| COUNTY                  | Natchitoches |                |     | CITY         | 24 |           |    |
| OTHER MEMBERS OF FAMILY |              |                |     |              |    |           |    |
| NAME                    |              | RELATIONSHIP   | AGE | BIRTHPLACE   |    |           |    |
| Edna                    |              | 26             | 27  |              |    |           |    |
| Bessie                  |              | 1              | 8   |              |    |           |    |
| Joseph                  |              | 1              | 6   |              |    |           |    |
| John                    |              | 1              | 3   |              |    |           |    |
|                         |              |                |     |              |    |           |    |
|                         |              |                |     |              |    |           |    |
|                         |              |                |     |              |    |           |    |
|                         |              |                |     |              |    |           |    |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |         |                |     |              |    |           |     |
|-------------------------|---------|----------------|-----|--------------|----|-----------|-----|
| 1200                    |         | HEAD OF FAMILY |     | Roach Dennis |    | LOUISIANA |     |
| COLOR                   | B       | AGE            | 40  | BIRTHPLACE   | Mo | E.D.      | 109 |
| COUNTY                  | Orleans |                |     | CITY         |    | SHEET     | 17  |
| OTHER MEMBERS OF FAMILY |         |                |     |              |    |           |     |
|                         | NAME    | RELATIONSHIP   | AGE | BIRTHPLACE   |    |           |     |
|                         | Kizzie  | W              | 42  |              |    |           |     |
|                         | Louise  | D              | 23  |              |    |           |     |
|                         | Eula    | D              | 17  |              |    |           |     |
|                         | Barrett | D              | 14  |              |    |           |     |
|                         | Sherman | S              | 12  |              |    |           |     |
|                         | Jacob   | S              | 10  |              |    |           |     |
|                         | Litha   | D              | 6   |              |    |           |     |

FORM 18-436 (4-28-01)  
- 1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

HEAD OF FAMILY - CONTINUED

LOUISIANA

CARD 2 OF 2

**OTHER MEMBERS OF FAMILY**

[illegible]

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 15196-P01

|                         |     |                 |     |            |       |
|-------------------------|-----|-----------------|-----|------------|-------|
| P200                    |     | HEAD OF FAMILY  |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE      |     | E.O.       | SHEET |
| B                       | 40  |                 |     | 143        | 8     |
| COUNTY                  |     | CITY            |     |            |       |
| West Feliciana          |     | St Francisville |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                 |     |            |       |
| NAME                    |     | RELATIONSHIP    | AGE | BIRTHPLACE |       |
| Lena Alou               |     |                 |     |            |       |
|                         |     |                 |     |            |       |
|                         |     |                 |     |            |       |
|                         |     |                 |     |            |       |
|                         |     |                 |     |            |       |
|                         |     |                 |     |            |       |
|                         |     |                 |     |            |       |
|                         |     |                 |     |            |       |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |   |    |   |       |
|---|--|---|----|---|-------|
| R. BOY  |  | NAME OF INDIVIDUAL  |    | LOUISIANA   |       |
| R. BOY  |  | Rosa L. Davis   |    | E.D.  | SHEET |
| A   |  | AGE   | 45 | BIRTHPLACE  | Miss. |
| COUNTY  |  | Tensas  |    | CITY  |       |
| REGISTERED CITY   |  |   |    |   |       |
| Rosa L. Davis   |  |   |    |   |       |
| RELATIONSHIP TO ABOVE   |  |   |    |   |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input checked="" type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> Niece<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |    | <input type="checkbox"/> WMAVE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |       |

FORM 10-437 (10-20-51)

1940 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-OC 18108-P61

|  |                  |  |  |   |                    |
|--|------------------|--|--|---|--------------------|
| 6-200  |                  | NAME OF INDIVIDUAL<br><i>Reicks Link</i>   |  | LOUISIANA   |                    |
| COLOR<br><i>B</i>  | AGE<br><i>25</i> | BIRTHPLACE   |  | E.D.<br><i>29</i>   | SHEET<br><i>15</i> |
| COUNTY   |                  | CITY   |  |   |                    |
| <i>Calcasieu</i>   |                  |  |  |   |                    |
| ENUMERATED WITH<br><i>Vincent John</i>   |                  |  |  |   |                    |
| RELATIONSHIP TO ABOVE  |                  |  |  |   |                    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NICE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> WHITE<br><input type="checkbox"/> NEGRO<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify)<br><i>Boarder</i> |                    |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |   |   |    |   |         |
|--|---|---|----|---|---------|
| R200   |   | NAME OF INDIVIDUAL  |    | LOUISIANA   |         |
| COLOR  | B | AGE   | 26 | BIRTHPLACE  | E.D. 26 |
| COUNTY   |   | Bossier   |    | CITY  |         |
| ENUMERATED WITH  |   |   |    |   |         |
| John, Jeff   |   |   |    |   |         |
| RELATIONSHIP TO ABOVE  |   |   |    |   |         |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |   | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |    | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify) |         |

FORM 16-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |              |                |            |           |  |
|-------------------------|--------------|----------------|------------|-----------|--|
| 8-200                   |              | HEAD OF FAMILY |            | LOUISIANA |  |
| COLOR                   | AGE          | BIRTHPLACE     | S.D.       | SHEET     |  |
| W                       | 40           | It             | 131        | 22        |  |
| COUNTY                  |              | CITY           |            |           |  |
| Washington              |              | Bogalusa       |            |           |  |
| OTHER MEMBERS OF FAMILY |              |                |            |           |  |
| NAME                    | RELATIONSHIP | AGE            | BIRTHPLACE |           |  |
| Camatta                 | W            | 39             | It         |           |  |
| Lyllie                  | D            | 13             |            |           |  |
| Jon                     | S            | 12             |            |           |  |
| Mary                    | D            | 11             |            |           |  |
| Tom                     | S            | 10             |            |           |  |
| Frank                   | S            | 6              |            |           |  |
| Tom                     | S            | 3              |            |           |  |

FORM 10-626 10-20-611

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



HEAD OF FAMILY - CONTINUED

## LOUISIANA

CARD 2 OF 2

**OTHER MEMBERS OF FAMILY**

[illegible]

FORM 10-6360 (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 19185-P01

|                         |   |                |     |            |       |
|-------------------------|---|----------------|-----|------------|-------|
| R200                    |   | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | W | AGE            | 38  | BIRTHPLACE | Italy |
|                         |   |                |     | E.D.       | 36    |
|                         |   |                |     | SHEET      | 18    |
| COUNTY                  |   |                |     |            |       |
| Iberville City          |   |                |     |            |       |
| Plaquemine              |   |                |     |            |       |
| OTHER MEMBERS OF FAMILY |   |                |     |            |       |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Sophie                  |   | W              | 42  | Italy      |       |
| Vincent                 |   | W              | 7   |            |       |
| Mary                    |   | W              | 4   |            |       |
| Fanna, Joseph           |   | 55             | 20  | Italy      |       |
| Risto, Dominico         |   | 71             | 16  | Italy      |       |
|                         |   |                |     |            |       |
|                         |   |                |     |            |       |

FORM 10-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |           |  |      |  |       |
|--|-----------|--|------|--|-------|
| R200   |           | NAME OF INDIVIDUAL   |      | LOUISIANA  |       |
| Risso, Dominico  |           | E.D.   |      | 56/8   |       |
| COLOR  | W         | AGE  | 76   | BIRTH PLACE  | Italy |
| COUNTY   | Iberville |  | CITY |  |       |
| ENUMERATED WITH  |           | Plaquemine   |      |  |       |
| RELATIONSHIP TO ABOVE  |           | Risso, Dominico  |      |  |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |           | <input checked="" type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |       |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1630046-00 15100-P81

|  |     |   |  |   |       |
|--|-----|---|--|---|-------|
| R200   |     | NAME OF INDIVIDUAL  |  | LOUISIANA   |       |
| COLOR  | AGE | BIRTHPLACE  |  | E.D.  | SHEET |
| W  | 21  | None R  |  | 109   | 2     |
| COUNTY   |     | CITY  |  |   |       |
|  |     | Sabine  |  | Pleasant Hill   |       |
| ENUMERATED WITH  |     | Haines, Noah  |  |   |       |
| RELATIONSHIP TO ABOVE  |     |   |  |   |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br>RE |       |

FORM 10-437 (4-22-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 15105-P01

|                            |                  |                |                   |                    |                    |           |  |
|----------------------------|------------------|----------------|-------------------|--------------------|--------------------|-----------|--|
| <i>Rac</i>                 |                  | HEAD OF FAMILY |                   | <i>Rac Manager</i> |                    | LOUISIANA |  |
| COLOR<br><i>8</i>          | AGE<br><i>40</i> | BIRTHPLACE     |                   | E.O.<br><i>32</i>  | SHEET<br><i>14</i> |           |  |
| COUNTY<br><i>Jefferson</i> |                  |                |                   | CITY               |                    |           |  |
| OTHER MEMBERS OF FAMILY    |                  |                |                   |                    |                    |           |  |
| NAME                       |                  |                | RELATION-<br>SHIP | AGE                | BIRTHPLACE         |           |  |
| <i>1 Maria</i>             |                  |                | <i>W</i>          | <i>32</i>          |                    |           |  |
| <i>Landry, Ida</i>         |                  |                | <i>Di</i>         | <i>10</i>          |                    |           |  |
| <i>1 Clara</i>             |                  |                | <i>Di</i>         | <i>12</i>          |                    |           |  |
| <i>1 Felix</i>             |                  |                | <i>H</i>          | <i>7</i>           |                    |           |  |
|                            |                  |                |                   |                    |                    |           |  |
|                            |                  |                |                   |                    |                    |           |  |
|                            |                  |                |                   |                    |                    |           |  |
|                            |                  |                |                   |                    |                    |           |  |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |  |      |           |     |
|---|--|--|------|-----------|-----|
| R-200   |  | NAME OF INDIVIDUAL                       |      | LOUISIANA |     |
| COLOR   | B  | AGE                                      | 6    | E.D.      | 132 |
|   |  | BIRTH PLACE                              |      | SHEET 24  |     |
| COUNTY  |  |  | CITY |           |     |
| Union   |  |  |      |           |     |
| ENUMERATED WITH                                   |  |  |      |           |     |
| James, John                                       |  |  |      |           |     |
| RELATIONSHIP TO ABOVE                             |  |  |      |           |     |
| <input type="checkbox"/> FATHER                   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |      |           |     |
| <input type="checkbox"/> MOTHER                   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |      |           |     |
| <input type="checkbox"/> GRANDFATHER              | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |      |           |     |
| <input type="checkbox"/> GRANDMOTHER              | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |      |           |     |
| <input checked="" type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |      |           |     |
| <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |      |           |     |
| <input type="checkbox"/> AUNT                     | <input type="checkbox"/> BROTHER-IN-LAW  |  |      |           |     |
| <input type="checkbox"/> UNCLE                    | <input type="checkbox"/> WIFE-IN-LAW     |  |      |           |     |

FORM 10-437 (4-30-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMB-DC 18100-P01

|  |           |                                 |  |            |             |
|--|-----------|---------------------------------|--|------------|-------------|
| R200   |           | NAME OF INDIVIDUAL<br>Rash Dore |  | LOUISIANA  |             |
| COLOR<br>10  | AGE<br>10 | BIRTHPLACE                      |  | R.D.<br>51 | SHEET<br>26 |
| COUNTY   |           | CITY                            |  |            |             |
| Terryville   |           |                                 |  |            |             |
| ENUMERATED WITH  |           |                                 |  |            |             |
| Thompson Nae   |           |                                 |  |            |             |
| RELATIONSHIP TO ABOVE  |           |                                 |  |            |             |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input checked="" type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE<br><input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NEECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW<br><input type="checkbox"/> WIDOW<br><input type="checkbox"/> MURDER<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |           |                                 |  |            |             |

FORM 19-637 (4-29-67)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |            |            |
|-------------------------|---|----------------|-----|------------|------------|
| R207                    |   | HEAD OF FAMILY |     | LOUISIANA  |            |
| COLOR                   | B | AGE            | 19  | BIRTHPLACE | Ross, Iowa |
| E.D.                    |   | 32             |     | SHEET      |            |
| COUNTY                  |   | Concordia      |     | CITY       |            |
| OTHER MEMBERS OF FAMILY |   |                |     |            |            |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |            |
| Parkes Lewis Camp       |   |                |     |            |            |
|                         |   |                |     |            |            |
|                         |   |                |     |            |            |
|                         |   |                |     |            |            |
|                         |   |                |     |            |            |
|                         |   |                |     |            |            |
|                         |   |                |     |            |            |
|                         |   |                |     |            |            |
|                         |   |                |     |            |            |

FORM 18-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |              |                |            |            |            |
|-------------------------|--------------|----------------|------------|------------|------------|
| R200                    |              | HEAD OF FAMILY |            | LOUISIANA  |            |
| COLOR                   | B            | AGE            | 42         | BIRTHPLACE | Reisa Dove |
| COUNTY                  |              | Tallapoosa     |            | CITY       | Hauma      |
| OTHER MEMBERS OF FAMILY |              |                |            |            |            |
| NAME                    | RELATIONSHIP | AGE            | BIRTHPLACE |            |            |
| 1 Isavia                | D            | 21             |            |            |            |
|                         |              |                |            |            |            |
|                         |              |                |            |            |            |
|                         |              |                |            |            |            |
|                         |              |                |            |            |            |
|                         |              |                |            |            |            |
|                         |              |                |            |            |            |
|                         |              |                |            |            |            |

FORM 16-636 (4-26-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |           |                |              |            |      |
|-------------------------|-----------|----------------|--------------|------------|------|
| R 200                   |           | HEAD OF FAMILY |              | LOUISIANA  |      |
| Kuske Percy L           |           | E.O.           |              | 3618       |      |
| COLOR                   | W         | AGE            | 43           | BIRTHPLACE | Miss |
| COUNTY                  | Calcasieu | CITY           | Lake Charles |            |      |
| OTHER MEMBERS OF FAMILY |           |                |              |            |      |
| NAME                    |           | RELATIONSHIP   | AGE          | BIRTHPLACE |      |
| Caroline                |           | W              | 53           |            |      |
| Velma                   |           | D              | 28           |            |      |
| Samuel                  |           | S              | 26           |            |      |
| Carrie                  |           | S              | 24           |            |      |
|                         |           |                |              |            |      |
|                         |           |                |              |            |      |
|                         |           |                |              |            |      |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |   |    |            |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|---|----|------------|----|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R200   |  | NAME OF INDIVIDUAL                          |    | LOUISIANA  |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR  | W  | AGE   | 26 | BIRTHPLACE | 54 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|  |  |   |    | E.D.       |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|  |  |   |    | SHEET      |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY   |  | JACKSON                                     |    | CITY       |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH  |  |   |    |            |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Adams, W. B.   |  |   |    |            |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   |    |            |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> WIDOWER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |    |            |    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> WIDOWER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE             |    |            |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE              |    |            |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT            |    |            |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> WIDOWER |    |            |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT            |    |            |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)    |    |            |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |   |    |            |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |   |    |            |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

Form 18-637 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18108-P01

|                       |   |   |   |            |            |
|-----------------------|---|---|---|------------|------------|
| R300                  |   | NAME OF INDIVIDUAL  |   | LOUISIANA  |            |
| COLOR                 | W | AGE   | 6 | BIRTHPLACE | St. Landry |
| COUNTY                |   | CITY  |   | Melville   |            |
| ENUMERATED WITH       |   | Stone Clark W   |   |            |            |
| RELATIONSHIP TO ABOVE |   | <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER<br/> <input type="checkbox"/> MOTHER<br/> <input type="checkbox"/> GRANDFATHER<br/> <input type="checkbox"/> GRANDMOTHER<br/> <input type="checkbox"/> GRANDSON<br/> <input checked="" type="checkbox"/> GRANDDAUGHTER<br/> <input type="checkbox"/> AUNT<br/> <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW<br/> <input type="checkbox"/> NIECE<br/> <input type="checkbox"/> FATHER-IN-LAW<br/> <input type="checkbox"/> MOTHER-IN-LAW<br/> <input type="checkbox"/> SON-IN-LAW<br/> <input type="checkbox"/> DAUGHTER-IN-LAW<br/> <input type="checkbox"/> BROTHER-IN-LAW<br/> <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE<br/> <input type="checkbox"/> NURSE<br/> <input type="checkbox"/> PATIENT<br/> <input type="checkbox"/> ROOMER<br/> <input type="checkbox"/> SERVANT<br/> <input type="checkbox"/> OTHER (Specify) </div> </div> |   |            |            |

FORM 18-437 (4-25-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |                     |   |  |  |                   |
|--|---------------------|---|--|--|-------------------|
| P200   |                     | NAME OF INDIVIDUAL<br><i>Rice Douglas</i>   |  | LOUISIANA  |                   |
| COLOR<br><i>B</i>  | AGE<br><i>5 1/2</i> | BIRTHPLACE  |  | E.D.<br><i>20</i>  | SHEET<br><i>6</i> |
| COUNTY<br><i>Clai borne</i>  |                     | CITY  |  |  |                   |
| ENUMERATED WITH<br><i>Rice Clark</i>   |                     |   |  |  |                   |
| RELATIONSHIP TO ABOVE  |                     |   |  |  |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> BOARDER<br><input type="checkbox"/> WARD<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>Lo</i> |                   |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX, INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 1910-P01

|  |  |   |            |   |       |
|--|--|---|------------|---|-------|
| R 200  |  | NAME OF INDIVIDUAL  |            | LOUISIANA   |       |
| COLOR  |  | AGE   | BIRTHPLACE | E.D.  | SHEET |
| B 22   |  | 22  | Miss       | 107   | 19    |
| COUNTY   |  |   | CITY       |   |       |
| Tangipahoa   |  |   | Kentwood   |   |       |
| GENERATED WITH   |  |   | Allen John |   |       |
| RELATIONSHIP TO ABOVE  |  |   |            |   |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |            | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |       |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                |                       |            |              |
|-------------------------|----------------|-----------------------|------------|--------------|
| R 200                   | HEAD OF FAMILY |                       | LOUISIANA  |              |
| COLOR<br>W              | AGE<br>58      | NAME<br>Roach Douglas |            | SHEET<br>696 |
| COUNTY<br>De Soto       |                | CITY<br>Mansfield     |            |              |
| OTHER MEMBERS OF FAMILY |                |                       |            |              |
| NAME                    | RELATIONSHIP   | AGE                   | BIRTHPLACE |              |
| Mary J. Douglas         | W              | 49                    |            |              |
| J. J. Douglas           | S              | 21                    |            |              |
| J. B. Douglas           | M.H.           | 73                    | ala        |              |
|                         |                |                       |            |              |
|                         |                |                       |            |              |
|                         |                |                       |            |              |
|                         |                |                       |            |              |

FORM 18-436 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |      |            |       |
|-------------------------|-----|----------------|------|------------|-------|
| R200                    |     | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |      | E.D.       | SHEET |
| B                       | 22  | Do Solo        |      | 66         | 13    |
| COUNTY                  |     |                | CITY |            |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Living alone            |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |

FORM 18-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |     |                |      |            |       |
|-------------------------|-----|----------------|------|------------|-------|
| P 200                   |     | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |      | E.O.       | SHEET |
| W                       | 40  | Miss           |      | 37         | 1     |
| COUNTY                  |     |                | CITY |            |       |
| Concordia               |     |                |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Hattie                  |     | W              | 36   | Miss       |       |
| Robt                    |     | S              | 18   |            |       |
| Daisy B                 |     | D              | 16   |            |       |
| Frank J.                |     | S              | 13   |            |       |
| Ludlow                  |     | D              | 11   |            |       |
| Theresa                 |     | D              | 10   |            |       |
| Jessie                  |     | D              | 8    |            |       |

FORM 18-636 (4-22-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

## LOUISIANA

CARD 2 OF 2

## NAME \_\_\_\_\_

## RELATIONSHIP

AGE

BIRTHPLACE

Stress

仁

5

Miss

William

3

1

1

FORM 10-634e (4-20-01)

1930 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 1210-P61

|   |     |   |  |  |  |
|---|-----|---|--|--|--|
| R200  |     | NAME OF INDIVIDUAL  |  | LOUISIANA  |  |
| Rape C.   |     | E.D.  |  | SHEET  |  |
| COLOR   | AGE | BIRTHPLACE  |  | 80 14  |  |
| B   | 18  |   |  |  |  |
| COUNTY  |     | CITY  |  |  |  |
| Natchitoches  |     | Natchitoches  |  |  |  |
| ENUMERATED WITH   |     |   |  |  |  |
| Moore Octavia   |     |   |  |  |  |
| RELATIONSHIP TO ABOVE   |     |   |  |  |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input checked="" type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> WMAE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |  |

FORM 16-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18100-P01

|  |  |   |    |            |        |                                 |                                 |                               |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|--|--|---|----|------------|--------|---------------------------------|---------------------------------|-------------------------------|---------------------------------|-------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| R260   |  | NAME OF INDIVIDUAL                                  |    | LOUISIANA  |        |                                 |                                 |                               |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| B. B. B.   |  | E. D.   |    | SHEET      |        |                                 |                                 |                               |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR  | W  | AGE   | 27 | BIRTHPLACE | 142 24 |                                 |                                 |                               |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY   | West Carroll                             |   |    | CITY       |        |                                 |                                 |                               |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENROLLMENT WITH  |  |   |    |            |        |                                 |                                 |                               |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   |    |            |        |                                 |                                 |                               |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIFE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NICE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |    |            |        | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIFE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NICE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIFE                       |    |            |        |                                 |                                 |                               |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NICE            | <input type="checkbox"/> NURSE                      |    |            |        |                                 |                                 |                               |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |    |            |        |                                 |                                 |                               |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |    |            |        |                                 |                                 |                               |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |    |            |        |                                 |                                 |                               |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |    |            |        |                                 |                                 |                               |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |   |    |            |        |                                 |                                 |                               |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |   |    |            |        |                                 |                                 |                               |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 10-427 (4-20-31)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                           |                  |                               |                            |
|---------------------------|------------------|-------------------------------|----------------------------|
| HEAD OF FAMILY            |                  | LOUISIANA                     |                            |
| COLOR<br><i>W</i>         | AGE<br><i>26</i> | BIRTHPLACE<br><i>Ross E H</i> | E.D. SHEET<br><i>102 1</i> |
| COUNTY<br><i>Ouachita</i> |                  | CITY<br><i>Monroe</i>         |                            |
| OTHER MEMBERS OF FAMILY   |                  |                               |                            |
| NAME                      | RELATIONSHIP     | AGE                           | BIRTHPLACE                 |
| <i>1 Margrite</i>         | <i>W</i>         | <i>26</i>                     | <i>Tex</i>                 |
| <i>9 5 Boardman</i>       |                  |                               |                            |
|                           |                  |                               |                            |
|                           |                  |                               |                            |
|                           |                  |                               |                            |
|                           |                  |                               |                            |
|                           |                  |                               |                            |
|                           |                  |                               |                            |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |                  |   |  |   |                    |
|--|------------------|---|--|---|--------------------|
| R200   |                  | NAME OF INDIVIDUAL<br><i>Helece E. L.</i>   |  | LOUISIANA   |                    |
| COLOR<br><i>B</i>  | AGE<br><i>39</i> | BIRTHPLACE<br><i>Calcasieu</i>  |  | E.D.<br><i>98</i>   | SHEET<br><i>14</i> |
| COUNTY   |                  | CITY  |  |   |                    |
| ENUMERATED WITH<br><i>Becke Mary</i>   |                  |   |  |   |                    |
| RELATIONSHIP TO ABOVE  |                  |   |  |   |                    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> IMMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                    |

Form 18-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 1910-P01

|   |  |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|--|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|--|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R200  |  | NAME OF INDIVIDUAL                       |  | LOUISIANA |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR   | AGE                                      | BIRTHPLACE                               |  | E.D.      | SHEET |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| B   | 5  | Assumption                               |  | 8         | 9     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY  |  | CITY                                     |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Ricks, Willy  |  |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-637 (4-30-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |              |           |            |
|-------------------------|--------------|-----------|------------|
| HEAD OF FAMILY          |              | LOUISIANA |            |
| NAME                    | AGE          | E.D.      | SHEET      |
| 2200                    | 32           | 68        | 16         |
| COLOR                   | BIRTHPLACE   |           |            |
| W                       |              |           |            |
| COUNTY                  | CITY         |           |            |
| Do Soto                 |              |           |            |
| OTHER MEMBERS OF FAMILY |              |           |            |
| NAME                    | RELATIONSHIP | AGE       | BIRTHPLACE |
| Lula                    | W            | 25        |            |
| Louise                  | D            | 2         |            |
|                         |              |           |            |
|                         |              |           |            |
|                         |              |           |            |
|                         |              |           |            |
|                         |              |           |            |
|                         |              |           |            |
|                         |              |           |            |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |         |                |      |            |       |
|-------------------------|---------|----------------|------|------------|-------|
| R200                    |         | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR                   |         | AGE            |      | E.D.       | SHEET |
| 8                       |         | 38             |      | 141        | 1     |
| BIRTHPLACE              |         |                |      |            |       |
| COUNTY                  |         |                | CITY |            |       |
| Union                   |         |                |      |            |       |
| OTHER MEMBERS OF FAMILY |         |                |      |            |       |
| NAME                    |         | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| 1                       | Victory | W              | 36   | Tex        |       |
|                         |         |                |      |            |       |
|                         |         |                |      |            |       |
|                         |         |                |      |            |       |
|                         |         |                |      |            |       |
|                         |         |                |      |            |       |
|                         |         |                |      |            |       |
|                         |         |                |      |            |       |
|                         |         |                |      |            |       |
|                         |         |                |      |            |       |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |      |            |  |
|-------------------------|-----|----------------|------|------------|--|
| R 200                   |     | HEAD OF FAMILY |      | LOUISIANA  |  |
| COLOR                   | AGE | BIRTHPLACE     | E.O. | SHEET      |  |
|                         | 86  | La             | 106  | 7          |  |
| COUNTY                  |     |                | CITY |            |  |
| Tangipahoa              |     |                |      |            |  |
| OTHER MEMBERS OF FAMILY |     |                |      |            |  |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| 1. Mother               |     | W              | 13   |            |  |
| 2. Father               |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |

FORM 18-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                  |           |            |      |
|-------------------------|---|------------------|-----------|------------|------|
| 207                     |   | HEAD OF FAMILY - |           | LOUISIANA  |      |
| COLOR                   | B | AGE              | 17        | BIRTHPLACE | Miss |
| COUNTY                  |   |                  | Concordia |            | CITY |
| OTHER MEMBERS OF FAMILY |   |                  |           |            |      |
| NAME                    |   | RELATIONSHIP     | AGE       | BIRTHPLACE |      |
| Parkers Levee Camp      |   |                  |           |            |      |
|                         |   |                  |           |            |      |
|                         |   |                  |           |            |      |
|                         |   |                  |           |            |      |
|                         |   |                  |           |            |      |
|                         |   |                  |           |            |      |
|                         |   |                  |           |            |      |

FORM 16-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                  |       |            |             |
|-------------------------|---|------------------|-------|------------|-------------|
| 8200                    |   | HEAD OF FAMILY   |       | LOUISIANA  |             |
| COLOR                   | W | AGE              | 31    | BIRTHPLACE |             |
| COUNTY                  |   | East Baton Rouge |       | CITY       | Baton Rouge |
| OTHER MEMBERS OF FAMILY |   |                  |       |            |             |
| NAME                    |   | RELATIONSHIP     | AGE   | BIRTHPLACE |             |
| Aelia                   |   | W                | 24    |            |             |
| Dorris                  |   | D                | 3     |            |             |
| Edward                  |   | S                | 2     |            |             |
| James Lee               |   | D                | 6 1/2 |            |             |
| Willie                  |   | B                | 34    |            |             |
|                         |   |                  |       |            |             |
|                         |   |                  |       |            |             |

FORM 16-436 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |            |    |
|-------------------------|---|----------------|-----|------------|----|
| R200                    |   | HEAD OF FAMILY |     | LOUISIANA  |    |
| COLOR                   | B | AGE            | 43  | BIRTHPLACE | Ed |
| COUNTY                  |   | Lafourche      |     | CITY       |    |
| OTHER MEMBERS OF FAMILY |   |                |     |            |    |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |    |
| 1 Winnie                |   | w              | 33  |            |    |
|                         |   |                |     |            |    |
|                         |   |                |     |            |    |
|                         |   |                |     |            |    |
|                         |   |                |     |            |    |
|                         |   |                |     |            |    |
|                         |   |                |     |            |    |
|                         |   |                |     |            |    |
|                         |   |                |     |            |    |

FORM 16-436 (4-22-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                |              |            |         |
|-------------------------|----------------|--------------|------------|---------|
| R 200                   | HEAD OF FAMILY |              | LOUISIANA  |         |
| COLOR B                 | AGE 40         | NAME Ross Ed |            | E.O. 38 |
| BIRTHPLACE              |                | SHEET 11     |            |         |
| COUNTY                  |                | CITY         |            |         |
| Calcasieu               |                |              |            |         |
| OTHER MEMBERS OF FAMILY |                |              |            |         |
| NAME                    | RELATIONSHIP   | AGE          | BIRTHPLACE |         |
| Smith, Mary             | W              | 24           |            |         |
| Verdine, Mary           | Scl            | 9            |            |         |
| Leah                    | Scl            | 8            |            |         |
| Leola                   | Scl            | 7            |            |         |
| Ruth                    | Scl            | 5            |            |         |
|                         |                |              |            |         |
|                         |                |              |            |         |

FORM 16-636 (4-20-31)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |     |                    |  |           |       |
|---|-----|--------------------|--|-----------|-------|
| R200  |     | NAME OF INDIVIDUAL |  | LOUISIANA |       |
| COLOR   | AGE | BIRTHPLACE         |  | E.O.      | SHEET |
| 8   | 32  | Calcasieu          |  | 44        | 15    |
| COUNTY  |     | CITY               |  |           |       |
| ENUMERATED WITH   |     |                    |  |           |       |
| RELATIONSHIP TO ABOVE   |     |                    |  |           |       |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER<br/> <input type="checkbox"/> MOTHER<br/> <input type="checkbox"/> GRANDFATHER<br/> <input type="checkbox"/> GRANDMOTHER<br/> <input type="checkbox"/> GRANDSON<br/> <input type="checkbox"/> GRANDDAUGHTER<br/> <input type="checkbox"/> AUNT<br/> <input type="checkbox"/> UNCLE             </div> <div> <input type="checkbox"/> NEPHEW<br/> <input type="checkbox"/> NIECE<br/> <input type="checkbox"/> FATHER-IN-LAW<br/> <input type="checkbox"/> MOTHER-IN-LAW<br/> <input type="checkbox"/> SON-IN-LAW<br/> <input type="checkbox"/> DAUGHTER-IN-LAW<br/> <input type="checkbox"/> BROTHER-IN-LAW<br/> <input type="checkbox"/> SISTER-IN-LAW             </div> <div> <input type="checkbox"/> INMATE<br/> <input type="checkbox"/> NURSE<br/> <input type="checkbox"/> PATIENT<br/> <input type="checkbox"/> ROOMER<br/> <input type="checkbox"/> SERVANT<br/> <input type="checkbox"/> OTHER (Specify)<br/> <u>Sister</u> </div> </div> |     |                    |  |           |       |

FORM 10-437 (1-22-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 1910-P01

|  |  |  |  |                   |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|--|-------------------|--------------------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R200   |  | NAME OF INDIVIDUAL<br><i>Ross, Ed</i>      |  | LOUISIANA         |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>B</i>  | AGE<br><i>32</i>                         | BIRTHPLACE                                 |  | E.O.<br><i>44</i> | SHEET<br><i>13</i> |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>Calcasieu</i>   |  | CITY<br><i>De Ridder</i>                   |  |                   |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Ross, Gaius</i>  |  |  |  |                   |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |  |                   |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDOW</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> MISTRESS-IN-LAW</td> <td></td> </tr> </table> |  |  |  |                   |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> MISTRESS-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDOW             |  |                   |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE             |  |                   |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |  |                   |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER |  |                   |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |  |                   |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |  |                   |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |                   |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> MISTRESS-IN-LAW |  |  |                   |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-637 (4-30-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |   |                |    |            |  |            |    |
|-------------------------|---|----------------|----|------------|--|------------|----|
| 7200                    |   | HEAD OF FAMILY |    | Rose, Edd  |  | LOUISIANA  |    |
| COLOR                   | B | AGE            | 51 | BIRTHPLACE |  | E.O.       | 20 |
|                         |   |                |    |            |  | SHEET      | 15 |
| COUNTY                  |   |                |    | Va         |  |            |    |
| Iberia                  |   |                |    | CITY       |  |            |    |
|                         |   |                |    | New Iberia |  |            |    |
| OTHER MEMBERS OF FAMILY |   |                |    |            |  |            |    |
| NAME                    |   | RELATIONSHIP   |    | AGE        |  | BIRTHPLACE |    |
| Penny                   |   | W              |    | 42         |  |            |    |
| Tillie C.               |   | S              |    | 17         |  |            |    |
| + 4 Bc                  |   |                |    |            |  |            |    |
|                         |   |                |    |            |  |            |    |
|                         |   |                |    |            |  |            |    |
|                         |   |                |    |            |  |            |    |
|                         |   |                |    |            |  |            |    |
|                         |   |                |    |            |  |            |    |
|                         |   |                |    |            |  |            |    |

FORM 19-536 (4-20-51)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |  |  |                    |                    |
|--|--|--|--|--------------------|--------------------|
| R200                                     |  | NAME OF INDIVIDUAL<br><i>Richard Edd</i>       |  | LOUISIANA          |                    |
| COLOR<br><i>B</i>                        | AGE<br><i>25</i>                         | BIRTHPLACE<br><i>Mo</i>                        |  | E.D.<br><i>150</i> | SHEET<br><i>20</i> |
| COUNTY<br><i>Vernon</i>                  |  | CITY   |  |                    |                    |
| ENUMERATED WITH<br><i>Calaway, Allen</i> |  |  |  |                    |                    |
| RELATIONSHIP TO ABOVE                    |  |  |  |                    |                    |
| <input type="checkbox"/> FATHER          | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                |  |                    |                    |
| <input type="checkbox"/> MOTHER          | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                 |  |                    |                    |
| <input type="checkbox"/> GRANDFATHER     | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT               |  |                    |                    |
| <input type="checkbox"/> GRANDMOTHER     | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> SON-IN-LAW |  |                    |                    |
| <input type="checkbox"/> GRANDSON        | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT               |  |                    |                    |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)       |  |                    |                    |
| <input type="checkbox"/> AUNT            | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |                    |                    |
| <input type="checkbox"/> UNCLE           | <input type="checkbox"/> SISTER-IN-LAW   |  |  |                    |                    |

Form 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 10100-P61

|                         |     |                |      |            |  |
|-------------------------|-----|----------------|------|------------|--|
| R-200                   |     | HEAD OF FAMILY |      | LOUISIANA  |  |
| E.D.                    |     | SHEET          |      |            |  |
| COLOR                   | AGE | BIRTHPLACE     |      |            |  |
| W                       | 22  |                |      |            |  |
| COUNTY                  |     |                | CITY |            |  |
| West Carroll            |     |                |      |            |  |
| OTHER MEMBERS OF FAMILY |     |                |      |            |  |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| 1 Henrietta             |     | W              | 20   |            |  |
| Bessie Alice            |     | D              | 2    |            |  |
| Margaret                |     | D              | 1    |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |

 FORM 16-636 (4-30-61)  
 1919 CENSUS INDEX - FAMILY

 U.S. DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R 200                   |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.O.       | SHEET |
| W                       |  | 29             |            | 105        | 9     |
| COUNTY                  |  |                | CITY       |            |       |
| Sabine                  |  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Gussie E                |  | W              | 17         |            |       |
| Verna M                 |  | D              | 1          |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |           |                |     |             |                 |           |  |
|-------------------------|-----------|----------------|-----|-------------|-----------------|-----------|--|
| R200                    |           | HEAD OF FAMILY |     | Roach Eddie |                 | LOUISIANA |  |
| COLOR                   | B         | AGE            | 30  | BIRTHPLACE  |                 |           |  |
| COUNTY                  | Jefferson |                |     | CITY        | Mc Donoughville |           |  |
| OTHER MEMBERS OF FAMILY |           |                |     |             |                 |           |  |
| NAME                    |           | RELATIONSHIP   | AGE | BIRTHPLACE  |                 |           |  |
| 1 Leona                 |           | W              | 17  |             |                 |           |  |
|                         |           |                |     |             |                 |           |  |
|                         |           |                |     |             |                 |           |  |
|                         |           |                |     |             |                 |           |  |
|                         |           |                |     |             |                 |           |  |
|                         |           |                |     |             |                 |           |  |
|                         |           |                |     |             |                 |           |  |
|                         |           |                |     |             |                 |           |  |

FORM 16-436 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |           |                |     |            |            |
|-------------------------|-----------|----------------|-----|------------|------------|
| 8200                    |           | HEAD OF FAMILY |     | LOUISIANA  |            |
| COLOR                   | W         | AGE            | 21  | BIRTHPLACE | Rage Caddy |
| COUNTY                  | Lafayette |                |     | CITY       |            |
| OTHER MEMBERS OF FAMILY |           |                |     |            |            |
| NAME                    |           | RELATIONSHIP   | AGE | BIRTHPLACE |            |
| 1                       | Coima     | W              | 30  |            |            |
|                         | Anna      | D              | 102 |            |            |
|                         | Duke      | D              | 16  |            |            |
| 1                       | Eugene    | D              | 15  |            |            |
|                         | Robert    | S              | 12  |            |            |
|                         |           |                |     |            |            |
|                         |           |                |     |            |            |

FORM 16-636 (4-22-31)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |     |   |      |   |       |
|--|-----|---|------|---|-------|
| R200   |     | NAME OF INDIVIDUAL  |      | LOUISIANA   |       |
| COLORED  | AGE | BIRTHPLACE  |      | E.D.  | SHEET |
| B  | 3   | Edgar   |      | 57  | 48    |
| COUNTY   |     |   | CITY |   |       |
| JACKSON  |     |   |      |   |       |
| ENUMERATED WITH  |     |   |      |   |       |
| McHenry, Fanny   |     |   |      |   |       |
| RELATIONSHIP TO ABOVE  |     |   |      |   |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> WMASTE<br><input type="checkbox"/> NUNCE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify) |       |

FORM 18-437 (10-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 16198-P01

|                         |   |                |     |            |       |
|-------------------------|---|----------------|-----|------------|-------|
| R 200                   |   | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | W | AGE            | 27  | BIRTHPLACE | Edgar |
| COUNTY                  |   | Lafourche      |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |   |                |     |            |       |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Adelle                  |   | M              | 62  |            |       |
| Adelle                  |   | D              | 14  |            |       |
| Lewie                   |   | D              | 19  |            |       |
| Hanklock Harris         |   | B-L            | 42  |            |       |
| Emma                    |   | W              | 33  |            |       |
| Warren                  |   | N              | 12  |            |       |
| Ruel                    |   | N              | 14  |            |       |



**LOUISIANA**

CARD 2 OF 2

**OTHER MEMBERS OF FAMILY**

[illegible]

FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

UNCOMA-OT 15100-P61

|                                |  |                     |                           |                           |
|--------------------------------|--|---------------------|---------------------------|---------------------------|
| <b>R200</b>                    | <b>HEAD OF FAMILY</b><br><i>Ross Edgar</i> |                     | <b>LOUISIANA</b>          |                           |
| <b>COLOR</b><br><i>Wm</i>      | <b>AGE</b><br><i>50</i>                    | <b>BIRTHPLACE</b>   | <b>E.D.</b><br><i>124</i> | <b>SHEET</b><br><i>14</i> |
| <b>COUNTY</b>                  |  | <b>St. Martin</b>   | <b>CITY</b>               |                           |
| <b>OTHER MEMBERS OF FAMILY</b> |  |                     |                           |                           |
| <b>NAME</b>                    |  | <b>RELATIONSHIP</b> | <b>AGE</b>                | <b>BIRTHPLACE</b>         |
| <i>Sylvania</i>                |  | <i>W</i>            | <i>52</i>                 |                           |
| <i>Laura</i>                   |  | <i>D</i>            | <i>22</i>                 |                           |
| <i>Calice</i>                  |  | <i>D</i>            | <i>20</i>                 |                           |
| <i>Therest, Robert</i>         |  | <i>N</i>            | <i>15</i>                 |                           |
| <i>1, Wilcox</i>               |  | <i>N</i>            | <i>12</i>                 |                           |
|                                |  |                     |                           |                           |
|                                |  |                     |                           |                           |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |  |  |             |            |
|--|--|--|--|-------------|------------|
| R 200                                  |  | NAME OF INDIVIDUAL<br>Rosa, Edith        |  | LOUISIANA   |            |
| COLOR<br>W                             | AGE<br>22                                | BIRTHPLACE                               |  | E.O.<br>130 | SHEET<br>4 |
| COUNTY<br>St. Martin                   |  | CITY<br>Briar Ridge                      |  |             |            |
| ENUMERATED WITH<br>Guilbeau, Aracoe    |  |  |  |             |            |
| RELATIONSHIP TO ABOVE                  |  |  |  |             |            |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |  |             |            |
| <input type="checkbox"/> MOTHER        | <input checked="" type="checkbox"/> WIFE | <input type="checkbox"/> NURSE           |  |             |            |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |  |             |            |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |  |             |            |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |  |             |            |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |  |             |            |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |             |            |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW   |  |  |             |            |

FORM 10-437 (4-22-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 10100-P01

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R200                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.O.       | SHEET |
|                         | 33  |                |     |            |       |
| COUNTY                  |     | Natchitoches   |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| James                   |     | W              | 32  |            |       |
| Linda                   |     | D              | 5   |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| 1200                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | S.D.       | SHEET |
| W                       | 63  |                |     | 137        | 8     |
| COUNTY                  |     | CITY           |     |            |       |
| Vermillion              |     |                |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Harrold A.              |     | W              | 55  | Miss       |       |
| Maggie                  |     | D              | 30  |            |       |
| Elizabeth C.            |     | D              | 28  |            |       |
| Edward                  |     | S              | 25  |            |       |
| Rennie B.               |     | S              | 23  |            |       |
| William L.              |     | S              | 20  |            |       |
| Ernest A.               |     | S              | 18  |            |       |

FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |     |                |                  |            |       |
|-------------------------|-----|----------------|------------------|------------|-------|
| R 202                   |     | HEAD OF FAMILY |                  | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |                  | E.D.       | SHEET |
| W                       | 45  |                |                  | 22         | 24    |
| COUNTY                  |     |                | CITY             |            |       |
| Lafayette               |     |                |                  |            |       |
| OTHER MEMBERS OF FAMILY |     |                |                  |            |       |
| NAME                    |     | RELATIONSHIP   | AGE              | BIRTHPLACE |       |
| Mathilde                |     | W              | 35               |            |       |
| Mathy                   |     | D              | 9                |            |       |
| Edmond C.               |     | S              | 8                |            |       |
| William L.              |     | S              | 5                |            |       |
| Celine G.               |     | D              | 3                |            |       |
| Lilly M                 |     | D              | 1 <sup>1/2</sup> |            |       |
| ↓ 1 servant             |     |                |                  |            |       |

FORM 18-636 (4-20-67)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |   |                    |    |           |    |
|--|---|--------------------|----|-----------|----|
| R700   |   | NAME OF INDIVIDUAL |    | LOUISIANA |    |
| COLOR  | W | AGE                | 16 | ED        | 48 |
|  |   | BIRTH PLACE        |    | SHEET 1   |    |
| COUNTY   |   | Lafourche          |    | CITY      |    |
| ENUMERATED WITH  |   |                    |    |           |    |
| RELATIONSHIP TO ABOVE  |   |                    |    |           |    |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER<br/> <input type="checkbox"/> MOTHER<br/> <input type="checkbox"/> GRANDFATHER<br/> <input type="checkbox"/> GRANDMOTHER<br/> <input type="checkbox"/> GRANDSON<br/> <input type="checkbox"/> GRANDDAUGHTER<br/> <input type="checkbox"/> AUNT<br/> <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW<br/> <input type="checkbox"/> NIECE<br/> <input type="checkbox"/> FATHER-IN-LAW<br/> <input type="checkbox"/> MOTHER-IN-LAW<br/> <input type="checkbox"/> SON-IN-LAW<br/> <input type="checkbox"/> DAUGHTER-IN-LAW<br/> <input type="checkbox"/> BROTHER-IN-LAW<br/> <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE<br/> <input type="checkbox"/> NURSE<br/> <input type="checkbox"/> PATIENT<br/> <input type="checkbox"/> ROOMER<br/> <input type="checkbox"/> SERVANT<br/> <input checked="" type="checkbox"/> OTHER (Specify)<br/> <u>Orphan</u> </div> </div> |   |                    |    |           |    |

FORM 10-437 (4-26-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCCH-DC 1910-P01



|   |  |                    |            |           |      |
|---|--|--------------------|------------|-----------|------|
| R200  |  | NAME OF INDIVIDUAL |            | LOUISIANA |      |
| RACE  |  | AGE                | BIRTHPLACE |           | E.O. |
| B   |  | 9                  |            |           | 93   |
| CITY  |  |                    | SHEET      |           |      |
|   |  |                    | 15         |           |      |
| ENUMERATED WITH   |  |                    |            |           |      |
| RELATIONSHIP TO ABOVE   |  |                    |            |           |      |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER<br/> <input type="checkbox"/> MOTHER<br/> <input type="checkbox"/> GRANDFATHER<br/> <input type="checkbox"/> GRANDMOTHER<br/> <input type="checkbox"/> GRANDSON<br/> <input checked="" type="checkbox"/> GRANDDAUGHTER<br/> <input type="checkbox"/> AUNT<br/> <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW<br/> <input type="checkbox"/> NIECE<br/> <input type="checkbox"/> FATHER-IN-LAW<br/> <input type="checkbox"/> MOTHER-IN-LAW<br/> <input type="checkbox"/> SON-IN-LAW<br/> <input type="checkbox"/> DAUGHTER-IN-LAW<br/> <input type="checkbox"/> BROTHER-IN-LAW<br/> <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE<br/> <input type="checkbox"/> NURSE<br/> <input type="checkbox"/> PATIENT<br/> <input type="checkbox"/> ROOMER<br/> <input type="checkbox"/> SERVANT<br/> <input type="checkbox"/> OTHER (Specify) </div> </div> |  |                    |            |           |      |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |                  |   |                         |  |                    |
|--|------------------|---|-------------------------|--|--------------------|
| R200   |                  | NAME OF INDIVIDUAL<br><i>Paul Edgar W</i>   |                         | LOUISIANA  |                    |
| COLOR<br><i>W</i>  | AGE<br><i>23</i> | BIRTHPLACE  |                         | E.D.<br><i>90</i>  | SHEET<br><i>23</i> |
| COUNTY<br><i>S. Mary</i>   |                  |   | CITY<br><i>Imperial</i> |  |                    |
| ENUMERATED WITH<br><i>William, Clara</i>   |                  |   |                         |  |                    |
| RELATIONSHIP TO ABOVE  |                  |   |                         |  |                    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |                         | <input type="checkbox"/> WIFE<br><input type="checkbox"/> MURDER<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>D</i> |                    |

FORM 10-637 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |            |             |
|-------------------------|---|----------------|-----|------------|-------------|
| P200                    |   | HEAD OF FAMILY |     | LOUISIANA  |             |
| COLOR                   | W | AGE            | 47  | BIRTHPLACE | Rosa, Educk |
| COUNTY                  |   | Calcasieu      |     | CITY       | Kinders     |
| OTHER MEMBERS OF FAMILY |   |                |     |            |             |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |             |
| 1 Calistine             |   | M              | 71  |            |             |
| John                    |   | at S.          | 7   | NY         |             |
| Cale, J.F.              |   | Bo             | 24  |            |             |
|                         |   |                |     |            |             |
|                         |   |                |     |            |             |
|                         |   |                |     |            |             |
|                         |   |                |     |            |             |
|                         |   |                |     |            |             |

FORM 16-436 (4-20-91)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |            |    |
|-------------------------|---|----------------|-----|------------|----|
| 11200                   |   | HEAD OF FAMILY |     | LOUISIANA  |    |
| COLOR                   | W | AGE            | 27  | BIRTHPLACE | 21 |
| COUNTY                  |   | ABERDEEN       |     | CITY       |    |
| OTHER MEMBERS OF FAMILY |   |                |     |            |    |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |    |
| Carrie                  |   | w              | 23  |            |    |
| Cula                    |   | d              | 3   |            |    |
| Eddie Jr.               |   | s              | 2   |            |    |
|                         |   |                |     |            |    |
|                         |   |                |     |            |    |
|                         |   |                |     |            |    |
|                         |   |                |     |            |    |
|                         |   |                |     |            |    |

FORM 10-536 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

| R200                    |     | HEAD OF FAMILY |      | LOUISIANA  |  |
|-------------------------|-----|----------------|------|------------|--|
| COLOR                   | AGE | BIRTHPLACE     | E.D. | SHEET      |  |
| W                       | 52  | Madison        | 80   | 2          |  |
| COUNTY                  |     | CITY           |      |            |  |
| OTHER MEMBERS OF FAMILY |     |                |      |            |  |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| Living ones             |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |       |                    |   |           |       |
|--|-------|--------------------|---|-----------|-------|
| R200   |       | NAME OF INDIVIDUAL |   | LOUISIANA |       |
| COLOR  | AGE   | BIRTH PLACE        |   | E.D.      | SHEET |
| Wm   | 1 3/4 | Riggs Edward       |   | 114       | 26    |
| COUNTY   |       |                    | CITY  |           |       |
| ENUMERATED WITH  |       |                    | Richland  |           |       |
| RELATIONSHIP TO ABOVE  |       |                    | Brother John  |           |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |       |                    | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |           |       |
|  |       |                    | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NUNSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> PRISONER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify)  |           |       |

FORM 10-537 (4-20-61)

1930 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 16100-P61

| R 200                   |     | HEAD OF FAMILY |      | LOUISIANA  |  |
|-------------------------|-----|----------------|------|------------|--|
| COLOR                   | AGE | BIRTHPLACE     | E.D. | SHEET      |  |
| B                       | 29  |                | 10   | 2          |  |
| COUNTY Assumption       |     | CITY           |      |            |  |
| OTHER MEMBERS OF FAMILY |     |                |      |            |  |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| Susan                   |     | W              | 28   |            |  |
| Delora                  |     | D              | 8    |            |  |
| Jasmy                   |     | D              | 5    |            |  |
| Alberta                 |     | D              | 1    |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |  |   |            |               |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|---|------------|---------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|--|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R200  |  | NAME OF INDIVIDUAL                       |   | LOUISIANA  |               |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR   | 13                                       | AGE                                      | 8 | BIRTHPLACE | Roach, Edward |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY  |  | West Feliciana                           |   | CITY       |               |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |  |   |            |               |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Roach, Silas  |  |  |   |            |               |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |   |            |               |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |   |            |               | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |   |            |               |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |   |            |               |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |   |            |               |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |   |            |               |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |   |            |               |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |   |            |               |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |   |            |               |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |   |            |               |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 16-437 (4-20-31)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 16106-P01



|                         |   |                |     |            |              |
|-------------------------|---|----------------|-----|------------|--------------|
| R 200                   |   | HEAD OF FAMILY |     | LOUISIANA  |              |
| COLOR                   | W | AGE            | 46  | BIRTHPLACE | Russ Edwards |
| COUNTY                  |   | Concordia      |     | CITY       |              |
| OTHER MEMBERS OF FAMILY |   |                |     |            |              |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |              |
| Josephine               |   | W              | 30  |            |              |
| Lance                   |   | D              | 15  |            |              |
| Kate                    |   | D              | 14  |            |              |
| Edwards                 |   | D              | 12  |            |              |
| Melvin                  |   | D              | 9   |            |              |
| Callie                  |   | D              | 6   |            |              |
| Gladys                  |   | D              | 4   |            |              |

FORM 16-536 (4-26-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|  |  |  |  |                   |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|--|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|-------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| <i>R200</i>  |  | NAME OF INDIVIDUAL<br><i>Ross Edward</i>   |  | LOUISIANA         |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>B</i>  | AGE<br><i>30</i>                         | BIRTHPLACE                                 |  | E.O.<br><i>48</i> | SHEET<br><i>43</i> |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>Lafourche</i>   |  | CITY                                       |  |                   |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Moore William</i>  |  |  |  |                   |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |  |                   |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> ORGATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> WIFE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |                   |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> ORGATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> WIFE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> ORGATE            |  |                   |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> WIFE            | <input type="checkbox"/> NURSE             |  |                   |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |  |                   |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER |  |                   |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |  |                   |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |  |                   |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |                   |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |  |                   |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-637 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMB-DC 1910-P-61

|                         |   |                |    |               |     |            |    |
|-------------------------|---|----------------|----|---------------|-----|------------|----|
| 1200                    |   | HEAD OF FAMILY |    | Rouke, Edward |     | LOUISIANA  |    |
| COLOR                   | W | AGE            | 42 | BIRTHPLACE    | ala | E.D.       | 56 |
|                         |   |                |    |               |     | SHEET      | 12 |
| COUNTY                  |   |                |    | CITY          |     |            |    |
|                         |   |                |    | Plaquemine    |     |            |    |
| OTHER MEMBERS OF FAMILY |   |                |    |               |     |            |    |
| NAME                    |   | RELATIONSHIP   |    | AGE           |     | BIRTHPLACE |    |
| 1. <del>Alvin</del>     |   | W              |    | 49            |     | ala        |    |
| Bessie                  |   | als            |    | 2             |     |            |    |
|                         |   |                |    |               |     |            |    |
|                         |   |                |    |               |     |            |    |
|                         |   |                |    |               |     |            |    |
|                         |   |                |    |               |     |            |    |
|                         |   |                |    |               |     |            |    |
|                         |   |                |    |               |     |            |    |

FORM 18-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |    |                |    |               |      |            |       |
|-------------------------|----|----------------|----|---------------|------|------------|-------|
| R200                    |    | HEAD OF FAMILY |    | Roach, Edward |      | LOUISIANA  |       |
| COLOR                   | My | AGE            | 43 | BIRTHPLACE    |      | E.D.       | SHEET |
|                         |    |                |    |               |      | 25         | 5     |
| COUNTY                  |    |                |    | Jefferson     |      | CITY       |       |
|                         |    |                |    | Mc Nairville  |      |            |       |
| OTHER MEMBERS OF FAMILY |    |                |    |               |      |            |       |
| NAME                    |    |                |    | RELATIONSHIP  | AGE  | BIRTHPLACE |       |
| Alida                   |    |                |    | W             | 42   |            |       |
| Lillian                 |    |                |    | D             | 17   |            |       |
| Edna                    |    |                |    | D             | 13   |            |       |
| Helen                   |    |                |    | D             | 10   |            |       |
| Marie                   |    |                |    | D             | 7    |            |       |
| Arthur                  |    |                |    | S             | 4    |            |       |
| Alphonse                |    |                |    | S             | 4/12 |            |       |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R 200                   |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | NAME           |     | E.D.       | SHEET |
| W                       | 60  | Reggie Edward  |     | 46         | 12    |
| COUNTY                  |     | CITY           |     |            |       |
| Lafourche               |     |                |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| 1 Bertha                |     | W              | 40  |            |       |
| Courville Enola         |     | Da             | 19  |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 16-436 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |  |  |                   |                    |                                 |                                 |                               |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
|--|--|--|--|-------------------|--------------------|---------------------------------|---------------------------------|-------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|--|--|--------------------------------|--|--|
| R 200  |  | NAME OF INDIVIDUAL<br><i>Rice Edward</i> |  | LOUISIANA         |                    |                                 |                                 |                               |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| COLOR<br><i>B</i>  | AGE<br><i>8 1/2</i>                                | BIRTHPLACE                               |  | E.S.<br><i>44</i> | SHEET<br><i>10</i> |                                 |                                 |                               |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| COUNTY<br><i>East Feliciana</i>  |  | CITY                                     |  |                   |                    |                                 |                                 |                               |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| ENUMERATED WITH<br><i>Mrs. Isaac</i>   |  |  |  |                   |                    |                                 |                                 |                               |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |  |                   |                    |                                 |                                 |                               |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIFE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> Niece</td> <td><input type="checkbox"/> MURDER</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input checked="" type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |                   |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIFE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> Niece | <input type="checkbox"/> MURDER | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input checked="" type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW                    | <input type="checkbox"/> WIFE            |  |                   |                    |                                 |                                 |                               |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> Niece                     | <input type="checkbox"/> MURDER          |  |                   |                    |                                 |                                 |                               |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW             | <input type="checkbox"/> PATIENT         |  |                   |                    |                                 |                                 |                               |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW             | <input type="checkbox"/> ROOMER          |  |                   |                    |                                 |                                 |                               |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW                | <input type="checkbox"/> SERVANT         |  |                   |                    |                                 |                                 |                               |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW           | <input type="checkbox"/> OTHER (Specify) |  |                   |                    |                                 |                                 |                               |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input checked="" type="checkbox"/> BROTHER-IN-LAW |  |  |                   |                    |                                 |                                 |                               |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW             |  |  |                   |                    |                                 |                                 |                               |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |

FORM 16-437 (4-22-31)

1930 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMB-DC 18100-P81

|  |                     |   |  |  |                   |
|--|---------------------|---|--|--|-------------------|
| R 200  |                     | NAME OF INDIVIDUAL<br><i>Russell Edwards</i>  |  | LOUISIANA  |                   |
| COLOR<br><i>6</i>  | AGE<br><i>4 1/2</i> | BIRTHPLACE  |  | E.O.<br><i>45</i>  | SHEET<br><i>9</i> |
| COUNTY<br><i>East Feliciana</i>  |                     | CITY<br><i>Clinton</i>  |  |  |                   |
| ENUMERATED WITH<br><i>Fletcher, Josephine</i>  |                     |   |  |  |                   |
| RELATIONSHIP TO ABOVE  |                     |   |  |  |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> BOARDER<br><input type="checkbox"/> BOARDER<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>S</i> |                   |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|  |                 |  |                   |   |  |
|--|-----------------|--|-------------------|---|--|
| P 200  |                 | NAME OF INDIVIDUAL<br><i>Rose Edward</i>   |                   | LOUISIANA   |  |
| COLOR<br><i>Mu</i>   | AGE<br><i>4</i> | BIRTHPLACE   | E.D.<br><i>55</i> | SHEET<br><i>9</i>   |  |
| COUNTY   |                 | CITY   |                   |   |  |
| Cameron  |                 |  |                   |   |  |
| ENUMERATED WITH<br><i>Petrait, Philogen</i>  |                 |  |                   |   |  |
| RELATIONSHIP TO ABOVE  |                 |  |                   |   |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                 | <input checked="" type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |                   | <input type="checkbox"/> WIDOW<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |  |

FORM 10-637 (4-20-41)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |          |                   |     |            |       |
|-------------------------|----------|-------------------|-----|------------|-------|
| R200                    |          | HEAD OF FAMILY    |     | LOUISIANA  |       |
| Reece                   |          | Edward            |     | E.D.       | SHEET |
| COLOR                   | AGE      | BIRTHPLACE        |     | 102        | 4     |
| B                       | 39       |                   |     |            |       |
| COUNTY                  |          | CITY              |     |            |       |
| Terrebonne              |          |                   |     |            |       |
| OTHER MEMBERS OF FAMILY |          |                   |     |            |       |
|                         | NAME     | RELATION-<br>SHIP | AGE | BIRTHPLACE |       |
|                         | Cestelia | W                 | 39  |            |       |
|                         | Ernest   | S                 | 19  |            |       |
|                         | Vivian   | D                 | 15  |            |       |
|                         | Maggie   | D                 | 8   |            |       |
|                         | Willie   | S                 | 5   |            |       |
|                         | Eddie    | S                 | 3   |            |       |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |   |                    |    |              |               |
|--|---|--------------------|----|--------------|---------------|
| R 200  |   | NAME OF INDIVIDUAL |    | LOUISIANA    |               |
| COLOR  | W | AGE                | 58 | BIRTHPLACE   | Reese, Edward |
|  |   |                    |    | E.D.         | 35            |
|  |   |                    |    | SHEET        | 23            |
| COUNTY   |   | Calcasieu          |    | CITY         |               |
|  |   |                    |    | Lake Charles |               |
| ENUMERATED WITH  |   |                    |    |              |               |
| Reese, ALBERT W  |   |                    |    |              |               |
| RELATIONSHIP TO ABOVE  |   |                    |    |              |               |
| <input checked="" type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE<br><input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW<br><input type="checkbox"/> INMATE<br><input type="checkbox"/> NUNCE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |   |                    |    |              |               |

FORM 10-477 (10-25-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCENS-DC 10100-001

|                         |                  |                |     |             |  |           |    |
|-------------------------|------------------|----------------|-----|-------------|--|-----------|----|
| 1200                    |                  | HEAD OF FAMILY |     | Rock Edward |  | LOUISIANA |    |
| COLOR                   | B                | AGE            | 35  | BIRTHPLACE  |  | E.D.      | 83 |
|                         |                  |                |     |             |  | SHEET     | 25 |
| COUNTY                  |                  |                |     | Rapides     |  | CITY      |    |
| OTHER MEMBERS OF FAMILY |                  |                |     |             |  |           |    |
|                         | NAME             | RELATIONSHIP   | AGE | BIRTHPLACE  |  |           |    |
|                         | Rhodia           | W              | 39  |             |  |           |    |
|                         | Mittie           | D              | 10  |             |  |           |    |
|                         | Anna             | D              | 7   |             |  |           |    |
|                         | Joseph           | S              | 3   |             |  |           |    |
|                         | Jackson, William | S              | 19  |             |  |           |    |
|                         | Sheppard         | S              | 17  |             |  |           |    |
|                         | Rebecca          | S              | 12  |             |  |           |    |

FORM 78-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |              |                |            |           |       |
|-------------------------|--------------|----------------|------------|-----------|-------|
| R270                    |              | HEAD OF FAMILY |            | LOUISIANA |       |
| COLOR                   | AGE          | BIRTHPLACE     |            | E.O.      | SHEET |
| B                       | 39           |                |            | 94        | 2     |
| COUNTY                  |              | CITY           |            |           |       |
| Rapides                 |              |                |            |           |       |
| OTHER MEMBERS OF FAMILY |              |                |            |           |       |
| NAME                    | RELATIONSHIP | AGE            | BIRTHPLACE |           |       |
| E. Elizabeth            | w            | 33             |            |           |       |
| E. Lisa                 | D            | 10             |            |           |       |
| Edmond                  | S            | 9              |            |           |       |
| Delia                   | D            | 7              |            |           |       |
| M. C. Kay               | S            | 5              |            |           |       |
| Ellen                   | D            | 2              |            |           |       |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |            |                |
|-------------------------|---|----------------|-----|------------|----------------|
| R200                    |   | HEAD OF FAMILY |     | LOUISIANA  |                |
| COLOR                   | W | AGE            | 32  | BIRTHPLACE | Riche Edward A |
| COUNTY                  |   | Lafourche      |     | CITY       | Thibodaux      |
| OTHER MEMBERS OF FAMILY |   |                |     |            |                |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |                |
| Elizabeth L             |   | W              | 34  |            |                |
| Adessa                  |   | D              | 7   |            |                |
| Bertha                  |   | D              | 6   |            |                |
| Edward M                |   | S              | 4   |            |                |
|                         |   |                |     |            |                |
|                         |   |                |     |            |                |
|                         |   |                |     |            |                |

FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |   |  |           |       |
|--|--|---|--|-----------|-------|
| P 200                                  |  | NAME OF INDIVIDUAL                                  |  | LOUISIANA |       |
| COLOR                                  | AGE                                      | BIRTHPLACE  |  | E.O.      | SHEET |
| W                                      | 54                                       | Lenn  |  | 32        | 3     |
| COUNTY                                 |  | CITY  |  |           |       |
| Calcasieu                              |  | Jennings  |  |           |       |
| ENUMERATED WITH                        |  |   |  |           |       |
| Lobda, Elizabeth                       |  |   |  |           |       |
| RELATIONSHIP TO ABOVE                  |  |   |  |           |       |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |  |           |       |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NICE            | <input type="checkbox"/> NURSE                      |  |           |       |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |           |       |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |           |       |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |           |       |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |           |       |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |           |       |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW   |   |  |           |       |

Form 16-637 (4-20-61)

1970 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCENS-66 (5110-P-01)

|  |   |   |    |   |         |
|--|---|---|----|---|---------|
| R200   |   | NAME OF INDIVIDUAL  |    | LOUISIANA   |         |
| COLOR  | W | AGE   | 22 | BIRTHPLACE  | E.O. 43 |
| COUNTY   |   | Calcasieu   |    | CITY De Luling  |         |
| ENUMERATED WITH  |   |   |    |   |         |
| Rodgers Ernest W.  |   |   |    |   |         |
| RELATIONSHIP TO ABOVE  |   |   |    |   |         |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |   | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |    | <input type="checkbox"/> WIDOW<br><input type="checkbox"/> MAID<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> WORKER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |         |

FORM 10-637 (4-20-51)

1940 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R200                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.O.       | SHEET |
| B                       | 33  |                |     | 81         | 2     |
| COUNTY                  |     | CITY           |     |            |       |
| St. John the Baptist    |     |                |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| 1 Myrtle                |     | W              | 19  |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 10-436 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |   |  |   |             |
|--|--|---|--|---|-------------|
| R260<br>COLOR  |  | NAME OF INDIVIDUAL<br><i>Ross Edwin</i>   |  | LOUISIANA   |             |
| W<br>AGE   |  | 36<br>BIRTHPLACE  |  | R.D.<br>110   | SHEET<br>39 |
| COUNTY   |  |   |  | CITY  |             |
| ENUMERATED WITH<br><i>Telebonne</i>  |  |   |  |   |             |
| RELATIONSHIP TO ABOVE<br><i>La Bonaf. George</i>   |  |   |  |   |             |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NUNCE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>B</i> |             |

FORM 10-437 (10-20-51)

1950 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 10100-P01

|   |  |   |  |                   |                   |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|---|--|---|--|-------------------|-------------------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|-------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| R200  |  | NAME OF INDIVIDUAL<br><i>Ricks, Effie</i>           |  | LOUISIANA         |                   |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR<br><i>W</i>   | AGE<br><i>14</i>                         | BIRTHPLACE  |  | S.D.<br><i>59</i> | SHEET<br><i>9</i> |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY  |  | CITY<br><i>Calfax</i>                               |  |                   |                   |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Johnson, Eugene C.</i>  |  |   |  |                   |                   |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |  |                   |                   |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDOW</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> WIFE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |                   |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | <input type="checkbox"/> MOTHER | <input type="checkbox"/> WIFE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDOW                      |  |                   |                   |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> WIFE            | <input type="checkbox"/> NURSE                      |  |                   |                   |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |                   |                   |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |                   |                   |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |                   |                   |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |                   |                   |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |                   |                   |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |  |                   |                   |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <i>SP</i>   |  |   |  |                   |                   |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 10-57 (10-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCENSUS-DC 1910S-P01

|  |  |   |      |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|--|--|---|------|-----------|-------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| R200   |  | NAME OF INDIVIDUAL                                  |      | LOUISIANA |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR  | AGE                                      | BIRTHPLACE  |      | E.O.      | SHEET |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| B  | 25                                       |   |      | 36        | 14    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY   |  |   | CITY |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED <u>East Baton Rouge</u>   |  |   |      |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <u>Brown Charles</u>   |  |   |      |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   |      |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDOW</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |      |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDOW                      |      |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |      |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |      |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |      |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |      |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |      |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |   |      |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |   |      |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |     |                    |  |           |  |
|--|-----|--------------------|--|-----------|--|
| R200   |     | NAME OF INDIVIDUAL |  | LOUISIANA |  |
| COLOR  | AGE | BIRTHPLACE         | E.O.   | SHEET     |  |
| mu   | 18  | Natchitoches       | 92   | 24        |  |
| COUNTY   |     |                    | CITY   |           |  |
| ENUMERATED WITH  |     |                    | Moran, Philomen  |           |  |
| RELATIONSHIP TO ABOVE  |     |                    |  |           |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     |                    | <input checked="" type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |           |  |
|  |     |                    | <input type="checkbox"/> DEWEE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> DOCTOR<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify)  |           |  |

FORM 16-437 (4-10-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                |              |           |            |
|-------------------------|----------------|--------------|-----------|------------|
| R 200                   | HEAD OF FAMILY |              | LOUISIANA |            |
| COLOR                   | AGE            | BIRTHPLACE   | E.D.      | SHEET      |
| B                       | NR             |              | 83        | 12         |
| COUNTY                  |                | CITY         |           |            |
| Madison                 |                |              |           |            |
| OTHER MEMBERS OF FAMILY |                |              |           |            |
| NAME                    |                | RELATIONSHIP | AGE       | BIRTHPLACE |
| E. L. L. L.             |                | W            | NR        |            |
| J. L. L. L.             |                | S            | NR        |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |

Form 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |       |            |     |
|-------------------------|---|----------------|-------|------------|-----|
| R201                    |   | HEAD OF FAMILY |       | LOUISIANA  |     |
| COLOR                   | W | AGE            | 41    | BIRTHPLACE | ala |
| COUNTY                  |   | Jackson        |       | CITY       |     |
| OTHER MEMBERS OF FAMILY |   |                |       |            |     |
| NAME                    |   | RELATIONSHIP   | AGE   | BIRTHPLACE |     |
| Mama L.                 |   | W              | 21    |            |     |
| Farris                  |   | S              | 2     |            |     |
| Alma                    |   | S              | 1 1/2 |            |     |
| Macey Albert J.         |   | B-1            | 18    |            |     |
|                         |   |                |       |            |     |
|                         |   |                |       |            |     |
|                         |   |                |       |            |     |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |            |       |
|-------------------------|---|----------------|-----|------------|-------|
| R 300                   |   | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | B | AGE            | 42  | BIRTHPLACE | Supar |
| COUNTY                  |   | Bartlett       |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |   |                |     |            |       |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Emily                   |   | W              | 23  |            |       |
| Charles                 |   | S              | 19  |            |       |
| Henry                   |   | S              | 16  |            |       |
| J. P.                   |   | S              | 15  |            |       |
| Dade                    |   | S              | 11  |            |       |
| Willie                  |   | S              | 10  |            |       |
| Emick                   |   | S              | 7   |            |       |

Form 18-636 (4-22-61)  
1970 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



HEAD OF FAMILY - CONTINUED

LOUISIANA

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME            | RELATION-<br>SHIP | AGE          | BIRTHPLACE |
|-----------------|-------------------|--------------|------------|
| <i>Sarah</i>    | <i>D</i>          | <i>7</i>     |            |
| <i>Matthe</i>   | <i>D</i>          | <i>5</i>     |            |
| <i>Benjamin</i> | <i>S</i>          | <i>1 1/2</i> |            |
| <i>Warren</i>   | <i>S</i>          | <i>1 1/2</i> |            |
|                 |                   |              |            |
|                 |                   |              |            |
|                 |                   |              |            |
|                 |                   |              |            |
|                 |                   |              |            |
|                 |                   |              |            |
|                 |                   |              |            |

FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 1910-P-61

|                         |   |                |     |               |      |           |       |
|-------------------------|---|----------------|-----|---------------|------|-----------|-------|
| R 800                   |   | HEAD OF FAMILY |     | Rock E. Leija |      | LOUISIANA |       |
| COLOR                   | W | AGE            | 50  | BIRTHPLACE    | Ind. | E.O.      | SHEET |
|                         |   |                |     |               |      | 51        | 5     |
| COUNTY                  |   |                |     | CITY          |      |           |       |
| Franklin                |   |                |     | Winnsboro     |      |           |       |
| OTHER MEMBERS OF FAMILY |   |                |     |               |      |           |       |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE    |      |           |       |
| / Ruth                  |   | W              | 40  | Ill           |      |           |       |
| Rube                    |   | S              | 24  | Ill           |      |           |       |
|                         |   |                |     |               |      |           |       |
|                         |   |                |     |               |      |           |       |
|                         |   |                |     |               |      |           |       |
|                         |   |                |     |               |      |           |       |
|                         |   |                |     |               |      |           |       |
|                         |   |                |     |               |      |           |       |

FORM 18-636 (4-22-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |                  |  |  |   |                    |
|--|------------------|--|--|---|--------------------|
| R 200  |                  | NAME OF INDIVIDUAL<br><i>Francis Elena</i>   |  | LOUISIANA   |                    |
| COLOR<br><i>W</i>  | AGE<br><i>17</i> | BIRTHPLACE   |  | S.O.<br><i>49</i>   | SHEET<br><i>24</i> |
| COUNTY   |                  | CITY   |  |   |                    |
| ENUMERATED WITH  |                  | <i>Trahan, Lewis</i>   |  |   |                    |
| RELATIONSHIP TO ABOVE  |                  |  |  |   |                    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input checked="" type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> WIDOW<br><input type="checkbox"/> NUN<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                    |

FORM 16-637 (4-22-61)

1970 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USEC-DC 1000-PH

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R 200                   |     | HEAD OF FAMILY |     | Louisiana  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.O.       | SHEET |
| mu                      | 34  | Ky.            |     | 62         | 3     |
| COUNTY                  |     | Grant          |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| / Eliza                 |     | w              | 27  |            |       |
| / Aldie E.              |     | d              | 13  |            |       |
| Thom W.                 |     | s              | 3   |            |       |
| and 2 Boarders          |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

 FORM 10-634 (4-20-01)  
 1910 CENSUS INDEX - FAMILY

 U.S. DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

|                         |          |                |       |            |  |
|-------------------------|----------|----------------|-------|------------|--|
| R200                    |          | HEAD OF FAMILY |       | LOUISIANA  |  |
| COLOR                   | W        | AGE            | 58    | BIRTHPLACE |  |
| COUNTY                  |          |                | Union | CITY       |  |
| OTHER MEMBERS OF FAMILY |          |                |       |            |  |
|                         | NAME     | RELATIONSHIP   | AGE   | BIRTHPLACE |  |
|                         | Fannie A | W              | 45    |            |  |
|                         | Egan     | S              | 27    |            |  |
|                         | Thomson  | S              | 24    |            |  |
|                         | Septia   | D              | 21    |            |  |
|                         | David    | D              | 19    |            |  |
|                         | Nita     | D              | 17    |            |  |
|                         | Elna E   | D              | 13    |            |  |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |           |                |     |            |  |
|-------------------------|-----------|----------------|-----|------------|--|
| R200                    |           | HEAD OF FAMILY |     | LOUISIANA  |  |
| E.D.                    |           | SHEET          |     | 35 21      |  |
| COLOR                   | B         | AGE            | 34  | BIRTHPLACE |  |
| COUNTY                  | Concordia |                |     | CITY       |  |
| OTHER MEMBERS OF FAMILY |           |                |     |            |  |
| NAME                    |           | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| 1 Liza                  |           | W              | 36  |            |  |
|                         |           |                |     |            |  |
|                         |           |                |     |            |  |
|                         |           |                |     |            |  |
|                         |           |                |     |            |  |
|                         |           |                |     |            |  |
|                         |           |                |     |            |  |
|                         |           |                |     |            |  |

FORM 16-436 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |      |            |       |
|-------------------------|-----|----------------|------|------------|-------|
| R200                    |     | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |      | E.D.       | SHEET |
| B                       | 32  |                |      | 3          | 26    |
| COUNTY                  |     |                | CITY |            |       |
| Caldwell                |     |                |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Bitha                   |     | W              | 30   |            |       |
| David                   |     | S              | 17   |            |       |
| Angie                   |     | D              | 14   |            |       |
| Willie                  |     | D              | 13   |            |       |
| Lena                    |     | S              | 10   |            |       |
| Edith                   |     | S              | 7    |            |       |
| Johnnie                 |     | S              | 5    |            |       |

**LOUISIANA**

CARD 2 OF 2

**OTHER MEMBERS OF FAMILY**

[illegible]

FORM 10-6366 (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

UNCLASSIFIED 15100-202



|                         |   |                |      |            |             |
|-------------------------|---|----------------|------|------------|-------------|
| R200                    |   | HEAD OF FAMILY |      | LOUISIANA  |             |
| COLOR                   | B | AGE            | 40   | BIRTHPLACE | Russ, Elias |
|                         |   |                |      | E.D.       | 139         |
|                         |   |                |      | SHEET      | 4           |
| COUNTY                  |   |                | CITY |            |             |
| West Baton Rouge        |   |                |      |            |             |
| OTHER MEMBERS OF FAMILY |   |                |      |            |             |
| NAME                    |   | RELATIONSHIP   | AGE  | BIRTHPLACE |             |
| Rose                    |   | W              | 38   |            |             |
| Isabel                  |   | D              | 16   |            |             |
| Florence                |   | D              | 13   |            |             |
| Henry                   |   | D              | 10   |            |             |
| Hannah                  |   | D              | 9    |            |             |
| Ella                    |   | D              | 7    |            |             |

FORM 16-536 (4-22-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

| HEAD OF FAMILY          |              | LOUISIANA          |             |          |
|-------------------------|--------------|--------------------|-------------|----------|
| COLOR                   | AGE          | BIRTHPLACE         | E.D.        | SHEET    |
| <i>B</i>                | <i>65</i>    | <i>Rice, Edwin</i> | <i>121</i>  | <i>8</i> |
| COUNTY                  |              | CITY               |             |          |
| <i>Tensas</i>           |              |                    |             |          |
| OTHER MEMBERS OF FAMILY |              |                    |             |          |
| NAME                    | RELATIONSHIP | AGE                | BIRTHPLACE  |          |
| <i>1 Minnie</i>         | <i>W</i>     | <i>70</i>          | <i>Miss</i> |          |
|                         |              |                    |             |          |
|                         |              |                    |             |          |
|                         |              |                    |             |          |
|                         |              |                    |             |          |
|                         |              |                    |             |          |
|                         |              |                    |             |          |
|                         |              |                    |             |          |
|                         |              |                    |             |          |
|                         |              |                    |             |          |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |  |  |                   |  |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|--|-------------------|--|---------------------------------|--------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R200   |  | NAME OF INDIVIDUAL<br><i>Roach, Elie</i> |  | LOUISIANA         |  |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>B</i>  | AGE<br><i>49</i>                         | BIRTHPLACE                               |  | E.O.<br><i>91</i> |  |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| CITY<br><i>St. Mary</i>  |  | SHEET<br><i>6</i>                        |  |                   |  |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Roach, James</i>   |  |  |  |                   |  |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |  |                   |  |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input checked="" type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDOW</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |                   | <input checked="" type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input checked="" type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDOW           |  |                   |  |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |  |                   |  |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |  |                   |  |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |  |                   |  |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |  |                   |  |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |  |                   |  |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |                   |  |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |  |                   |  |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-437 (4-22-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

UNCOM-DC 18100-701

|  |   |   |      |   |                  |
|--|---|---|------|---|------------------|
| 2200   |   | NAME OF INDIVIDUAL  |      | LOUISIANA   |                  |
| COLOR  | W | AGE   | 20   | BIRTHPLACE  | E.D. 72 SHEET 13 |
| COUNTY   |   |   | CITY |   |                  |
| Lafayette  |   |   |      |   |                  |
| ENUMERATED WITH  |   |   |      |   |                  |
| Leary, Rowan   |   |   |      |   |                  |
| RELATIONSHIP TO ABOVE  |   |   |      |   |                  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |   | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br>Ledger |                  |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |            |             |
|-------------------------|---|----------------|-----|------------|-------------|
| B200                    |   | HEAD OF FAMILY |     | LOUISIANA  |             |
| COLOR                   | B | AGE            | 23  | BIRTHPLACE | Ross, Elise |
| COUNTY                  |   | Iberville      |     | CITY       |             |
| OTHER MEMBERS OF FAMILY |   |                |     |            |             |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |             |
| 1 Ophelia               |   | W              | 19  |            |             |
|                         |   |                |     |            |             |
|                         |   |                |     |            |             |
|                         |   |                |     |            |             |
|                         |   |                |     |            |             |
|                         |   |                |     |            |             |
|                         |   |                |     |            |             |
|                         |   |                |     |            |             |
|                         |   |                |     |            |             |

FORM 18-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |            |       |
|-------------------------|---|----------------|-----|------------|-------|
| R200                    |   | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | W | AGE            | 30  | BIRTHPLACE | Eliso |
| COUNTY                  |   | Vermillion     |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |   |                |     |            |       |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Ela                     |   | W              | 30  |            |       |
| spal                    |   | D              | 8   |            |       |
| John                    |   | S              | 2   |            |       |
|                         |   |                |     |            |       |
|                         |   |                |     |            |       |
|                         |   |                |     |            |       |
|                         |   |                |     |            |       |
|                         |   |                |     |            |       |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                |              |           |            |
|-------------------------|----------------|--------------|-----------|------------|
| R20                     | HEAD OF FAMILY |              | LOUISIANA |            |
| COLOR                   | AGE            | BIRTHPLACE   | E.D.      | SHEET      |
| W                       | 44             |              | 13        | 15         |
| COUNTY                  |                | CITY         |           |            |
| Avoyelles               |                |              |           |            |
| OTHER MEMBERS OF FAMILY |                |              |           |            |
| NAME                    |                | RELATIONSHIP | AGE       | BIRTHPLACE |
| Jane C.                 |                | W            | 40        |            |
| Samuel F.               |                | S            | 23        |            |
| Brother C.              |                | S            | 15        |            |
| Alexander               |                | S            | 8         |            |
| and 1 brother           |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |                  |  |                   |  |  |
|--|------------------|--|-------------------|--|--|
| R200   |                  | NAME OF INDIVIDUAL<br><i>Leas Alieah</i>   |                   | LOUISIANA  |  |
| COLOR<br><i>B</i>  | AGE<br><i>87</i> | BIRTHPLACE<br><i>Ind</i>   | E.D.<br><i>39</i> | SHEET<br><i>13</i>   |  |
| COUNTY<br><i>East Carroll</i>  |                  |  | CITY              |  |  |
| ENUMERATED WITH<br><i>Wright William</i>   |                  |  |                   |  |  |
| RELATIONSHIP TO ABOVE  |                  |  |                   |  |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input checked="" type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |                   | <input type="checkbox"/> UNPAID<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROGNER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |  |

FORM 10-637 (2-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 18100-P01



|                         |   |                |     |            |             |
|-------------------------|---|----------------|-----|------------|-------------|
| R 200                   |   | HEAD OF FAMILY |     | LOUISIANA  |             |
| COLOR                   | B | AGE            | 32  | BIRTHPLACE | Mississippi |
|                         |   | Tensas         |     | City       |             |
| OTHER MEMBERS OF FAMILY |   |                |     |            |             |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |             |
| Lucy                    |   | w              | 20  |            |             |
| Clyde                   |   | D              | 2   |            |             |
|                         |   |                |     |            |             |
|                         |   |                |     |            |             |
|                         |   |                |     |            |             |
|                         |   |                |     |            |             |
|                         |   |                |     |            |             |
|                         |   |                |     |            |             |
|                         |   |                |     |            |             |

Form 16-436 (4-20-41)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |      |            |       |
|-------------------------|---|----------------|------|------------|-------|
| R200                    |   | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR                   | B | AGE            | 22   | BIRTHPLACE |       |
|                         |   |                |      | E.D.       | SHEET |
|                         |   |                |      | 6          | 8     |
| COUNTY                  |   |                | CITY |            |       |
| Assumption              |   |                |      |            |       |
| OTHER MEMBERS OF FAMILY |   |                |      |            |       |
| NAME                    |   | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Elizabeth               |   | W              | 31   |            |       |
|                         |   |                |      |            |       |
|                         |   |                |      |            |       |
|                         |   |                |      |            |       |
|                         |   |                |      |            |       |
|                         |   |                |      |            |       |
|                         |   |                |      |            |       |
|                         |   |                |      |            |       |
|                         |   |                |      |            |       |

FORM 16-436 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |     |   |  |   |       |
|--|-----|---|--|---|-------|
| 1200   |     | NAME OF INDIVIDUAL  |  | LOUISIANA   |       |
| COLOR  | AGE | BIRTHPLACE  |  | E.O.  | SHEET |
| White  | 19  |   |  | 57  | 19    |
| COUNTY   |     | CITY  |  |   |       |
| Iberville  |     | Iberville   |  |   |       |
| ENUMERATED WITH  |     |   |  |   |       |
| William, Silvester   |     |   |  |   |       |
| RELATIONSHIP TO ABOVE  |     |   |  |   |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> DEBATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify) |       |
|  |     |   |  | Camp  |       |

Form 10-427 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 1910-P-01

|   |  |   |         |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|---|--|---|---------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
|   |  | LOUISIANA   |         |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| P200  | NAME OF INDIVIDUAL                       | Ricks, Elsie  | E.D. 69 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| W   | AGE                                      | 25  | SHEET 9 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY  |  | BIRTHPLACE  |         |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|   |  | CITY  |         |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  | B. S. S. Mansfield                                  |         |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  | Ricks, John T.                                      |         |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> NERATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> Niece</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |         | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> NERATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> Niece | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> NERATE                     |         |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> Niece           | <input type="checkbox"/> NURSE                      |         |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |         |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |         |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |         |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |         |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |         |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |         |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 10-537 (4-29-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |  |      |           |           |       |                                 |                                 |                                |  |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|------|-----------|-----------|-------|---------------------------------|---------------------------------|--------------------------------|--|--------------------------------|---------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R 200   |  | NAME OF INDIVIDUAL<br><i>Reese Eliza</i> |      | LOUISIANA | U.S.      | SHEET |                                 |                                 |                                |  |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>B</i>   | AGE<br><i>55</i>                         | BIRTHPLACE<br><i>Tex</i>                 |      | <i>39</i> | <i>14</i> |       |                                 |                                 |                                |  |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>East Carroll</i>   |  |  | CITY |           |           |       |                                 |                                 |                                |  |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Rose Albert</i>   |  |  |      |           |           |       |                                 |                                 |                                |  |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |      |           |           |       |                                 |                                 |                                |  |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDOW</td> </tr> <tr> <td><input checked="" type="checkbox"/> SONS</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> MURDER</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td></td> </tr> </table> |  |  |      |           |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | <input checked="" type="checkbox"/> SONS | <input type="checkbox"/> NIECE | <input type="checkbox"/> MURDER | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> MOTHER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDOW           |      |           |           |       |                                 |                                 |                                |  |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> SONS  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> MURDER          |      |           |           |       |                                 |                                 |                                |  |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |      |           |           |       |                                 |                                 |                                |  |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |      |           |           |       |                                 |                                 |                                |  |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |      |           |           |       |                                 |                                 |                                |  |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |      |           |           |       |                                 |                                 |                                |  |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |      |           |           |       |                                 |                                 |                                |  |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> MOTHER-IN-LAW   |  |      |           |           |       |                                 |                                 |                                |  |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

Form 10-437 (4-30-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |                  |   |  |  |                    |
|---|------------------|---|--|--|--------------------|
| R200  |                  | NAME OF INDIVIDUAL<br><i>Ross, Elizabeth</i>  |  | LOUISIANA  |                    |
| COLOR<br><i>W</i>   | AGE<br><i>81</i> | BIRTHPLACE  |  | E.D.<br><i>45</i>  | SHEET<br><i>13</i> |
| COUNTY<br><i>Calcasieu</i>  |                  | CITY  |  |  |                    |
| ENUMERATED WITH<br><i>Ross, James W</i>   |                  |   |  |  |                    |
| RELATIONSHIP TO ABOVE   |                  |   |  |  |                    |
| <input type="checkbox"/> FATHER<br><input checked="" type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> DEBATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                    |

FORM 19-637 (4-20-01)

1919 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 1919-P-1

|   |  |   |            |   |            |
|---|--|---|------------|---|------------|
| R200  |  | NAME OF INDIVIDUAL  |            | LOUISIANA   |            |
| COLOR   |  | AGE   | BIRTHPLACE |   | E.B. SHEET |
| 0   |  | 5   |            |   | 124 18     |
| COUNTY  |  |   | CITY       |   |            |
| Tensas  |  |   |            |   |            |
| ENumerATED WITH   |  |   |            |   |            |
| Rosen, Tony   |  |   |            |   |            |
| RELATIONSHIP TO ABOVE   |  |   |            |   |            |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input checked="" type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |            | <input type="checkbox"/> NEATE<br><input type="checkbox"/> WUNGE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |            |

FORM 10-57 (2-22-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |   |  |      |   |     |
|--|---|--|------|---|-----|
| R200   |   | NAME OF INDIVIDUAL   |      | LOUISIANA   |     |
| COLOR  | B | AGE  | 6    | ED.   | 135 |
| BIRTHPLACE   |   | SHEET 6  |      |   |     |
| COUNTY   |   |  | CITY |   |     |
| West Baton Rouge   |   |  |      |   |     |
| ENUMERATED WITH  |   |  |      |   |     |
| Jackson, George  |   |  |      |   |     |
| RELATIONSHIP TO ABOVE  |   |  |      |   |     |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |   | <input type="checkbox"/> NEPHEW<br><input checked="" type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> WIFE<br><input type="checkbox"/> MURDER<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |     |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|  |  |   |  |           |       |                                 |                                 |                               |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|--|--|---|--|-----------|-------|---------------------------------|---------------------------------|-------------------------------|---------------------------------|-------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| R 200  |  | NAME OF INDIVIDUAL                                  |  | LOUISIANA |       |                                 |                                 |                               |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR  | AGE                                      | BIRTHPLACE  |  | E.D.      | SHEET |                                 |                                 |                               |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| W  | 18                                       |   |  | 51        | 22    |                                 |                                 |                               |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY   |  | CITY  |  |           |       |                                 |                                 |                               |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|  |  | Calcasieu   |  |           |       |                                 |                                 |                               |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH  |  |   |  |           |       |                                 |                                 |                               |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| Wesley, August   |  |   |  |           |       |                                 |                                 |                               |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   |  |           |       |                                 |                                 |                               |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIFE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NICE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIFE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NICE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIFE                       |  |           |       |                                 |                                 |                               |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NICE            | <input type="checkbox"/> NURSE                      |  |           |       |                                 |                                 |                               |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |           |       |                                 |                                 |                               |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |           |       |                                 |                                 |                               |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |           |       |                                 |                                 |                               |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |           |       |                                 |                                 |                               |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |           |       |                                 |                                 |                               |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |   |  |           |       |                                 |                                 |                               |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <div style="text-align: right;"> <u>Daughter</u> </div>  |  |   |  |           |       |                                 |                                 |                               |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 16-537 (4-23-01)

1919 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCENS-DC 1919-P-1

|                         |   |                |    |             |  |            |     |
|-------------------------|---|----------------|----|-------------|--|------------|-----|
| R200                    |   | HEAD OF FAMILY |    | Rosa, Eliza |  | LOUISIANA  |     |
| COLOR                   | B | AGE            | 26 | BIRTHPLACE  |  | E.D.       | 127 |
|                         |   |                |    |             |  | SHEET 10   |     |
| COUNTY                  |   |                |    | Tensas      |  | CITY       |     |
| OTHER MEMBERS OF FAMILY |   |                |    |             |  |            |     |
| NAME                    |   | RELATIONSHIP   |    | AGE         |  | BIRTHPLACE |     |
| Janie                   |   | W              |    | 28          |  |            |     |
| Mason                   |   | SD             |    | 13          |  |            |     |
| Mary                    |   | SD             |    | 8           |  |            |     |
|                         |   |                |    |             |  |            |     |
|                         |   |                |    |             |  |            |     |
|                         |   |                |    |             |  |            |     |
|                         |   |                |    |             |  |            |     |
|                         |   |                |    |             |  |            |     |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |           |   |      |   |       |
|--|-----------|---|------|---|-------|
| <i>Rose</i>  |           | NAME OF INDIVIDUAL  |      | LOUISIANA   |       |
| <i>Rusk</i>  |           | <i>Eloja</i>  |      | E.D.  | SHEET |
| COLOR  | AGE       | BIRTHPLACE  |      |   |       |
| <i>B</i>   | <i>16</i> |   |      |   |       |
| COUNTY   | Morehouse |   | CITY |   |       |
| ENUMERATED WITH  |           |   |      |   |       |
| <i>Harrington Rusk</i>   |           |   |      |   |       |
| RELATIONSHIP TO ABOVE  |           |   |      |   |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |           | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> WIDATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify)<br><i>S.L.</i> |       |

FORM 10-637 (4-25-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMO-DC 15199-P61

|  |  |   |      |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
|--|--|---|------|--------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|-----------|--------------------------------|--|--|
| P207   |  | NAME OF INDIVIDUAL<br><i>Riggs Ella</i>             |      | LOUISIANA          |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| COLOR<br><i>B</i>  | AGE<br><i>25</i>                         | BIRTHPLACE<br><i>Miss</i>                           |      | E.D.<br><i>119</i> | SHEET<br><i>25</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| COUNTY<br><i>Texas</i>   |  |   | CITY |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| ENUMERATED WITH<br><i>William Henry</i>  |  |   |      |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   |      |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>Co</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> MISTRESS-IN-LAW</td> <td></td> </tr> </table> |  |   |      |                    |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>Co</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> MISTRESS-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |      |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |      |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |      |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |      |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |      |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |      |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  | <i>Co</i>   |      |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> MISTRESS-IN-LAW |   |      |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |

FORM 16-637 (4-26-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |     |                    |   |           |       |
|--|-----|--------------------|---|-----------|-------|
| R 200  |     | NAME OF INDIVIDUAL |   | LOUISIANA |       |
| COLOR  | AGE | BIRTHPLACE         |   | E.O.      | SHEET |
| B  | 16  |                    |   | 44        | 18    |
| COUNTY   |     |                    | CITY  |           |       |
| ENUMERATED WITH  |     |                    |   |           |       |
| RELATIONSHIP TO ABOVE  |     |                    | Pratt Joseph  |           |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     |                    | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |           |       |
|  |     |                    | <input type="checkbox"/> BOARDER<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br>dd  |           |       |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |   |  |      |   |                 |
|--|---|--|------|---|-----------------|
| R200   |   | NAME OF INDIVIDUAL   |      | LOUISIANA   |                 |
| COLOR  | B | AGE  | 9    | BIRTHPLACE  | E.D. 84 SHEET 3 |
| COUNTY   |   |  | CITY |   |                 |
| Madison  |   |  |      |   |                 |
| ENUMERATED WITH  |   |  |      |   |                 |
| Green Anon   |   |  |      |   |                 |
| RELATIONSHIP TO ABOVE  |   |  |      |   |                 |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |   | <input type="checkbox"/> NEPHEW<br><input checked="" type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> BOARDER<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                 |

FORM 10-637 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |      |            |  |
|-------------------------|-----|----------------|------|------------|--|
| R 200                   |     | HEAD OF FAMILY |      | LOUISIANA  |  |
| E.D.                    |     | SHEET          |      |            |  |
| COLOR                   | AGE | BIRTHPLACE     |      |            |  |
| B                       | 48  |                |      |            |  |
| COUNTY                  |     |                | CITY |            |  |
| Morehouse               |     |                |      |            |  |
| OTHER MEMBERS OF FAMILY |     |                |      |            |  |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| Hija Jr                 |     | D              | 25   |            |  |
| Johnson Albert          |     | S-S            | 40   |            |  |
| 1 Emma                  |     | S-D            | 21   |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |   |            |  |       |
|---|--|---|------------|--|-------|
| R200  |  | NAME OF INDIVIDUAL  |            | LOUISIANA  |       |
| COLOR   |  | AGE   | BIRTHPLACE | E.O.   | SHEET |
| B   |  | 10  |            | 91   | 8     |
| COUNTY  |  |   | CITY       |  |       |
| Rapides   |  |   | Boyer      |  |       |
| ENUMERATED WITH   |  |   |            |  |       |
| Foster A. Julia   |  |   |            |  |       |
| RELATIONSHIP TO ABOVE   |  |   |            |  |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input checked="" type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |            | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |       |

FORM 16-437 (4-30-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-NC 16100-P61



|   |  |   |      |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|---|--|---|------|-------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| R200  |  | NAME OF INDIVIDUAL<br><i>Rose, Ellen</i>            |      | LOUISIANA         |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR<br><i>B</i>   | AGE<br><i>9</i>                          | BIRTHPLACE  |      | E.D.<br><i>55</i> | SHEET<br><i>8</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY<br><i>Plaquemine</i>   |  |   | CITY |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Parker, Henrietta</i>   |  |   |      |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |      |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> Niece</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |      |                   |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> Niece | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |      |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> Niece           | <input type="checkbox"/> NURSE                      |      |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |      |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |      |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |      |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |      |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |      |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |      |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18100-P61

|   |  |   |  |           |  |
|---|--|---|--|-----------|--|
| R200                                    |  | NAME OF INDIVIDUAL<br><i>Reese, Ellen</i>   |  | LOUISIANA |  |
| E.D.                                    |  | SHEET                                       |  |           |  |
| 101                                     |  | 2   |  |           |  |
| COLOR<br>3                              | AGE<br>40                                | BIRTHPLACE                                  |  |           |  |
| COUNTY<br>Ouachita                      |  | CITY<br>Monroe                              |  |           |  |
| ENUMERATED WITH<br><i>Brea, Lucy C.</i> |  |   |  |           |  |
| RELATIONSHIP TO ABOVE                   |  |   |  |           |  |
| <input type="checkbox"/> FATHER         | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE             |  |           |  |
| <input type="checkbox"/> MOTHER         | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE              |  |           |  |
| <input type="checkbox"/> GRANDFATHER    | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT            |  |           |  |
| <input type="checkbox"/> GRANDMOTHER    | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER             |  |           |  |
| <input type="checkbox"/> GRANDSON       | <input type="checkbox"/> SON-IN-LAW      | <input checked="" type="checkbox"/> SERVANT |  |           |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)    |  |           |  |
| <input type="checkbox"/> AUNT           | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |           |  |
| <input type="checkbox"/> UNCLE          | <input type="checkbox"/> SISTER-IN-LAW   |   |  |           |  |

FORM 10-637 (4-10-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1970 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18106-P61

|                         |               |                |           |                   |  |           |  |
|-------------------------|---------------|----------------|-----------|-------------------|--|-----------|--|
| <i>R 200</i>            |               | HEAD OF FAMILY |           | <i>Rose Ellis</i> |  | LOUISIANA |  |
| COLOR                   | <i>B</i>      | AGE            | <i>38</i> | BIRTHPLACE        |  |           |  |
| COUNTY                  |               |                |           | <i>Texas</i>      |  | CITY      |  |
| OTHER MEMBERS OF FAMILY |               |                |           |                   |  |           |  |
|                         | NAME          | RELATIONSHIP   | AGE       | BIRTHPLACE        |  |           |  |
|                         | <i>Emm</i>    | <i>W</i>       | <i>24</i> |                   |  |           |  |
|                         | <i>Kate</i>   | <i>D</i>       | <i>12</i> |                   |  |           |  |
|                         | <i>Ellen</i>  | <i>D</i>       | <i>11</i> |                   |  |           |  |
|                         | <i>Laura</i>  | <i>D</i>       | <i>7</i>  |                   |  |           |  |
|                         | <i>Susan</i>  | <i>D</i>       | <i>2</i>  |                   |  |           |  |
|                         | <i>Frank</i>  | <i>D</i>       | <i>8</i>  |                   |  |           |  |
|                         | <i>Claude</i> | <i>S</i>       | <i>6</i>  |                   |  |           |  |

FORM 16-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R200                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| W                       | 30  | Rosa Ellis     |     | 23         | 9     |
| COUNTY                  |     | Bossier        |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Susan                   |     | W              | 25  |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

| B-200                   |     | HEAD OF FAMILY |      | LOUISIANA  |       |
|-------------------------|-----|----------------|------|------------|-------|
| COLOR                   | AGE | BIRTHPLACE     |      | E.D.       | SHEET |
| B                       | 65  | Ala.           |      | 118        | 19    |
| COUNTY                  |     |                | CITY |            |       |
| Webster                 |     |                |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Marry                   |     | W              | 59   |            |       |
| Fred Douglas            |     | S              | 20   |            |       |
| Bert Rice               |     | S              | 18   |            |       |
| Lockhart Johny          |     | C S            | 10   |            |       |
| Eun                     |     | C D            | 7    |            |       |
| Willie Eddie            |     | C S            | 9    | Ark        |       |

FORM 18-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |   |   |   |  |      |
|---|---|---|---|--|------|
| R 200   |   | NAME OF INDIVIDUAL  |   | LOUISIANA  |      |
| COLOR   | B | AGE   | 5 | BIRTHPLACE   | Edna |
| COUNTY  |   | iberville   |   | CITY   | d    |
| ENUMERATED WITH   |   |   |   |  |      |
| Hardy Alvin   |   |   |   |  |      |
| RELATIONSHIP TO ABOVE   |   |   |   |  |      |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input checked="" type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |   | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |   | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |      |

FORM 18-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 18108-P61

|  |  |  |  |                  |              |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|--|------------------|--------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| <b>R200</b>  |  | <b>NAME OF INDIVIDUAL</b>                |  | <b>LOUISIANA</b> |              |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|  |  | <b>Ross, Clines</b>                      |  | <b>E.D.</b>      | <b>SHEET</b> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <b>COLOR</b>   | <b>AGE</b>                               | <b>BIRTHPLACE</b>                        |  | <b>95</b>        | <b>26</b>    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <b>W</b>   | <b>14</b>                                |  |  |                  |              |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <b>COUNTY</b>  |  | <b>Red River</b>                         |  | <b>CITY</b>      |              |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|  |  |  |  |                  |              |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <b>ENUMERATED WITH</b>   |  |  |  |                  |              |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <b>Ross, Joan</b>  |  |  |  |                  |              |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <b>RELATIONSHIP TO ABOVE</b>   |  |  |  |                  |              |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |                  |              | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |  |                  |              |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |  |                  |              |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |  |                  |              |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |  |                  |              |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |  |                  |              |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |  |                  |              |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |                  |              |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |  |                  |              |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-437 (4-30-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMB-DC 18108-P01



|  |                  |   |      |   |                   |
|--|------------------|---|------|---|-------------------|
| R200   |                  | NAME OF INDIVIDUAL<br><i>Richard Elmer</i>  |      | LOUISIANA   |                   |
| COLOR<br><i>W</i>  | AGE<br><i>18</i> | BIRTHPLACE<br><i>MO</i>   |      | E.D.<br><i>43</i>   | SHEET<br><i>1</i> |
| COUNTY<br><i>Calcasieu</i>   |                  |   | CITY |   |                   |
| ENUMERATED WITH<br><i>Lorraine John R.</i>   |                  |   |      |   |                   |
| RELATIONSHIP TO ABOVE  |                  |   |      |   |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> WIDOW<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>18</i> |                   |

FORM 18-537 (4-29-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

|  |                 |   |  |  |                   |
|--|-----------------|---|--|--|-------------------|
| R200   |                 | NAME OF INDIVIDUAL<br><i>Rose Elmer</i>   |  | LOUISIANA  |                   |
| COLOR<br><i>Mu</i>   | AGE<br><i>9</i> | BIRTHPLACE  |  | E.O.<br><i>77</i>  | SHEET<br><i>4</i> |
| COUNTY<br><i>De Soto</i>   |                 | CITY  |  |  |                   |
| ENUMERATED WITH<br><i>William Emley</i>  |                 |   |  |  |                   |
| RELATIONSHIP TO ABOVE  |                 |   |  |  |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                 | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>10</i> |                   |

FORM 18-437 (4-30-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18198-P-1

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R200                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| ROSS                    |     | ROSS Elmire    |     | E.O.       | SHEET |
| COLOR                   | AGE | BIRTHPLACE     |     |            |       |
| B                       | 22  |                |     |            |       |
| COUNTY                  |     | Irebonne       |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| 1 Conklin               |     | 5              | 3   |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 10-636 (4-20-01)

1919 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |  |
|-------------------------|-----|----------------|-----|------------|--|
| R 200                   |     | HEAD OF FAMILY |     | LOUISIANA  |  |
| Kosselma                |     | E.D.           |     | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |     |            |  |
| Man                     | 21  |                |     |            |  |
| COUNTY                  |     | CITY           |     |            |  |
| Bossier                 |     |                |     |            |  |
| OTHER MEMBERS OF FAMILY |     |                |     |            |  |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| L Rachel                |     | d              | 4   |            |  |
| Whittaker John C.       |     | c              | 12  |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |

FORM 16-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |     |   |  |  |       |
|---|-----|---|--|--|-------|
| R200  |     | NAME OF INDIVIDUAL  |  | LOUISIANA  |       |
| COLOR   | AGE | BIRTHPLACE  |  | S.D.   | SHEET |
| B   | 5   | St. James   |  | 71   | 11    |
| COUNTY  |     | CITY  |  |  |       |
| ENUMERATED WITH   |     |   |  |  |       |
| Joseph, Octave  |     |   |  |  |       |
| RELATIONSHIP TO ABOVE   |     |   |  |  |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input checked="" type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |       |

FORM 10-437 (4-22-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 1919-P01

|  |  |   |  |                    |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|--|--|---|--|--------------------|--------------------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| R200   |  | NAME OF INDIVIDUAL<br><i>Ross Elvira</i>            |  | LOUISIANA          |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR<br><i>B</i>  | AGE<br><i>22</i>                         | BIRTHPLACE  |  | S.O.<br><i>113</i> | SHEET<br><i>20</i> |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY   |  | CITY  |  |                    |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| Richland   |  |   |  |                    |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Carter Abbie</i>   |  |   |  |                    |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   |  |                    |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDOW</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> Niece</td> <td><input type="checkbox"/> NUNCE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |                    |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | <input type="checkbox"/> MOTHER | <input type="checkbox"/> Niece | <input type="checkbox"/> NUNCE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDOW                      |  |                    |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> Niece           | <input type="checkbox"/> NUNCE                      |  |                    |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |                    |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |                    |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |                    |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |                    |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |                    |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |   |  |                    |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 16-637 (4-26-61)

1930 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R 200                   |     | HEAD OF FAMILY |     | LOUISIANA  |       |
|                         |     | Ryan Elvarice  |     | E.D.       | SHEET |
| COLOR                   | AGE | BIRTHPLACE     |     |            |       |
| W                       | 26  |                |     |            |       |
| COUNTY                  |     | St. Martin     |     | CITY       |       |
|                         |     |                |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| / Lorina                |     | W              | 22  |            |       |
| Lorina                  |     | D              | 2   |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 10-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |   |    |            |                |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|---|--|---|----|------------|----------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| R 200   |  | NAME OF INDIVIDUAL                                  |    | LOUISIANA  |                |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR   | W  | AGE   | 27 | BIRTHPLACE | E.D. 4 SHEET 6 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY  |  | Ascension   |    | CITY       |                |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  | Donaldsonville                                      |    |            |                |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  | Ressie, Elmer                                       |    |            |                |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |    |            |                | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |    |            |                |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |    |            |                |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |    |            |                |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |    |            |                |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |    |            |                |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |    |            |                |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |    |            |                |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |    |            |                |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

Cousin

FORM 10-437 (4-22-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC (1910-761)



|  |                  |   |  |  |                    |
|--|------------------|---|--|--|--------------------|
| R200   |                  | NAME OF INDIVIDUAL<br><i>Reusie Elvire</i>  |  | LOUISIANA  |                    |
| COLOR<br><i>W</i>  | AGE<br><i>23</i> | BIRTHPLACE  |  | E.D.<br><i>33</i>  | SHEET<br><i>33</i> |
| COUNTY   |                  | CITY<br><i>Vermillion</i>   |  |  |                    |
| ENUMERATED WITH<br><i>Victor Mary</i>  |                  |   |  |  |                    |
| RELATIONSHIP TO ABOVE  |                  |   |  |  |                    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PAIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>S</i> |                    |

FORM 10-437 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMB-DC 1910B-P-61

|                         |   |                |      |            |    |
|-------------------------|---|----------------|------|------------|----|
| R 200                   |   | HEAD OF FAMILY |      | LOUISIANA  |    |
| Kearney Ely             |   | E.O.           |      | SHEET      |    |
| COLOR                   | W | AGE            | 30   | 133        | 39 |
| BIRTHPLACE              |   |                |      |            |    |
| COUNTY                  |   |                | CITY |            |    |
| Vermillion              |   |                |      |            |    |
| OTHER MEMBERS OF FAMILY |   |                |      |            |    |
| NAME                    |   | RELATIONSHIP   | AGE  | BIRTHPLACE |    |
| Elyne                   |   | W              | 30   |            |    |
| Lauritt                 |   | S              | 7    |            |    |
|                         |   |                |      |            |    |
|                         |   |                |      |            |    |
|                         |   |                |      |            |    |
|                         |   |                |      |            |    |
|                         |   |                |      |            |    |
|                         |   |                |      |            |    |
|                         |   |                |      |            |    |

FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |  |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
|--|--|--|--------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|---|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R200   |  | NAME OF INDIVIDUAL<br><i>Rosal Eliza</i>   |                    | LOUISIANA          |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>W</i>  | AGE<br><i>37</i>                         | BIRTHPLACE<br><i>Ala</i>                   | E.D.<br><i>130</i> | SHEET<br><i>10</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>Washington</i>  |  | CITY                                       |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Estrova Elmer</i>  |  |  |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRAND-DAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |                    |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRAND-DAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE            |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE             |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRAND-DAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 10100-P01

|                         |  |                |      |            |       |
|-------------------------|--|----------------|------|------------|-------|
| R200                    |  | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR                   |  | BIRTHPLACE     |      | E.D.       | SHEET |
| D B                     |  |                |      | 34         | 12    |
| COUNTY                  |  |                | CITY |            |       |
| East Baton Rouge        |  |                |      |            |       |
| OTHER MEMBERS OF FAMILY |  |                |      |            |       |
| NAME                    |  | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Lawson, Elmer B         |  | B              | 22   |            |       |
| Johnnie B               |  | B              | 20   |            |       |
| + 1 Lo                  |  |                |      |            |       |
|                         |  |                |      |            |       |
|                         |  |                |      |            |       |
|                         |  |                |      |            |       |
|                         |  |                |      |            |       |

FORM 16-436 (4-30-01)

1919 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |   |  |                |  |          |
|--|---|--|----------------|--|----------|
| A 200  |   | NAME OF INDIVIDUAL   |                | LOUISIANA  |          |
| COLOR  | W | AGE  | 20             | BIRTHPLACE   | E.D. 144 |
| COUNTY   |   |  | SHEET 19       |  |          |
| Vernon   |   |  | CITY Leesville |  |          |
| ENUMERATED WITH  |   |  |                |  |          |
| Honey, J. M.   |   |  |                |  |          |
| RELATIONSHIP TO ABOVE  |   |  |                |  |          |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |   | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input checked="" type="checkbox"/> SISTER-IN-LAW |                | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |          |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMB-DC 10100-P01

|                         |  |                |            |            |            |
|-------------------------|--|----------------|------------|------------|------------|
| R200                    |  | HEAD OF FAMILY |            | LOUISIANA  |            |
| COLOR                   |  | AGE            | BIRTHPLACE |            | E.O. SHEET |
| W                       |  | 55             | Emaise     |            | 133 37     |
| COUNTY                  |  |                | CITY       |            |            |
| Vermillion              |  |                |            |            |            |
| OTHER MEMBERS OF FAMILY |  |                |            |            |            |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |            |
| L. E. Emaise            |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |

FORM 16-636 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |     |            |       |
|-------------------------|--|----------------|-----|------------|-------|
| R200                    |  | HEAD OF FAMILY |     | LOUISIANA  |       |
| B                       |  | Riggs, Conant  |     | E.O.       | SHEET |
| 14                      |  | BIRTHPLACE     |     | 81         | 1     |
| COUNTY                  |  | Madison        |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |  |                |     |            |       |
| NAME                    |  | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| 1 Martha                |  | 4              | 15  |            |       |
|                         |  |                |     |            |       |
|                         |  |                |     |            |       |
|                         |  |                |     |            |       |
|                         |  |                |     |            |       |
|                         |  |                |     |            |       |
|                         |  |                |     |            |       |
|                         |  |                |     |            |       |

FORM 10-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |           |                |      |               |              |           |    |
|-------------------------|-----------|----------------|------|---------------|--------------|-----------|----|
| 1920                    |           | HEAD OF FAMILY |      | Rosseau Emial |              | LOUISIANA |    |
| COLOR                   | B         | AGE            | 23   | BIRTHPLACE    |              | E.D.      | 25 |
| COUNTY                  | Jefferson |                |      | CITY          | Mc Keanville |           |    |
| OTHER MEMBERS OF FAMILY |           |                |      |               |              |           |    |
| NAME                    |           | RELATIONSHIP   | AGE  | BIRTHPLACE    |              |           |    |
| Eva                     |           | W              | 20   |               |              |           |    |
| Thelma                  |           | D              | 3    |               |              |           |    |
| Lionel                  |           | S              | 7/12 |               |              |           |    |
| + 1 L                   |           |                |      |               |              |           |    |
|                         |           |                |      |               |              |           |    |
|                         |           |                |      |               |              |           |    |
|                         |           |                |      |               |              |           |    |
|                         |           |                |      |               |              |           |    |

FORM 10-426 (4-20-31)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |           |                |     |            |             |
|-------------------------|-----------|----------------|-----|------------|-------------|
| R200                    |           | HEAD OF FAMILY |     | LOUISIANA  |             |
| COLOR                   | B         | AGE            | 27  | BIRTHPLACE | Ross, Emily |
| COUNTY                  | St. James | CITY           |     |            |             |
| OTHER MEMBERS OF FAMILY |           |                |     |            |             |
| NAME                    |           | RELATIONSHIP   | AGE | BIRTHPLACE |             |
| / Celestine             |           | W              | 26  |            |             |
| Ethel                   |           | D              | 2   |            |             |
|                         |           |                |     |            |             |
|                         |           |                |     |            |             |
|                         |           |                |     |            |             |
|                         |           |                |     |            |             |
|                         |           |                |     |            |             |
|                         |           |                |     |            |             |

FORM 16-436 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |                    |              | LOUISIANA |       |
|---|--------------------|--------------|-----------|-------|
| B20   | NAME OF INDIVIDUAL |              | E.D.      | SHEET |
|   | Rock & Milner      |              | 92        | 24    |
| COLORED   | AGE                | BIRTHPLACE   |           |       |
| mu  | 13                 | Natchitoches |           |       |
| COUNTY  |                    | CITY         |           |       |
|   |                    |              |           |       |
| ENUMERATED WITH   |                    |              |           |       |
| Moran, Philomen   |                    |              |           |       |
| RELATIONSHIP TO ABOVE   |                    |              |           |       |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> FATHER<br/> <input type="checkbox"/> MOTHER<br/> <input type="checkbox"/> GRANDFATHER<br/> <input type="checkbox"/> GRANDMOTHER<br/> <input type="checkbox"/> GRANDSON<br/> <input type="checkbox"/> GRANDDAUGHTER<br/> <input type="checkbox"/> AUNT<br/> <input type="checkbox"/> UNCLE </div> <div style="width: 30%;"> <input checked="" type="checkbox"/> NEPHEW<br/> <input type="checkbox"/> NIECE<br/> <input type="checkbox"/> FATHER-IN-LAW<br/> <input type="checkbox"/> MOTHER-IN-LAW<br/> <input type="checkbox"/> SON-IN-LAW<br/> <input type="checkbox"/> DAUGHTER-IN-LAW<br/> <input type="checkbox"/> BROTHER-IN-LAW<br/> <input type="checkbox"/> SISTER-IN-LAW </div> <div style="width: 30%;"> <input type="checkbox"/> INMATE<br/> <input type="checkbox"/> NURSE<br/> <input type="checkbox"/> PATIENT<br/> <input type="checkbox"/> ROOMER<br/> <input type="checkbox"/> SERVANT<br/> <input type="checkbox"/> OTHER (Specify) </div> </div> |                    |              |           |       |

FORM 10-437 (4-29-41)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USC&A-DC 1812-P-01

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R-200                   |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| (W)                     |  | 53             | Miss       | 129        | 18    |
| COUNTY                  |  |                | CITY       |            |       |
| Washington              |  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Julius                  |  | 9              | 24         | Miss       |       |
| Ernest                  |  | 5              | 17         | Miss       |       |
| Fannie                  |  | D              | 15         | Miss       |       |
| Lucie                   |  | D              | 10         | Miss       |       |
| Lizzie                  |  | D              | 8          | Miss       |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |                    |            |           |       |
|---|--|--------------------|------------|-----------|-------|
| R200  |  | NAME OF INDIVIDUAL |            | LOUISIANA |       |
| COLOR   |  | AGE                | BIRTHPLACE | E.D.      | SHEET |
| B   |  | 22                 |            | 5         | 3     |
| COUNTY  |  |                    | CITY       |           |       |
| Assumption  |  |                    |            |           |       |
| ENUMERATED WITH   |  |                    |            |           |       |
| Jackson, Jasper   |  |                    |            |           |       |
| RELATIONSHIP TO ABOVE   |  |                    |            |           |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE<br><input type="checkbox"/> NEPHER<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW<br><input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify)<br><u>D</u> |  |                    |            |           |       |

FORM 18-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 18104-P61

|  |                  |  |  |  |                   |
|--|------------------|--|--|--|-------------------|
| <b>R200</b>  |                  | NAME OF INDIVIDUAL<br><b>Ross, Emma</b>  |  | E.D.<br><b>26</b>  | SHEET<br><b>8</b> |
| COLOR<br><b>B</b>  | AGE<br><b>17</b> | BIRTHPLACE   |  |  |                   |
| COUNTY<br><b>Avoyelles</b>   |                  | CITY<br><b>Burk's Town</b>   |  |  |                   |
| ENUMERATED WITH<br><b>Taylor, Gendo</b>  |                  |  |  |  |                   |
| RELATIONSHIP TO ABOVE  |                  |  |  |  |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input checked="" type="checkbox"/> WIFE-IN-LAW |  | <input type="checkbox"/> MATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                   |

FORM 18-437 (4-20-57)

1918 CENSUS INDEX - INDIVIDUAL

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18108-P01

|                         |        |                |      |            |  |
|-------------------------|--------|----------------|------|------------|--|
| 19200                   |        | HEAD OF FAMILY |      | LOUISIANA  |  |
| Rouse                   |        | E.O.           |      | SHEET      |  |
| COLOR                   | AGE    | BIRTHPLACE     |      |            |  |
| B                       | 60     | Arkansas       |      |            |  |
| COUNTY                  |        |                | CITY |            |  |
| Bossier                 |        |                |      |            |  |
| OTHER MEMBERS OF FAMILY |        |                |      |            |  |
| NAME                    |        | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| Cook                    | Sidney | n              | 8    |            |  |
| Eaters                  | Rufus  | n              | 4    |            |  |
| /                       | Henry  | n              | 2    |            |  |
|                         |        |                |      |            |  |
|                         |        |                |      |            |  |
|                         |        |                |      |            |  |
|                         |        |                |      |            |  |
|                         |        |                |      |            |  |

FORM 18-636 (4-30-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |            |  |
|-------------------------|---|----------------|-----|------------|--|
| R200                    |   | HEAD OF FAMILY |     | LOUISIANA  |  |
| Rass, Emma              |   | E.D.           |     | SHEET      |  |
| COLOR                   | B | AGE            | 33  | BIRTHPLACE |  |
| COUNTY                  |   | Franklin       |     | CITY       |  |
| OTHER MEMBERS OF FAMILY |   |                |     |            |  |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| Rachel                  |   | D              | 18  |            |  |
| Mirrah                  |   | D              | 17  |            |  |
| Georgie                 |   | D              | 14  |            |  |
|                         |   |                |     |            |  |
|                         |   |                |     |            |  |
|                         |   |                |     |            |  |
|                         |   |                |     |            |  |
|                         |   |                |     |            |  |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |            |                |      |            |  |
|-------------------------|------------|----------------|------|------------|--|
| R200                    |            | HEAD OF FAMILY |      | LOUISIANA  |  |
| Cuba Emma R.            |            | E.O.           |      | SHEET      |  |
| COLOR                   | W          | AGE            | 43   | BIRTHPLACE |  |
| COUNTY                  | Tangipahoa |                | CITY |            |  |
| OTHER MEMBERS OF FAMILY |            |                |      |            |  |
| NAME                    |            | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| Robert M.               |            | S              | 15   |            |  |
| Lula O.                 |            | D              | 13   |            |  |
| Ansel W.                |            | S              | 12   |            |  |
| Joe L.                  |            | S              | 9    |            |  |
| Emma C.                 |            | D              | 7    |            |  |
| Bernie W.               |            | S              | 4    |            |  |
|                         |            |                |      |            |  |
|                         |            |                |      |            |  |

FORM 10-636 (4-26-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|  |     |   |      |  |  |
|--|-----|---|------|--|--|
| R 200  |     | NAME OF INDIVIDUAL  |      | LOUISIANA  |  |
| Reese, Emmet   |     | E.D.  |      | SHEET  |  |
| COLOR  | AGE | BIRTHPLACE  |      |  |  |
| B  | 17  |   |      |  |  |
| COUNTY   |     |   | CITY |  |  |
| St. Helena   |     |   |      |  |  |
| ENUMERATED WITH  |     |   |      |  |  |
| Jenkins, Janet   |     |   |      |  |  |
| RELATIONSHIP TO ABOVE  |     |   |      |  |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NEECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> WIDOW<br><input type="checkbox"/> NUNCE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input checked="" type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |  |

FORM 10-437 (4-20-51)

1950 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

UNCOMM-DC 10000-P01

| LOUISIANA  |           | U.S.  |       | SHEET  |    |
|--|-----------|---|-------|--|----|
| R 200  |           | NAME OF INDIVIDUAL  |       | Rice, Emmett   |    |
| COLOR  | W         | AGE   | 7 1/2 | BIRTHPLACE   | La |
| COUNTY   | Calcasieu | CITY  |       |  |    |
| ENUMERATED WITH  |           |   |       |  |    |
| Kato, Columbus   |           |   |       |  |    |
| RELATIONSHIP TO ABOVE  |           |   |       |  |    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |           | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |       | <input type="checkbox"/> ROOMMATE<br><input type="checkbox"/> NUNCE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |    |
| <div style="text-align: right;"> <i>Bounded</i><br/> <i>low</i> </div>   |           |   |       |  |    |

FORM 19-537 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18108-P01

|  |                  |  |      |  |                   |
|--|------------------|--|------|--|-------------------|
| R200   |                  | NAME OF INDIVIDUAL<br><i>Ruiz, Esmerline</i>   |      | LOUISIANA  |                   |
| COLOR<br><i>W</i>  | AGE<br><i>75</i> | BIRTHPLACE   |      | E.O.<br><i>1</i>   | SHEET<br><i>8</i> |
| COUNTY<br><i>Assumption</i>  |                  |  | CITY |  |                   |
| ENUMERATED WITH<br><i>Ruiz, Pierce</i>   |                  |  |      |  |                   |
| RELATIONSHIP TO ABOVE  |                  |  |      |  |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input checked="" type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                   |

FORM 16-437 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                      |     |            |  |
|-------------------------|-----|----------------------|-----|------------|--|
| R200                    |     | HEAD OF FAMILY       |     | LOUISIANA  |  |
| Koca Emmis.             |     | E.D.                 |     | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE           |     |            |  |
| B                       | 27  |                      |     |            |  |
| COUNTY                  |     | St. John the Baptist |     | CITY       |  |
| OTHER MEMBERS OF FAMILY |     |                      |     |            |  |
| NAME                    |     | RELATIONSHIP         | AGE | BIRTHPLACE |  |
| Leslane                 |     |                      |     |            |  |
|                         |     |                      |     |            |  |
|                         |     |                      |     |            |  |
|                         |     |                      |     |            |  |
|                         |     |                      |     |            |  |
|                         |     |                      |     |            |  |
|                         |     |                      |     |            |  |
|                         |     |                      |     |            |  |
|                         |     |                      |     |            |  |

FORM 18-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |   |       |           |    |
|--|--|---|-------|-----------|----|
| 2200                                   |  | NAME OF INDIVIDUAL                                  |       | LOUISIANA |    |
| COLOR                                  | W  | AGE   | 1 1/2 | ED.       | 44 |
|  |  | BIRTHPLACE  | Tex   | SHEET 13  |    |
| COUNTY                                 | Calcasieu                                |   | CITY  | De Ridder |    |
| ENUMERATED WITH                        |  |   |       |           |    |
| Whits, Columbus                        |  |   |       |           |    |
| RELATIONSHIP TO ABOVE                  |  |   |       |           |    |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> IMMIGRANT                  |       |           |    |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |       |           |    |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |       |           |    |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |       |           |    |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |       |           |    |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |       |           |    |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW  |   |       |           |    |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW   |   |       |           |    |

FORM 10-427 (4-22-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

US2000-DC 1910-751

|  |                  |  |  |   |  |
|--|------------------|--|--|---|--|
| 1300   |                  | NAME OF INDIVIDUAL<br><i>Leone Ennis</i>   |  | LOUISIANA   |  |
| E.D.   |                  | SHEET  |  |   |  |
| COLOR<br><i>B</i>  | AGE<br><i>10</i> | BIRTHPLACE<br><i>28 13</i>   |  |   |  |
| COUNTY<br><i>East Baton Rouge</i>  |                  | CITY   |  |   |  |
| ENUMERATED WITH<br><i>Roberta Cudey</i>  |                  |  |  |   |  |
| RELATIONSHIP TO ABOVE  |                  |  |  |   |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input checked="" type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> WIDOW<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |  |

FORM 10-527 (4-20-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 19100-P01

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R 200                   |     | HEAD OF FAMILY |     | Louisiana  |       |
| Kicks                   |     | Emine          |     | E.D.       | SHEET |
| COLOR                   | AGE | BIRTHPLACE     |     |            |       |
| B                       | 95  |                |     |            |       |
| COUNTY                  |     | Richland       |     | CITY       |       |
|                         |     |                |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| 1 Arlene                |     | w              | 28  |            |       |
| May                     |     | D              | 1   |            |       |
| John Walter             |     | Sd             | 10  |            |       |
| Jackson May             |     | Sd             | 8   |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

| R200                    |         | HEAD OF FAMILY |            | LOUISIANA  |       |
|-------------------------|---------|----------------|------------|------------|-------|
| COLOR                   |         | AGE            | BIRTHPLACE | E.O.       | SHEET |
| W                       |         | 38             |            | 102        | 27    |
| COUNTY                  |         |                | Sabine     | CITY       |       |
| OTHER MEMBERS OF FAMILY |         |                |            |            |       |
|                         | NAME    | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
|                         | Emma    | W              | 25         |            |       |
|                         | John    | S              | 14         |            |       |
|                         | Robert  | S              | 12         |            |       |
|                         | Charles | S              | 6          |            |       |
|                         | Louis   | S              | 4          |            |       |
|                         |         |                |            |            |       |
|                         |         |                |            |            |       |

FORM 18-434 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |         |                |                               |            |       |
|-------------------------|---------|----------------|-------------------------------|------------|-------|
| X-200                   |         | HEAD OF FAMILY |                               | LOUISIANA  |       |
| COLOR                   |         | AGE            | BIRTHPLACE                    | E.D.       | SHEET |
| B                       |         | 29             |                               | 116        | 6     |
| COUNTY                  |         |                | Webster                       | CITY       |       |
| OTHER MEMBERS OF FAMILY |         |                |                               |            |       |
|                         | NAME    | RELATIONSHIP   | AGE                           | BIRTHPLACE |       |
|                         | Bertha  | w              | 26                            |            |       |
|                         | Mary L  | d              | 11                            |            |       |
|                         | Edmond  | s              | 8                             |            |       |
|                         | Ida     | d              | 6                             |            |       |
|                         | Clorina | s              | 3                             |            |       |
|                         | Tusley  | d              | 1 <sup>4</sup> / <sub>2</sub> |            |       |

FORM 10-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |           |  |      |  |             |
|--|-----------|--|------|--|-------------|
| R200                                   |           | NAME OF INDIVIDUAL<br>Ross Eley          |      | E.D.<br>39                                 | SHEET<br>10 |
| COLOR<br>B                             | AGE<br>24 | BIRTHPLACE                               |      |  |             |
| COUNTY<br>East Carroll                 |           |  | CITY |  |             |
| ENUMERATED WITH<br>Martin Thomas D.    |           |  |      |  |             |
| RELATIONSHIP TO ABOVE                  |           |  |      |  |             |
| <input type="checkbox"/> FATHER        |           | <input type="checkbox"/> NEPHEW          |      | <input type="checkbox"/> WIDOW             |             |
| <input type="checkbox"/> MOTHER        |           | <input type="checkbox"/> NIECE           |      | <input type="checkbox"/> NURSE             |             |
| <input type="checkbox"/> GRANDFATHER   |           | <input type="checkbox"/> FATHER-IN-LAW   |      | <input type="checkbox"/> PATIENT           |             |
| <input type="checkbox"/> GRANDMOTHER   |           | <input type="checkbox"/> MOTHER-IN-LAW   |      | <input checked="" type="checkbox"/> ROOMER |             |
| <input type="checkbox"/> GRANDSON      |           | <input type="checkbox"/> SON-IN-LAW      |      | <input type="checkbox"/> SERVANT           |             |
| <input type="checkbox"/> GRANDDAUGHTER |           | <input type="checkbox"/> DAUGHTER-IN-LAW |      | <input type="checkbox"/> OTHER (Specify)   |             |
| <input type="checkbox"/> AUNT          |           | <input type="checkbox"/> BROTHER-IN-LAW  |      |  |             |
| <input type="checkbox"/> UNCLE         |           | <input type="checkbox"/> SISTER-IN-LAW   |      |  |             |

FORM 10-637 (4-22-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18199-P-61

LOUISIANA

|   |  |  |             |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|-------------|-------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R 200   | NAME OF INDIVIDUAL<br>Reese, Emma        |  | E.O.<br>124 | SHEET<br>15 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br>B  | AGE<br>20                                | BIRTHPLACE                                 |             |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br>Winona  | CITY                                     |  |             |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br>Driffie, Jack B.   |  |  |             |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |             |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> Niece</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |             |             | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> Niece | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE            |             |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> Niece           | <input type="checkbox"/> NURSE             |             |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |             |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER |             |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |             |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |             |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |             |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |             |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 19-637 (4-29-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P61

|                         |  |                |            |            |            |
|-------------------------|--|----------------|------------|------------|------------|
| A200                    |  | HEAD OF FAMILY |            | LOUISIANA  |            |
| COLOR                   |  | AGE            | BIRTHPLACE |            | E.D. SHEET |
|                         |  | W 31           |            |            | 138 19     |
| COUNTY                  |  |                | CITY       |            |            |
| Vermillion              |  |                |            |            |            |
| OTHER MEMBERS OF FAMILY |  |                |            |            |            |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |            |
| Alicia                  |  | W              | 31         |            |            |
| Amelissa                |  | S              | 9          |            |            |
| Edna                    |  | S              | 7          |            |            |
| Schirapides Elodie      |  | Ni             | 2 1/2      |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |           |                      |     |            |       |
|-------------------------|-----------|----------------------|-----|------------|-------|
| <i>R200</i>             |           | HEAD OF FAMILY       |     | LOUISIANA  |       |
|                         |           | <i>Less</i>          |     | E.D.       | SHEET |
| COLOR                   | AGE       | BIRTHPLACE           |     |            |       |
| <i>B</i>                | <i>25</i> |                      |     |            |       |
| COUNTY                  |           | St. John the Baptist |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |           |                      |     |            |       |
| NAME                    |           | RELATIONSHIP         | AGE | BIRTHPLACE |       |
| <i>Living Alone</i>     |           |                      |     |            |       |
|                         |           |                      |     |            |       |
|                         |           |                      |     |            |       |
|                         |           |                      |     |            |       |
|                         |           |                      |     |            |       |
|                         |           |                      |     |            |       |
|                         |           |                      |     |            |       |
|                         |           |                      |     |            |       |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|   |           |   |      |   |            |
|---|-----------|---|------|---|------------|
| R200  |           | NAME OF INDIVIDUAL<br>Rose Ernest   |      | E.D.<br>70  | SHEET<br>9 |
| ORIGIN<br>A   | AGE<br>10 | BIRTHPLACE  |      |   |            |
| COUNTY<br>St. James   |           |   | CITY |   |            |
| ENUMERATED WITH<br>Mitchell, Marie Mrs  |           |   |      |   |            |
| RELATIONSHIP TO ABOVE   |           |   |      |   |            |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input checked="" type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |           | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify)<br><hr/> |            |

FORM 10-437 (4-22-51)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-PC 16100-P01

| R 200                   |     | HEAD OF FAMILY |      | LOUISIANA  |  |
|-------------------------|-----|----------------|------|------------|--|
| COLOR                   | AGE | BIRTHPLACE     | S.D. | SHEET      |  |
| B                       | 40  |                | 17   | 11         |  |
| COUNTY                  |     | Bossier        |      | CITY       |  |
| OTHER MEMBERS OF FAMILY |     |                |      |            |  |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| / Addie                 |     | W              | 30   |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |

FORM 16-636 (4-22-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |  |  |  |             |  |            |  |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|--|-------------|--|------------|--|---------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|--|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R200   |  | NAME OF INDIVIDUAL<br>Rosa Ernest        |  | U.S.<br>149 |  | SHEET<br>5 |  |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| SEX<br>F   |  | AGE<br>12                                |  | BIRTHPLACE  |  |            |  |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br>West Feliciana   |  |  |  | CITY        |  |            |  |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br>Fallins Ed.   |  |  |  |             |  |            |  |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |  |             |  |            |  |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> WIDOW</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> MURDER</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input checked="" type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> |  |  |  |             |  |            |  | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> MURDER | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDOW           |  |             |  |            |  |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> MURDER          |  |             |  |            |  |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |  |             |  |            |  |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |  |             |  |            |  |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |  |             |  |            |  |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |  |             |  |            |  |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |             |  |            |  |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |  |             |  |            |  |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-57 (4-20-51)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMB-DC 16100-P61



LOUISIANA

|  |  |   |            |            |
|--|--|---|------------|------------|
| R200                                   | NAME OF INDIVIDUAL<br>Rose Ernest        |   | E.O.<br>70 | SHEET<br>6 |
| COLOR<br>B                             | AGE<br>71                                | BIRTHPLACE  |            |            |
| COUNTY<br>St. James                    |  | CITY  |            |            |
| ENUMERATED WITH<br>Thompson, Manfred   |  |   |            |            |
| RELATIONSHIP TO ABOVE                  |  |   |            |            |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHER          | <input type="checkbox"/> INMATE                           |            |            |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                            |            |            |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                          |            |            |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                           |            |            |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                          |            |            |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify)<br>SS |            |            |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW  |   |            |            |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW   |   |            |            |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMP-DC 10100-P01

LOUISIANA

|  |  |  |      |       |
|--|--|--|------|-------|
| R 200  | NAME                                     | INDIVIDUAL                               | E.O. | SHEET |
|  | Rose, Ernest B                           |  | 71   | 2     |
| COLOR  | AGE                                      | BIRTHPLACE                               |      |       |
| B  | 7  |  |      |       |
| COUNTY                                       | De Soto                                  | CITY                                     |      |       |
| ENUMERATED WITH                              |  |  |      |       |
| Brock, James                                 |  |  |      |       |
| RELATIONSHIP TO ABOVE                        |  |  |      |       |
| <input type="checkbox"/> FATHER              | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDOW           |      |       |
| <input type="checkbox"/> MOTHER              | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |      |       |
| <input type="checkbox"/> GRANDFATHER         | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |      |       |
| <input type="checkbox"/> GRANDMOTHER         | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |      |       |
| <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |      |       |
| <input type="checkbox"/> GRANDDAUGHTER       | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |      |       |
| <input type="checkbox"/> AUNT                | <input type="checkbox"/> BROTHER-IN-LAW  |  |      |       |
| <input type="checkbox"/> UNCLE               | <input type="checkbox"/> SISTER-IN-LAW   |  |      |       |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1960 CENSUS INDEX - INDIVIDUAL

U.S. GOVERNMENT PRINTING OFFICE: 1960 O-581-791

LOUISIANA

|   |  |  |                    |
|---|--|--|--------------------|
| NAME OF INDIVIDUAL<br><i>Proo</i> <i>Proo Christine</i> |  | E.D.<br><i>5</i>                         | SHEET<br><i>11</i> |
| COLOR<br><i>W</i>                                       | AGE<br><i>12</i>                         | BIRTHPLACE                               |                    |
| COUNTY<br><i>Acadian</i>                                | CITY<br><i>Donaldsonville</i>            |  |                    |
| ENUMERATED WITH<br><i>Green Elias</i>                   |  |  |                    |
| RELATIONSHIP TO ABOVE                                   |  |  |                    |
| <input type="checkbox"/> FATHER                         | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |                    |
| <input type="checkbox"/> MOTHER                         | <input checked="" type="checkbox"/> WIFE | <input type="checkbox"/> NURSE           |                    |
| <input type="checkbox"/> GRANDFATHER                    | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |                    |
| <input type="checkbox"/> GRANDMOTHER                    | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |                    |
| <input type="checkbox"/> GRANDSON                       | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |                    |
| <input type="checkbox"/> GRANDDAUGHTER                  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |                    |
| <input type="checkbox"/> AUNT                           | <input type="checkbox"/> BROTHER-IN-LAW  |  |                    |
| <input type="checkbox"/> UNCLE                          | <input type="checkbox"/> SISTER-IN-LAW   |  |                    |

FORM 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCENS-OC 1910-P61

| HEAD OF FAMILY          |              | LOUISIANA   |            |
|-------------------------|--------------|-------------|------------|
| COLOR                   | AGE          | BIRTHPLACE: | E.D. SHEET |
| H200                    | Rose         | Erofort     | 14 4       |
| W                       | 51           |             |            |
| COUNTY                  | Iberia       | CITY        |            |
| OTHER MEMBERS OF FAMILY |              |             |            |
| NAME                    | RELATIONSHIP | AGE         | BIRTHPLACE |
| Addie                   | W            | 27          |            |
| Headice                 | D            | 13          |            |
| Edmond                  | S            | 12          |            |
| Kathrine                | D            | 10          |            |
| Mary                    | D            | 7           |            |
| Madde                   | D            | 1           |            |
| Natie                   | S            | 53          |            |

|  |   |   |                   |
|--|---|---|-------------------|
|  |   | LOUISIANA   |                   |
| NAME OF INDIVIDUAL<br><i>Reese</i>   | E.D.<br><i>4</i>  |   | SHEET<br><i>6</i> |
| COLOR<br><i>W</i>  | AGE<br><i>21</i>  | BIRTHPLACE<br><i>Syracuse</i>   |                   |
| COUNTY<br><i>Ascension</i>   | CITY<br><i>Donaldsonville</i>   |   |                   |
| ENUMERATED WITH<br><i>Reese, Abner</i>   |   |   |                   |
| RELATIONSHIP TO ABOVE  |   |   |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify) |                   |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

UNCOMM-DC 16169-P61

LOUISIANA

|  |                  |   |  |   |                    |
|--|------------------|---|--|---|--------------------|
| R 700  |                  | NAME OF INDIVIDUAL<br><i>Ross Essie</i>   |  | E.D.<br><i>99</i>   | SHEET<br><i>25</i> |
| COLOR<br><i>Mex</i>  | AGE<br><i>12</i> | BIRTHPLACE  |  |   |                    |
| COUNTY<br><i>St. Mary</i>  |                  | CITY  |  |   |                    |
| ENUMERATED WITH<br><i>Ross, Mary</i>   |                  |   |  |   |                    |
| RELATIONSHIP TO ABOVE  |                  |   |  |   |                    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>Scl</i> |                    |

FORM 10-637 (4-22-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 15190-P61

|                         |                  |                |      |             |  |
|-------------------------|------------------|----------------|------|-------------|--|
| B 200                   |                  | HEAD OF FAMILY |      | LOUISIANA   |  |
| Rosa Estelle            |                  | E.O.           |      | SHEET       |  |
| COLOR                   | AGE              | BIRTHPLACE     |      |             |  |
| Th                      | 30               |                |      | 15 3        |  |
| COUNTY                  | East Baton Rouge |                | CITY | Baton Rouge |  |
| OTHER MEMBERS OF FAMILY |                  |                |      |             |  |
| NAME                    |                  | RELATIONSHIP   | AGE  | BIRTHPLACE  |  |
| Millie                  |                  | L              | 12   |             |  |
| Johnnie                 |                  | A              | 9    |             |  |
|                         |                  |                |      |             |  |
|                         |                  |                |      |             |  |
|                         |                  |                |      |             |  |
|                         |                  |                |      |             |  |
|                         |                  |                |      |             |  |
|                         |                  |                |      |             |  |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |               |  |      |   |                |
|--|---------------|--|------|---|----------------|
| R200   |               | NAME OF INDIVIDUAL <i>Russ Ester</i>   |      | LOUISIANA   |                |
| COLOR <i>B</i>   | AGE <i>12</i> | BIRTHPLACE   |      | E.D. <i>38</i>  | SHEET <i>7</i> |
| COUNTY <i>Concordia</i>  |               |  | CITY |   |                |
| ENUMERATED WITH <i>Lis Jerry</i>   |               |  |      |   |                |
| RELATIONSHIP TO ABOVE  |               |  |      |   |                |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |               | <input type="checkbox"/> NEPHEW<br><input checked="" type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> WIDOW<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 16106-P61



LOUISIANA

|  |  |   |                  |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |                 |                                |  |  |
|--|--|---|------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|-----------------|--------------------------------|--|--|
| R200   | NAME OF INDIVIDUAL<br><i>Roach Ethel</i> |   | E.D.<br><i>7</i> | SHEET<br><i>11</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |                 |                                |  |  |
| COLOR<br><i>W</i>  | AGE<br><i>12</i>                         | BIRTHPLACE  |                  |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |                 |                                |  |  |
| COUNTY<br><i>Acadia</i>  |  | CITY<br><i>Mormenton</i>                            |                  |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |                 |                                |  |  |
| ENUMERATED WITH<br><i>Moran Thomas Sr.</i>   |  |   |                  |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |                 |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   |                  |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |                 |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>daughter</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |                  |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>daughter</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |                  |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |                 |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |                  |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |                 |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |                  |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |                 |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |                  |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |                 |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |                  |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |                 |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |                  |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |                 |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  | <i>daughter</i>                                     |                  |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |                 |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |   |                  |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |                 |                                |  |  |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVI

USCOMM-DC 1818b-P61

|  |  |   |            |   |       |
|--|--|---|------------|---|-------|
| K200   |  | NAME OF INDIVIDUAL  |            | LOUISIANA   |       |
| COLOR  |  | AGE   | BIRTHPLACE | E.D.  | SHEET |
| W  |  | 22  | La.        | 142   | 3     |
| COUNTY   |  |   | CITY       |   |       |
| West Feliciana   |  |   |            |   |       |
| ENUMERATED WITH  |  |   |            |   |       |
| Curtain, Mollie  |  |   |            |   |       |
| RELATIONSHIP TO ABOVE  |  |   |            |   |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |            | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |       |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 15155-P61

|   |  |   |  |           |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
|---|--|---|--|-----------|------------|-------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|---|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R 200   |  | NAME OF INDIVIDUAL<br><i>Reese, Ethel</i> |  | LOUISIANA | E.D.<br>83 | SHEET<br>17 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| COLOR<br>B  | AGE<br>3                                 | BIRTHPLACE                                |  |           |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| COUNTY<br>Rapides   |  | CITY                                      |  |           |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Cotton, Prince</i>  |  |   |  |           |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |  |           |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |           |            |             | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE           |  |           |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE            |  |           |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT          |  |           |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER           |  |           |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT          |  |           |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)  |  |           |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |           |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |  |           |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18100-P01

LOUISIANA

|                         |                      |              |            |            |
|-------------------------|----------------------|--------------|------------|------------|
| <i>R 200</i>            | HEAD OF FAMILY       |              | E.O.       | SHEET      |
|                         | <i>Ronan Etienne</i> |              | <i>48</i>  | <i>18</i>  |
| COLOR                   | AGE                  | BIRTHPLACE   |            |            |
| <i>W</i>                | <i>38</i>            |              |            |            |
| COUNTY                  |                      | CITY         |            |            |
| <i>Lafourche</i>        |                      |              |            |            |
| OTHER MEMBERS OF FAMILY |                      |              |            |            |
| NAME                    |                      | RELATIONSHIP | AGE        | BIRTHPLACE |
| <i>Antoinette</i>       |                      | <i>W</i>     | <i>25</i>  |            |
| <i>Sydney</i>           |                      | <i>S</i>     | <i>11</i>  |            |
| <i>Linimus</i>          |                      | <i>S</i>     | <i>9</i>   |            |
| <i>Julia</i>            |                      | <i>D</i>     | <i>7</i>   |            |
| <i>Felimon</i>          |                      | <i>D</i>     | <i>3</i>   |            |
| <i>Eloanta</i>          |                      | <i>S</i>     | <i>3</i>   |            |
| <i>Eddy</i>             |                      | <i>S</i>     | <i>3/4</i> |            |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME      | RELATIONSHIP | AGE | BIRTHPLACE |
|-----------|--------------|-----|------------|
| Louise    | F            | 80  |            |
| Margalita | M            | 81  |            |
|           |              |     |            |
|           |              |     |            |
|           |              |     |            |
|           |              |     |            |
|           |              |     |            |
|           |              |     |            |
|           |              |     |            |
|           |              |     |            |
|           |              |     |            |

FORM 19-436a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMB-DC 15100-P61

|  |   |
|--|---|
| LOUISIANA  |   |
| <i>L 203</i>   | NAME OF INDIVIDUAL<br><i>Rose Etienne</i>   |
| E.D. <i>7</i>  | SHEET <i>5</i>  |
| COLOR<br><i>B</i>  | AGE<br><i>74</i>  |
| BIRTHPLACE   |   |
| COUNTY<br><i>Ascension</i>   | CITY  |
| ENUMERATED WITH<br><i>Joseph Mary</i>  |   |
| RELATIONSHIP TO ABOVE  |   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> IMMATE<br><input type="checkbox"/> NUNCE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>son</i>  |   |

FORM 16-637 (4-20-67)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMB-OC 18100-P-01

|                         |  |                |            |               |      |            |       |
|-------------------------|--|----------------|------------|---------------|------|------------|-------|
| *200                    |  | HEAD OF FAMILY |            | ROCCA, Eubert |      | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE |               | E.O. |            | SHEET |
| W                       |  | 27             |            |               | 31   |            | 4     |
| COUNTY                  |  |                |            | Calcasieu     |      | CITY       |       |
| OTHER MEMBERS OF FAMILY |  |                |            |               |      |            |       |
| NAME                    |  |                |            | RELATIONSHIP  | AGE  | BIRTHPLACE |       |
| Rosellie                |  |                |            | W             | 19   |            |       |
| Anna                    |  |                |            | D             | 9/12 |            |       |
| + 1 laborer             |  |                |            |               |      |            |       |
|                         |  |                |            |               |      |            |       |
|                         |  |                |            |               |      |            |       |
|                         |  |                |            |               |      |            |       |
|                         |  |                |            |               |      |            |       |

FORM 16-636 (4-26-67)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R200                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | S.D.       | SHEET |
| W                       |  | 24             | La         | 78         | 10    |
| COUNTY                  |  |                | CITY       |            |       |
| Lincoln                 |  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Bertha                  |  | W              | 28         |            |       |
| A. Dean                 |  | S              | 8          |            |       |
| Vernie                  |  | S              | 7          |            |       |
| Emma J                  |  | D              | 4          |            |       |
| Robert B                |  | S              | 2          |            |       |
| Annie                   |  | D              | 4 1/2      |            |       |
| L B                     |  |                |            |            |       |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



LOUISIANA

|  |  |   |            |            |
|--|--|---|------------|------------|
| R200                                     | NAME OF INDIVIDUAL<br><i>Ruse Eugene</i> |   | E.O.<br>77 | SHEET<br>4 |
| COLOR<br><i>M 4</i>                      | AGE<br>8                                 | BIRTHPLACE<br><i>T</i>                              |            |            |
| COUNTY<br><i>De Soto</i>                 |  | CITY  |            |            |
| ENUMERATED WITH<br><i>Williams Emily</i> |  |   |            |            |
| RELATIONSHIP TO ABOVE                    |  |   |            |            |
| <input type="checkbox"/> FATHER          | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |            |            |
| <input type="checkbox"/> MOTHER          | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |            |            |
| <input type="checkbox"/> GRANDFATHER     | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |            |            |
| <input type="checkbox"/> GRANDMOTHER     | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |            |            |
| <input type="checkbox"/> GRANDSON        | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |            |            |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |            |            |
| <input type="checkbox"/> AUNT            | <input type="checkbox"/> BROTHER-IN-LAW  | <i>S</i>  |            |            |
| <input type="checkbox"/> UNCLE           | <input type="checkbox"/> MISTER-IN-LAW   |   |            |            |

FORM 16-637 (4-28-51)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1930 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 16199-P61

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R 200                   |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | S.D.       | SHEET |
| D                       |  | 27             |            | 72         | 11    |
| COUNTY                  |  |                | CITY       |            |       |
| Do Soto                 |  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Fannie                  |  | W              | 28         |            |       |
| Jennie                  |  | D              | 7          |            |       |
| Lones                   |  | D              | 5          |            |       |
| Fred                    |  | S              | 4          |            |       |
| Cyril Jr.               |  | S              | 1 1/2      |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|   |  |  |             |            |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |            |                                |  |  |
|---|--|--|-------------|------------|---------------------------------|---------------------------------|----------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|------------|--------------------------------|--|--|
| R200  | NAME OF INDIVIDUAL<br><i>Russel Eula</i> |  | E.O.<br>124 | SHEET<br>6 |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |            |                                |  |  |
| COLOR<br><i>Mu</i>  | AGE<br><i>4</i>                          | BIRTHPLACE                               |             |            |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |            |                                |  |  |
| COUNTY<br><i>St. Martin</i>   |  | CITY                                     |             |            |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |            |                                |  |  |
| ENUMERATED WITH<br><i>Fontinet Davis</i>  |  |  |             |            |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |            |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |             |            |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |            |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> BOARDER</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NUNCE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>ECL</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |             |            | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> BOARDER | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NUNCE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>ECL</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> BOARDER         |             |            |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |            |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NUNCE           |             |            |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |            |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |             |            |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |            |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |             |            |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |            |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |             |            |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |            |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |             |            |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |            |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  | <i>ECL</i>                               |             |            |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |            |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |             |            |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |            |                                |  |  |

FORM 10-437 (4-29-51)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

UNCOMM-DC 18155-P-81

LOUISIANA

|  |  |  |  |             |            |
|--|--|--|--|-------------|------------|
| R200                                   |  | NAME OF INDIVIDUAL<br>Rice, Euler H.     |  | E.D.<br>101 | SHEET<br>3 |
| COLOR<br>H                             | AGE<br>34                                | BIRTHPLACE                               |  |             |            |
| COUNTY<br>Ouachita                     |  | CITY<br>Monroe                           |  |             |            |
| ENUMERATED WITH<br>Key, Ed. N.         |  |  |  |             |            |
| RELATIONSHIP TO ABOVE                  |  |  |  |             |            |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDATE          |  |             |            |
| <input type="checkbox"/> MOTHER        | <input checked="" type="checkbox"/> WIFE | <input type="checkbox"/> NURSE           |  |             |            |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |  |             |            |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |  |             |            |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |  |             |            |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |  |             |            |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |             |            |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW   |  |  |             |            |

FORM 19-637 (4-30-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-PC 1910-PC1

LOUISIANA

|   |  |   |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|---|--|---|------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| R200  | NAME OF INDIVIDUAL                       |   | R.D. | SHEET |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|   | Ryann Eunice                             |   | 124  | 6     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR   | AGE                                      | BIRTHPLACE  |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| Ynu   | 6  |   |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY  | St. Martin,                              |   | CITY |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |   |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| Foster Lewis  |  |   |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |      |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| G.C.L.  |  |   |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P01

LOUISIANA

|  |  |  |                    |
|--|--|--|--------------------|
| NAME OF INDIVIDUAL<br><i>Ross, Euta</i>  |  | E.D.<br><i>91</i>  | SHEET<br><i>19</i> |
| COLOR<br><i>W</i>  | AGE<br><i>18</i>   | BIRTHPLACE   |                    |
| COUNTY   | CITY<br><i>Oak Ridge</i>   |  |                    |
| ENUMERATED WITH <i>Mother</i><br><i>Ways, C. L.</i>  |  |  |                    |
| RELATIONSHIP TO ABOVE  |  |  |                    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input checked="" type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> WIFE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) _____ |                    |

FORM 10-417 (4-20-31)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 10104-P61

LOUISIANA

|  |                  |  |      |  |             |
|--|------------------|--|------|--|-------------|
| 1200   |                  | NAME OF INDIVIDUAL<br><i>Russ. Lee</i>   |      | E.D.<br>52   | SHEET<br>12 |
| COLOR<br><i>W</i>  | AGE<br><i>17</i> | BIRTHPLACE   |      |  |             |
| COUNTY   |                  |  | CITY |  |             |
| ENUMERATED WITH<br><i>Marquines</i>  |                  |  |      |  |             |
| RELATIONSHIP TO ABOVE<br><i>Scarvin, John</i>  |                  |  |      |  |             |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input checked="" type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> IMMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |             |

FORM 16-537 (4-29-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVID

USC604-DC 18100-P61

| HEAD OF FAMILY          |              |            | LOUISIANA  |       |
|-------------------------|--------------|------------|------------|-------|
|                         |              |            | E.D.       | SHEET |
| 8200 <i>Lucas Eve</i>   |              |            | 138        | 22    |
| COLOR                   | AGE          | BIRTHPLACE |            |       |
| W                       | 40           |            |            |       |
| COUNTY                  | Vermillion   |            | CITY       |       |
| OTHER MEMBERS OF FAMILY |              |            |            |       |
| NAME                    | RELATIONSHIP | AGE        | BIRTHPLACE |       |
| <i>Mary</i>             | D            | 20         |            |       |
| <i>Theo</i>             | S            | 15         |            |       |
| <i>Leah</i>             | D            | 9          |            |       |
| <i>Henry</i>            | S            | 7          |            |       |
| <i>Joseph</i>           | S            | 4          |            |       |
|                         |              |            |            |       |
|                         |              |            |            |       |
|                         |              |            |            |       |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



LOUISIANA

|   |  |  |  |             |            |
|---|--|--|--|-------------|------------|
| 8-200   |  | NAME OF INDIVIDUAL<br>Rosa, Evelyn       |  | E.O.<br>131 | SHEET<br>6 |
| COLOR<br>B  | AGE<br>13                                | BIRTHPLACE                               |  |             |            |
| COUNTY<br>Union                                   |  | CITY<br>Farmerville                      |  |             |            |
| ENUMERATED WITH<br>Charlone, Monse                |  |  |  |             |            |
| RELATIONSHIP TO ABOVE                             |  |  |  |             |            |
| <input type="checkbox"/> FATHER                   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |  |             |            |
| <input type="checkbox"/> MOTHER                   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |  |             |            |
| <input type="checkbox"/> GRANDFATHER              | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |  |             |            |
| <input type="checkbox"/> GRANDMOTHER              | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |  |             |            |
| <input type="checkbox"/> GRANDSON                 | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |  |             |            |
| <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |  |             |            |
| <input type="checkbox"/> AUNT                     | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |             |            |
| <input type="checkbox"/> UNCLE                    | <input type="checkbox"/> SISTER-IN-LAW   |  |  |             |            |

FORM 10-437 (4-20-01)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P01

LOUISIANA

|                         |     |                |      |            |       |
|-------------------------|-----|----------------|------|------------|-------|
| K200                    |     | HEAD OF FAMILY |      | E.D.       | SHEET |
|                         |     | Rouse, Lauree  |      | 150        | 15    |
| COLOR                   | AGE | BIRTHPLACE     |      |            |       |
| B                       | 26  |                |      |            |       |
| COUNTY                  |     |                | CITY |            |       |
| Verdon                  |     |                |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| 1 Latta                 |     | W              | 22   | Miss       |       |
| v 2 Bn                  |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |                 |   |  |  |             |
|--|-----------------|---|--|--|-------------|
| R200   |                 | NAME OF INDIVIDUAL<br><i>Rose, Lucia</i>  |  | E.O.<br>10   | SHEET<br>19 |
| COLOR<br><i>B</i>  | AGE<br><i>4</i> | BIRTHPLACE  |  |  |             |
| COUNTY<br><i>Assumption</i>  | CITY            |   |  |  |             |
| ENUMERATED WITH<br><i>Narcisse, C. Lerley</i>  |                 |   |  |  |             |
| RELATIONSHIP TO ABOVE  |                 |   |  |  |             |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                 | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify)<br><i>Step-Daughter</i> |             |

FORM 10-437 (4-22-51)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMB-DC 18100-P61

LOUISIANA

|                         |           |                |     |            |       |
|-------------------------|-----------|----------------|-----|------------|-------|
| R 200                   |           | HEAD OF FAMILY |     | E.O.       | SHEET |
|                         |           | Rosa Eric      |     | 29         | 10    |
| COLOR                   | AGE       | BIRTHPLACE     |     |            |       |
| W                       | 40        |                |     |            |       |
| COUNTY                  | Calcasieu | CITY           |     |            |       |
| OTHER MEMBERS OF FAMILY |           |                |     |            |       |
| NAME                    |           | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| 1                       | Lilly     | D              | 13  |            |       |
|                         | Elva      | S              | 4   |            |       |
|                         |           |                |     |            |       |
|                         |           |                |     |            |       |
|                         |           |                |     |            |       |
|                         |           |                |     |            |       |
|                         |           |                |     |            |       |
|                         |           |                |     |            |       |

FORM 10-436 (4-20-51)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|                          |  |              |            |             |
|--------------------------|--|--------------|------------|-------------|
| R 200                    | HEAD OF FAMILY<br><i>Riggs Everett</i> |              | E.D.<br>46 | SHEET<br>13 |
| COLOR<br><i>W</i>        | AGE<br>48                              | BIRTHPLACE   |            |             |
| COUNTY<br>East Feliciana |  | CITY         |            |             |
| OTHER MEMBERS OF FAMILY  |  |              |            |             |
| NAME                     |  | RELATIONSHIP | AGE        | BIRTHPLACE  |
| <i>Thos</i>              |  | <i>W</i>     | <i>27</i>  | <i>Miss</i> |
| <i>Stacy</i>             |  | <i>S</i>     | <i>5</i>   |             |
|                          |  |              |            |             |
|                          |  |              |            |             |
|                          |  |              |            |             |
|                          |  |              |            |             |
|                          |  |              |            |             |
|                          |  |              |            |             |

FORM 18-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

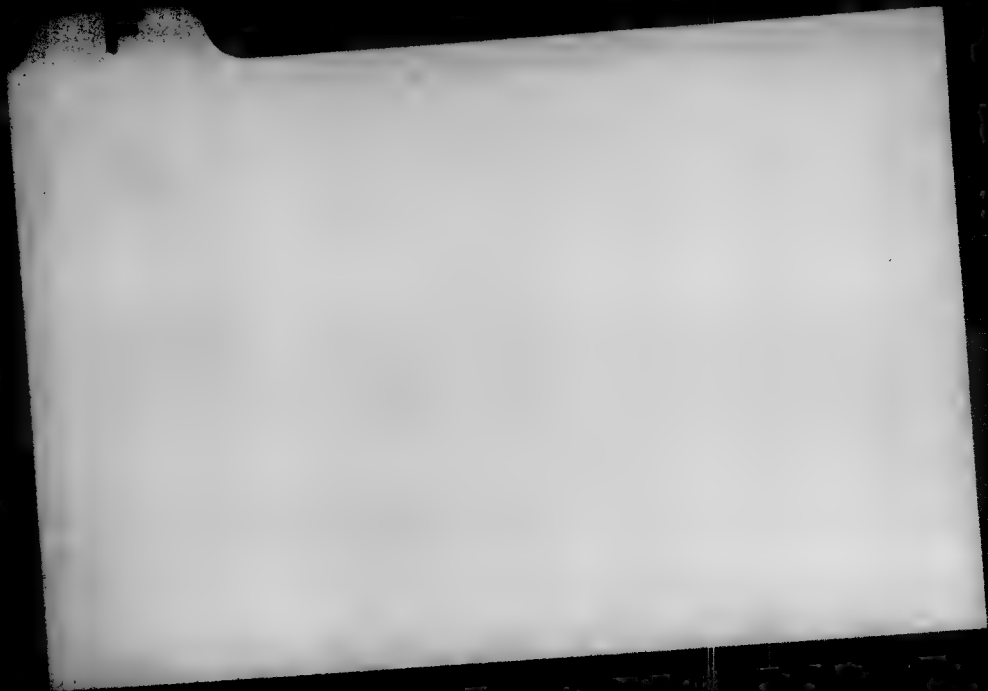
U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                              | LOUISIANA       |         |
|-------------------------|------------------------------|-----------------|---------|
| R 200                   | HEAD OF FAMILY Reese Eyebial |                 | E.O. 44 |
| COLOR B                 | AGE 48                       | BIRTHPLACE miss |         |
| COUNTY East Feliciana   | CITY                         |                 |         |
| OTHER MEMBERS OF FAMILY |                              |                 |         |
| NAME                    |                              | RELATIONSHIP    | AGE     |
| 1. J. E. Eyebial        |                              | D               | 24      |
| Clara                   |                              | D               | 22      |
|                         |                              |                 |         |
|                         |                              |                 |         |
|                         |                              |                 |         |
|                         |                              |                 |         |
|                         |                              |                 |         |
|                         |                              |                 |         |

FORM 16-536 (4-26-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |     |                |                 |            |       |
|-------------------------|-----|----------------|-----------------|------------|-------|
| R200                    |     | HEAD OF FAMILY |                 | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |                 | E.D.       | SHEET |
| W                       | 66  |                |                 | 726        | 10    |
| COUNTY                  |     |                |                 |            |       |
| St. Martin              |     |                | CITY            |            |       |
|                         |     |                | St. Martinville |            |       |
| OTHER MEMBERS OF FAMILY |     |                |                 |            |       |
| NAME                    |     | RELATIONSHIP   | AGE             | BIRTHPLACE |       |
| Lucie                   |     | W              | 68              |            |       |
| Laurence                |     | D              | 28              |            |       |
| Rhyma Theresa           |     | Ad             | 3               |            |       |
|                         |     |                |                 |            |       |
|                         |     |                |                 |            |       |
|                         |     |                |                 |            |       |
|                         |     |                |                 |            |       |
|                         |     |                |                 |            |       |
|                         |     |                |                 |            |       |

FORM 18-636 (6-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|  |   |   |                 |   |         |
|--|---|---|-----------------|---|---------|
| R 200  |   | NAME OF INDIVIDUAL  |                 | LOUISIANA   |         |
| COLOR  | B | AGE   | 7               | BIRTHPLACE  | E.D. 18 |
| COUNTY   |   |   | SHEET 12        |   |         |
| ENUMERATED WITH  |   |   | CITY            |   |         |
| RELATIONSHIP TO ABOVE  |   |   | Harner Mary Ann |   |         |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |   | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |                 | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify) |         |

FORM 10-437 (4-25-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMB-DC 18195-P61

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R 200                   |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| W                       | 50  | Ill            |     | 119        | 1     |
| COUNTY                  |     | Tangipahoa     |     | CITY       |       |
|                         |     |                |     | Hammond    |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Bessie                  |     | Si             | 60  | Ill        |       |
| 1 Richard               |     | N              | 24  | Ill        |       |
| + 2 se                  |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 18-436 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |  |
|-------------------------|-----|----------------|-----|------------|--|
| K 200                   |     | HEAD OF FAMILY |     | LOUISIANA  |  |
| Nicksie Fannie          |     | E.D.           |     | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |     | 109 17     |  |
| W                       | 71  |                |     |            |  |
| COUNTY                  |     | Tangipahoa     |     | CITY       |  |
| OTHER MEMBERS OF FAMILY |     |                |     |            |  |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| Luther                  |     | S              | 28  |            |  |
| Joan                    |     | D              | 39  |            |  |
| Lanny                   |     | YS             | 18  |            |  |
| Oled                    |     | YS             | 16  |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |

FORM 10-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |   |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|---|--|---|--|------------|-------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| R20   |  | NAME OF INDIVIDUAL<br>Reckel Fannie                 |  | LOUISIANA  |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR<br>W  | AGE<br>44                                | BIRTHPLACE<br>Ky.                                   |  | E.D.<br>88 | SHEET<br>10 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY  |  | CITY  |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| Natchitoches  |  |   |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH<br>Woods J B  |  |   |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |            |             | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 10-437 (4-29-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-PC 18102-P81

|                         |  |                |            |            |      |
|-------------------------|--|----------------|------------|------------|------|
| R-200                   |  | HEAD OF FAMILY |            | LOUISIANA  |      |
| COLOR                   |  | AGE            | BIRTHPLACE |            | E.D. |
| W                       |  | 26             | Fardus     |            | 24   |
| COUNTY                  |  |                | CITY       |            |      |
| Avoyelles               |  |                |            |            |      |
| OTHER MEMBERS OF FAMILY |  |                |            |            |      |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |      |
| Anna                    |  | W              | 24         |            |      |
| Herman                  |  | S              | 4          |            |      |
| Walter                  |  | S              | 2          |            |      |
|                         |  |                |            |            |      |
|                         |  |                |            |            |      |
|                         |  |                |            |            |      |
|                         |  |                |            |            |      |
|                         |  |                |            |            |      |

|   |  |  |            |           |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |    |                                |   |  |
|---|--|--|------------|-----------|------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|----|--------------------------------|---|--|
| 8200  |  | NAME OF INDIVIDUAL                       |            | LOUISIANA |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |    |                                |   |  |
| COLOR   |  | AGE                                      | BIRTHPLACE |           | E.O. SHEET |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |    |                                |   |  |
| B   |  | 17                                       |            |           | 27 34      |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |    |                                |   |  |
| COUNTY  |  |  | CITY       |           |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |    |                                |   |  |
| Jefferson   |  |  |            |           |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |    |                                |   |  |
| ENUMERATED WITH   |  |  |            |           |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |    |                                |   |  |
| Stevens, Walter   |  |  |            |           |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |    |                                |   |  |
| RELATIONSHIP TO ABOVE   |  |  |            |           |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |    |                                |   |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td>SP</td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> </table> |  |  |            |           |            | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | SP | <input type="checkbox"/> UNCLE | <input type="checkbox"/> BROTHER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |            |           |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |    |                                |   |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |            |           |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |    |                                |   |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |            |           |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |    |                                |   |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |            |           |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |    |                                |   |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |            |           |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |    |                                |   |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |            |           |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |    |                                |   |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  | SP                                       |            |           |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |    |                                |   |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> BROTHER-IN-LAW  |  |            |           |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |    |                                |   |  |

FORM 10-437 (4-20-61)

1930 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 10300-P01

|                         |     |                |      |            |       |
|-------------------------|-----|----------------|------|------------|-------|
| R200                    |     | HEAD OF FAMILY |      | LOUISIANA  |       |
| Tucks Elder             |     |                |      | E.D.       | SHEET |
| COLOR                   | AGE | BIRTHPLACE     |      |            |       |
| W                       | 42  |                |      |            |       |
| COUNTY                  |     |                | CITY |            |       |
| Tangipahoa              |     |                |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Maudie                  |     | D              | 16   |            |       |
| Hattie                  |     | S              | 14   |            |       |
| Urie                    |     | D              | 12   |            |       |
| Eva                     |     | D              | 12   |            |       |
| Lizzie                  |     | S              | 9    |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |

FORM 10-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| R200  |  | NAME OF INDIVIDUAL  |  | LOUISIANA  |  |
| COLOR   |  | AGE   |  | SHEET  |  |
| W   |  | 82  |  | 306  |  |
| BIRTHPLACE  |  |   |  |  |  |
| COUNTY  |  | St. Martin  |  | CITY   |  |
|   |  |   |  | Breaux Bridge  |  |
| ENUMERATED WITH   |  | Rousseau, Jules   |  |  |  |
| RELATIONSHIP TO ABOVE   |  |   |  |  |  |
| <input type="checkbox"/> FATHER<br><input checked="" type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |  |

FORM 10-437 (4-20-61)

1970 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 10100-P01



|   |  |  |    |                 |  |      |       |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|----|-----------------|--|------|-------|---------------------------------|---------------------------------|---------------------------------|--|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R200  |  | NAME OF INDIVIDUAL                       |    | Louisiana       |  | E.D. | SHEET |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR   | W  | AGE                                      | 71 | BIRTHPLACE      |  | 90   | 36    |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY  |  |  |    | CITY            |  |      |       |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |  |    | St. Mary        |  |      |       |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |    | Rice, William W |  |      |       |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input checked="" type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |    |                 |  |      |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input checked="" type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |    |                 |  |      |       |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |    |                 |  |      |       |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |    |                 |  |      |       |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |    |                 |  |      |       |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |    |                 |  |      |       |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |    |                 |  |      |       |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |    |                 |  |      |       |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |    |                 |  |      |       |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 19-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R200                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| A                       | 37  |                |     | 33         | 33    |
| COUNTY                  |     | CITY           |     |            |       |
| Vermillion              |     |                |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Gylnes                  |     | H              | 33  |            |       |
| Luke                    |     | S              | 8   |            |       |
| Welfred                 |     | S              | 14  |            |       |
| Lene                    |     | D              | 4   |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 16-436 (4-30-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |            |             |
|-------------------------|---|----------------|-----|------------|-------------|
| R300                    |   | HEAD OF FAMILY |     | LOUISIANA  |             |
| COLOR                   | B | AGE            | 50  | BIRTHPLACE | Rose, Felia |
| COUNTY                  |   | Plaquemine     |     | CITY       |             |
| OTHER MEMBERS OF FAMILY |   |                |     |            |             |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |             |
| lives alone             |   |                |     |            |             |
|                         |   |                |     |            |             |
|                         |   |                |     |            |             |
|                         |   |                |     |            |             |
|                         |   |                |     |            |             |
|                         |   |                |     |            |             |
|                         |   |                |     |            |             |
|                         |   |                |     |            |             |
|                         |   |                |     |            |             |

FORM 10-436 (4-30-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |      |            |       |
|-------------------------|---|----------------|------|------------|-------|
| R200                    |   | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR                   | W | AGE            | 26   | BIRTHPLACE | Felix |
| COUNTY                  |   | Acadia         |      | CITY       |       |
| OTHER MEMBERS OF FAMILY |   |                |      |            |       |
| NAME                    |   | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Josephina               |   | W              | 23   |            |       |
| Hilda                   |   | d.             | 4    |            |       |
| Anastasia               |   | d.             | 2    |            |       |
| Nasta                   |   | 5              | 8/12 |            |       |
| Ortemise                |   | M              | 66   |            |       |
|                         |   |                |      |            |       |
|                         |   |                |      |            |       |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |                 |   |  |   |                   |
|--|-----------------|---|--|---|-------------------|
| R 200  |                 | NAME OF INDIVIDUAL<br><i>Ross Felix</i>   |  | LOUISIANA   |                   |
| COLOR<br><i>B</i>  | AGE<br><i>3</i> | BIRTHPLACE  |  | E.D.<br><i>15</i>   | SHEET<br><i>2</i> |
| COUNTY   |                 | CITY  |  |   |                   |
| ENUMERATED WITH  |                 | <i>Grant Joe Henry</i>  |  |   |                   |
| RELATIONSHIP TO ABOVE  |                 |   |  |   |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                 | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify)<br><i>SS</i> |                   |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 1910-7-01

|  |                  |                           |                   |
|--|------------------|---------------------------|-------------------|
| NAME OF INDIVIDUAL<br><i>Rose Felt</i>   |                  | LOUISIANA                 |                   |
| COLOR<br><i>B</i>  | AGE<br><i>21</i> | BIRTHPLACE                | E.D.<br><i>55</i> |
| COUNTY<br><i>Iberville</i>   |                  | CITY<br><i>Plaquemine</i> |                   |
| ENUMERATED WITH<br><i>Hudson Monroe</i>  |                  |                           |                   |
| RELATIONSHIP TO ABOVE  |                  |                           |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE<br><input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input checked="" type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW<br><input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                  |                           |                   |

FORM 16-437 (4-30-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |            |     |
|-------------------------|---|----------------|-----|------------|-----|
| R200                    |   | HEAD OF FAMILY |     | LOUISIANA  |     |
| COLOR                   | B | AGE            | 55  | BIRTHPLACE | Tex |
| COUNTY                  |   | Caddo          |     | CITY       |     |
| OTHER MEMBERS OF FAMILY |   |                |     |            |     |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |     |
| Antonette               |   | W              | 39  |            |     |
| Lizzie                  |   | D              | 12  |            |     |
|                         |   |                |     |            |     |
|                         |   |                |     |            |     |
|                         |   |                |     |            |     |
|                         |   |                |     |            |     |
|                         |   |                |     |            |     |
|                         |   |                |     |            |     |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| A 200                   |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.O.       | SHEET |
| Man                     | 45  | Roe, Zell      |     | 110        | 30    |
| COUNTY                  |     | CITY           |     |            |       |
| Terrebonne              |     |                |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Malinda                 |     | W              | 40  |            |       |
| Clisak                  |     | S              | 24  |            |       |
| Angelina                |     | D              | 18  |            |       |
| Daniel                  |     | S              | 16  |            |       |
| Celina                  |     | D              | 7   |            |       |
| Mitchell, Annas         |     | B L            | 22  |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 16-436 (10-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |          |                |     |            |  |
|-------------------------|----------|----------------|-----|------------|--|
| R200                    |          | HEAD OF FAMILY |     | LOUISIANA  |  |
| COLOR                   | W        | AGE            | 49  | BIRTHPLACE |  |
| COUNTY                  |          | Iberville      |     | CITY       |  |
| OTHER MEMBERS OF FAMILY |          |                |     |            |  |
|                         | NAME     | RELATIONSHIP   | AGE | BIRTHPLACE |  |
|                         | Rochie   | W              | 43  |            |  |
|                         | Viola    | D              | 18  |            |  |
|                         | Auguste  | S              | 17  |            |  |
|                         | Beatrice | D              | 16  |            |  |
|                         | Philip   | S              | 5   |            |  |
|                         | John     | D              | 4   |            |  |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|       |  |                |  |
|-------|--|----------------|--|
| R200  |  | HEAD OF FAMILY |  |
| COLOR |  | AGE            |  |

|                         |           |                |      |            |         |
|-------------------------|-----------|----------------|------|------------|---------|
| R20                     |           | HEAD OF FAMILY |      | LOUISIANA  |         |
| COLOR                   | mu        | AGE            | 22   | BIRTHPLACE | Fernand |
| COUNTY                  | Lafayette |                | CITY | E.D.       | 72      |
|                         |           |                |      | SHEET      | 20      |
| OTHER MEMBERS OF FAMILY |           |                |      |            |         |
| NAME                    |           | RELATIONSHIP   | AGE  | BIRTHPLACE |         |
| 1 Belaire               |           | W              | 21   |            |         |
| Della                   |           | D              | 12   |            |         |
| Broussard, Paul         |           | B-L            | 26   |            |         |
|                         |           |                |      |            |         |
|                         |           |                |      |            |         |
|                         |           |                |      |            |         |
|                         |           |                |      |            |         |
|                         |           |                |      |            |         |

FORM 18-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|       |                |
|-------|----------------|
| R-300 | HEAD OF FAMILY |
|-------|----------------|

|                         |       |                |      |            |         |
|-------------------------|-------|----------------|------|------------|---------|
| R-200                   |       | HEAD OF FAMILY |      | LOUISIANA  |         |
| COLOR                   | W     | AGE            | 40   | BIRTHPLACE | England |
| COUNTY                  | Union |                | CITY |            |         |
| OTHER MEMBERS OF FAMILY |       |                |      |            |         |
| NAME                    |       | RELATIONSHIP   | AGE  | BIRTHPLACE |         |
| Gertrude                |       | W              | 37   | Ga         |         |
| Barrett                 |       | L              | 17   | Tenn       |         |
|                         |       |                |      |            |         |
|                         |       |                |      |            |         |
|                         |       |                |      |            |         |
|                         |       |                |      |            |         |
|                         |       |                |      |            |         |
|                         |       |                |      |            |         |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |                  |  |  |                   |                   |
|---|------------------|--|--|-------------------|-------------------|
| R 200   |                  | NAME OF INDIVIDUAL<br><i>Reiche Florie</i> |  | LOUISIANA         |                   |
| COLOR<br><i>W</i>   | AGE<br><i>24</i> | BIRTHPLACE                                 |  | E.D.<br><i>18</i> | SHEET<br><i>2</i> |
| COUNTY  |                  | CITY<br><i>Avozelles</i>                   |  |                   |                   |
| ENUMERATED WITH<br><i>Goudreau Martin P.</i>  |                  |  |  |                   |                   |
| RELATIONSHIP TO ABOVE   |                  |  |  |                   |                   |
| <div style="display: flex; flex-wrap: wrap;"> <div style="flex: 1; min-width: 200px;"> <input type="checkbox"/> FATHER<br/> <input type="checkbox"/> MOTHER<br/> <input type="checkbox"/> GRANDFATHER<br/> <input type="checkbox"/> GRANDMOTHER<br/> <input type="checkbox"/> GRANDSON<br/> <input type="checkbox"/> GRANDDAUGHTER<br/> <input type="checkbox"/> AUNT<br/> <input type="checkbox"/> UNCLE             </div> <div style="flex: 1; min-width: 200px;"> <input type="checkbox"/> NEPHEW<br/> <input type="checkbox"/> NIECE<br/> <input type="checkbox"/> FATHER-IN-LAW<br/> <input checked="" type="checkbox"/> MOTHER-IN-LAW<br/> <input type="checkbox"/> SON-IN-LAW<br/> <input type="checkbox"/> DAUGHTER-IN-LAW<br/> <input type="checkbox"/> BROTHER-IN-LAW<br/> <input type="checkbox"/> SISTER-IN-LAW             </div> <div style="flex: 1; min-width: 200px;"> <input type="checkbox"/> IMMATE<br/> <input type="checkbox"/> NURSE<br/> <input type="checkbox"/> PATIENT<br/> <input type="checkbox"/> ROGNER<br/> <input type="checkbox"/> SERVANT<br/> <input type="checkbox"/> OTHER (Specify)             </div> </div> |                  |  |  |                   |                   |

FORM 10-437 (4-22-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCENS-DC 1910-4-P01

|       |                    |
|-------|--------------------|
| R 200 | NAME OF INDIVIDUAL |
|-------|--------------------|

|  |   |   |      |   |           |
|--|---|---|------|---|-----------|
| R 200  |   | NAME OF INDIVIDUAL  |      | LOUISIANA   |           |
| COLOR  | W | AGE   | 31   | BIRTHPLACE  | E.D. 26 8 |
| COUNTY   |   |   | CITY |   |           |
| ENUMERATED WITH  |   |   |      |   |           |
| RELATIONSHIP TO ABOVE  |   |   |      |   |           |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |   | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify) |           |

FORM 16-537 (4-20-01)

1919 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USC&amp;MS-DC 1919-P01

|       |                |           |
|-------|----------------|-----------|
| R 200 | HEAD OF FAMILY | LOUISIANA |
| COLOR |                |           |

|                         |                |              |           |            |
|-------------------------|----------------|--------------|-----------|------------|
| R200                    | HEAD OF FAMILY |              | LOUISIANA |            |
| COLOR                   | AGE            | BIRTHPLACE   | E.D.      | SHEET      |
| B                       | 27             | Miss.        | 32        | 8          |
| COUNTY                  | Concordia      |              | CITY      |            |
| OTHER MEMBERS OF FAMILY |                |              |           |            |
| NAME                    |                | RELATIONSHIP | AGE       | BIRTHPLACE |
| W.M. Gordon Leve Camp   |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|      |                    |
|------|--------------------|
| R200 | NAME OF INDIVIDUAL |
|------|--------------------|

LOUISIANA

|  |   |   |    |  |            |
|--|---|---|----|--|------------|
| R200   |   | NAME OF INDIVIDUAL  |    | LOUISIANA  |            |
| COLOR  | W | AGE   | 20 | BIRTHPLACE   | Flora, 599 |
| COUNTY   |   | St. Bernard   |    | CITY   |            |
| ENUMERATED WITH  |   |   |    |  |            |
| RELATIONSHIP TO ABOVE  |   |   |    |  |            |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |   | <input type="checkbox"/> NEPHEW<br><input checked="" type="checkbox"/> WIFE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |    | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |            |

FORM 16-637 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18196-P01

|  |  |  |      |           |  |
|--|--|--|------|-----------|--|
| R200                                   |  | NAME OF INDIVIDUAL                       |      | LOUISIANA |  |
| COLOR                                  | AGE                                      | BIRTHPLACE                               | E.D. | SHEET     |  |
| W                                      | 4/12                                     | Florida                                  | 59   | 9         |  |
| COUNTY                                 |  |  | CITY |           |  |
| St. Bernard                            |  |  |      |           |  |
| ENUMERATED WITH                        |  |  |      |           |  |
| Rising, Joe                            |  |  |      |           |  |
| RELATIONSHIP TO ABOVE                  |  |  |      |           |  |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |      |           |  |
| <input type="checkbox"/> MOTHER        | <input checked="" type="checkbox"/> WIFE | <input type="checkbox"/> NURSE           |      |           |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |      |           |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |      |           |  |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |      |           |  |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |      |           |  |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW  |  |      |           |  |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW   |  |      |           |  |

FORM 10-430 (10-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 10100-P01



|   |                  |   |  |  |                   |
|---|------------------|---|--|--|-------------------|
| R 200   |                  | NAME OF INDIVIDUAL<br><i>Rice Florence</i>  |  | LOUISIANA  |                   |
| COLOR<br><i>W</i>   | AGE<br><i>28</i> | BIRTHPLACE  |  | E.D.<br><i>142</i>   | SHEET<br><i>1</i> |
| COUNTY<br><i>Vermillion</i>   |                  | CITY  |  |  |                   |
| ENUMERATED WITH<br><i>Campbell Elizabeth</i>  |                  |   |  |  |                   |
| RELATIONSHIP TO ABOVE   |                  |   |  |  |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input checked="" type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                   |

FORM 16-637 (4-22-61)

1916 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |   |                    |    |              |                  |
|--|---|--------------------|----|--------------|------------------|
| R 200  |   | NAME OF INDIVIDUAL |    | LOUISIANA    |                  |
| COLOR  | W | AGE                | 40 | BIRTHPLACE   | E.D. 4.5 SHEET 8 |
| COUNTY   |   | East Feliciana     |    | CITY Clinton |                  |
| ENUMERATED WITH  |   |                    |    |              |                  |
| RELATIONSHIP TO ABOVE  |   |                    |    |              |                  |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> FATHER<br/> <input type="checkbox"/> MOTHER<br/> <input type="checkbox"/> GRANDFATHER<br/> <input type="checkbox"/> GRANDMOTHER<br/> <input type="checkbox"/> GRANDSON<br/> <input type="checkbox"/> GRANDDAUGHTER<br/> <input type="checkbox"/> AUNT<br/> <input type="checkbox"/> UNCLE </div> <div style="width: 30%;"> <input type="checkbox"/> NEPHEW<br/> <input type="checkbox"/> NIECE<br/> <input type="checkbox"/> FATHER-IN-LAW<br/> <input type="checkbox"/> MOTHER-IN-LAW<br/> <input type="checkbox"/> SON-IN-LAW<br/> <input type="checkbox"/> DAUGHTER-IN-LAW<br/> <input type="checkbox"/> BROTHER-IN-LAW<br/> <input type="checkbox"/> SISTER-IN-LAW </div> <div style="width: 30%;"> <input type="checkbox"/> BOARDER<br/> <input type="checkbox"/> NUNCE<br/> <input type="checkbox"/> PATIENT<br/> <input checked="" type="checkbox"/> ROOMER<br/> <input type="checkbox"/> SERVANT<br/> <input type="checkbox"/> OTHER (Specify) </div> </div> |   |                    |    |              |                  |

Form 19-637 (4-10-61)

1919 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |                    |                 |           |       |
|--|--------------------|-----------------|-----------|-------|
| R200   | NAME OF INDIVIDUAL |                 | LOUISIANA |       |
| COLOR  | AGE                | BIRTHPLACE      | E.D.      | SHEET |
| R  | 6                  | Ross Florestine | 91        | 8     |
| COUNTY   |                    | CITY            |           |       |
|  |                    | Rapides         | Boyce     |       |
| ENUMERATED WITH  |                    |                 |           |       |
| Foster A Julia   |                    |                 |           |       |
| RELATIONSHIP TO ABOVE  |                    |                 |           |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input checked="" type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE<br><input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW<br><input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                    |                 |           |       |

FORM 18-637 (6-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |   |  |                    |                   |
|---|--|---|--|--------------------|-------------------|
| P200  |  | NAME OF INDIVIDUAL<br><i>Rein, Florine</i>  |  | LOUISIANA          |                   |
| COLOR<br><i>W</i>                             | AGE<br><i>38</i>                         | BIRTHPLACE                                  |  | E.D.<br><i>106</i> | SHEET<br><i>3</i> |
| COUNTY<br><i>St. Landry</i>                   |  | CITY<br><i>Amandville</i>                   |  |                    |                   |
| ENUMERATED WITH<br><i>Morise, Ben Jean B.</i> |  |   |  |                    |                   |
| RELATIONSHIP TO ABOVE                         |  |   |  |                    |                   |
| <input type="checkbox"/> FATHER               | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE             |  |                    |                   |
| <input type="checkbox"/> MOTHER               | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE              |  |                    |                   |
| <input type="checkbox"/> GRANDFATHER          | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT            |  |                    |                   |
| <input type="checkbox"/> GRANDMOTHER          | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER             |  |                    |                   |
| <input type="checkbox"/> GRANDSON             | <input type="checkbox"/> SON-IN-LAW      | <input checked="" type="checkbox"/> SERVANT |  |                    |                   |
| <input type="checkbox"/> GRANDDAUGHTER        | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)    |  |                    |                   |
| <input type="checkbox"/> AUNT                 | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |                    |                   |
| <input type="checkbox"/> UNCLE                | <input type="checkbox"/> SISTER-IN-LAW   |   |  |                    |                   |

FORM 16-517 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18199-P01

|                         |   |                |          |            |              |
|-------------------------|---|----------------|----------|------------|--------------|
| B-200                   |   | HEAD OF FAMILY |          | LOUISIANA  |              |
| COLOR                   | W | AGE            | 21       | BIRTHPLACE | Russ Floyd S |
| COUNTY                  |   |                |          | E.D.       | 137          |
|                         |   |                | SHEET 21 |            |              |
| Union                   |   |                | CITY     |            |              |
| OTHER MEMBERS OF FAMILY |   |                |          |            |              |
| NAME                    |   | RELATIONSHIP   | AGE      | BIRTHPLACE |              |
| Eunice M                |   | W              | 21       |            |              |
| Thurman H               |   | S              | 3/12     |            |              |
|                         |   |                |          |            |              |
|                         |   |                |          |            |              |
|                         |   |                |          |            |              |
|                         |   |                |          |            |              |
|                         |   |                |          |            |              |
|                         |   |                |          |            |              |
|                         |   |                |          |            |              |

FORM 10-436 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |                  |   |  |  |                    |
|---|------------------|---|--|--|--------------------|
| R200  |                  | NAME OF INDIVIDUAL<br><i>Russ Foster</i>  |  | LOUISIANA  |                    |
| COLOR<br><i>B</i>   | AGE<br><i>11</i> | BIRTHPLACE  |  | E.D.<br><i>44</i>  | SHEET<br><i>12</i> |
| COUNTY<br><i>East Feliciana</i>   |                  | CITY  |  |  |                    |
| ENUMERATED WITH<br><i>Russ Thomas</i>   |                  |   |  |  |                    |
| RELATIONSHIP TO ABOVE   |                  |   |  |  |                    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input checked="" type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                    |

FORM 18-637 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18106-P81

|      |                |
|------|----------------|
| R200 | HEAD OF FAMILY |
|------|----------------|

|                         |            |                |      |              |     |
|-------------------------|------------|----------------|------|--------------|-----|
| R 200                   |            | HEAD OF FAMILY |      | LOUISIANA    |     |
| COLOR                   | W          | AGE            | 58   | BIRTHPLACE   | Ala |
| COUNTY                  | Clai borne |                | CITY | Summersville |     |
| OTHER MEMBERS OF FAMILY |            |                |      |              |     |
| NAME                    |            | RELATIONSHIP   | AGE  | BIRTHPLACE   |     |
| Fra                     |            | W              | 55   | Ga           |     |
| Clancee                 |            | S              | 16   |              |     |
| Clay                    |            | S              | 16   |              |     |
| Florence                |            | D              | 13   |              |     |
|                         |            |                |      |              |     |
|                         |            |                |      |              |     |
|                         |            |                |      |              |     |
|                         |            |                |      |              |     |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |           |   |    |   |  |
|--|-----------|---|----|---|--|
| R200   |           | NAME OF INDIVIDUAL  |    | LOUISIANA   |  |
| COLOR  | B         | AGE   | 19 | BIRTHPLACE  |  |
| COUNTY   | Concordia |   |    | CITY  |  |
| ENUMERATED WITH  |           |   |    |   |  |
| RELATIONSHIP TO ABOVE  |           | Address, Loretta  |    |   |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |           | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |    | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> BROTHER (Specify) |  |
|  |           | partner   |    |   |  |

FORM 10-437 (10-20-41)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCENS-DC 10100-P01



|  |  |   |      |  |                   |
|--|--|---|------|--|-------------------|
| B200<br>COLOR <b>B</b>   |  | NAME OF INDIVIDUAL<br><b>Roe, Francis</b>   |      | LOUISIANA  |                   |
| AGE<br><b>55</b>   |  | BIRTHPLACE  |      | E.D.<br><b>153</b>   | SHEET<br><b>6</b> |
| COUNTY<br><b>West Feliciana</b>  |  |   | CITY |  |                   |
| ENUMERATED WITH<br><b>Laveran W D</b>  |  |   |      |  |                   |
| RELATIONSHIP TO ABOVE  |  |   |      |  |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> BOARDER<br><input type="checkbox"/> HOUSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input checked="" type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                   |

Form 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |   |   |    |   |      |
|--|---|---|----|---|------|
| R200   |   | NAME OF INDIVIDUAL  |    | LOUISIANA   |      |
| COLOR  | W | AGE   | 28 | BIRTHPLACE  | E.D. |
| COUNTY   |   | Iberville   |    | CITY  |      |
| ENUMERATED WITH  |   | Plaquemine  |    |   |      |
| RELATIONSHIP TO ABOVE  |   | William J   |    |   |      |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |   | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> Niece<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |    | <input type="checkbox"/> WIDOW<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>di</i> |      |

Form 10-637 (4-20-31)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USC 10-6-10 10-10-10-10

|   |   |            |                   |                   |
|---|---|------------|-------------------|-------------------|
| 1200  | NAME OF INDIVIDUAL<br><i>Rack Francis</i> |            | LOUISIANA         |                   |
| COLOR<br><i>B</i>   | AGE<br><i>4</i>                           | BIRTHPLACE | E.D.<br><i>76</i> | SHEET<br><i>2</i> |
| COUNTY<br><i>Do Soto</i>  |   | CITY       |                   |                   |
| ENUMERATED WITH<br><i>Horton, Sam</i>   |   |            |                   |                   |
| RELATIONSHIP TO ABOVE   |   |            |                   |                   |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> FATHER<br/> <input type="checkbox"/> MOTHER<br/> <input type="checkbox"/> GRANDFATHER<br/> <input type="checkbox"/> GRANDMOTHER<br/> <input type="checkbox"/> GRANDSON<br/> <input type="checkbox"/> GRANDDAUGHTER<br/> <input type="checkbox"/> AUNT<br/> <input type="checkbox"/> UNCLE </div> <div style="width: 30%;"> <input type="checkbox"/> NEPHEW<br/> <input checked="" type="checkbox"/> NIECE<br/> <input type="checkbox"/> FATHER-IN-LAW<br/> <input type="checkbox"/> MOTHER-IN-LAW<br/> <input type="checkbox"/> SON-IN-LAW<br/> <input type="checkbox"/> DAUGHTER-IN-LAW<br/> <input type="checkbox"/> BROTHER-IN-LAW<br/> <input type="checkbox"/> SISTER-IN-LAW </div> <div style="width: 30%;"> <input type="checkbox"/> NEGRO<br/> <input type="checkbox"/> WHITE<br/> <input type="checkbox"/> PAIENT<br/> <input type="checkbox"/> ROOPER<br/> <input type="checkbox"/> SERVANT<br/> <input type="checkbox"/> OTHER (Specify) </div> </div> |   |            |                   |                   |

FORM 10-6-17 (10-10-11)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USC 10-6-10 10-10-10-10

|  |        |                    |   |            |    |
|--|--------|--------------------|---|------------|----|
| R200   |        | NAME OF INDIVIDUAL |   | LOUISIANA  |    |
| COLOR  | W      | AGE                | 12  | BIRTHPLACE | MO |
| COUNTY   | Acadia |                    | CITY  | LA         | 5  |
| ENUMERATED WITH  |        |                    | SHEET 3   |            |    |
| RELATIONSHIP TO ABOVE  |        |                    | Crafter, Frank L.   |            |    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |        |                    | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |            |    |
|  |        |                    | <input checked="" type="checkbox"/> SERVANT<br><input type="checkbox"/> WIFE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> OTHER (Specify)   |            |    |

FORM 10-637 (4-25-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USC100-DC 10100-P01

|                         |              |            |            |
|-------------------------|--------------|------------|------------|
| HEAD OF FAMILY          |              | LOUISIANA  |            |
| COLOR                   | AGE          | BIRTHPLACE | E.D.       |
| W                       | 74           | Francis M. | 24         |
| COUNTY                  | SHEET        |            |            |
|                         |              | 13         |            |
| CITY                    |              |            |            |
| OTHER MEMBERS OF FAMILY |              |            |            |
| NAME                    | RELATIONSHIP | AGE        | BIRTHPLACE |
| Largh                   | W            | 65         | Miss       |
| Crownon, Cassie W       | HO           | 17         |            |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |

FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |            |           |
|-------------------------|---|----------------|-----|------------|-----------|
| 13202                   |   | HEAD OF FAMILY |     | Louisiana  |           |
| COLOR                   | W | AGE            | 39  | BIRTHPLACE | Iberville |
| COUNTY                  |   | CITY           |     | E.D. 51    |           |
| SHEET                   |   | 8              |     |            |           |
| OTHER MEMBERS OF FAMILY |   |                |     |            |           |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |           |
| Julia                   |   | W              | 36  |            |           |
| Eliud                   |   | D              | 4   |            |           |
| George                  |   | Ed             | 71  |            |           |
|                         |   |                |     |            |           |
|                         |   |                |     |            |           |
|                         |   |                |     |            |           |
|                         |   |                |     |            |           |
|                         |   |                |     |            |           |

FORM 10-636 (4-30-61)  
1910 CENSUS INDEX - FAMILY

|   |   |                             |                   |                   |
|---|---|-----------------------------|-------------------|-------------------|
| R200  | NAME OF INDIVIDUAL<br><i>Raggio, Francois</i> |                             | LOUISIANA         |                   |
| COLOR<br><i>W</i>   | AGE<br><i>70</i>                              | BIRTH PLACE<br><i>Italy</i> | E.D.<br><i>71</i> | SHEET<br><i>1</i> |
| COUNTY<br><i>Lafayette</i>  | CITY<br><i>Youngsville</i>                    |                             |                   |                   |
| ENUMERATED WITH<br><i>Hidalgo, Felix</i>  |   |                             |                   |                   |
| RELATIONSHIP TO ABOVE   |   |                             |                   |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE<br><input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW<br><input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>lodger</i> |   |                             |                   |                   |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMB-OC 16105-P-61

|                         |   |                |       |            |       |
|-------------------------|---|----------------|-------|------------|-------|
| R200                    |   | HEAD OF FAMILY |       | LOUISIANA  |       |
| COLOR                   | W | AGE            | 29    | BIRTHPLACE | Italy |
| COUNTY                  |   | TOWNSHIP       |       | CITY       |       |
| OTHER MEMBERS OF FAMILY |   |                |       |            |       |
| NAME                    |   | RELATIONSHIP   | AGE   | BIRTHPLACE |       |
| Ann                     |   | W              | 21    | It.        |       |
| Samuel                  |   | 5              | 5     |            |       |
| Mary                    |   | 0              | 2 1/2 |            |       |
|                         |   |                |       |            |       |
|                         |   |                |       |            |       |
|                         |   |                |       |            |       |
|                         |   |                |       |            |       |
|                         |   |                |       |            |       |

FORM 19-436 (4-20-11)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|   |   |   |   |  |       |
|---|---|---|---|--|-------|
| 1200  |   | NAME OF INDIVIDUAL  |   | LOUISIANA  |       |
| COLOR   | B | AGE   | 9 | BIRTHPLACE   | Frank |
| COUNTY  |   | Concordia   |   | CITY   |       |
| ENUMERATED WITH   |   |   |   |  |       |
| Smith, Horas  |   |   |   |  |       |
| RELATIONSHIP TO ABOVE   |   |   |   |  |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input checked="" type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |   | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |   | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |       |

FORM 10-637 (10-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCGM-DC (1910-76)

U.S. CENSUS OF 1910

|                         |              |                |            |           |       |
|-------------------------|--------------|----------------|------------|-----------|-------|
| K-200                   |              | HEAD OF FAMILY |            | LOUISIANA |       |
| COLOR                   | AGE          | BIRTHPLACE     |            | E.D.      | SHEET |
| Wm                      | 39           | Rose Frank     |            | 1         | 4     |
| COUNTY                  |              | CITY           |            |           |       |
| West Carroll            |              |                |            |           |       |
| OTHER MEMBERS OF FAMILY |              |                |            |           |       |
| NAME                    | RELATIONSHIP | AGE            | BIRTHPLACE |           |       |
| Mary                    | W            | 30             |            |           |       |
|                         |              |                |            |           |       |
|                         |              |                |            |           |       |
|                         |              |                |            |           |       |
|                         |              |                |            |           |       |
|                         |              |                |            |           |       |
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|                         |              |                |            |           |       |
|                         |              |                |            |           |       |
|                         |              |                |            |           |       |

FORM 10-436 (4-10-07)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |   |                    |   |            |  |
|--|---|--------------------|---|------------|--|
| R-200  |   | NAME OF INDIVIDUAL |   | LOUISIANA  |  |
| COLOR  | B | AGE                | 19  | BIRTHPLACE |  |
| COUNTY   |   |                    | CITY  |            |  |
| Union  |   |                    |   |            |  |
| SUGGESTED WITH   |   |                    |   |            |  |
| RELATIONSHIP TO ABOVE  |   |                    | Willis, Fannie  |            |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |   |                    | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |            |  |
|  |   |                    | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br>S  |            |  |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

UNCOM-DC 1910-P-1

|                         |   |                |     |            |       |
|-------------------------|---|----------------|-----|------------|-------|
| A202                    |   | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | B | AGE            | 26  | BIRTHPLACE | Frank |
| COUNTY                  |   | Terrebonne     |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |   |                |     |            |       |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Emma                    |   | w              | 22  |            |       |
| McKinley                |   | s              | 4   |            |       |
| Cook John               |   | B L            | 20  |            |       |
|                         |   |                |     |            |       |
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|                         |   |                |     |            |       |

FORM 10-636 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| 2200                    |     | HEAD OF FAMILY |     | Louisiana  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| B                       | 60  | N. Car.        |     | 112        | 10    |
| COUNTY                  |     | CITY           |     |            |       |
| Ouachita                |     |                |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Clara                   |     | W              | 50  | La         |       |
| Scrums, Jess            |     | SS             | 20  | Ga         |       |
| Frank                   |     | SS             | 18  | Ga         |       |
| Rachel                  |     | SD             | 14  |            |       |
| Mary                    |     | SD             | 12  |            |       |
| Virginia                |     | SD             | 7   |            |       |
| Ladiv                   |     | SD             | 5   |            |       |

FORM 16-436 (4-20-61)

1930 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

CARD 2 OF 2

## NAMET

RELATIONSHIP

AGE

BIRTHPLACE

Reese, Frank

5

5

42

FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

11B COMM-DC 11118-P01

|                         |   |                |     |            |       |
|-------------------------|---|----------------|-----|------------|-------|
| R200                    |   | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | W | AGE            | 50  | BIRTHPLACE | Italy |
| COUNTY                  |   | Avoyelles      |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |   |                |     |            |       |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| 1 Marianne              |   | W              | 60  | Italy      |       |
| Blonovis Michaelson     |   | SS             | 24  | Italy      |       |
| 1 Victor                |   | SS             | 22  | Italy      |       |
|                         |   |                |     |            |       |
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FORM 10-436 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |       |            |       |
|-------------------------|-----|----------------|-------|------------|-------|
| R 200                   |     | HEAD OF FAMILY |       | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |       | E.D.       | SHEET |
| W                       | 34  | Tangipahoa     |       |            |       |
| COUNTY                  |     | CITY           |       |            |       |
| OTHER MEMBERS OF FAMILY |     |                |       |            |       |
| NAME                    |     | RELATIONSHIP   | AGE   | BIRTHPLACE |       |
| L. J. [unclear]         |     | H              | 27    | [unclear]  |       |
| [unclear]               |     | H              | 7     | [unclear]  |       |
| Dora [unclear]          |     | D              | 4     | [unclear]  |       |
| [unclear]               |     | S              | 1 1/2 | [unclear]  |       |
| [unclear]               |     |                |       | [unclear]  |       |
| [unclear]               |     |                |       | [unclear]  |       |
| [unclear]               |     |                |       | [unclear]  |       |
| [unclear]               |     |                |       | [unclear]  |       |

FORM 16-626 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |   |                |     |            |           |
|-------------------------|---|----------------|-----|------------|-----------|
| R200                    |   | HEAD OF FAMILY |     | LOUISIANA  |           |
| COLOR                   | B | AGE            | 48  | BIRTHPLACE | St. James |
| COUNTY                  |   | CITY           |     | E.D.       |           |
|                         |   |                |     | 20         |           |
|                         |   |                |     | SHEET      |           |
|                         |   |                |     | 18         |           |
| OTHER MEMBERS OF FAMILY |   |                |     |            |           |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |           |
| 1 Colistis              |   | a              | 45  |            |           |
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FORM 10-436 (4-20-07)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |             |                |     |             |         |           |      |
|-------------------------|-------------|----------------|-----|-------------|---------|-----------|------|
| R 200                   |             | HEAD OF FAMILY |     | Roach Frank |         | LOUISIANA |      |
| COLOR                   | W           | AGE            | 48  | BIRTHPLACE  |         | E.D.      | 1044 |
| COUNTY                  | St. Tammany |                |     | CITY        | Slidell |           |      |
| OTHER MEMBERS OF FAMILY |             |                |     |             |         |           |      |
| NAME                    |             | RELATIONSHIP   | AGE | BIRTHPLACE  |         |           |      |
| Elsie                   |             | D              | 46  |             |         |           |      |
| Michael                 |             | D              | 12  |             |         |           |      |
| Clifton                 |             | S              | 9   |             |         |           |      |
| Kesper Ann              |             | A              | 82  | Fla         |         |           |      |
|                         |             |                |     |             |         |           |      |
|                         |             |                |     |             |         |           |      |
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FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |        |                    |      |            |          |
|---|--------|--------------------|------|------------|----------|
| R200  |        | NAME OF INDIVIDUAL |      | LOUISIANA  |          |
| COLOR   | B      | AGE                | 33   | BIRTHPLACE | E.O. 110 |
| COUNTY  | Sabine |                    | CITY |            |          |
| ENUMERATED WITH   |        |                    |      |            |          |
| RELATIONSHIP TO ABOVE   |        |                    |      |            |          |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> FATHER<br/> <input type="checkbox"/> MOTHER<br/> <input type="checkbox"/> GRANDFATHER<br/> <input type="checkbox"/> GRANDMOTHER<br/> <input type="checkbox"/> GRANDSON<br/> <input type="checkbox"/> GRANDDAUGHTER<br/> <input type="checkbox"/> AUNT<br/> <input type="checkbox"/> UNCLE </div> <div style="width: 30%;"> <input type="checkbox"/> NEPHER<br/> <input type="checkbox"/> NEECE<br/> <input type="checkbox"/> FATHER-IN-LAW<br/> <input type="checkbox"/> MOTHER-IN-LAW<br/> <input type="checkbox"/> SON-IN-LAW<br/> <input type="checkbox"/> DAUGHTER-IN-LAW<br/> <input type="checkbox"/> BROTHER-IN-LAW<br/> <input type="checkbox"/> SISTER-IN-LAW </div> <div style="width: 30%;"> <input type="checkbox"/> IMMATE<br/> <input type="checkbox"/> NURSE<br/> <input type="checkbox"/> PATIENT<br/> <input checked="" type="checkbox"/> WIFE<br/> <input type="checkbox"/> SERVANT<br/> <input type="checkbox"/> OTHER (Specify) </div> </div> |        |                    |      |            |          |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-NC 16105-P61

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R200                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.C.       | SHEET |
| 2                       | 32  | Frank          |     | 110        | 19    |
| COUNTY                  |     | CITY           |     |            |       |
| Sabine                  |     | Zuvalle        |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Celia                   |     | W              | 25  |            |       |
| Robert                  |     | S              | 6   |            |       |
| Sandra                  |     | S              | 2   |            |       |
| Baby                    |     | S              | 1/2 |            |       |
|                         |     |                |     |            |       |
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FORM 10-436 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                                |                       |                     |                  |                   |
|--------------------------------|-----------------------|---------------------|------------------|-------------------|
| <b>R200</b>                    | <b>HEAD OF FAMILY</b> |                     | <b>LOUISIANA</b> |                   |
| <b>COLOR</b>                   | <b>AGE</b>            | <b>BIRTHPLACE</b>   | <b>E.D.</b>      | <b>SHEET</b>      |
| W                              | 31                    | Miss Frank          | 102              | 15                |
| <b>COUNTY</b>                  |                       | <b>CITY</b>         |                  |                   |
| Sabine                         |                       | Ataty               |                  |                   |
| <b>OTHER MEMBERS OF FAMILY</b> |                       |                     |                  |                   |
| <b>NAME</b>                    |                       | <b>RELATIONSHIP</b> | <b>AGE</b>       | <b>BIRTHPLACE</b> |
| Living alone                   |                       |                     |                  |                   |
|                                |                       |                     |                  |                   |
|                                |                       |                     |                  |                   |
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FORM 18-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |              |       |
|-------------------------|---|----------------|-----|--------------|-------|
| R200                    |   | HEAD OF FAMILY |     | LOUISIANA    |       |
| COLOR                   | B | AGE            | 25  | BIRTHPLACE   | Frank |
|                         |   |                |     | E.D.         | 54    |
|                         |   |                |     | SHEET 6      |       |
| COUNTY                  |   | Iberville      |     | CITY         |       |
|                         |   |                |     | Laplaceville |       |
| OTHER MEMBERS OF FAMILY |   |                |     |              |       |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE   |       |
| Matilda                 |   | w              | 24  |              |       |
| Thaman                  |   | d              | 3   |              |       |
| Souther                 |   | d              | 2   |              |       |
| Preston                 |   | d              | 4   |              |       |
|                         |   |                |     |              |       |
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FORM 16-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |              |            |            |
|-------------------------|--------------|------------|------------|
| HEAD OF FAMILY          |              | LOUISIANA  |            |
| COLOR                   | AGE          | BIRTHPLACE | E.D. SHEET |
| W                       | 54           | Italy      | 52 42      |
| COUNTY                  |              | CITY       |            |
| Iberville               |              |            |            |
| OTHER MEMBERS OF FAMILY |              |            |            |
| NAME                    | RELATIONSHIP | AGE        | BIRTHPLACE |
| Concetta                | W            | 49         | Italy      |
| Anthony                 | S            | 26         |            |
| Felix                   | S            | 20         |            |
| Pasqualina              | S            | 16         |            |
| Leora                   | D            | 13         |            |
|                         |              |            |            |
|                         |              |            |            |

FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |            |             |
|-------------------------|---|----------------|-----|------------|-------------|
| R200                    |   | HEAD OF FAMILY |     | LOUISIANA  |             |
| COLOR                   | B | AGE            | 49  | BIRTHPLACE | Ross Trench |
| COUNTY                  |   | TONGUE         |     | CITY       |             |
| OTHER MEMBERS OF FAMILY |   |                |     |            |             |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |             |
| Anney                   |   | W              | 35  |            |             |
| L. L.                   |   | D              | 15  |            |             |
| Annie                   |   | D              | 11  |            |             |
| Tom                     |   | S              | 7   |            |             |
| Wm                      |   | S              | 6   |            |             |
| Cary                    |   | D              | 3   |            |             |
| C. L.                   |   | D              | 2   |            |             |

FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |      |                |      |            |       |
|-------------------------|------|----------------|------|------------|-------|
| A200                    |      | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR                   | AGE  | BIRTHPLACE     |      | E.D.       | SHEET |
| W                       | N.R. | Italy          |      | 92         | 20    |
| COUNTY                  |      | St. Mary       |      | CITY       |       |
| OTHER MEMBERS OF FAMILY |      |                |      |            |       |
| NAME                    |      | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| 1 Grace                 |      | W              | N.R. | Italy      |       |
|                         |      |                |      |            |       |
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FORM 10-536 (4-30-51)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |            |              |
|-------------------------|---|----------------|-----|------------|--------------|
| R300                    |   | HEAD OF FAMILY |     | LOUISIANA  |              |
| COLOR                   | B | AGE            | 32  | BIRTHPLACE | Riggs, Frank |
| COUNTY                  |   | St. Landry     |     | CITY       |              |
| OTHER MEMBERS OF FAMILY |   |                |     |            |              |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |              |
| Cassiane                |   | W              | 30  |            |              |
| Buck                    |   | S              | 7   |            |              |
| Hella                   |   | D              | 9   |            |              |
| Lusie                   |   | D              | 6   |            |              |
| Jack                    |   | S              | 5   |            |              |
| Mary                    |   | D              | 4   |            |              |
| Joe                     |   | S              | 3   |            |              |

FORM 10-636 (4-22-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

## LOUISIANA

CARD 2 OF 2

**OTHER MEMBERS OF FAMILY**

| OTHER MEMBERS OF FAMILY |              |          | CARD 2 OF 2 |
|-------------------------|--------------|----------|-------------|
| NAME                    | RELATIONSHIP | AGE      | BIRTHPLACE  |
| <i>Liam</i>             | <i>S</i>     | <i>1</i> |             |
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Form 10-430 (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCIB-DC 12102-P01

|                             |                                     |            |                    |                   |
|-----------------------------|-------------------------------------|------------|--------------------|-------------------|
| R200                        | HEAD OF FAMILY<br><i>Kipp Frank</i> |            | LOUISIANA          |                   |
| COLOR<br><i>B</i>           | AGE<br><i>34</i>                    | BIRTHPLACE | E.D.<br><i>153</i> | SHEET<br><i>1</i> |
| COUNTY<br><i>St. Landry</i> |                                     | CITY       |                    |                   |
| OTHER MEMBERS OF FAMILY     |                                     |            |                    |                   |
| NAME                        | RELATION-<br>SHIP                   | AGE        | BIRTHPLACE         |                   |
| <i>Lora</i>                 | <i>w</i>                            | <i>27</i>  |                    |                   |
| <i>Stella</i>               | <i>d</i>                            | <i>10</i>  |                    |                   |
| <i>Julia</i>                | <i>s</i>                            | <i>9</i>   |                    |                   |
| <i>Mary</i>                 | <i>d</i>                            | <i>7</i>   |                    |                   |
| <i>Frank Jr</i>             | <i>s</i>                            | <i>6</i>   |                    |                   |
| <i>Bertie</i>               | <i>d</i>                            | <i>4</i>   |                    |                   |
| <i>Rapun</i>                | <i>s</i>                            | <i>2</i>   |                    |                   |

FORM 10-63 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |     |                |             |            |       |
|-------------------------|-----|----------------|-------------|------------|-------|
| P 200                   |     | HEAD OF FAMILY |             | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |             | E.D.       | SHEET |
| W                       | 32  | Ohio           |             | 15         | 9     |
| COUNTY                  |     |                | CITY        |            |       |
| East Baton Rouge        |     |                | Baton Rouge |            |       |
| OTHER MEMBERS OF FAMILY |     |                |             |            |       |
| NAME                    |     | RELATIONSHIP   | AGE         | BIRTHPLACE |       |
| Marie R                 |     | W              | 21          |            |       |
| Dorice                  |     | D              | 8           |            |       |
| Bessie                  |     | D              | 6           |            |       |
| Dorothy                 |     | D              | 1 1/2       |            |       |
|                         |     |                |             |            |       |
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FORM 18-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

| R200                                   |  | LOUISIANA                                  |       |
|--|--|--|-------|
| COLOR                                  | W  | AGE  | 52    |
| NAME OF INDIVIDUAL                     |  | BIRTHPLACE                                 | E.D.  |
| Riche Frank                            |  |  | 19    |
| COUNTY                                 | CITY                                     |  | SHEET |
| East Baton Rouge                       | Baton Rouge                              |  | 10    |
| ENUMERATED WITH                        |  |  |       |
| Taylor Lettie                          |  |  |       |
| RELATIONSHIP TO ABOVE                  |  |  |       |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDOW             |       |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE             |       |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |       |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER |       |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |       |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |       |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW  |  |       |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> WINTER-IN-LAW   |  |       |

FORM 10-637 (4-22-51)

1950 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCENS-DC 1950-P61

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R 200                   |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.O.       | SHEET |
| W                       | 40  | Italy          |     | 44         | 23    |
| COUNTY                  |     | CITY           |     |            |       |
| Calcasieu               |     |                |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| 1 Carrie                |     | W              | 33  | Italy      |       |
| Lavinia                 |     | S              | 9   | New York   |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
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FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |              |                     |             |
|-------------------------|--------------|---------------------|-------------|
| R 200 Rose, Frank       |              | LOUISIANA           |             |
| COLOR<br>W              | AGE<br>40    | BIRTHPLACE<br>Italy | E.O.<br>421 |
| COUNTY                  |              | SHEET<br>25         |             |
| Calcasieu               |              | CITY                |             |
| OTHER MEMBERS OF FAMILY |              |                     |             |
| NAME                    | RELATIONSHIP | AGE                 | BIRTHPLACE  |
| Carrie                  | W            | 33                  | Italy       |
| Louise                  | S            | 9                   | NY          |
|                         |              |                     |             |
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Form 10-526 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |       |            |             |
|-------------------------|---|----------------|-------|------------|-------------|
| R200                    |   | HEAD OF FAMILY |       | LOUISIANA  |             |
| COLOR                   | W | AGE            | 28    | BIRTHPLACE | Rock, Frank |
| COUNTY                  |   | Terrebonne     |       | CITY       |             |
| OTHER MEMBERS OF FAMILY |   |                |       |            |             |
| NAME                    |   | RELATIONSHIP   | AGE   | BIRTHPLACE |             |
| Lydia                   |   | W              | 18    |            |             |
| Latta                   |   | D              | 1 1/2 |            |             |
|                         |   |                |       |            |             |
|                         |   |                |       |            |             |
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FORM 16-436 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |            |     |           |    |
|-------------------------|---|----------------|-----|------------|-----|-----------|----|
| R. 200                  |   | HEAD OF FAMILY |     | Back Frank |     | LOUISIANA |    |
| COLOR                   | W | AGE            | 28  | BIRTHPLACE | Ill | E.O.      | 51 |
| COUNTY                  |   | Franklin       |     | CITY       |     | Winnsboro |    |
| OTHER MEMBERS OF FAMILY |   |                |     |            |     |           |    |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |     |           |    |
| Lucille                 |   | W              | 25  | Ill        |     |           |    |
| Ruth E.                 |   | D              | 0   |            |     |           |    |
|                         |   |                |     |            |     |           |    |
|                         |   |                |     |            |     |           |    |
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FORM 18-636 (4-22-67)  
1970 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |            |       |
|-------------------------|---|----------------|-----|------------|-------|
| 1200                    |   | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | W | AGE            | 33  | BIRTHPLACE | Grand |
| COUNTY                  |   | CITY           |     |            |       |
| OTHER MEMBERS OF FAMILY |   |                |     |            |       |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Emma                    |   | W              | 32  |            |       |
| Cula                    |   | D              | 11  |            |       |
| Henry                   |   | S              | 7   |            |       |
| Arthur                  |   | S              | 5   |            |       |
| Wesley                  |   | S              | 3/2 |            |       |
| and 1 Boarder           |   |                |     |            |       |

FORM 16-636 (4-22-61)

1919 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |          |                |           |                     |              |            |           |
|-------------------------|----------|----------------|-----------|---------------------|--------------|------------|-----------|
| <i>R200</i>             |          | HEAD OF FAMILY |           | <i>Reese, Frank</i> |              | LOUISIANA  |           |
| COLOR                   | <i>W</i> | AGE            | <i>49</i> | BIRTHPLACE          | <i>N. S.</i> | E.D.       | <i>55</i> |
| COUNTY                  |          | <i>Jackson</i> |           | CITY                |              | <i>16</i>  |           |
| OTHER MEMBERS OF FAMILY |          |                |           |                     |              |            |           |
| NAME                    |          |                |           | RELATIONSHIP        | AGE          | BIRTHPLACE |           |
| <i>Living alone</i>     |          |                |           |                     |              |            |           |
|                         |          |                |           |                     |              |            |           |
|                         |          |                |           |                     |              |            |           |
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FORM 10-436 (4-20-31)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |           |                |      |            |                |            |    |
|-------------------------|-----------|----------------|------|------------|----------------|------------|----|
| R200                    |           | HEAD OF FAMILY |      | Rose Frank |                | LOUISIANA  |    |
| COLOR                   | W         | AGE            | 65   | BIRTHPLACE | Portugal       | E.D.       | 25 |
| COUNTY                  | Jefferson |                | CITY |            | Mc Donoghville |            |    |
| OTHER MEMBERS OF FAMILY |           |                |      |            |                |            |    |
| NAME                    |           | RELATIONSHIP   |      | AGE        |                | BIRTHPLACE |    |
| 1 Louisa                |           | W              |      | 63         |                |            |    |
|                         |           |                |      |            |                |            |    |
|                         |           |                |      |            |                |            |    |
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FORM 10-436 (4-20-51)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

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|--|------|---|------|---|---------|
| R200   |      | NAME OF INDIVIDUAL  |      | LOUISIANA   |         |
| COLOR  | B    | AGE   | 6    | BIRTHPLACE  | E.O. 34 |
| COUNTY   | Cade |   | CITY |   |         |
| ENUMERATED WITH  |      |   |      |   |         |
| Shepherd, Ike  |      |   |      |   |         |
| RELATIONSHIP TO ABOVE  |      |   |      |   |         |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |      | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> INMATE<br><input type="checkbox"/> PRISONER<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |         |
|  |      |   |      | Print 65  |         |

FORM 10-627 (4-22-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 1910-P-61

|  |  |  |  |                   |                   |                                 |                                 |                                 |                                 |                               |                                |   |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|--|-------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|-------------------------------|--------------------------------|---|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 1200   |  | NAME OF INDIVIDUAL<br><i>Peace Jacob</i> |  | LOUISIANA         |                   |                                 |                                 |                                 |                                 |                               |                                |   |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>B</i>  | AGE<br><i>111</i>                        | BIRTHPLACE<br><i>LC</i>                  |  | E.O.<br><i>32</i> | SHEET<br><i>6</i> |                                 |                                 |                                 |                                 |                               |                                |   |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY   |  | CITY<br><i>East Baton Rouge</i>          |  |                   |                   |                                 |                                 |                                 |                                 |                               |                                |   |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Williams Robert</i>  |  |  |  |                   |                   |                                 |                                 |                                 |                                 |                               |                                |   |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |  |                   |                   |                                 |                                 |                                 |                                 |                               |                                |   |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> NEBOTE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> WIFE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |                   |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> NEBOTE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> WIFE | <input type="checkbox"/> NURSE | <input checked="" type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> NEBOTE          |  |                   |                   |                                 |                                 |                                 |                                 |                               |                                |   |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> WIFE            | <input type="checkbox"/> NURSE           |  |                   |                   |                                 |                                 |                                 |                                 |                               |                                |   |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |  |                   |                   |                                 |                                 |                                 |                                 |                               |                                |   |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |  |                   |                   |                                 |                                 |                                 |                                 |                               |                                |   |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |  |                   |                   |                                 |                                 |                                 |                                 |                               |                                |   |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |  |                   |                   |                                 |                                 |                                 |                                 |                               |                                |   |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |                   |                   |                                 |                                 |                                 |                                 |                               |                                |   |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |  |                   |                   |                                 |                                 |                                 |                                 |                               |                                |   |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-437 (4-20-61)

1970 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |   |                |     |            |      |
|-------------------------|---|----------------|-----|------------|------|
| 1200                    |   | HEAD OF FAMILY |     | LOUISIANA  |      |
| COLOR                   | W | AGE            | 55  | BIRTHPLACE | Miss |
| COUNTY                  |   | Pointe Coupee  |     | CITY       |      |
| OTHER MEMBERS OF FAMILY |   |                |     |            |      |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |      |
| Lucy C.                 |   | W              | 37  |            |      |
| Norbert W.              |   | S              | 16  |            |      |
| Bertrude C.             |   | D              | 15  |            |      |
| Frank H.                |   | S              | 10  |            |      |
|                         |   |                |     |            |      |
|                         |   |                |     |            |      |
|                         |   |                |     |            |      |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |                  |   |                            |  |  |
|---|------------------|---|----------------------------|--|--|
| R-200   |                  | NAME OF INDIVIDUAL<br><i>Pessie Frank L.</i>  |                            | LOUISIANA  |  |
| COLOR<br><i>W</i>   | AGE<br><i>32</i> | BIRTHPLACE<br><i>Ala.</i>   | E.D.<br><i>14</i>          | SHEET<br><i>1</i>  |  |
| COUNTY<br><i>East Baton Rouge</i>   |                  |   | CITY<br><i>Baton Rouge</i> |  |  |
| ENUMERATED WITH<br><i>Thomas Lattie</i>   |                  |   |                            |  |  |
| RELATIONSHIP TO ABOVE   |                  |   |                            |  |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input checked="" type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |                            | <input type="checkbox"/> INVALID<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> DRIVER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |  |

FORM 16-427 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USE COM-DC 16100-P-01

|  |      |   |          |   |          |
|--|------|---|----------|---|----------|
| R200   |      | NAME OF INDIVIDUAL  |          | LOUISIANA   |          |
| COLOR  | B    | AGE   | 14       | BIRTHPLACE  | Franklin |
| COUNTY   | Miss |   | E.D. 38  |   |          |
| East Baton Rouge   |      |   | SHEET 10 |   |          |
| CITY   |      |   |          |   |          |
| ENUMERATED WITH  |      |   |          |   |          |
| Relationship to above  |      |   |          |   |          |
| Berry Samuel   |      |   |          |   |          |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |      | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> Niece<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |          | <input type="checkbox"/> WMALE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |          |
| Stepson  |      |   |          |   |          |

FORM 16-437 (4-9-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |    |                |      |            |     |
|-------------------------|---|----------------|----|----------------|------|------------|-----|
| B200                    |   | HEAD OF FAMILY |    | Rice, Franklin |      | LOUISIANA  |     |
| COLOR                   | W | AGE            | 54 | BIRTHPLACE     | Miss | E.D.       | 111 |
|                         |   |                |    | SHEET          |      | 2          |     |
| COUNTY                  |   |                |    | Ouachita       |      | CITY       |     |
| OTHER MEMBERS OF FAMILY |   |                |    |                |      |            |     |
| NAME                    |   | RELATIONSHIP   |    | AGE            |      | BIRTHPLACE |     |
| 1 Josephine             |   | W              |    | 56             |      | Miss       |     |
|                         |   |                |    |                |      |            |     |
|                         |   |                |    |                |      |            |     |
|                         |   |                |    |                |      |            |     |
|                         |   |                |    |                |      |            |     |
|                         |   |                |    |                |      |            |     |
|                         |   |                |    |                |      |            |     |
|                         |   |                |    |                |      |            |     |

FORM 10-436 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |  |      |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|------|-----------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R-200   |  | NAME OF INDIVIDUAL                         |      | LOUISIANA |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR   | AGE                                      | BIRTHPLACE                                 | E.D. | SHEET     |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| W   | 31                                       | Mich                                       | 11   | 10        |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY  |  | CITY                                       |      |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Acadia  |  | Crawley                                    |      |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |  |      |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Harmon Glennie  |  |  |      |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |      |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> Niece</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |      |           |  | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> Niece | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE            |      |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> Niece           | <input type="checkbox"/> NURSE             |      |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |      |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER |      |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |      |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |      |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |      |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |      |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-437 (4-30-61)

1930 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCIB-DC 1930-P-51

|                         |         |                |     |                     |         |
|-------------------------|---------|----------------|-----|---------------------|---------|
| 2200                    |         | HEAD OF FAMILY |     | LOUISIANA           |         |
| COLOR                   | W       | AGE            | 67  | BIRTHPLACE          | Germany |
|                         |         | Ascension      |     | Donaldville Village |         |
| OTHER MEMBERS OF FAMILY |         |                |     |                     |         |
|                         | NAME    | RELATIONSHIP   | AGE | BIRTHPLACE          |         |
|                         | Rossana | W              | 210 |                     |         |
|                         | Lee     | S              | 10  |                     |         |
|                         | Edward  | S              | 8   |                     |         |
|                         | Thelma  | D              | 6   |                     |         |
|                         | Fred Jr | S              | 22  |                     |         |
|                         | Pearl   | D              | 23  |                     |         |
|                         | William | B              | 70  |                     |         |

FORM 10-436 (4-20-01) 1/10 not a servant  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R200                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| B                       | 59  |                |     | 23         | 18    |
| COUNTY                  |     | Iberia         |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Lucinda                 |     | W              | 55  |            |       |
| Fred Jr                 |     | S              | 11  |            |       |
| Louisa                  |     | D              | 15  |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 10-636 (4-20-61)

1970 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |    |  |  |  |     |
|--|----|--|--|--|-----|
| A-200  |    | NAME OF INDIVIDUAL   |  | LOUISIANA  |     |
| AGE  | 20 | Rice, Fred   |  | E.D.   | 120 |
| B  |    | BIRTHPLACE   |  | SHEET 11   |     |
| COUNTY   |    | Webster  |  | CITY   |     |
|  |    |  |  | Minden   |     |
| GENERATED WITH   |    | Rice, Ben  |  |  |     |
| RELATIONSHIP TO ABOVE  |    |  |  |  |     |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |    | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NICE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> WIDWIFE<br><input type="checkbox"/> NUNCE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify) |     |
|  |    |  |  | B  |     |

FORM 10-427 (10-20-61)

1930 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

16-50802-231



|   |           |   |  |   |             |
|---|-----------|---|--|---|-------------|
| R200  |           | NAME OF HEAD OF HOUSEHOLD<br>Kish Fred  |  | LOUISIANA   |             |
| COLOR<br>mu   | AGE<br>12 | BIRTHPLACE  |  | E.D.<br>1   | SHEET<br>14 |
| COUNTY  |           | CITY  |  |   |             |
| EDUCATED WITH   |           | Caldwell  |  |   |             |
| RELATIONSHIP TO ABOVE   |           | James Frank   |  |   |             |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input checked="" type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |           | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> HOUSE<br><input type="checkbox"/> NUNCE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |             |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18100-P-1

|   |  |   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|---|--|---|--|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| 4200  |  | NAME OF INDIVIDUAL                                  |  | LOUISIANA |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR   | AGE                                      | BIRTHPLACE  |  | E.D.      | SHEET |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| B   | 12                                       |   |  | 92        | 27    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY  |  | CITY  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| S. Mary   |  |   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| Mc Coy, Sam   |  |   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |                 |   |      |   |                   |
|--|-----------------|---|------|---|-------------------|
| R200   |                 | NAME OF INDIVIDUAL<br><i>Rose, Freddy</i>   |      | LOUISIANA   |                   |
| COLOR<br><i>B</i>  | AGE<br><i>7</i> | BIRTHPLACE  |      | E.O.<br><i>55</i>   | SHEET<br><i>8</i> |
| COUNTY<br><i>Plaquemine</i>  |                 |   | CITY |   |                   |
| ENUMERATED WITH<br><i>Parker, Henrietta</i>  |                 |   |      |   |                   |
| RELATIONSHIP TO ABOVE  |                 |   |      |   |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                 | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> IMMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>S</i> |                   |

FORM 18-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |  |  |                           |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|--|---------------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R200  |  | NAME OF INDIVIDUAL<br><i>Rosai Fremont</i> |  | LOUISIANA                 |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>W</i>   | AGE<br><i>42</i>                         | BIRTHPLACE                                 |  | E.O.<br><i>55</i>         | SHEET<br><i>37</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY  |  | <i>Iberville</i>                           |  | CITY<br><i>Plaquemine</i> |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Bonnie Douglas</i>  |  |  |  |                           |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |  |                           |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATENTY</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |                           |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATENTY | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE            |  |                           |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE             |  |                           |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATENTY           |  |                           |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER |  |                           |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |  |                           |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |  |                           |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |                           |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |  |                           |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

Form 16-437 (4-26-61)

1916 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |                  |       |
|-------------------------|---|----------------|-----|------------------|-------|
| 2200                    |   | HEAD OF FAMILY |     | LOUISIANA        |       |
| COLOR                   | W | AGE            | 51  | BIRTHPLACE       | Miss. |
| COUNTY                  |   | CITY           |     | E.D. 60 SHEET 27 |       |
| OTHER MEMBERS OF FAMILY |   |                |     |                  |       |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE       |       |
| Martha                  |   | W              | 48  |                  |       |
| Cassie                  |   | D              | 27  |                  |       |
| Nettie                  |   | D              | 17  |                  |       |
| Luther                  |   | S              | 14  |                  |       |
| Albin                   |   | S              | 12  |                  |       |
| Cora                    |   | D              | 11  |                  |       |
| Augusta                 |   | S              | 1   |                  |       |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |            |            |
|-------------------------|---|----------------|-----|------------|------------|
| R200                    |   | HEAD OF FAMILY |     | LOUISIANA  |            |
| COLOR                   | W | AGE            | 52  | BIRTHPLACE | Ryan L. J. |
| COUNTY                  |   | Lincoln        |     | CITY       |            |
| OTHER MEMBERS OF FAMILY |   |                |     |            |            |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |            |
| Nancy                   |   | W              | 52  |            |            |
| James                   |   | S              | 21  |            |            |
|                         |   |                |     |            |            |
|                         |   |                |     |            |            |
|                         |   |                |     |            |            |
|                         |   |                |     |            |            |
|                         |   |                |     |            |            |
|                         |   |                |     |            |            |

FORM 18-436 (4-26-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                |            |            |       |
|-------------------------|----------------|------------|------------|-------|
| R200                    | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   | AGE            | BIRTHPLACE | E.D.       | SHEET |
| W                       | 35             | Ill.       | 42         | 18    |
| COUNTY                  |                | CITY       |            |       |
| Calcasieu               |                |            |            |       |
| OTHER MEMBERS OF FAMILY |                |            |            |       |
| NAME                    | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Elizabeth               | W              | 28         | La         |       |
| Marian                  | D              | 11         | Tenn       |       |
| Malcolm                 | S              | 9          | Miss       |       |
|                         |                |            |            |       |
|                         |                |            |            |       |
|                         |                |            |            |       |
|                         |                |            |            |       |

FORM 16-436 (4-20-31)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |  |  |                       |                   |
|---|--|--|--|-----------------------|-------------------|
| 1220  |  | NAME OF INDIVIDUAL<br><i>Rush S Warren</i> |  | LOUISIANA             |                   |
| SEX<br><i>M</i>                                     | AGE<br><i>23</i>                                   | BIRTHPLACE                                 |  | E.D.<br><i>91</i>     | SHEET<br><i>3</i> |
| COUNTY  |  | CITY<br><i>Rapides</i>                     |  | STATE<br><i>Boyer</i> |                   |
| RELATIONSHIP TO ABOVE<br><i>Conny &amp; Charles</i> |  |  |  |                       |                   |
| <input type="checkbox"/> FATHER                     | <input type="checkbox"/> NEPHEW                    | <input type="checkbox"/> UNMATE            |  |                       |                   |
| <input type="checkbox"/> MOTHER                     | <input type="checkbox"/> Niece                     | <input type="checkbox"/> WIFE              |  |                       |                   |
| <input type="checkbox"/> GRANDFATHER                | <input type="checkbox"/> FATHER-IN-LAW             | <input type="checkbox"/> PATIENT           |  |                       |                   |
| <input type="checkbox"/> GRANDMOTHER                | <input type="checkbox"/> MOTHER-IN-LAW             | <input type="checkbox"/> ROOMER            |  |                       |                   |
| <input type="checkbox"/> GRANDSON                   | <input checked="" type="checkbox"/> BROTHER-IN-LAW | <input type="checkbox"/> SERVANT           |  |                       |                   |
| <input type="checkbox"/> GRANDDAUGHTER              | <input type="checkbox"/> DAUGHTER-IN-LAW           | <input type="checkbox"/> OTHER (Specify)   |  |                       |                   |
| <input type="checkbox"/> AUNT                       | <input type="checkbox"/> BROTHER-IN-LAW            |  |  |                       |                   |
| <input type="checkbox"/> UNCLE                      | <input type="checkbox"/> MOTHER-IN-LAW             |  |  |                       |                   |

FORM 16-67 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USE COMB-DC 18100-100



|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R200                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE |            | SHEET |
| Wm                      |  | 60             | Morehouse  |            | 90 12 |
| COUNTY                  |  |                | CITY       |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Santha                  |  | W              | 55         | S. C.      |       |
| Olla                    |  | S              | 29         |            |       |
| Rogers                  |  | S              | 17         |            |       |
| Lee                     |  | S              | 14         |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 19-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |      |            |       |
|-------------------------|-----|----------------|------|------------|-------|
| R200                    |     | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |      | E.D.       | SHEET |
| B                       | 58  |                |      | 139        | 4     |
| COUNTY                  |     |                | CITY |            |       |
| West Baton Rouge        |     |                |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Hannah                  |     | W              | 51   |            |       |
| Hannah                  |     | D              | 24   |            |       |
| Gabriel Jr.             |     | S              | 20   |            |       |
| John                    |     | S              | 12   |            |       |
| Willie                  |     | S              | 10   |            |       |
| Christy, Frank          |     | S              | 2    |            |       |

FORM 10-436 (4-20-31)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R200                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| B                       | 55  |                |     | 70         | 10    |
| COUNTY                  |     | ST. JAMES      |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| 1. Valentina            |     | W              | 49  |            |       |
| Daria, Olivia           |     | Da             | 14  |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 10-636 (4-20-61)

1960 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |      |            |   |
|-------------------------|-----|----------------|------|------------|---|
| 1200                    |     | HEAD OF FAMILY |      | LOUISIANA  |   |
| Rios Gabrielle          |     | E.D.           |      | SHEET      |   |
| COLOR                   | AGE | BIRTHPLACE     |      | 14         | 1 |
| B                       | 29  |                |      |            |   |
| COUNTY                  |     |                | CITY |            |   |
| Iberia                  |     |                |      |            |   |
| OTHER MEMBERS OF FAMILY |     |                |      |            |   |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |   |
| Mary                    |     | W              | 23   |            |   |
| Estelle                 |     | D              | 9    |            |   |
| Walter                  |     | S              | 5    |            |   |
|                         |     |                |      |            |   |
|                         |     |                |      |            |   |
|                         |     |                |      |            |   |
|                         |     |                |      |            |   |
|                         |     |                |      |            |   |

FORM 10-436 (4-30-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| P200                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| B                       | 68  |                |     | 85         | 4     |
| COUNTY                  |     | CITY           |     |            |       |
| Rapidos                 |     | Cheneyville    |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| / 7214haly              |     | W              | 55  |            |       |
| Elen                    |     | W              | 23  |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 16-236 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |   |  |  |                                     |  |
|--|---|--|--|-------------------------------------|--|
| K200                                   |   | NAME OF INDIVIDUAL                     |  | LOUISIANA                           |  |
| SEX                                    | AGE                                     | BIRTHPLACE                             |  | S.O.                                | SHEET                                    |
| W                                      | 25                                      | Alabama                                |  | 90                                  | 23                                       |
| COUNTY                                 |   |  | CITY                                     |                                     |  |
| St. Mary                               |   |  | Franklin                                 |                                     |  |
| REGISTRATED WITH                       |   |  |  |                                     |  |
| The Poor House                         |   |  |  |                                     |  |
| RELATIONSHIP TO ABOVE                  |   |  |  |                                     |  |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW         | <input type="checkbox"/> WIFE          | <input type="checkbox"/> MATE            | <input type="checkbox"/> NURSE      | <input type="checkbox"/> PATIENT         |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> Niece          | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> DAUGHTER-IN-LAW |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> BROTHER-IN-LAW | <input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> 5          |  |
| <input type="checkbox"/> GRANDMOTHER   |   |  |  |                                     |  |
| <input type="checkbox"/> GRANDSON      |   |  |  |                                     |  |
| <input type="checkbox"/> GRANDDAUGHTER |   |  |  |                                     |  |
| <input type="checkbox"/> AUNT          |   |  |  |                                     |  |
| <input type="checkbox"/> UNCLE         |   |  |  |                                     |  |

FORM 10-637 (10-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-10C 10100-P01

|                         |                |            |            |       |
|-------------------------|----------------|------------|------------|-------|
| B200                    | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   | AGE            | BIRTHPLACE | E.D.       | SHEET |
| W                       | 26             |            | 10         | 19    |
| COUNTY                  |                | CITY       |            |       |
| Bienville               |                |            |            |       |
| OTHER MEMBERS OF FAMILY |                |            |            |       |
| NAME                    | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| 1 Luara                 | 10             | 13         |            |       |
|                         |                |            |            |       |
|                         |                |            |            |       |
|                         |                |            |            |       |
|                         |                |            |            |       |
|                         |                |            |            |       |
|                         |                |            |            |       |
|                         |                |            |            |       |
|                         |                |            |            |       |

FORM 10-626 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                |           |
|----------------|-----------|
| HEAD OF FAMILY | LOUISIANA |
|----------------|-----------|

|                         |     |                   |        |               |       |
|-------------------------|-----|-------------------|--------|---------------|-------|
| R 2 <sup>nd</sup>       |     | HEAD OF FAMILY    |        | Louisiana     |       |
| COLOR                   | AGE | BIRTHPLACE        |        | NO.           | SHEET |
| W                       | 27  | Italy             |        | 107           | 13    |
| COUNTY                  |     | Tangipahoa        |        | CITY Kentwood |       |
| OTHER MEMBERS OF FAMILY |     |                   |        |               |       |
| NAME                    |     | RELATION-<br>SHIP | AGE    | BIRTHPLACE    |       |
| Nina                    |     | W                 | 20     | Italy         |       |
| Vito                    |     | S                 | 16 1/2 |               |       |
| V 3/30                  |     |                   |        |               |       |
|                         |     |                   |        |               |       |
|                         |     |                   |        |               |       |
|                         |     |                   |        |               |       |
|                         |     |                   |        |               |       |
|                         |     |                   |        |               |       |

FORM 16-436 (4-26-31)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |         |                   |     |            |       |
|-------------------------|---------|-------------------|-----|------------|-------|
| 7200                    |         | HEAD OF FAMILY    |     | LOUISIANA  |       |
| Rav                     |         | Gene              |     | E.D.       | SHEET |
| COLOR                   | AGE     | BIRTHPLACE        |     |            |       |
| B                       | 35      |                   |     |            |       |
| COUNTY                  | Rapides | CITY              |     |            |       |
| OTHER MEMBERS OF FAMILY |         |                   |     |            |       |
| NAME                    |         | RELATION-<br>SHIP | AGE | BIRTHPLACE |       |
| Sallie                  |         | W                 | 33  |            |       |
| Fannie                  |         | D                 | 10  |            |       |
| Normand                 |         | S                 | 6   |            |       |
| George                  |         | S                 | 3   |            |       |
|                         |         |                   |     |            |       |
|                         |         |                   |     |            |       |
|                         |         |                   |     |            |       |
|                         |         |                   |     |            |       |

FORM 16-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |        |                   |      |            |  |
|-------------------------|--------|-------------------|------|------------|--|
| R 200                   |        | HEAD OF FAMILY    |      | LOUISIANA  |  |
| Rosa Mae Lee            |        | E.D.              |      | SHEET      |  |
| COLOR                   | AGE    | BIRTHPLACE        |      |            |  |
| W                       | 32     | Miss              |      |            |  |
| COUNTY                  | Vernon |                   | CITY |            |  |
| Harrach                 |        |                   |      |            |  |
| OTHER MEMBERS OF FAMILY |        |                   |      |            |  |
| NAME                    |        | RELATION-<br>SHIP | AGE  | BIRTHPLACE |  |
| Lizzie J                |        | W                 | 26   |            |  |
| Edna L                  |        | D                 | 8    |            |  |
| Cora King               |        | S                 | 7    |            |  |
| Charlie Lee             |        | S                 | 5    |            |  |
| Lyle Lee                |        | D                 | 2    |            |  |
|                         |        |                   |      |            |  |
|                         |        |                   |      |            |  |

FORM 18-536 (4-20-61)  
1930 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |          |                |           |                   |           |            |           |
|-------------------------|----------|----------------|-----------|-------------------|-----------|------------|-----------|
| <i>R200</i>             |          | HEAD OF FAMILY |           | <i>Rose Sarge</i> |           | LOUISIANA  |           |
| COLOR                   | <i>B</i> | AGE            | <i>30</i> | BIRTHPLACE        |           | E.D.       | SHEET     |
|                         |          |                |           |                   |           | <i>60</i>  | <i>16</i> |
| COUNTY                  |          |                |           | <i>Cade</i>       |           | CITY       |           |
| OTHER MEMBERS OF FAMILY |          |                |           |                   |           |            |           |
| NAME                    |          |                |           | RELATIONSHIP      | AGE       | BIRTHPLACE |           |
| <i>Mina</i>             |          |                |           | <i>W</i>          | <i>36</i> |            |           |
| <i>Frankie</i>          |          |                |           | <i>D</i>          | <i>5</i>  |            |           |
| <i>Dorsey</i>           |          |                |           | <i>S</i>          | <i>6</i>  |            |           |
|                         |          |                |           |                   |           |            |           |
|                         |          |                |           |                   |           |            |           |
|                         |          |                |           |                   |           |            |           |
|                         |          |                |           |                   |           |            |           |

FORM 18-536 (4-20-51)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |  |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| NAME OF INDIVIDUAL<br><i>Geo. Rossie George</i>   |  | LOUISIANA                                  |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>W</i>   | AGE<br><i>26</i>                         | E.O.<br><i>4</i>                           | SHEET<br><i>11</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| BIRTHPLACE<br><i>Syria</i>  |  | CITY<br><i>Donaldville Village</i>         |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>Assheton</i>   |  |  |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Wage Ellis</i>  |  |  |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE            |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE             |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 16-637 (4-30-61)

1970 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCENS-DC 10100-P61

|  |  |  |  |  |       |
|--|--|--|--|--|-------|
| R200   |  | NAME OF INDIVIDUAL   |  | LOUISIANA  |       |
| COLOR  |  | AGE  |  | E.O.   | SHEET |
| W  |  | 13   |  | 59   | 9     |
| BIRTHPLACE   |  |  |  |  |       |
| COUNTY   |  | CITY   |  |  |       |
| St. Bernard  |  |  |  |  |       |
| REGISTERED WITH  |  |  |  |  |       |
| Rauiz, Joe   |  |  |  |  |       |
| RELATIONSHIP TO ABOVE  |  |  |  |  |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input checked="" type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |       |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 18105-P01

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R200                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| K                       |  | 36             | Den        | 11         | 20    |
| COUNTY                  |  |                | CITY       |            |       |
| Iberia                  |  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| / Victoria              |  | W              | 24         |            |       |
| Hubert                  |  | S              | 9          |            |       |
| Huson, Blaise           |  | B-L            | 29         |            |       |
| Rose, Willie            |  | S              | 5          |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 16-436 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                   |                       |           |                    |
|-------------------------|-------------------|-----------------------|-----------|--------------------|
| R200                    | HEAD OF FAMILY    |                       | LOUISIANA |                    |
| COLOR<br>W              | AGE<br>24         | NAME<br>Raggis George |           | E.D. SHEET<br>65 3 |
| COUNTY<br>Lafayette     | CITY<br>Lafayette |                       |           |                    |
| OTHER MEMBERS OF FAMILY |                   |                       |           |                    |
| NAME                    |                   | RELATIONSHIP          | AGE       | BIRTHPLACE         |
| 1 Elia                  |                   | W                     | 22        |                    |
| Jean                    |                   | S                     | 12        |                    |
|                         |                   |                       |           |                    |
|                         |                   |                       |           |                    |
|                         |                   |                       |           |                    |
|                         |                   |                       |           |                    |
|                         |                   |                       |           |                    |
|                         |                   |                       |           |                    |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                                |            |                       |            |                   |              |
|--------------------------------|------------|-----------------------|------------|-------------------|--------------|
| <b>R200</b>                    |            | <b>HEAD OF FAMILY</b> |            | <b>LOUISIANA</b>  |              |
| <b>COLOR</b>                   | <b>AGE</b> | <b>BIRTHPLACE</b>     |            | <b>E.D.</b>       | <b>SHEET</b> |
| W                              | 50         | Kess, George          |            | 94                | 13           |
| <b>COUNTY</b>                  |            | <b>CITY</b>           |            |                   |              |
| St. Tammany                    |            | O                     |            |                   |              |
| <b>OTHER MEMBERS OF FAMILY</b> |            |                       |            |                   |              |
| <b>NAME</b>                    |            | <b>RELATIONSHIP</b>   | <b>AGE</b> | <b>BIRTHPLACE</b> |              |
| Miss Alice                     |            |                       |            |                   |              |
|                                |            |                       |            |                   |              |
|                                |            |                       |            |                   |              |
|                                |            |                       |            |                   |              |
|                                |            |                       |            |                   |              |
|                                |            |                       |            |                   |              |
|                                |            |                       |            |                   |              |
|                                |            |                       |            |                   |              |
|                                |            |                       |            |                   |              |

FORM 16-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |     |                |      |            |  |
|-------------------------|-----|----------------|------|------------|--|
| R202                    |     | HEAD OF FAMILY |      | LOUISIANA  |  |
| Rouse George            |     | E.D.           |      | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |      |            |  |
| B                       | 65  | N.C.           |      |            |  |
| COUNTY                  |     |                | CITY |            |  |
| Madison                 |     |                |      |            |  |
| OTHER MEMBERS OF FAMILY |     |                |      |            |  |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| Lucy                    |     | W              | 63   | N.C.       |  |
| Addie                   |     | D              | 16   |            |  |
| Simon                   |     | S              | 27   | N.C.       |  |
| And 1 Bo.               |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |

FORM 18-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |               |  |  |                |                |
|---|---------------|--|--|----------------|----------------|
| R200  |               | NAME OF INDIVIDUAL <i>Ruesco Henry</i> |  | LOUISIANA      |                |
| COLOR <i>B</i>  | AGE <i>30</i> | BIRTHPLACE                             |  | E.D. <i>84</i> | SHEET <i>3</i> |
| COUNTY  |               | CITY <i>Madison</i>                    |  |                |                |
| ENUMERATED WITH <i>Rider Jones</i>  |               |  |  |                |                |
| RELATIONSHIP TO ABOVE   |               |  |  |                |                |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> FATHER<br/> <input type="checkbox"/> MOTHER<br/> <input type="checkbox"/> GRANDFATHER<br/> <input type="checkbox"/> GRANDMOTHER<br/> <input type="checkbox"/> GRANDSON<br/> <input type="checkbox"/> GRANDDAUGHTER<br/> <input type="checkbox"/> AUNT<br/> <input type="checkbox"/> UNCLE </div> <div style="width: 30%;"> <input type="checkbox"/> NEPHEW<br/> <input type="checkbox"/> NIECE<br/> <input type="checkbox"/> FATHER-IN-LAW<br/> <input type="checkbox"/> MOTHER-IN-LAW<br/> <input type="checkbox"/> SON-IN-LAW<br/> <input type="checkbox"/> DAUGHTER-IN-LAW<br/> <input type="checkbox"/> BROTHER-IN-LAW<br/> <input type="checkbox"/> SISTER-IN-LAW </div> <div style="width: 30%;"> <input type="checkbox"/> INMATE<br/> <input type="checkbox"/> NURSE<br/> <input type="checkbox"/> PATIENT<br/> <input checked="" type="checkbox"/> ROOMER<br/> <input type="checkbox"/> SERVANT<br/> <input type="checkbox"/> OTHER (Specify) </div> </div> |               |  |  |                |                |

FORM 10-637 (4-22-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMB-DC 12405-P-61

|                         |   |                |    |              |     |            |       |
|-------------------------|---|----------------|----|--------------|-----|------------|-------|
| R 200                   |   | HEAD OF FAMILY |    | Rose George  |     | LOUISIANA  |       |
| COLOR                   | B | AGE            | 36 | BIRTHPLACE   |     | E.D.       | SHEET |
|                         |   |                |    |              |     | 100        | 1     |
| COUNTY                  |   |                |    | Red River    |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |   |                |    |              |     |            |       |
| NAME                    |   |                |    | RELATIONSHIP | AGE | BIRTHPLACE |       |
| 1 Letia                 |   |                |    | W            | 32  |            |       |
|                         |   |                |    |              |     |            |       |
|                         |   |                |    |              |     |            |       |
|                         |   |                |    |              |     |            |       |
|                         |   |                |    |              |     |            |       |
|                         |   |                |    |              |     |            |       |
|                         |   |                |    |              |     |            |       |
|                         |   |                |    |              |     |            |       |

FORM 16-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |  |             |                           |                          |                                 |  |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|-------------|---------------------------|--------------------------|---------------------------------|--|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| <b>R200</b>   |  | <b>NAME OF INDIVIDUAL</b><br><i>Lawrence</i> |             | <b>LOUISIANA</b>          |                          |                                 |  |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <b>COLOR</b><br><i>B</i>  |  | <b>AGE</b><br><i>3</i>                       |             | <b>E.D.</b><br><i>116</i> | <b>SHEET</b><br><i>7</i> |                                 |  |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <b>COUNTY</b>   |  | <b>BIRTHPLACE</b>                            |             |                           |                          |                                 |  |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <b>RESIDENCE WITH</b><br><i>Richard</i>   |  |  | <b>CITY</b> |                           |                          |                                 |  |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <b>RELATIONSHIP TO ABOVE</b><br><i>Walter, West</i>   |  |  |             |                           |                          |                                 |  |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input checked="" type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> IMMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |             |                           |                          | <input type="checkbox"/> FATHER | <input checked="" type="checkbox"/> NEPHEW | <input type="checkbox"/> IMMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input checked="" type="checkbox"/> NEPHEW | <input type="checkbox"/> IMMATE              |             |                           |                          |                                 |  |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE             | <input type="checkbox"/> NURSE               |             |                           |                          |                                 |  |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW     | <input type="checkbox"/> PATIENT             |             |                           |                          |                                 |  |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW     | <input type="checkbox"/> ROOMER              |             |                           |                          |                                 |  |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW        | <input type="checkbox"/> SERVANT             |             |                           |                          |                                 |  |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW   | <input type="checkbox"/> OTHER (Specify)     |             |                           |                          |                                 |  |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW    |  |             |                           |                          |                                 |  |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW     |  |             |                           |                          |                                 |  |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-67 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18100-P01

|                         |  |                |  |              |  |            |  |
|-------------------------|--|----------------|--|--------------|--|------------|--|
| R 200                   |  | HEAD OF FAMILY |  | Rouka George |  | LOUISIANA  |  |
| COLOR                   |  | AGE            |  | BIRTHPLACE   |  | E.O. SHEET |  |
| W                       |  | 30             |  |              |  | 97 3       |  |
| COUNTY                  |  |                |  | Red River    |  | CITY       |  |
| OTHER MEMBERS OF FAMILY |  |                |  |              |  |            |  |
| NAME                    |  |                |  | RELATIONSHIP |  | AGE        |  |
| / Betty                 |  |                |  | W            |  | 23         |  |
| William                 |  |                |  | S            |  | 3          |  |
|                         |  |                |  |              |  |            |  |
|                         |  |                |  |              |  |            |  |
|                         |  |                |  |              |  |            |  |
|                         |  |                |  |              |  |            |  |
|                         |  |                |  |              |  |            |  |
|                         |  |                |  |              |  |            |  |

FORM 18-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                            |                  |  |           |  |  |
|----------------------------|------------------|--|-----------|--|--|
| R-200                      |                  | HEAD OF FAMILY<br><i>Reech, George</i> |           | LOUISIANA<br>E.D. <i>24</i> SHEET <i>8</i> |  |
| COLOR<br><i>W</i>          | AGE<br><i>32</i> | BIRTHPLACE                             |           |  |  |
| COUNTY<br><i>Avoyelles</i> |                  |  | CITY      |  |  |
| OTHER MEMBERS OF FAMILY    |                  |  |           |  |  |
| NAME                       |                  | RELATIONSHIP                           | AGE       | BIRTHPLACE                                 |  |
| <i>Rose</i>                |                  | <i>W</i>                               | <i>31</i> |  |  |
| <i>Virginia</i>            |                  | <i>D</i>                               | <i>13</i> |  |  |
| <i>Crishy</i>              |                  | <i>S</i>                               | <i>12</i> |  |  |
| <i>Nellie</i>              |                  | <i>D</i>                               | <i>10</i> |  |  |
| <i>Elmer</i>               |                  | <i>D</i>                               | <i>9</i>  |  |  |
| <i>Howland</i>             |                  | <i>S</i>                               | <i>8</i>  |  |  |
| <i>Bladya</i>              |                  | <i>P</i>                               | <i>7</i>  |  |  |

FORM 16-626 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |              |           |            |
|-------------------------|--|----------------|--------------|-----------|------------|
| 8200                    |  | HEAD OF FAMILY |              | LOUISIANA |            |
| COLOR                   |  | AGE            | BIRTHPLACE   | E.O.      | SHEET      |
| B                       |  | 59             |              | 35        | 23         |
| COUNTY                  |  |                | Concordia    | CITY      |            |
| OTHER MEMBERS OF FAMILY |  |                |              |           |            |
| NAME                    |  |                | RELATIONSHIP | AGE       | BIRTHPLACE |
| + Thomas                |  |                | W            | 50        |            |
| + Callie                |  |                | D            | 24        |            |
| and 1. Rodgers          |  |                |              |           |            |
|                         |  |                |              |           |            |
|                         |  |                |              |           |            |
|                         |  |                |              |           |            |
|                         |  |                |              |           |            |
|                         |  |                |              |           |            |

FORM 16-536 (4-26-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|---|--|---|--|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| R 200   |  | NAME OF INDIVIDUAL                                    |  | LOUISIANA |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR   |  | AGE   |  | S.D.      | SHEET |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| B   |  | 12  |  | 25        | 17    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| BIRTHPLACE  |  |   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY  |  | CITY  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| Clai borne  |  |   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| Sykes William   |  |   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> BROTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> BROTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                       |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                        |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                      |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                       |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                      |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> BROTHER (Specify) |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 16-637 (4-30-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USDOCOM-DC 16196-P-1



|  |  |  |  |           |                    |                    |
|--|--|--|--|-----------|--------------------|--------------------|
| R200                                     |  | NAME OF INDIVIDUAL<br><i>Rich. George</i>  |  | LOUISIANA | E.O.<br><i>132</i> | SHEET<br><i>18</i> |
| COLOR<br><i>W</i>                        | AGE<br><i>34</i>                         | BIRTHPLACE<br><i>Miss</i>                  |  |           |                    |                    |
| COUNTY<br><i>Washington</i>              |  | CITY<br><i>Bogalusa</i>                    |  |           |                    |                    |
| ENUMERATED WITH<br><i>Adams, William</i> |  |  |  |           |                    |                    |
| RELATIONSHIP TO ABOVE                    |  |  |  |           |                    |                    |
| <input type="checkbox"/> FATHER          | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE            |  |           |                    |                    |
| <input type="checkbox"/> MOTHER          | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE             |  |           |                    |                    |
| <input type="checkbox"/> GRANDFATHER     | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |  |           |                    |                    |
| <input type="checkbox"/> GRANDMOTHER     | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER |  |           |                    |                    |
| <input type="checkbox"/> GRANDSON        | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |  |           |                    |                    |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |  |           |                    |                    |
| <input type="checkbox"/> AUNT            | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |           |                    |                    |
| <input type="checkbox"/> UNCLE           | <input type="checkbox"/> SISTER-IN-LAW   |  |  |           |                    |                    |

FORM 10-37 (4-30-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|   |   |   |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |            |                                |  |  |
|---|---|---|--------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|------------|--------------------------------|--|--|
| <i>P202</i>   | NAME OF INDIVIDUAL<br><i>Resse George</i> |   | E.D.<br><i>133</i> | SHEET<br><i>5</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |            |                                |  |  |
| COLOR<br><i>B</i>   | AGE<br><i>9</i>                           | BIRTHPLACE  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |            |                                |  |  |
| COUNTY<br><i>Winn</i>   |   | CITY  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |            |                                |  |  |
| ENUMERATED WITH<br><i>Lee Gus</i>   |   |   |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |            |                                |  |  |
| RELATIONSHIP TO ABOVE   |   |   |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |            |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> NUNNIE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>S.S</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |   |   |                    |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> NUNNIE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>S.S</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW           | <input type="checkbox"/> NUNNIE                     |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |            |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE            | <input type="checkbox"/> NURSE                      |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |            |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW    | <input type="checkbox"/> PATIENT                    |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |            |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW    | <input type="checkbox"/> ROOMER                     |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |            |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW       | <input type="checkbox"/> SERVANT                    |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |            |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW  | <input checked="" type="checkbox"/> OTHER (Specify) |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |            |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW   | <i>S.S</i>  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |            |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW    |   |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |            |                                |  |  |

FORM 19-637 (4-22-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USC&amp;MS-DC 1910-P61

| LOUISIANA                              |   |  |             |             |
|--|---|--|-------------|-------------|
| 1200                                   | NAME OF INDIVIDUAL<br>Kueck, George               |  | E.D.<br>144 | SHEET<br>19 |
| COLOR<br>W                             | AGE<br>52   | BIRTHPLACE                               |             |             |
| COUNTY<br>Vernon                       | CITY<br>Leesville                                 |  |             |             |
| ENUMERATED WITH<br>Horse, J. M.        |   |  |             |             |
| RELATIONSHIP TO ABOVE                  |   |  |             |             |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW                   | <input type="checkbox"/> WIDOW           |             |             |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> UNCLE                    | <input type="checkbox"/> MURDER          |             |             |
| <input type="checkbox"/> GRANDFATHER   | <input checked="" type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT         |             |             |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW            | <input type="checkbox"/> ROOMER          |             |             |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW               | <input type="checkbox"/> SERVANT         |             |             |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW          | <input type="checkbox"/> OTHER (Specify) |             |             |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW           |  |             |             |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW            |  |             |             |

FORM 16-537 (4-22-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USC&amp;MS-DC 1910-P01

|                         |                |              |                    |               |           |
|-------------------------|----------------|--------------|--------------------|---------------|-----------|
| <i>R200</i>             | HEAD OF FAMILY |              | <i>Rack George</i> |               | LOUISIANA |
| COLOR                   | AGE            | BIRTHPLACE   |                    | S.D.          | SHEET     |
| <i>W</i>                | <i>38</i>      |              |                    | <i>104</i>    | <i>9</i>  |
| COUNTY                  |                | Toltebonno   |                    | CITY          |           |
|                         |                |              |                    | <i>Louisa</i> |           |
| OTHER MEMBERS OF FAMILY |                |              |                    |               |           |
| NAME                    |                | RELATIONSHIP | AGE                | BIRTHPLACE    |           |
|                         | <i>Mary</i>    | <i>W</i>     | <i>31</i>          |               |           |
|                         | <i>Joseph</i>  | <i>S</i>     | <i>9</i>           |               |           |
|                         | <i>John</i>    | <i>S</i>     | <i>7</i>           |               |           |
|                         | <i>Herbert</i> | <i>S</i>     | <i>5</i>           |               |           |
|                         | <i>Jasper</i>  | <i>S</i>     | <i>1/2</i>         |               |           |
|                         | <i>Ada</i>     | <i>D</i>     | <i>1/2</i>         |               |           |
|                         | <i>Pierce</i>  | <i>BL</i>    | <i>23</i>          |               |           |
|                         | <i>Clarest</i> |              |                    |               |           |

FORM 10-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |      |            |  |
|-------------------------|--|----------------|------|------------|--|
| R200                    |  | HEAD OF FAMILY |      | LOUISIANA  |  |
| COLOR                   |  | AGE            |      | E.D.       |  |
| B                       |  | 30             |      | 156        |  |
|                         |  | BIRTHPLACE     |      | SHEET      |  |
|                         |  |                |      | 6          |  |
| COUNTY                  |  |                | CITY |            |  |
| West Baton Rouge        |  |                |      |            |  |
| OTHER MEMBERS OF FAMILY |  |                |      |            |  |
| NAME                    |  | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| 1 Lilly                 |  | W              | 23   |            |  |
|                         |  |                |      |            |  |
|                         |  |                |      |            |  |
|                         |  |                |      |            |  |
|                         |  |                |      |            |  |
|                         |  |                |      |            |  |
|                         |  |                |      |            |  |
|                         |  |                |      |            |  |

FORM 10-534 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                |             |            |       |
|-------------------------|----------------|-------------|------------|-------|
| R200                    | HEAD OF FAMILY |             | LOUISIANA  |       |
| COLOR                   | AGE            | BIRTHPLACE  | E.D.       | SHEET |
| B                       | 55             | Rosa George | 145        | 16    |
| COUNTY                  |                | CITY        |            |       |
| West Feliciana          |                |             |            |       |
| OTHER MEMBERS OF FAMILY |                |             |            |       |
| NAME                    | RELATIONSHIP   | AGE         | BIRTHPLACE |       |
| Emma                    | d              | 13          |            |       |
| Arthur                  | A              | 16          |            |       |
| Alma                    | d              | 14          |            |       |
|                         |                |             |            |       |
|                         |                |             |            |       |
|                         |                |             |            |       |
|                         |                |             |            |       |
|                         |                |             |            |       |
|                         |                |             |            |       |

FORM 16-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |            |      |
|-------------------------|---|----------------|-----|------------|------|
| R200                    |   | HEAD OF FAMILY |     | LOUISIANA  |      |
| COLOR                   | B | AGE            | 37  | BIRTHPLACE | Miss |
| COUNTY                  |   | Tensas         |     | CITY       |      |
| OTHER MEMBERS OF FAMILY |   |                |     |            |      |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |      |
| Living Alone            |   |                |     |            |      |
|                         |   |                |     |            |      |
|                         |   |                |     |            |      |
|                         |   |                |     |            |      |
|                         |   |                |     |            |      |
|                         |   |                |     |            |      |
|                         |   |                |     |            |      |
|                         |   |                |     |            |      |

FORM 18-636 (4-30-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |             |       |
|-------------------------|-----|----------------|-----|-------------|-------|
| R200                    |     | HEAD OF FAMILY |     | LOUISIANA   |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.        | SHEET |
| W                       | 32  | Italy          |     | 25          | 4     |
| COUNTY                  |     | RAPIDES        |     | CITY        |       |
|                         |     |                |     | Cheneyville |       |
| OTHER MEMBERS OF FAMILY |     |                |     |             |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE  |       |
| Pepes                   |     | W              | 30  | Italy       |       |
| Jenny                   |     | S              | 8   | Pa          |       |
| Virginia Mary           |     | D              | 11  | Italy       |       |
|                         |     |                |     |             |       |
|                         |     |                |     |             |       |
|                         |     |                |     |             |       |
|                         |     |                |     |             |       |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|  |                  |   |  |   |                    |
|--|------------------|---|--|---|--------------------|
| R 200  |                  | NAME OF INDIVIDUAL<br><i>Sam. Long</i>  |  | LOUISIANA   |                    |
| COLOR<br><i>B</i>  | AGE<br><i>17</i> | BIRTHPLACE  |  | E.D.<br><i>92</i>   | SHEET<br><i>27</i> |
| COUNTY<br><i>St. Mary</i>  |                  | CITY  |  |   |                    |
| ENUMERATED WITH<br><i>McCoy, Sam</i>   |                  |   |  |   |                    |
| RELATIONSHIP TO ABOVE  |                  |   |  |   |                    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> TENANT<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>6</i> |                    |

FORM 10-527 (4-20-61)

1930 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18199-P61

|                         |     |                |      |            |       |
|-------------------------|-----|----------------|------|------------|-------|
| R 200                   |     | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |      | E.D.       | SHEET |
| 13                      | 50  |                |      | 112        | 3     |
| COUNTY                  |     |                | CITY |            |       |
| Terrebonne              |     |                |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| living alone            |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |            |        |
|-------------------------|---|----------------|-----|------------|--------|
| R200                    |   | HEAD OF FAMILY |     | LOUISIANA  |        |
| COLOR                   | W | AGE            | 40  | BIRTHPLACE | George |
| COUNTY                  |   | Franklin       |     | CITY       |        |
| OTHER MEMBERS OF FAMILY |   |                |     |            |        |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |        |
| Jessie                  |   | W              | 34  |            |        |
| May                     |   | D              | 14  |            |        |
| Pete                    |   | 10             | 11  |            |        |
| George Jr.              |   | S              | 9   |            |        |
| Chad                    |   | S              | 8   |            |        |
| Lundy                   |   | S              | 5   |            |        |
| Rae                     |   | S              | 3   |            |        |

FORM 18-626 (4-20-61)

1970 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

HEAD OF FAMILY - CONTINUED

## LOUISIANA

CARD 2 OF 2

**OTHER MEMBERS OF FAMILY**

NAME \_\_\_\_\_

RELATIONSHIP

AGE

BIRTHPLACE

Marian

—

1712

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCIB-DC 15105-P61

|  |                  |  |      |  |                  |
|--|------------------|--|------|--|------------------|
| R200   |                  | NAME OF INDIVIDUAL   |      | LOUISIANA  |                  |
| COLOR  | W                | AGE  | 25   | BIRTHPLACE   | East Baton Rouge |
| COUNTY   | East Baton Rouge |  | CITY | Baton Rouge  |                  |
| ENUMERATED WITH  |                  |  |      |  |                  |
| O'Neal Beverly   |                  |  |      |  |                  |
| RELATIONSHIP TO ABOVE  |                  |  |      |  |                  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input checked="" type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> WIDOW<br><input type="checkbox"/> MURDER<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                  |

FORM 16-537 (4-26-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 16100-701

|                         |              |                |            |            |                  |
|-------------------------|--------------|----------------|------------|------------|------------------|
| P 200                   |              | HEAD OF FAMILY |            | LOUISIANA  |                  |
| COLOR                   | 6            | AGE            | 41         | BIRTHPLACE | East Baton Rouge |
| COUNTY                  |              | CITY           |            |            |                  |
| OTHER MEMBERS OF FAMILY |              |                |            |            |                  |
| NAME                    | RELATIONSHIP | AGE            | BIRTHPLACE |            |                  |
| Lizzie                  | W            | 33             |            |            |                  |
| Mollie                  | D            | 15             |            |            |                  |
| Monroe                  | S            | 13             |            |            |                  |
| Edna                    | D            | 9              |            |            |                  |
| Leah                    | S            | 8              |            |            |                  |
| Landree                 | S            | 4              |            |            |                  |
| Hurbert                 | S            | 2              |            |            |                  |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

## LOUISIANA

CARD 2 OF 2

**OTHER MEMBERS OF FAMILY**

NAME \_\_\_\_\_

## RELATIONSHIP

AGE

BIRTHPLACE

Elvira

 $\frac{1}{12}$ 

FORM 10-436 (4-20-01)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

UNCLASSIFIED 10100-P61

|                         |                  |                |       |            |         |
|-------------------------|------------------|----------------|-------|------------|---------|
| R 200                   |                  | HEAD OF FAMILY |       | LOUISIANA  |         |
| COLOR                   | B                | AGE            | 27    | BIRTHPLACE | Georgia |
| COUNTY                  | East Baton Rouge |                | CITY  |            |         |
| OTHER MEMBERS OF FAMILY |                  |                |       |            |         |
| NAME                    |                  | RELATIONSHIP   | AGE   | BIRTHPLACE |         |
| Lara                    |                  | W              | 23    |            |         |
| Irene                   |                  | D              | 4     |            |         |
| George                  |                  | S              | 1 1/2 |            |         |
|                         |                  |                |       |            |         |
|                         |                  |                |       |            |         |
|                         |                  |                |       |            |         |
|                         |                  |                |       |            |         |
|                         |                  |                |       |            |         |

FORM 16-436 (4-26-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |           |                |     |            |        |
|-------------------------|-----------|----------------|-----|------------|--------|
| R200                    |           | HEAD OF FAMILY |     | LOUISIANA  |        |
| COLOR                   | B         | AGE            | 44  | BIRTHPLACE | George |
| COUNTY                  |           | De Soto        |     | CITY       |        |
| OTHER MEMBERS OF FAMILY |           |                |     |            |        |
| NAME                    |           | RELATIONSHIP   | AGE | BIRTHPLACE |        |
|                         | Busta     | W              | 39  |            |        |
|                         | Lucy      | D              | 13  |            |        |
|                         | Annie     | D              | 16  |            |        |
|                         | Maggie L. | D              | 18  |            |        |
|                         | Effie     | D              | 8   |            |        |
|                         | Tom       | S              | 4   |            |        |
|                         | Carry     | D              | 1   |            |        |

FORM 18-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |      |            |       |
|-------------------------|-----|----------------|------|------------|-------|
| P200                    |     | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |      | E.D.       | SHEET |
| W                       | 33  |                |      | 69         | 23    |
| COUNTY                  |     |                | CITY |            |       |
| Do Soto                 |     |                |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Lester                  |     | W              | 24   |            |       |
| Wallace                 |     | R              | 5    |            |       |
| Howard                  |     | S              | 3    |            |       |
| William                 |     | B              | 30   |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |

FORM 16-536 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |                  |   |  |   |                    |
|--|------------------|---|--|---|--------------------|
| <b>R 200</b>   |                  | NAME OF INDIVIDUAL<br><i>Pess. Burg A.</i>  |  | LOUISIANA   |                    |
| COLOR<br><i>W</i>  | AGE<br><i>57</i> | BIRTHPLACE<br><i>Miss</i>   |  | E.O.<br><i>114</i>  | SHEET<br><i>10</i> |
| COUNTY<br><i>1 Tangipahoa</i>  |                  | CITY  |  |   |                    |
| REGISTERS WITH<br><i>Thomas, Louis</i>   |                  |   |  |   |                    |
| RELATIONSHIP TO ABOVE  |                  |   |  |   |                    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                    |

FORM 10-537 (4-20-61)

1930 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18195-P61

|                         |   |                |     |            |        |
|-------------------------|---|----------------|-----|------------|--------|
| R. W.                   |   | HEAD OF FAMILY |     | Louisiana  |        |
| COLOR                   | W | AGE            | 61  | BIRTHPLACE | Canada |
| COUNTY                  |   | Concordia      |     | CITY       |        |
| OTHER MEMBERS OF FAMILY |   |                |     |            |        |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |        |
| Living Alone            |   |                |     |            |        |
|                         |   |                |     |            |        |
|                         |   |                |     |            |        |
|                         |   |                |     |            |        |
|                         |   |                |     |            |        |
|                         |   |                |     |            |        |
|                         |   |                |     |            |        |
|                         |   |                |     |            |        |

FORM 16-636 (4-20-31)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |    |                |     |            |    |
|-------------------------|---|----------------|----|----------------|-----|------------|----|
| 1920                    |   | HEAD OF FAMILY |    | Louis George F |     | LOUISIANA  |    |
| COLOR                   | W | AGE            | 63 | BIRTHPLACE     | Geo | E.D.       | 89 |
|                         |   |                |    |                |     | SHEET 7    |    |
| COUNTY                  |   |                |    | Natchitoches   |     | CITY       |    |
| OTHER MEMBERS OF FAMILY |   |                |    |                |     |            |    |
| NAME                    |   |                |    | RELATIONSHIP   | AGE | BIRTHPLACE |    |
| Lena A                  |   |                |    | D              | 40  |            |    |
| William C               |   |                |    | D              | 33  |            |    |
| Marcelline              |   |                |    | S              | 30  |            |    |
| L B                     |   |                |    |                |     |            |    |
|                         |   |                |    |                |     |            |    |
|                         |   |                |    |                |     |            |    |
|                         |   |                |    |                |     |            |    |
|                         |   |                |    |                |     |            |    |

FORM 16-636 (4-28-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |                |      |           |    |
|-------------------------|---|----------------|-----|----------------|------|-----------|----|
| R200                    |   | HEAD OF FAMILY |     | Rock, George H |      | LOUISIANA |    |
| COLOR                   | W | AGE            | 32  | BIRTHPLACE     | Iowa | E.O.      | 37 |
|                         |   |                |     |                |      | SHEET     | 18 |
| COUNTY                  |   |                |     | CITY           |      |           |    |
|                         |   |                |     | Lake Charles   |      |           |    |
| Calcasieu               |   |                |     |                |      |           |    |
| OTHER MEMBERS OF FAMILY |   |                |     |                |      |           |    |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE     |      |           |    |
| Edna                    |   | W              | 29  |                |      |           |    |
| Edna                    |   | D              | 8   |                |      |           |    |
| George H                |   | S              | 7   |                |      |           |    |
| Mary E                  |   | D              | 5   |                |      |           |    |
| Genevieve               |   | D              | 4   |                |      |           |    |
| Abbie                   |   | D              | 3   |                |      |           |    |
| Harold                  |   | S              | 1/2 |                |      |           |    |

FORM 16-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                |            |            |       |
|-------------------------|----------------|------------|------------|-------|
| R200                    | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   | AGE            | BIRTHPLACE | E.D.       | SHEET |
| W                       | 42             | Japan      | 65         | 8     |
| COUNTY                  |                | CITY       |            |       |
| La Salle                |                |            |            |       |
| OTHER MEMBERS OF FAMILY |                |            |            |       |
| NAME                    | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Latha                   | W              | 39         |            |       |
| Steward                 | S              | 20         |            |       |
| Lennie                  | S              | 17         |            |       |
| Arthur                  | S              | 15         |            |       |
| William                 | S              | 13         |            |       |
| Carlton                 | D              | 11         |            |       |
| Lili M                  | D              | 9          |            |       |

FORM 16-336 (4-20-61)  
1916 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

## HEAD OF FAMILY - CONTINUED

LOUISIANA

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME    | RELATIONSHIP | AGE   | BIRTHPLACE |
|---------|--------------|-------|------------|
| Rachel  | D            | 7     |            |
| Grace   | S            | 6     |            |
| Mary A. | D            | 4     |            |
| Rene B  | D            | 2     |            |
| Al A    | S            | 1 1/2 |            |
|         |              |       |            |
|         |              |       |            |
|         |              |       |            |
|         |              |       |            |
|         |              |       |            |

FORM 18-436a (4-22-61)

1930 CENSUS INDEX, FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

U.S. FORM 18-436a-001



|  |                  |   |      |  |                    |
|--|------------------|---|------|--|--------------------|
| 1940   |                  | NAME OF INDIVIDUAL<br><i>Rose George X</i>  |      | LOUISIANA  |                    |
| COLOR<br><i>W</i>  | AGE<br><i>15</i> | BIRTHPLACE<br><i>Texas</i>  |      | E.S.<br><i>54</i>  | SHEET<br><i>15</i> |
| COUNTY<br><i>Jackson</i>   |                  |   | CITY |  |                    |
| GENERATED WITH<br><i>Adams, W. B.</i>  |                  |   |      |  |                    |
| RELATIONSHIP TO ABOVE  |                  |   |      |  |                    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> ORPHAN<br><input type="checkbox"/> WARD<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> WORKER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                    |

FORM 16-527 (4-20-51)

1940 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 1659-P61

|   |                |
|---|----------------|
| B | HEAD OF FAMILY |
|---|----------------|

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R 200                   |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| W                       | 30  | Ala            |     | 2          | 13    |
| COUNTY                  |     | BIRMINGHAM     |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Emma                    |     | W              | 25  |            |       |
| Lillian                 |     | D              | 5   |            |       |
| Lena                    |     | D              | 2   |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 18-636 (6-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |                  |   |  |   |                    |
|--|------------------|---|--|---|--------------------|
| R200   |                  | NAME OF INDIVIDUAL<br><i>Reese George P</i>   |  | LOUISIANA   |                    |
| COLOR<br><i>W</i>  | AGE<br><i>35</i> | BIRTHPLACE  |  | E.D.<br><i>114</i>  | SHEET<br><i>28</i> |
| COUNTY<br><i>Richland</i>  |                  | CITY  |  |   |                    |
| EMIGRATED WITH<br><i>Wife Jane C</i>   |                  |   |  |   |                    |
| RELATIONSHIP TO ABOVE  |                  |   |  |   |                    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> Niece<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> IMMIGRANT<br><input type="checkbox"/> NATIVE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> WORKER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                    |

Form 16-637 (4-30-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMB-DC 1910-101

|                         |                |            |            |       |
|-------------------------|----------------|------------|------------|-------|
| R 200                   | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   | AGE            | BIRTHPLACE | E.O.       | SHEET |
| W                       | 40             | England    | 32         | 10    |
| COUNTY                  |                | CITY       |            |       |
| Concordia               |                |            |            |       |
| OTHER MEMBERS OF FAMILY |                |            |            |       |
| NAME                    | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Gloria                  | W              | 26         | Mo.        |       |
| LeRoy Richard           | S              | 19         | Miss.      |       |
| George                  | S              | 2 1/2      |            |       |
|                         |                |            |            |       |
|                         |                |            |            |       |
|                         |                |            |            |       |
|                         |                |            |            |       |
|                         |                |            |            |       |

FORM 16-536 (4-26-51)  
1916 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|       |                |
|-------|----------------|
| R 200 | HEAD OF FAMILY |
|-------|----------------|

|                         |   |                |     |            |    |
|-------------------------|---|----------------|-----|------------|----|
| 17200                   |   | HEAD OF FAMILY |     | Louisiana  |    |
| COLOR                   | W | AGE            | 36  | BIRTHPLACE | LA |
| COUNTY                  |   | Natchitoches   |     | CITY       |    |
| OTHER MEMBERS OF FAMILY |   |                |     |            |    |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |    |
| Beale                   |   | W              | 28  |            |    |
| April                   |   | 5              | 6   |            |    |
| Harold                  |   | 5              | 4   |            |    |
|                         |   |                |     |            |    |
|                         |   |                |     |            |    |
|                         |   |                |     |            |    |
|                         |   |                |     |            |    |
|                         |   |                |     |            |    |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                |              |            |       |
|-------------------------|----------------|--------------|------------|-------|
| R 200                   | HEAD OF FAMILY |              | LOUISIANA  |       |
| COLOR                   | AGE            | BIRTHPLACE   | E.D.       | SHEET |
| W                       | 59             | Iowa         | 37         | 13    |
| COUNTY                  |                | CITY         |            |       |
| Calcasieu               |                | Lake Charles |            |       |
| OTHER MEMBERS OF FAMILY |                |              |            |       |
| NAME                    | RELATIONSHIP   | AGE          | BIRTHPLACE |       |
| Ella J.                 | w              | 51           | N. J.      |       |
| Harley                  | d              | 23           | Iowa       |       |
| Wingale                 | s              | 18           | Iowa       |       |
|                         |                |              |            |       |
|                         |                |              |            |       |
|                         |                |              |            |       |
|                         |                |              |            |       |
|                         |                |              |            |       |
|                         |                |              |            |       |

FORM 16-436 (4-20-01)  
1916 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |           |                   |     |              |  |           |    |
|-------------------------|-----------|-------------------|-----|--------------|--|-----------|----|
| R200                    |           | HEAD OF FAMILY    |     | Rice Geo. W. |  | LOUISIANA |    |
| COLOR                   | W         | AGE               | 24  | BIRTHPLACE   |  | E.D.      | 10 |
| COUNTY                  | Ascension |                   |     | CITY         |  |           |    |
| OTHER MEMBERS OF FAMILY |           |                   |     |              |  |           |    |
| NAME                    |           | RELATION-<br>SHIP | AGE | BIRTHPLACE   |  |           |    |
| Cecilia                 |           | W                 | 40  |              |  |           |    |
| Arthur E                |           | S                 | 21  |              |  |           |    |
| Elyah                   |           | S                 | 19  |              |  |           |    |
| Alma                    |           | D                 | 16  |              |  |           |    |
| Beatrice                |           | D                 | 13  |              |  |           |    |
| Eva                     |           | D                 | 11  |              |  |           |    |
| Vieta                   |           | D                 | 8   |              |  |           |    |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

HEAD OF FAMILY - CONTINUED

## LOUISIANA

CARD 2 OF 2

**OTHER MEMBERS OF FAMILY**

| OTHER MEMBERS OF FAMILY |              |     | CARD 2 OF 2 |
|-------------------------|--------------|-----|-------------|
| NAME                    | RELATIONSHIP | AGE | BIRTHPLACE  |
| Linden                  | S            | 5   |             |
| Jane                    | D            | 3   |             |
|                         |              |     |             |
|                         |              |     |             |
|                         |              |     |             |
|                         |              |     |             |
|                         |              |     |             |
|                         |              |     |             |
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|                         |              |     |             |
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|                         |              |     |             |

FORM 70-636e (4-20-61)

1970 CENSUS INDEX - FAMILY

FORM 10-436 (4-20-61)

1970 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

AFSCOMM-DC 10102-P01



|                         |          |                |      |            |          |
|-------------------------|----------|----------------|------|------------|----------|
| R 200                   |          | HEAD OF FAMILY |      | LOUISIANA  |          |
| COLOR                   | B        | AGE            | 52   | BIRTHPLACE | George W |
| COUNTY                  | Acconson |                | CITY |            |          |
| OTHER MEMBERS OF FAMILY |          |                |      |            |          |
| NAME                    |          | RELATIONSHIP   | AGE  | BIRTHPLACE |          |
| Mamie                   |          | W              | 40   |            |          |
| Edna                    |          | D              | 8    |            |          |
| George Jr.              |          | S              | 2    |            |          |
|                         |          |                |      |            |          |
|                         |          |                |      |            |          |
|                         |          |                |      |            |          |
|                         |          |                |      |            |          |
|                         |          |                |      |            |          |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |         |                |    |              |                      |            |    |
|-------------------------|---------|----------------|----|--------------|----------------------|------------|----|
| B200                    |         | HEAD OF FAMILY |    | Race, Geo. W |                      | LOUISIANA  |    |
| COLOR                   | W       | AGE            | 31 | BIRTHPLACE   | Lix                  | E.D.       | 17 |
| COUNTY                  | Bossier |                |    | CITY         | Bossier City/Village |            |    |
| OTHER MEMBERS OF FAMILY |         |                |    |              |                      |            |    |
| NAME                    |         |                |    | RELATIONSHIP | AGE                  | BIRTHPLACE |    |
| Mrs. Mollie             |         |                |    | W            | 27                   | Tex        |    |
| Jessie C                |         |                |    | D            | 8                    | Tex        |    |
| Charles Lewis           |         |                |    | S            | 5                    | Tex        |    |
| Miss Violet             |         |                |    | D            | 3                    | Tex        |    |
|                         |         |                |    |              |                      |            |    |
|                         |         |                |    |              |                      |            |    |
|                         |         |                |    |              |                      |            |    |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY.

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |            |    |
|-------------------------|---|----------------|-----|------------|----|
| R200                    |   | HEAD OF FAMILY |     | LOUISIANA  |    |
| COLOR                   | B | AGE            | 37  | BIRTHPLACE | 87 |
| COUNTY                  |   | Natchitoches   |     | CITY       |    |
| OTHER MEMBERS OF FAMILY |   |                |     |            |    |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |    |
| Cassius                 |   | W              | 33  |            |    |
| George                  |   | S              | 15  |            |    |
| James                   |   | S              | 13  |            |    |
| Nellie                  |   | D              | 11  |            |    |
| Dora                    |   | S              | 10  |            |    |
| William                 |   | S              | 9   |            |    |
| Lee                     |   | S              | 7   |            |    |

FORM 16-536 (4-20-51)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |           |                |       |            |      |
|-------------------------|-----------|----------------|-------|------------|------|
| R 200                   |           | HEAD OF FAMILY |       | LOUISIANA  |      |
| COLOR                   | 8         | AGE            | 34    | BIRTHPLACE | Miss |
| COUNTY                  | Jefferson |                | CITY  |            |      |
| OTHER MEMBERS OF FAMILY |           |                |       |            |      |
| NAME                    |           | RELATIONSHIP   | AGE   | BIRTHPLACE |      |
| Buckley, Arnella        |           | Si             | 18    |            |      |
| 1 Buck                  |           | N.             | 2 1/2 |            |      |
| 51 [unclear]            |           |                |       |            |      |
|                         |           |                |       |            |      |
|                         |           |                |       |            |      |
|                         |           |                |       |            |      |
|                         |           |                |       |            |      |
|                         |           |                |       |            |      |
|                         |           |                |       |            |      |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |   |  |  |                  |                    |   |   |  |
|--|---|--|--|------------------|--------------------|---|---|--|
| R200<br>COLOR <b>B</b>   |   | NAME OF INDIVIDUAL<br><b>Ross</b>  |  | LOUISIANA        |                    |   |   |  |
| AGE<br><b>8</b>  |   | BIRTHPLACE<br><b>Georgia</b>   |  | E.D.<br><b>9</b> | SHEET<br><b>12</b> |   |   |  |
| COUNTY<br><b>Ascension</b>   |   |  |  | CITY             |                    |   |   |  |
| ENUMERATED WITH<br><b>Cornett, Richard</b>   |   |  |  |                  |                    |   |   |  |
| RELATIONSHIP TO ABOVE  |   |  |  |                  |                    |   |   |  |
| <table border="0"> <tr> <td> <input type="checkbox"/> FATHER<br/> <input type="checkbox"/> MOTHER<br/> <input type="checkbox"/> GRANDFATHER<br/> <input type="checkbox"/> GRANDMOTHER<br/> <input type="checkbox"/> GRANDSON<br/> <input checked="" type="checkbox"/> GRANDDAUGHTER<br/> <input type="checkbox"/> AUNT<br/> <input type="checkbox"/> UNCLE         </td> <td> <input type="checkbox"/> NEPHEW<br/> <input type="checkbox"/> NIECE<br/> <input type="checkbox"/> FATHER-IN-LAW<br/> <input type="checkbox"/> MOTHER-IN-LAW<br/> <input type="checkbox"/> SON-IN-LAW<br/> <input type="checkbox"/> DAUGHTER-IN-LAW<br/> <input type="checkbox"/> BROTHER-IN-LAW<br/> <input type="checkbox"/> SISTER-IN-LAW         </td> <td> <input type="checkbox"/> IMMATE<br/> <input type="checkbox"/> NURSE<br/> <input type="checkbox"/> PATIENT<br/> <input type="checkbox"/> ROOMER<br/> <input type="checkbox"/> SERVANT<br/> <input type="checkbox"/> OTHER (Specify)         </td> </tr> </table> |   |  |  |                  |                    | <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input checked="" type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> IMMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input checked="" type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> IMMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |  |                  |                    |   |   |  |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18100-P01

|                         |   |                |    |              |          |            |         |
|-------------------------|---|----------------|----|--------------|----------|------------|---------|
| R200                    |   | HEAD OF FAMILY |    | Kosch        |          | LOUISIANA  |         |
| COLOR                   | 0 | AGE            | 32 | BIRTHPLACE   | Gessigne |            | E.D. 99 |
| COUNTY                  |   | Ouachita       |    | CITY         |          |            |         |
| OTHER MEMBERS OF FAMILY |   |                |    |              |          |            |         |
| NAME                    |   |                |    | RELATIONSHIP | AGE      | BIRTHPLACE |         |
| Fred Eddie              |   |                |    | S            | 7        |            |         |
| William                 |   |                |    | S            | 2        |            |         |
|                         |   |                |    |              |          |            |         |
|                         |   |                |    |              |          |            |         |
|                         |   |                |    |              |          |            |         |
|                         |   |                |    |              |          |            |         |
|                         |   |                |    |              |          |            |         |
|                         |   |                |    |              |          |            |         |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |  |  |           |       |
|--|--|--|--|-----------|-------|
| H-200                                  |  | NAME OF INDIVIDUAL                       |  | LOUISIANA |       |
| COLOR                                  | AGE                                      | BIRTHPLACE                               |  | E.O.      | SHEET |
| 9mm                                    | 19                                       | Miss                                     |  | 121       | 3     |
| COUNTY                                 |  | CITY                                     |  |           |       |
|  |  | Washington                               |  | Bogalusa  |       |
| ENumerated WITH                        |  |  |  |           |       |
| Longston Will                          |  |  |  |           |       |
| RELATIONSHIP TO ABOVE                  |  |  |  |           |       |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIFE            | <input type="checkbox"/> MATE              |           |       |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NICE            | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> NURSE             |           |       |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> SON-IN-LAW      | <input checked="" type="checkbox"/> ROOMER |           |       |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> BROTHER-IN-LAW  | <input type="checkbox"/> SERVANT           |           |       |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> OTHER (Specify) |  |           |       |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> FATHER-IN-LAW   |  |  |           |       |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> MOTHER-IN-LAW   |  |  |           |       |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> MOTHER-IN-LAW   |  |  |           |       |

FORM 10-37 (4-22-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 10105-P61



|                           |     |                |      |            |       |
|---------------------------|-----|----------------|------|------------|-------|
| R 200                     |     | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR                     | AGE | BIRTHPLACE     |      | E.D.       | SHEET |
| B                         | 45  | Miss           |      | 32         | 10    |
| COUNTY                    |     |                | CITY |            |       |
| CONCORDIA                 |     |                |      |            |       |
| OTHER MEMBERS OF FAMILY   |     |                |      |            |       |
| NAME                      |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| W. C. Mullins Levee Camp. |     |                |      |            |       |
|                           |     |                |      |            |       |
|                           |     |                |      |            |       |
|                           |     |                |      |            |       |
|                           |     |                |      |            |       |
|                           |     |                |      |            |       |
|                           |     |                |      |            |       |
|                           |     |                |      |            |       |
|                           |     |                |      |            |       |

FORM 10-436 (4-20-31)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |  |    |            |         |
|--|--|--|----|------------|---------|
| R200   |  | NAME OF INDIVIDUAL                       |    | LOUISIANA  |         |
| COLOR  | B  | AGE                                      | 11 | BIRTHPLACE | Herbert |
| COUNTRY                                      |  | Jaxobono                                 |    | CITY       |         |
| MIGRATED WITH                                |  |  |    |            |         |
| Madison Edmund                               |  |  |    |            |         |
| RELATIONSHIP TO ABOVE                        |  |  |    |            |         |
| <input type="checkbox"/> FATHER              | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> UNMATE          |    |            |         |
| <input type="checkbox"/> MOTHER              | <input type="checkbox"/> NICE            | <input type="checkbox"/> NURSE           |    |            |         |
| <input type="checkbox"/> GRANDFATHER         | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |    |            |         |
| <input type="checkbox"/> GRANDMOTHER         | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |    |            |         |
| <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |    |            |         |
| <input type="checkbox"/> GRANDDAUGHTER       | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |    |            |         |
| <input type="checkbox"/> AUNT                | <input type="checkbox"/> BROTHER-IN-LAW  |  |    |            |         |
| <input type="checkbox"/> UNCLE               | <input type="checkbox"/> SISTER-IN-LAW   |  |    |            |         |

FORM 10-637 (10-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCIB-DC 18100-001

|                         |   |                |     |            |         |
|-------------------------|---|----------------|-----|------------|---------|
| R 200                   |   | HEAD OF FAMILY |     | LOUISIANA  |         |
| COLOR                   | W | AGE            | 31  | BIRTHPLACE | Sweden  |
| COUNTY                  |   | East Feliciana |     | CITY       | Jackson |
| OTHER MEMBERS OF FAMILY |   |                |     |            |         |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |         |
| Ella                    |   | W              | 22  |            |         |
| Adolf                   |   | S              | 2   |            |         |
|                         |   |                |     |            |         |
|                         |   |                |     |            |         |
|                         |   |                |     |            |         |
|                         |   |                |     |            |         |
|                         |   |                |     |            |         |
|                         |   |                |     |            |         |
|                         |   |                |     |            |         |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |   |   |      |  |        |
|---|---|---|------|--|--------|
| R-200   |   | NAME OF INDIVIDUAL  |      | LOUISIANA  |        |
| COLOR   | W | AGE   | 7/12 | BIRTHPLACE   | Gordie |
| COUNTY  |   | Webster   |      | CITY   | Minden |
| ENUMERATED WITH   |   |   |      |  |        |
| Alexander, John N.  |   |   |      |  |        |
| RELATIONSHIP TO ABOVE   |   |   |      |  |        |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input checked="" type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |   | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |        |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-PC 1910-261

|   |  |   |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
|---|--|---|--|------------|-------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|---|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R200  |  | NAME OF INDIVIDUAL<br>Ricks, Gram           |  | LOUISIANA  |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| COLOR<br>B  | AGE<br>30                                | BIRTHPLACE<br>Un.                           |  | E.D.<br>44 | SHEET<br>18 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br>Calcasieu   |  | CITY  |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br>Dr. Risher   |  |   |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE<br>Coxson, Chas. A.   |  |   |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NUNCE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input checked="" type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |            |             | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NUNCE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input checked="" type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE             |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NUNCE              |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT            |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER             |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input checked="" type="checkbox"/> SERVANT |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)    |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |

FORM 10-657 (4-30-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMB-DC 10100-001

|   |  |  |    |            |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|----|------------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R-200   |  | NAME OF INDIVIDUAL                         |    | LOUISIANA  |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR   | B  | AGE  | 23 | BIRTHPLACE | Grant |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|   |  |  |    | E.D.       | 120   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|   |  |  |    | SHEET      | 37    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY  |  |  |    |            |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Webster   |  |  |    |            |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |  |    |            |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Menden  |  |  |    |            |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |    |            |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Butler, John A.   |  |  |    |            |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |    |            |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE            |    |            |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE             |    |            |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |    |            |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER |    |            |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |    |            |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |    |            |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |    |            |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |    |            |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 16-637 (4-30-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18198-P61

|                         |          |                |           |                    |             |           |       |
|-------------------------|----------|----------------|-----------|--------------------|-------------|-----------|-------|
| <i>122</i>              |          | HEAD OF FAMILY |           | <i>Reese Green</i> |             | LOUISIANA |       |
| COLOR                   | <i>B</i> | AGE            | <i>61</i> | BIRTHPLACE         | <i>ala.</i> |           | E.D.  |
| COUNTY                  |          |                |           |                    |             | <i>84</i> | SHEET |
|                         |          |                |           | <i>Madison</i>     | CITY        | <i>15</i> |       |
| OTHER MEMBERS OF FAMILY |          |                |           |                    |             |           |       |
| NAME                    |          | RELATIONSHIP   | AGE       | BIRTHPLACE         |             |           |       |
| <i>1 Betsey</i>         |          | <i>W</i>       | <i>55</i> | <i>ala.</i>        |             |           |       |
|                         |          |                |           |                    |             |           |       |
|                         |          |                |           |                    |             |           |       |
|                         |          |                |           |                    |             |           |       |
|                         |          |                |           |                    |             |           |       |
|                         |          |                |           |                    |             |           |       |
|                         |          |                |           |                    |             |           |       |
|                         |          |                |           |                    |             |           |       |
|                         |          |                |           |                    |             |           |       |
|                         |          |                |           |                    |             |           |       |

FORM 16-436 (4-20-27)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |     |                    |   |           |       |
|--|-----|--------------------|---|-----------|-------|
| 8-200  |     | NAME OF INDIVIDUAL |   | LOUISIANA |       |
| COLOR  | AGE | BIRTHPLACE         |   | C.O.      | SHEET |
| W  | 58  |                    |   | 137       | 19    |
| COUNTY   |     |                    | CITY  |           |       |
| ENUMERATED WITH  |     |                    | Union   |           |       |
| RELATIONSHIP TO ABOVE  |     |                    | Carter L. Barger  |           |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     |                    | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> Niece<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |           |       |
|  |     |                    | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input checked="" type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify)   |           |       |

FORM 10-57 (4-20-51)

1950 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMB-DC 10100-P01



|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R200                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| W                       | 58  | Ross, Griffine |     | 38         | 41    |
| COUNTY                  |     | CITY           |     |            |       |
| Lafourche               |     | Thibodaux      |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Living alone            |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 10-630 (4-00-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |   |   |  |                   |                   |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|---|---|--|-------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R200  |   | NAME OF INDIVIDUAL<br><i>Riggs Gussardo</i> |  | LOUISIANA         |                   |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>W</i>   | AGE<br><i>3</i>                           | BIRTHPLACE                                  |  | E.D.<br><i>62</i> | SHEET<br><i>4</i> |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY  |   | CITY<br><i>Therrell</i>                     |  |                   |                   |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Gulotta Carlo</i>   |   |   |  |                   |                   |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |   |   |  |                   |                   |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input checked="" type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NUNCE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td></td> </tr> </table> |   |   |  |                   |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDATE | <input type="checkbox"/> MOTHER | <input checked="" type="checkbox"/> NIECE | <input type="checkbox"/> NUNCE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> MOTHER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW           | <input type="checkbox"/> WIDATE             |  |                   |                   |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input checked="" type="checkbox"/> NIECE | <input type="checkbox"/> NUNCE              |  |                   |                   |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW    | <input type="checkbox"/> PATIENT            |  |                   |                   |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW    | <input type="checkbox"/> ROOMER             |  |                   |                   |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW       | <input type="checkbox"/> SERVANT            |  |                   |                   |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW  | <input type="checkbox"/> OTHER (Specify)    |  |                   |                   |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW   |   |  |                   |                   |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> MOTHER-IN-LAW    |   |  |                   |                   |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-437 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 10100-P01

|   |   |                |      |            |                  |
|---|---|----------------|------|------------|------------------|
| 1200  |   | HEAD OF FAMILY |      | LOUISIANA  |                  |
| COLOR                                       | B | AGE            | 30   | BIRTHPLACE | Rock, Griseville |
| COUNTY                                      |   |                |      | E.D.       | 92               |
|   |   |                |      | SHEET      | 10               |
|   |   |                | CITY |            |                  |
| <del>WOMEN</del><br>OTHER MEMBERS OF FAMILY |   |                |      |            |                  |
| NAME  |   | RELATIONSHIP   | AGE  | BIRTHPLACE |                  |
| 1 Cleto                                     |   | 26             | 27   |            |                  |
| Tony  |   | 2              | 2    |            |                  |
|   |   |                |      |            |                  |
|   |   |                |      |            |                  |
|   |   |                |      |            |                  |
|   |   |                |      |            |                  |
|   |   |                |      |            |                  |
|   |   |                |      |            |                  |
|   |   |                |      |            |                  |
|   |   |                |      |            |                  |

FORM 16-436 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |   |                    |   |            |      |
|--|---|--------------------|---|------------|------|
| A 200  |   | NAME OF INDIVIDUAL |   | LOUISIANA  |      |
| COLOR  | B | AGE                | 2 | BIRTHPLACE | Miss |
| COUNTY   |   | Calcasieu          |   | CITY       |      |
| ENUMERATED WITH  |   |                    |   |            |      |
| RELATIONSHIP TO ABOVE  |   |                    |   |            |      |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER<br/> <input type="checkbox"/> MOTHER<br/> <input type="checkbox"/> GRANDFATHER<br/> <input type="checkbox"/> GRANDMOTHER<br/> <input type="checkbox"/> GRANDSON<br/> <input type="checkbox"/> GRANDDAUGHTER<br/> <input type="checkbox"/> AUNT<br/> <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW<br/> <input type="checkbox"/> NICE<br/> <input type="checkbox"/> FATHER-IN-LAW<br/> <input type="checkbox"/> MOTHER-IN-LAW<br/> <input type="checkbox"/> SON-IN-LAW<br/> <input type="checkbox"/> DAUGHTER-IN-LAW<br/> <input type="checkbox"/> BROTHER-IN-LAW<br/> <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INSANE<br/> <input type="checkbox"/> NURSE<br/> <input type="checkbox"/> PATIENT<br/> <input type="checkbox"/> ROOMER<br/> <input type="checkbox"/> SERVANT<br/> <input checked="" type="checkbox"/> OTHER (Specify) </div> </div> |   |                    |   |            |      |

FORM 10-637 (10-30-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18100-P01

|                         |   |                |     |                |  |           |    |
|-------------------------|---|----------------|-----|----------------|--|-----------|----|
| 9240                    |   | HEAD OF FAMILY |     | Roach, Guy     |  | LOUISIANA |    |
| COLOR                   | B | AGE            | 52  | BIRTHPLACE     |  | E.D.      | 25 |
|                         |   |                |     |                |  | SHEET 4   |    |
| COUNTY                  |   |                |     | Jefferson      |  | CITY      |    |
|                         |   |                |     | Mc Donoghville |  |           |    |
| OTHER MEMBERS OF FAMILY |   |                |     |                |  |           |    |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE     |  |           |    |
| Antona                  |   | D              | 19  |                |  |           |    |
| Albert                  |   | S              | 17  |                |  |           |    |
| Olivia                  |   | D              | 14  |                |  |           |    |
| Adelia                  |   | D              | 11  |                |  |           |    |
| Ceila                   |   | D              | 11  |                |  |           |    |
| Mike                    |   | S              | 10  |                |  |           |    |

FORM 16-526 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                |            |            |       |
|-------------------------|----------------|------------|------------|-------|
| R200                    | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   | AGE            | BIRTHPLACE | E.D.       | SHEET |
| B                       | 27             |            | 19         | 16    |
| COUNTY                  |                | CITY       |            |       |
| Iberia                  |                | New Iberia |            |       |
| OTHER MEMBERS OF FAMILY |                |            |            |       |
| NAME                    | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Emmie                   | W              | 23         |            |       |
|                         |                |            |            |       |
|                         |                |            |            |       |
|                         |                |            |            |       |
|                         |                |            |            |       |
|                         |                |            |            |       |
|                         |                |            |            |       |
|                         |                |            |            |       |
|                         |                |            |            |       |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |       |              |                 |           |    |
|-------------------------|---|----------------|-------|--------------|-----------------|-----------|----|
| R200                    |   | HEAD OF FAMILY |       | Roach Gustav |                 | LOUISIANA |    |
| COLOR                   | B | AGE            | 29    | BIRTHPLACE   |                 | R.D.      | 25 |
| COUNTY                  |   |                |       | CITY         | Mc Donoughville |           |    |
| OTHER MEMBERS OF FAMILY |   |                |       |              |                 |           |    |
| NAME                    |   | RELATIONSHIP   | AGE   | BIRTHPLACE   |                 |           |    |
| Camelia                 |   | W              | 24    |              |                 |           |    |
| Antonina                |   | D              | 8 1/2 |              |                 |           |    |
|                         |   |                |       |              |                 |           |    |
|                         |   |                |       |              |                 |           |    |
|                         |   |                |       |              |                 |           |    |
|                         |   |                |       |              |                 |           |    |
|                         |   |                |       |              |                 |           |    |
|                         |   |                |       |              |                 |           |    |

FORM 18-636 (6-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |   |            |  |             |
|--|--|---|------------|--|-------------|
| R200<br>COLOR  |  | NAME OF INDIVIDUAL<br>Rock, Gustav  |            | LOUISIANA  |             |
| Mrs<br>COUNTY  |  | AGE<br>11   | BIRTHPLACE | E.O.<br>92   | SHEET<br>25 |
| Natchitoches   |  |   | CITY       |  |             |
| ENUMERATED WITH  |  |   |            |  |             |
| RELATIONSHIP TO ABOVE<br>Bodine, Philamine   |  |   |            |  |             |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |            | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br>S |             |

Form 10-637 (4-30-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 18108-P61



|   |   |   |  |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
|---|---|---|--|------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|---|--|-------------------------------|---|--|--------------------------------|--|--|
| 120   |   | NAME OF INDIVIDUAL<br><i>Rash Gustavich</i> |  | LOUISIANA        |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| COLOR<br><i>Mw</i>  | AGE<br><i>7</i>                                     | BIRTHPLACE                                  |  | E.O.<br><i>1</i> | SHEET<br><i>1</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| COUNTY  |   | CITY<br><i>Ascension</i>                    |  |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Smith Randolph</i>  |   |   |  |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |   |   |  |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input checked="" type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |   |   |  |                  |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input checked="" type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW                     | <input type="checkbox"/> INMATE             |  |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE                      | <input type="checkbox"/> NURSE              |  |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW              | <input type="checkbox"/> PATIENT            |  |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW              | <input type="checkbox"/> ROOMER             |  |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW                 | <input type="checkbox"/> SERVANT            |  |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input checked="" type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)    |  |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW             |   |  |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW              |   |  |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIV

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |      |            |             |
|-------------------------|---|----------------|------|------------|-------------|
| R 707                   |   | HEAD OF FAMILY |      | LOUISIANA  |             |
| COLOR                   | W | AGE            | 25   | BIRTHPLACE | St. Bernard |
|                         |   |                |      | CITY       |             |
| OTHER MEMBERS OF FAMILY |   |                |      |            |             |
| NAME                    |   | RELATIONSHIP   | AGE  | BIRTHPLACE |             |
| Valentine               |   | S              | 3    |            |             |
| Lena                    |   | D              | 2    |            |             |
| Odell                   |   | D              | 4/12 |            |             |
|                         |   |                |      |            |             |
|                         |   |                |      |            |             |
|                         |   |                |      |            |             |
|                         |   |                |      |            |             |
|                         |   |                |      |            |             |

FORM 10-436 (2-20-11)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |                 |   |  |  |                   |
|--|-----------------|---|--|--|-------------------|
| R200   |                 | NAME OF INDIVIDUAL<br><i>Roscoe Mustawia</i>  |  | LOUISIANA  |                   |
| COLOR<br><i>B</i>  | AGE<br><i>8</i> | BIRTHPLACE  |  | E.O.<br><i>102</i>   | SHEET<br><i>1</i> |
| COUNTY<br><i>Iberbbonne</i>  |                 | CITY  |  |  |                   |
| ENUMERATED WITH<br><i>Balden John</i>  |                 |   |  |  |                   |
| RELATIONSHIP TO ABOVE  |                 |   |  |  |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                 | <input type="checkbox"/> NEPHEW<br><input checked="" type="checkbox"/> WIFE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                   |

FORM 16-437 (4-20-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCENS-DC 16100-P01

|                         |              |            |            |       |
|-------------------------|--------------|------------|------------|-------|
| COLOR                   | AGE          | BIRTHPLACE | E.D.       | SHEET |
| W                       | 62           | Lincoln    | 68         | 5     |
| COUNTY                  |              |            |            |       |
| CITY                    |              |            |            |       |
| OTHER MEMBERS OF FAMILY |              |            |            |       |
| NAME                    | RELATIONSHIP | AGE        | BIRTHPLACE |       |
| Loetta                  | W            | 58         |            |       |
| Mamie                   | D            | 16         |            |       |
| Harrell                 | S            | 13         |            |       |
| A.C.                    | S            | 22         |            |       |
|                         |              |            |            |       |
|                         |              |            |            |       |
|                         |              |            |            |       |
|                         |              |            |            |       |

FORM 18-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                |
|----------------|
| HEAD OF FAMILY |
|----------------|

| COLOR                   |              | AGE | BIRTHPLACE       | LOUISIANA  |            |
|-------------------------|--------------|-----|------------------|------------|------------|
| W                       |              | 42  | Roach, H. Sydney | E.O.<br>34 | SHEET<br>5 |
| COUNTY                  |              |     | Caddo            | CITY       |            |
| OTHER MEMBERS OF FAMILY |              |     |                  |            |            |
| NAME                    | RELATIONSHIP | AGE | BIRTHPLACE       |            |            |
| Annie                   | W            | 37  |                  |            |            |
| Mary L.                 | D            | 18  |                  |            |            |
| Evelyn                  | D            | 16  |                  |            |            |
| Thos                    | D            | 14  |                  |            |            |
| Annie L.                | D            | 12  |                  |            |            |
| Henry L.                | S            | 10  |                  |            |            |
| Frank M. R.             | S            | 7   |                  |            |            |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

HEAD OF FAMILY - CONTINUED

LOUISIANA

CARD 2 OF 2

**OTHER MEMBERS OF FAMILY**

NAME \_\_\_\_\_

RELATIONSHIP

AGE

BIRTHPLACE

1 Ruby N

*P*

3-

FORM 10-436a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |            |  |
|-------------------------|---|----------------|-----|------------|--|
| R200                    |   | HEAD OF FAMILY |     | LOUISIANA  |  |
| COLOR                   | B | AGE            | 25  | BIRTHPLACE |  |
| COUNTY                  |   | Rapides        |     | CITY       |  |
| OTHER MEMBERS OF FAMILY |   |                |     |            |  |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| Martha                  |   | W              | 23  |            |  |
| Lilly                   |   | D              | 3   |            |  |
| Maudie                  |   | D              | 1   |            |  |
|                         |   |                |     |            |  |
|                         |   |                |     |            |  |
|                         |   |                |     |            |  |
|                         |   |                |     |            |  |
|                         |   |                |     |            |  |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| 1200                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| mu                      | 39  |                |     | 102        | 15    |
| COUNTY                  |     | CITY           |     |            |       |
| Ouachita                |     | Monroe         |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| 1 Mary                  |     | w              | 35  |            |       |
| Sethaniel               |     | d              | 18  |            |       |
| 4 2 Boarders            |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 18-636 (4-20-61)

1918 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|   |         |                    |      |            |  |
|---|---------|--------------------|------|------------|--|
| R207  |         | NAME OF INDIVIDUAL |      | LOUISIANA  |  |
| COLOR   | B       | AGE                | 9    | BIRTHPLACE |  |
| COUNTY  | Bossier |                    | CITY |            |  |
| ENUMERATED WITH   |         |                    |      |            |  |
| RELATIONSHIP TO ABOVE   |         |                    |      |            |  |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> FATHER<br/> <input type="checkbox"/> MOTHER<br/> <input type="checkbox"/> GRANDFATHER<br/> <input type="checkbox"/> GRANDMOTHER<br/> <input type="checkbox"/> GRANDSON<br/> <input type="checkbox"/> GRANDDAUGHTER<br/> <input type="checkbox"/> AUNT<br/> <input type="checkbox"/> UNCLE </div> <div style="width: 30%;"> <input type="checkbox"/> NEPHEW<br/> <input type="checkbox"/> NIECE<br/> <input type="checkbox"/> FATHER-IN-LAW<br/> <input type="checkbox"/> MOTHER-IN-LAW<br/> <input type="checkbox"/> SON-IN-LAW<br/> <input type="checkbox"/> DAUGHTER-IN-LAW<br/> <input type="checkbox"/> BROTHER-IN-LAW<br/> <input type="checkbox"/> SISTER-IN-LAW </div> <div style="width: 30%;"> <input type="checkbox"/> INMATE<br/> <input type="checkbox"/> NURSE<br/> <input type="checkbox"/> PATIENT<br/> <input type="checkbox"/> ROOMER<br/> <input type="checkbox"/> SERVANT<br/> <input checked="" type="checkbox"/> OTHER (Specify) </div> </div> |         |                    |      |            |  |

FORM 16-627 (4-22-61)

1916 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18102-P01

|                         |   |                |     |            |        |
|-------------------------|---|----------------|-----|------------|--------|
| R200                    |   | HEAD OF FAMILY |     | LOUISIANA  |        |
| COLOR                   | W | AGE            | 36  | BIRTHPLACE | Turkey |
|                         |   | St. Bernard    |     | CITY       |        |
| OTHER MEMBERS OF FAMILY |   |                |     |            |        |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |        |
| Elizabeth               |   | W              | 32  | Turkey     |        |
|                         |   |                |     |            |        |
|                         |   |                |     |            |        |
|                         |   |                |     |            |        |
|                         |   |                |     |            |        |
|                         |   |                |     |            |        |
|                         |   |                |     |            |        |
|                         |   |                |     |            |        |

FORM 10-636 (4-29-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |           |   |  |   |            |
|--|-----------|---|--|---|------------|
| R20  |           | NAME OF INDIVIDUAL<br>Rosa Hanch  |  | LOUISIANA   |            |
| COLOR<br>B   | AGE<br>24 | BIRTHPLACE<br>NC  |  | E.D.<br>121   | SHEET<br>1 |
| COUNTY   |           | TOWNSHIP<br>TOWNS   |  | CITY<br>Newellton   |            |
| ENUMERATED WITH<br>Green Square  |           |   |  |   |            |
| RELATIONSHIP TO ABOVE  |           |   |  |   |            |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |           | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> WMAITE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br>Cook |            |

FORM 16-537 (4-20-51)

1940 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18150-P-61

|  |   |   |    |   |                 |
|--|---|---|----|---|-----------------|
| R 200  |   | NAME OF INDIVIDUAL  |    | LOUISIANA   |                 |
| COLOR  | W | AGE   | 28 | BIRTHPLACE  | Ricks, Havan J. |
| COUNTY   |   | CITY  |    | E.O.  | 71              |
| ENUMERATED WITH  |   | No Sibs   |    | SHEET 2   |                 |
| RELATIONSHIP TO ABOVE  |   | Rodgers, Floyd L.   |    |   |                 |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |   | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |    | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br>Bo |                 |

FORM 10-637 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

**R200** **HEAD OF FAMILY** *Rush Harmon* **E.D.** *80* **SHEET** *3*

**COLOR** *W* **AGE** *40* **BIRTHPLACE** *Miss*

**COUNTY** *Rapides* **CITY** *Alexandria*

**OTHER MEMBERS OF FAMILY**

| NAME          | RELATIONSHIP | AGE       | BIRTHPLACE |
|---------------|--------------|-----------|------------|
| <i>Beigne</i> | <i>W</i>     | <i>36</i> |            |
| <i>Alex</i>   | <i>S</i>     | <i>12</i> |            |
| <i>Harmon</i> | <i>S</i>     | <i>9</i>  |            |
| <i>James</i>  | <i>D</i>     | <i>6</i>  |            |
| <i>2 B's</i>  |              |           |            |
|               |              |           |            |
|               |              |           |            |
|               |              |           |            |
|               |              |           |            |

FORM 16-436 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |                  |   |  |  |                    |
|--|------------------|---|--|--|--------------------|
| R200   |                  | NAME OF INDIVIDUAL<br><i>Rush Harmon</i>  |  | LOUISIANA  |                    |
| COLOR<br><i>W</i>  | AGE<br><i>32</i> | BIRTHPLACE  |  | ED.<br><i>107</i>  | SHEET<br><i>13</i> |
| COUNTY   |                  | CITY<br><i>Rentwood</i>   |  |  |                    |
| ENUMERATED WITH<br><i>Targipahoe</i>   |                  |   |  |  |                    |
| RELATIONSHIP TO ABOVE<br><i>Blackwell Wilkerson</i>  |                  |   |  |  |                    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> WIDOW<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                    |

FORM 10-517 (1-20-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 10100-P61

|                         |   |                |                   |            |         |
|-------------------------|---|----------------|-------------------|------------|---------|
| 8200                    |   | HEAD OF FAMILY |                   | LOUISIANA  |         |
| COLOR                   | W | AGE            | 28                | BIRTHPLACE | Laurens |
| COUNTY                  |   |                |                   |            |         |
| Calcasieu               |   |                | CITY Lake Charles |            |         |
| OTHER MEMBERS OF FAMILY |   |                |                   |            |         |
| NAME                    |   | RELATIONSHIP   | AGE               | BIRTHPLACE |         |
| Maudie                  |   | w              | 30                | Laurens    |         |
| Eddie Clarence          |   | b              | 24                | Laurens    |         |
|                         |   |                |                   |            |         |
|                         |   |                |                   |            |         |
|                         |   |                |                   |            |         |
|                         |   |                |                   |            |         |
|                         |   |                |                   |            |         |
|                         |   |                |                   |            |         |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |      |            |  |
|-------------------------|-----|----------------|------|------------|--|
| R200                    |     | HEAD OF FAMILY |      | LOUISIANA  |  |
| COLOR                   | AGE | BIRTHPLACE     | E.D. | SHEET      |  |
| W                       | 90  | S. Dak.        | 119  | 2          |  |
| COUNTY                  |     | CITY           |      |            |  |
| Langipahoa              |     | Hennepin       |      |            |  |
| OTHER MEMBERS OF FAMILY |     |                |      |            |  |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| Annie                   |     | D              | 22   | Wash       |  |
| Hallie                  |     | 95             | 3/4  | S. Dak.    |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |

FORM 16-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |   |                |     |              |      |
|-------------------------|---|----------------|-----|--------------|------|
| R200                    |   | HEAD OF FAMILY |     | LOUISIANA    |      |
| COLOR                   | U | AGE            | 28  | BIRTHPLACE   | Iowa |
|                         |   | Rock, Harold J |     | E.D.         | 37   |
|                         |   |                |     | SERV         | 2    |
| COUNTY                  |   | Calcasieu      |     | CITY         |      |
|                         |   |                |     | Lake Charles |      |
| OTHER MEMBERS OF FAMILY |   |                |     |              |      |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE   |      |
| Maudie                  |   | W              | 31  | Iowa         |      |
| Eddy, Clarence          |   | 38             | 33  | Iowa         |      |
|                         |   |                |     |              |      |
|                         |   |                |     |              |      |
|                         |   |                |     |              |      |
|                         |   |                |     |              |      |
|                         |   |                |     |              |      |
|                         |   |                |     |              |      |

FORM 16-636 (6-22-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |                   |   |  |  |                    |
|---|-------------------|---|--|--|--------------------|
| R200  |                   | NAME OF INDIVIDUAL<br><i>Rich Harriet</i>   |  | LOUISIANA  |                    |
| COLOR<br><i>B</i>   | AGE<br><i>111</i> | BIRTHPLACE  |  | E.O.<br><i>36</i>  | SHEET<br><i>27</i> |
| COUNTY<br><i>Letourche</i>  |                   | CITY  |  |  |                    |
| ENUMERATED WITH<br><i>Johnson Isaac</i>   |                   |   |  |  |                    |
| RELATIONSHIP TO ABOVE   |                   |   |  |  |                    |
| <input type="checkbox"/> FATHER<br><input checked="" type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                   | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> ORNATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                    |

FORM 16-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCAMS-DC 16100-P01

|  |    |   |    |  |  |
|--|----|---|----|--|--|
| R200   |    | NAME OF INDIVIDUAL  |    | LOUISIANA  |  |
| COLOR  | mc | AGE   | 12 | BIRTHPLACE   |  |
| COUNTY   |    | St. Martin  |    | CITY   |  |
| ENUMERATED WITH  |    | Fontinet Davis  |    |  |  |
| RELATIONSHIP TO ABOVE  |    |   |    |  |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |    | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |    | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NUNSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify)<br>G.C.L. |  |

FORM 10-637 (4-20-61)

1930 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |     |  |      |  |  |
|--|-----|--|------|--|--|
| R200   |     | NAME OF INDIVIDUAL   |      | LOUISIANA  |  |
| COLOR  | AGE | BIRTHPLACE   | E.D. | SHEET  |  |
| 2A   | 36  | Ky.  | 701  | 3  |  |
| COUNTY   |     | CITY   |      |  |  |
| Ouachita   |     |  |      |  |  |
| ENUMERATED WITH  |     |  |      |  |  |
| Key, S. S. H.  |     |  |      |  |  |
| RELATIONSHIP TO ABOVE  |     |  |      |  |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input checked="" type="checkbox"/> NEPHER<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |  |

FORM 19-637 (4-29-61)

1919 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                |                |            |       |
|-------------------------|----------------|----------------|------------|-------|
| R200                    | HEAD OF FAMILY |                | LOUISIANA  |       |
| COLOR                   | AGE            | BIRTHPLACE     | E.D.       | SHEET |
| B                       | 45             | Russ, Harrison | 57         | 18    |
| COUNTY                  |                | CITY           |            |       |
| Merrville               |                |                |            |       |
| OTHER MEMBERS OF FAMILY |                |                |            |       |
| NAME                    | RELATIONSHIP   | AGE            | BIRTHPLACE |       |
| Cora                    | W              | 40             |            |       |
| Alex                    | S              | 24             |            |       |
| Narby                   | S              | 11             |            |       |
| Edward                  | S              | 7 1/2          |            |       |
| Robertson, Martha       | D              | 22             |            |       |
| Arthur                  | S              | 15 1/2         |            |       |

FORM 16-436 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                |              |            |       |
|-------------------------|----------------|--------------|------------|-------|
| R200                    | HEAD OF FAMILY |              | LOUISIANA  |       |
| COLOR                   | AGE            | BIRTHPLACE   | E.D.       | SHEET |
| W                       | 24             | N.Y.         | 37         | 13    |
| COUNTY                  |                | CITY         |            |       |
| Calcasieu               |                | Lake Charles |            |       |
| OTHER MEMBERS OF FAMILY |                |              |            |       |
| NAME                    | RELATIONSHIP   | AGE          | BIRTHPLACE |       |
| 1 Lucy                  | W              | 70           | N.Y.       |       |
|                         |                |              |            |       |
|                         |                |              |            |       |
|                         |                |              |            |       |
|                         |                |              |            |       |
|                         |                |              |            |       |
|                         |                |              |            |       |
|                         |                |              |            |       |

FORM 10-436 (4-20-27)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |           |                    |          |            |             |
|---|-----------|--------------------|----------|------------|-------------|
| R200  |           | NAME OF INDIVIDUAL |          | LOUISIANA  |             |
| COLOR   | W         | AGE                | 18       | BIRTHPLACE | Rice, Texas |
| COUNTY  | Jefferson |                    | CITY     | E.O.       | 21          |
| ENUMERATED WITH   |           |                    | SHEET 38 |            |             |
| RELATIONSHIP TO ABOVE   |           |                    |          |            |             |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER<br/> <input type="checkbox"/> MOTHER<br/> <input type="checkbox"/> GRANDFATHER<br/> <input type="checkbox"/> GRANDMOTHER<br/> <input type="checkbox"/> GRANDSON<br/> <input type="checkbox"/> GRANDDAUGHTER<br/> <input type="checkbox"/> AUNT<br/> <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW<br/> <input type="checkbox"/> NIECE<br/> <input type="checkbox"/> FATHER-IN-LAW<br/> <input type="checkbox"/> MOTHER-IN-LAW<br/> <input type="checkbox"/> SON-IN-LAW<br/> <input type="checkbox"/> DAUGHTER-IN-LAW<br/> <input type="checkbox"/> BROTHER-IN-LAW<br/> <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE<br/> <input type="checkbox"/> NURSE<br/> <input type="checkbox"/> PATIENT<br/> <input type="checkbox"/> ROOMER<br/> <input type="checkbox"/> SERVANT<br/> <input checked="" type="checkbox"/> OTHER (Specify)<br/> <u>B</u> </div> </div> |           |                    |          |            |             |

FORM 10-437 (4-30-31)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 18100-P61

|                         |                  |                            |           |                   |
|-------------------------|------------------|----------------------------|-----------|-------------------|
| <i>R20</i>              | HEAD OF FAMILY   |                            | LOUISIANA |                   |
| COLOR<br><i>B</i>       | AGE<br><i>50</i> | NAME<br><i>Reese Harry</i> |           | E.D.<br><i>96</i> |
| COUNTY                  |                  | BIRTHPLACE<br><i>La</i>    |           |                   |
|                         |                  | Morehouse CITY             |           |                   |
| OTHER MEMBERS OF FAMILY |                  |                            |           |                   |
| NAME                    |                  | RELATIONSHIP               | AGE       | BIRTHPLACE        |
| <i>Molly</i>            |                  | <i>W</i>                   | <i>35</i> |                   |
| <i>Hardee</i>           |                  | <i>S</i>                   | <i>17</i> |                   |
| <i>Urcia</i>            |                  | <i>D</i>                   | <i>15</i> |                   |
| <i>Nathia</i>           |                  | <i>S</i>                   | <i>13</i> |                   |
| <i>Hood</i>             |                  | <i>S</i>                   | <i>9</i>  |                   |
| <i>Urcie</i>            |                  | <i>D</i>                   | <i>4</i>  |                   |
| <i>Monger</i>           |                  | <i>S</i>                   | <i>3</i>  |                   |

Pa. 36-18-430 (10-26-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS





|  |  |  |      |           |  |                                 |                                 |                               |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|------|-----------|--|---------------------------------|---------------------------------|-------------------------------|---------------------------------|-------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R200   |  | NAME OF INDIVIDUAL                         |      | LOUISIANA |  |                                 |                                 |                               |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR  | AGE                                      | BIRTHPLACE                                 | E.D. | SHEET     |  |                                 |                                 |                               |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| B  | 63                                       | Miss                                       | 107  | 18        |  |                                 |                                 |                               |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY   |  | Tangipahoa                                 |      | CITY      |  |                                 |                                 |                               |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|  |  |  |      | Kentwood  |  |                                 |                                 |                               |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| IMMIGRATED WITH  |  |  |      |           |  |                                 |                                 |                               |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Banks John   |  |  |      |           |  |                                 |                                 |                               |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |      |           |  |                                 |                                 |                               |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIFE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NICE</td> <td><input type="checkbox"/> HOUSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |      |           |  | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIFE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NICE | <input type="checkbox"/> HOUSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIFE              |      |           |  |                                 |                                 |                               |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NICE            | <input type="checkbox"/> HOUSE             |      |           |  |                                 |                                 |                               |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |      |           |  |                                 |                                 |                               |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER |      |           |  |                                 |                                 |                               |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |      |           |  |                                 |                                 |                               |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |      |           |  |                                 |                                 |                               |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |      |           |  |                                 |                                 |                               |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |      |           |  |                                 |                                 |                               |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 19-637 (4-20-51)

1919 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCENSUS-DC 19199-P01

|                         |   |                |     |            |          |
|-------------------------|---|----------------|-----|------------|----------|
| R200                    |   | HEAD OF FAMILY |     | LOUISIANA  |          |
| COLOR                   | B | AGE            | 33  | BIRTHPLACE | So. Car. |
| COUNTY                  |   | Washington     |     | CITY       |          |
| OTHER MEMBERS OF FAMILY |   |                |     |            |          |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |          |
| 1 Georgia               |   | W              | 33  | So.        |          |
|                         |   |                |     |            |          |
|                         |   |                |     |            |          |
|                         |   |                |     |            |          |
|                         |   |                |     |            |          |
|                         |   |                |     |            |          |
|                         |   |                |     |            |          |
|                         |   |                |     |            |          |

FORM 16-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |                    |   |  |   |                   |
|--|--------------------|---|--|---|-------------------|
| R200   |                    | NAME OF INDIVIDUAL<br><i>Rice Harry</i>   |  | LOUISIANA   |                   |
| COLOR  | AGE<br><i>W 21</i> | BIRTHPLACE  |  | E.P.<br><i>127</i>  | SHEET<br><i>2</i> |
| SEX<br><i>W</i>  |                    | CITY<br><i>St. Martin</i>   |  |   |                   |
| REGISTERED WITH<br><i>Alvin Lee Andy</i>   |                    |   |  |   |                   |
| RELATIONSHIP TO ABOVE  |                    |   |  |   |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                    | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input checked="" type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                   |

FORM 10-637 (10-20-61)

1930 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 19100-P81

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R 200                   |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| B                       | 60  | Ross, Harvey   |     | 39         | 15    |
| COUNTY                  |     | CITY           |     |            |       |
| East Feliciana          |     |                |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| living alone            |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
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|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                             |  |                      |  |                          |  |  |  |
|-----------------------------|--|----------------------|--|--------------------------|--|--|--|
| 10223<br>COLOR <i>B</i>     |  | HEAD OF FAMILY<br>74 |  | BIRTHPLACE <i>Harvey</i> |  | LOUISIANA<br>E.D. <i>73</i> SHEET <i>8</i> |  |
| COUNTY <i>Pointe Coupee</i> |  |                      |  | CITY <i>Not known</i>    |  |  |  |
| OTHER MEMBERS OF FAMILY     |  |                      |  |                          |  |  |  |
| NAME                        |  | RELATIONSHIP         |  | AGE                      |  | BIRTHPLACE                                 |  |
| <i>1 Susan</i>              |  | <i>W</i>             |  | <i>70</i>                |  |  |  |
|                             |  |                      |  |                          |  |  |  |
|                             |  |                      |  |                          |  |  |  |
|                             |  |                      |  |                          |  |  |  |
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|                             |  |                      |  |                          |  |  |  |

FORM 18-436 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |            |       |
|-------------------------|---|----------------|-----|------------|-------|
| K200                    |   | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | W | AGE            | 26  | BIRTHPLACE | Miss. |
| COUNTY                  |   | Vernon         |     | CITY       |       |
|                         |   |                |     | Fullerton  |       |
| OTHER MEMBERS OF FAMILY |   |                |     |            |       |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Etta                    |   | W              | 24  | Ark        |       |
| Eulyn                   |   | D              | 3   | Ark        |       |
| Benjamin                |   | S              | 12  | Ark        |       |
|                         |   |                |     |            |       |
|                         |   |                |     |            |       |
|                         |   |                |     |            |       |
|                         |   |                |     |            |       |
|                         |   |                |     |            |       |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |   |                     |  |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
|--|--|---|---------------------|--|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|-----------|--------------------------------|--|--|
| <i>R200</i><br>COLOR <i>W</i>  |  | NAME OF INDIVIDUAL<br><i>Rose Hatie</i>             |                     | LOUISIANA<br>E.D. <i>14</i> SHEET <i>4</i> |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| AGE <i>53</i>  |  | BIRTHPLACE  |                     |  |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| COUNTY<br><i>V</i>   |  |   | CITY                |  |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| ENUMERATED WITH<br><i>Maria</i>  |  |   | <i>Rose Erofort</i> |  |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   |                     |  |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>Sc</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |                     |  |  | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>Sc</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |                     |  |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |                     |  |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |                     |  |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |                     |  |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |                     |  |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |                     |  |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  | <i>Sc</i>   |                     |  |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |   |                     |  |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |

FORM 16-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18195-P61



|  |               |                         |      |                |                |
|--|---------------|-------------------------|------|----------------|----------------|
| R 200  |               | NAME <i>Ross Hattis</i> |      | LOUISIANA      |                |
| COLOR <i>B</i>   | AGE <i>14</i> | BIRTHPLACE              |      | E.O. <i>28</i> | SHEET <i>8</i> |
| COUNTY <i>East Baton Rouge</i>   |               |                         | CITY |                |                |
| ENUMERATED WITH <i>Harrison Henry</i>  |               |                         |      |                |                |
| RELATIONSHIP TO ABOVE  |               |                         |      |                |                |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER<br/> <input type="checkbox"/> MOTHER<br/> <input type="checkbox"/> GRANDFATHER<br/> <input type="checkbox"/> GRANDMOTHER<br/> <input type="checkbox"/> GRANDSON<br/> <input type="checkbox"/> GRANDDAUGHTER<br/> <input type="checkbox"/> AUNT<br/> <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW<br/> <input type="checkbox"/> NIECE<br/> <input type="checkbox"/> FATHER-IN-LAW<br/> <input type="checkbox"/> MOTHER-IN-LAW<br/> <input type="checkbox"/> SON-IN-LAW<br/> <input type="checkbox"/> DAUGHTER-IN-LAW<br/> <input type="checkbox"/> BROTHER-IN-LAW<br/> <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE<br/> <input type="checkbox"/> NURSE<br/> <input type="checkbox"/> PATIENT<br/> <input type="checkbox"/> ROOMER<br/> <input type="checkbox"/> SERVANT<br/> <input checked="" type="checkbox"/> STEPPED (Specify) <i>Stepd</i> </div> </div> |               |                         |      |                |                |

FORM 16-437 (6-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |     |   |      |  |  |
|--|-----|---|------|--|--|
| 10200  |     | NAME OF INDIVIDUAL  |      | LOUISIANA  |  |
| COLOR  | AGE | BIRTHPLACE  | E.D. | SHEET  |  |
| B  | 19  |   | 64   | 7  |  |
| COUNTY   |     | CITY  |      |  |  |
| La Salle   |     | Jena  |      |  |  |
| ENUMERATED WITH  |     |   |      |  |  |
| Sandra Lane  |     |   |      |  |  |
| RELATIONSHIP TO ABOVE  |     |   |      |  |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify)<br>SD |  |

FORM 10-637 (0-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |          |   |  |  |             |
|---|----------|---|--|--|-------------|
| 1900  |          | NAME OF INDIVIDUAL<br>Roxey Hattie  |  | LOUISIANA  |             |
| COLOR<br>W  | AGE<br>8 | BIRTHPLACE<br>J   |  | E.D.<br>24   | SHEET<br>19 |
| COUNTY<br>Iberia  |          | CITY<br>Jeanerette  |  |  |             |
| ENUMERATED WITH<br>Taylor Nayeme  |          |   |  |  |             |
| RELATIONSHIP TO ABOVE   |          |   |  |  |             |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input checked="" type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |          | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> WIFE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |             |

FORM 10-437 (4-20-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |  |  |           |       |                                 |                                 |                                  |                                 |                                |                                  |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|--|-----------|-------|---------------------------------|---------------------------------|----------------------------------|---------------------------------|--------------------------------|----------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|--|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| B200   |  | NAME OF INDIVIDUAL                       |  | LOUISIANA |       |                                 |                                 |                                  |                                 |                                |                                  |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR  | AGE                                      | BIRTHPLACE                               |  | E.O.      | SHEET |                                 |                                 |                                  |                                 |                                |                                  |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| B  | 17                                       | Caldwell                                 |  | 3         | 6     |                                 |                                 |                                  |                                 |                                |                                  |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY   |  | CITY                                     |  |           |       |                                 |                                 |                                  |                                 |                                |                                  |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|  |  | Columbia                                 |  |           |       |                                 |                                 |                                  |                                 |                                |                                  |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH  |  |  |  |           |       |                                 |                                 |                                  |                                 |                                |                                  |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Cary, Harriett   |  |  |  |           |       |                                 |                                 |                                  |                                 |                                |                                  |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |  |           |       |                                 |                                 |                                  |                                 |                                |                                  |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> BOARDER</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> BOARDER</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> BOARDER | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> BOARDER | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> BOARDER         |  |           |       |                                 |                                 |                                  |                                 |                                |                                  |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> BOARDER         |  |           |       |                                 |                                 |                                  |                                 |                                |                                  |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |  |           |       |                                 |                                 |                                  |                                 |                                |                                  |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |  |           |       |                                 |                                 |                                  |                                 |                                |                                  |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |  |           |       |                                 |                                 |                                  |                                 |                                |                                  |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |  |           |       |                                 |                                 |                                  |                                 |                                |                                  |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |           |       |                                 |                                 |                                  |                                 |                                |                                  |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |  |           |       |                                 |                                 |                                  |                                 |                                |                                  |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 18-437 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |  |    |           |   |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|----|-----------|---|---------------------------------|---------------------------------|-------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|--|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R 200   |  | NAME OF INDIVIDUAL                       |    | LOUISIANA |   |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR   | B  | AGE                                      | 13 | E.D.      | 3 |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|   |  | BIRTHPLACE                               |    | SHEET 4   |   |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY  |  | Caldwell                                 |    | CITY      |   |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  | Columbia                                 |    |           |   |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  | Case, Harriett                           |    |           |   |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIFE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |    |           |   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIFE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIFE            |    |           |   |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |    |           |   |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |    |           |   |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |    |           |   |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |    |           |   |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |    |           |   |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |    |           |   |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |    |           |   |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |   |  |           |            |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
|---|---|--|-----------|------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|---|--|
| <i>R2as</i>   |   | NAME OF INDIVIDUAL                       |           | LOUISIANA  |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| COLOR   | <i>W</i>  | AGE                                      | <i>18</i> | BIRTHPLACE | <i>Rosa Hebert</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| COUNTY  |   | <i>St Landry</i>                         |           | CITY       |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| ENUMERATED WITH   |   |  |           |            |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <i>Hebert Felix</i>   |   |  |           |            |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| RELATIONSHIP TO ABOVE   |   |  |           |            |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
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| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW                   | <input type="checkbox"/> INMATE          |           |            |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE                    | <input type="checkbox"/> NURSE           |           |            |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW            | <input type="checkbox"/> PATIENT         |           |            |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW            | <input type="checkbox"/> ROOMER          |           |            |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW               | <input type="checkbox"/> SERVANT         |           |            |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW          | <input type="checkbox"/> OTHER (Specify) |           |            |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW           |  |           |            |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <input type="checkbox"/> UNCLE  | <input checked="" type="checkbox"/> SISTER-IN-LAW |  |           |            |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |

FORM 18-637 (4-20-61)

1910 CENSUS INDEX - INDIV

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                |            |            |      |
|-------------------------|----------------|------------|------------|------|
| R 200                   | HEAD OF FAMILY |            | LOUISIANA  |      |
| COLOR                   | AGE            | BIRTHPLACE |            | E.O. |
| W                       | 48             |            |            | 38   |
| SHEET 3                 |                |            |            |      |
| COUNTY                  |                | CITY       |            |      |
| Lafourche               |                | Thibodaux  |            |      |
| OTHER MEMBERS OF FAMILY |                |            |            |      |
| NAME                    | RELATIONSHIP   | AGE        | BIRTHPLACE |      |
| Seely, Elizabeth A.     | Si             | 90         |            |      |
| Pelant, Hortense        | Si             | 90         | France     |      |
| Anceiss, Clodia         | Si             | 62         |            |      |
| Lebrasse, Regina        | Si             | 61         | France     |      |
| Blanchard, Marie        | Si             | 57         |            |      |
| Burtt, Elizabeth        | Si             | 58         |            |      |
| Kauffman, Julia         | Si             | 57         | Miss       |      |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

| HEAD OF FAMILY - CONTINUED |              | LOUISIANA   |            |
|----------------------------|--------------|-------------|------------|
| OTHER MEMBERS OF FAMILY    |              | CARD 2 OF 2 |            |
| NAME                       | RELATIONSHIP | AGE         | BIRTHPLACE |
| Lambert, Maria             | Si           | 47          |            |
| Concannon, Sarah           | Si           | 48          |            |
| Fletcher, Cecil            | Si           | 47          | Texas      |
| Murdock, Celestine         | Si           | 43          |            |
| Loftus, Cecile             | Si           | 41          |            |
| Morgan, Thelma             | Si           | 40          |            |
| Allain, Francis            | Si           | 28          |            |
|                            |              |             |            |
|                            |              |             |            |

FORM 10-434a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U. S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-110 15180-P61



|  |   |  |  |           |       |
|--|---|--|--|-----------|-------|
| R200                                   |   | NAME OF INDIVIDUAL                       |  | LOUISIANA |       |
| COLOR                                  | AGE                                       | BIRTHPLACE                               |  | R.D.      | SHEET |
| 3/4                                    | 10  | Helena                                   |  | 71        | 23    |
| COUNTY                                 |   | CITY                                     |  |           |       |
| Lafayette                              |   |  |  |           |       |
| ENUMERATED WITH                        |   |  |  |           |       |
| Jean Louis, Mrs. Louise                |   |  |  |           |       |
| RELATIONSHIP TO ABOVE                  |   |  |  |           |       |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW           | <input type="checkbox"/> INMATE          |  |           |       |
| <input type="checkbox"/> MOTHER        | <input checked="" type="checkbox"/> NIECE | <input type="checkbox"/> NURSE           |  |           |       |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW    | <input type="checkbox"/> PATIENT         |  |           |       |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW    | <input type="checkbox"/> ROOMER          |  |           |       |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW       | <input type="checkbox"/> SERVANT         |  |           |       |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW  | <input type="checkbox"/> OTHER (Specify) |  |           |       |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW   |  |  |           |       |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW    |  |  |           |       |

FORM 16-437 (9-20-61)

1916 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |   |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|---|--|--------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| <b>R 200</b>   |  | NAME OF INDIVIDUAL<br><b>Archie Allen</b> |  | LOUISIANA          |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><b>B</b>  | AGE<br><b>5</b>                          | BIRTHPLACE                                |  | E.O.<br><b>127</b> | SHEET<br><b>8</b> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY   |  | CITY                                      |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><b>Wife</b>   |  |   |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE<br><b>Walter Miller</b>  |  |   |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |                    |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE           |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE            |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT          |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER           |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT          |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)  |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |   |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |  |      |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|------|-----------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R200  |  | NAME OF INDIVIDUAL                         |      | LOUISIANA |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR   | AGE                                      | BIRTHPLACE                                 | E.O. | SHEET     |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| B   | 22                                       |  | 30   | 5         |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY  |  | CITY                                       |      |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Calcasieu   |  | Kinder                                     |      |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |  |      |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Belly, Chas.  |  |  |      |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |      |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> WINTER-IN-LAW</td> <td></td> </tr> </table> |  |  |      |           |  | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> WINTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE            |      |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE             |      |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |      |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER |      |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |      |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |      |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |      |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> WINTER-IN-LAW   |  |      |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 18-637 (4-22-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCDA-DC 18199-P01

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R 200                   |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| Mr                      | 57  |                |     | 71         | 8     |
| COUNTY                  |     | St. James      |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Shields, Mary           |     | S.D.           | 21  |            |       |
| Victoria                |     | S.D.           | 20  |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |            |                  |
|-------------------------|---|----------------|-----|------------|------------------|
| 1920                    |   | HEAD OF FAMILY |     | LOUISIANA  |                  |
| COLOR                   | W | AGE            | 26  | BIRTHPLACE | Rice, Henri, Jr. |
| COUNTY                  |   | Vermillion     |     | CITY       | Greysdan         |
| OTHER MEMBERS OF FAMILY |   |                |     |            |                  |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |                  |
|                         |   |                |     |            |                  |
|                         |   |                |     |            |                  |
|                         |   |                |     |            |                  |
|                         |   |                |     |            |                  |
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|                         |   |                |     |            |                  |
|                         |   |                |     |            |                  |

FORM 10-426 (4-20-21)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R 202                   |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| B                       | 26  |                |     | 25         | 11    |
| COUNTY                  |     | CITY           |     |            |       |
| Bossier                 |     |                |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Ralph                   |     | S              | 13  |            |       |
| Laye                    |     | S              | 12  |            |       |
| Simonech                |     | S              | 10  |            |       |
| Iga                     |     | D              | 6   |            |       |
| Addie                   |     | D              | 5   |            |       |
| Artice                  |     | S              | 2   |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |                  |   |                              |   |                   |
|--|------------------|---|------------------------------|---|-------------------|
| R 200  |                  | NAME OF INDIVIDUAL<br><i>Russ Henrietta</i>   |                              | LOUISIANA   |                   |
| COLOR<br><i>W</i>  | AGE<br><i>79</i> | BIRTHPLACE  |                              | E.D.<br><i>130</i>  | SHEET<br><i>4</i> |
| COUNTY   |                  |   |                              |   |                   |
| P. North   |                  |   | CITY<br><i>Breaux Bridge</i> |   |                   |
| ENUMERATED WITH<br><i>Gailman, Russ</i>  |                  |   |                              |   |                   |
| RELATIONSHIP TO ABOVE  |                  |   |                              |   |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |                              | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>Son</i> |                   |

FORM 10-537 (4-20-51)

1950 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCIB-DC 10100-P-51

|  |                  |  |  |  |                   |
|--|------------------|--|--|--|-------------------|
| <i>Ross</i>  |                  | NAME OF INDIVIDUAL<br><i>Ross Hensitt</i>  |  | LOUISIANA  |                   |
| COLOR<br><i>B</i>  | AGE<br><i>32</i> | BIRTHPLACE   |  | E.S.<br><i>92</i>  | SHEET<br><i>1</i> |
| COUNTY<br><i>Rapides</i>   |                  | CITY<br><i>Me</i>  |  |  |                   |
| ENUMERATED WITH<br><i>Ross Johnson</i>   |                  |  |  |  |                   |
| RELATIONSHIP TO ABOVE  |                  |  |  |  |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NICE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> WIDOW<br><input type="checkbox"/> MURDER<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><div style="text-align: center;"><i>D</i></div> |                   |

FORM 10-437 (4-22-31)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 1910-P-1



| HEAD OF FAMILY           |                         | LOUISIANA                 |                             |
|--------------------------|-------------------------|---------------------------|-----------------------------|
| NAME<br><i>Ross</i>      | AGE<br><i>51</i>        | BIRTHPLACE<br><i>Ala.</i> | E.O. SHEET<br><i>121 21</i> |
| COLOR<br><i>B</i>        | COUNTY<br><i>Tensas</i> | CITY                      |                             |
| OTHER MEMBERS OF FAMILY  |                         |                           |                             |
| NAME                     | RELATIONSHIP            | AGE                       | BIRTHPLACE                  |
| <i>Josephine</i>         | <i>W</i>                | <i>27</i>                 |                             |
| <i>Bowles Corraline</i>  | <i>BL</i>               | <i>20</i>                 |                             |
| <i>Noah</i>              | <i>BL</i>               | <i>18</i>                 |                             |
| <i>Alexander, Dattie</i> | <i>SD</i>               | <i>8</i>                  |                             |
| <i>Leslie</i>            | <i>SS</i>               | <i>4</i>                  |                             |
| <i>Ross, Annie</i>       | <i>SS</i>               | <i>2</i>                  |                             |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |       |            |       |
|-------------------------|-----|----------------|-------|------------|-------|
| R200                    |     | HEAD OF FAMILY |       | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |       | E.D.       | SHEET |
| B                       | 32  |                |       | 82         | 16    |
| COUNTY                  |     |                | CITY  |            |       |
|                         |     |                | Rapid |            |       |
| OTHER MEMBERS OF FAMILY |     |                |       |            |       |
| NAME                    |     | RELATIONSHIP   | AGE   | BIRTHPLACE |       |
| 1 Boline                |     | W              | 20    |            |       |
|                         |     |                |       |            |       |
|                         |     |                |       |            |       |
|                         |     |                |       |            |       |
|                         |     |                |       |            |       |
|                         |     |                |       |            |       |
|                         |     |                |       |            |       |
|                         |     |                |       |            |       |
|                         |     |                |       |            |       |

FORM 18-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |             |   |           |  |  |
|--|-------------|---|-----------|--|--|
| <i>R 200</i>   |             | NAME OF INDIVIDUAL  |           | LOUISIANA  |  |
| COLOR  | AGE         | BIRTHPLACE  | E.O.      | SHEET  |  |
| <i>B</i>   | <i>N.R.</i> | <i>N. rept.</i>   | <i>87</i> | <i>26</i>  |  |
| COUNTY   |             | CITY  |           |  |  |
|  |             | <i>St. Mary</i>   |           |  |  |
| ENUMERATED WITH  |             |   |           |  |  |
| <i>Mrs. Henry</i>  |             |   |           |  |  |
| RELATIONSHIP TO ABOVE  |             |   |           |  |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |             | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> Niece<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |           | <input type="checkbox"/> IMMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> RESIDENT<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>N.R.</i> |  |

FORM 10-427 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-OC 1910-P01

|  |   |                    |      |            |            |
|--|---|--------------------|------|------------|------------|
| 232  |   | NAME OF INDIVIDUAL |      | LOUISIANA  |            |
| COLOR  | W | AGE                | 64   | BIRTHPLACE | E.D. 39-38 |
| COUNTY   |   |                    | CITY |            |            |
| Calcasieu  |   |                    |      |            |            |
| ENUMERATED WITH  |   |                    |      |            |            |
| Manning David  |   |                    |      |            |            |
| RELATIONSHIP TO ABOVE  |   |                    |      |            |            |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE<br><input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input checked="" type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW<br><input type="checkbox"/> WIFE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |   |                    |      |            |            |

FORM 10-637 (4-20-61)

1930 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18190-P01

|                         |   |                |     |                   |       |
|-------------------------|---|----------------|-----|-------------------|-------|
| R200                    |   | HEAD OF FAMILY |     | LOUISIANA         |       |
| COLOR                   | W | AGE            | 49  | BIRTHPLACE        | Texas |
|                         |   |                |     | E.D.              | 35    |
|                         |   |                |     | SHEET             | 14    |
| COUNTY                  |   | Calcasieu      |     | CITY Lake Charles |       |
| OTHER MEMBERS OF FAMILY |   |                |     |                   |       |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE        |       |
| Jennie                  |   | W              | 41  | Ill.              |       |
| Pearl                   |   | D              | 18  | Texas             |       |
| Arthur                  |   | S              | 15  | Texas             |       |
| Newton                  |   | S              | 12  |                   |       |
|                         |   |                |     |                   |       |
|                         |   |                |     |                   |       |
|                         |   |                |     |                   |       |
|                         |   |                |     |                   |       |

FORM 10-636 (4-20-61)  
1970 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |               |   |  |   |                 |
|--|---------------|---|--|---|-----------------|
| R-100  |               | NAME OF INDIVIDUAL <i>Paas, Henry</i>   |  | LOUISIANA   |                 |
| COLOR <i>B</i>   | AGE <i>25</i> | BIRTHPLACE  |  | E.D. <i>20</i>  | SHEET <i>29</i> |
| COUNTY   |               | Calcasieu   |  | CITY  |                 |
| ENUMERATED WITH  |               |   |  |   |                 |
| <i>Lewis, Melton</i>   |               |   |  |   |                 |
| RELATIONSHIP TO ABOVE  |               |   |  |   |                 |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |               | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> WORKER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                 |

FORM 10-637 (4-22-61)

1916 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCENS-DC 1916-101

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| B200                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| B                       | 48  |                |     | 36         | 28    |
| COUNTY                  |     | CITY           |     |            |       |
| Lafourche               |     |                |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Magdelaine              |     | W              | 37  |            |       |
| Eugene                  |     | D              | 15  |            |       |
| Leban                   |     | D              | 11  |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 19-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                                |            |                       |             |                   |              |
|--------------------------------|------------|-----------------------|-------------|-------------------|--------------|
| <b>R200</b>                    |            | <b>HEAD OF FAMILY</b> |             | <b>LOUISIANA</b>  |              |
| <b>COLOR</b>                   | <b>AGE</b> | <b>BIRTHPLACE</b>     |             | <b>E.S.</b>       | <b>SHEET</b> |
| <b>B</b>                       | <b>38</b>  | <b>Assumption</b>     |             | <b>9</b>          | <b>2</b>     |
| <b>COUNTY</b>                  |            |                       | <b>CITY</b> |                   |              |
| <b>OTHER MEMBERS OF FAMILY</b> |            |                       |             |                   |              |
| <b>NAME</b>                    |            | <b>RELATIONSHIP</b>   | <b>AGE</b>  | <b>BIRTHPLACE</b> |              |
| / <b>Bothe</b>                 |            | <b>n</b>              | <b>30</b>   |                   |              |
| <b>Earl</b>                    |            | <b>S</b>              | <b>1</b>    |                   |              |
|                                |            |                       |             |                   |              |
|                                |            |                       |             |                   |              |
|                                |            |                       |             |                   |              |
|                                |            |                       |             |                   |              |
|                                |            |                       |             |                   |              |
|                                |            |                       |             |                   |              |
|                                |            |                       |             |                   |              |

FORM 16-636 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|  |                  |   |  |  |                    |
|--|------------------|---|--|--|--------------------|
| 1200   |                  | NAME OF INDIVIDUAL<br><i>Becky Henry</i>  |  | LOUISIANA  |                    |
| COLOR<br><i>B</i>  | AGE<br><i>27</i> | BIRTHPLACE<br><i>Ark</i>  |  | E.D.<br><i>75</i>  | SHEET<br><i>16</i> |
| COUNTY   |                  | CITY  |  |  |                    |
| ENUMERATED WITH<br><i>Mr. Soto</i>   |                  |   |  |  |                    |
| RELATIONSHIP TO ABOVE<br><i>Elson, Oliver</i>  |                  |   |  |  |                    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> WIDOW<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>Tramp</i> |                    |

FORM 18-527 (4-20-31)

1930 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMB-DC 19105-P-61

USCOMM-DC 1910-P-01

|  |           |                    |           |           |       |
|--|-----------|--------------------|-----------|-----------|-------|
| P240   |           | NAME OF INDIVIDUAL |           | LOUISIANA |       |
| COLOR  | B         | AGE                | 22        | ED        | 31 21 |
| COUNTY   | BETHLEHEM |                    | MISS      |           |       |
| CITY   |           |                    | Concordia |           |       |
| ENUMERATED WITH  |           |                    |           |           |       |
| RELATIONSHIP TO ABOVE  |           |                    |           |           |       |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> FATHER<br/> <input type="checkbox"/> MOTHER<br/> <input type="checkbox"/> GRANDFATHER<br/> <input type="checkbox"/> GRANDMOTHER<br/> <input type="checkbox"/> GRANDSON<br/> <input type="checkbox"/> GRANDDAUGHTER<br/> <input type="checkbox"/> AUNT<br/> <input type="checkbox"/> UNCLE </div> <div style="width: 30%;"> <input type="checkbox"/> NEPHEW<br/> <input type="checkbox"/> NIECE<br/> <input type="checkbox"/> FATHER-IN-LAW<br/> <input type="checkbox"/> MOTHER-IN-LAW<br/> <input type="checkbox"/> SON-IN-LAW<br/> <input type="checkbox"/> DAUGHTER-IN-LAW<br/> <input type="checkbox"/> BROTHER-IN-LAW<br/> <input type="checkbox"/> SISTER-IN-LAW </div> <div style="width: 30%;"> <input type="checkbox"/> IMMIGRANT<br/> <input type="checkbox"/> NURSE<br/> <input type="checkbox"/> PATIENT<br/> <input checked="" type="checkbox"/> WORKER<br/> <input type="checkbox"/> SERVANT<br/> <input type="checkbox"/> OTHER (Specify) </div> </div> |           |                    |           |           |       |

FORM 10-637 (10-25-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 1910-P-01

|                         |              |                |      |            |     |
|-------------------------|--------------|----------------|------|------------|-----|
| R200                    |              | HEAD OF FAMILY |      | LOUISIANA  |     |
| COLOR                   | W            | AGE            | 47   | BIRTHPLACE | Ala |
| COUNTY                  | West Carroll |                | CITY |            |     |
| OTHER MEMBERS OF FAMILY |              |                |      |            |     |
| NAME                    |              | RELATIONSHIP   | AGE  | BIRTHPLACE |     |
| 1. Lucia                |              | W              | 40   | Ireland    |     |
| Harry                   |              | 3              | 18   |            |     |
|                         |              |                |      |            |     |
|                         |              |                |      |            |     |
|                         |              |                |      |            |     |
|                         |              |                |      |            |     |
|                         |              |                |      |            |     |
|                         |              |                |      |            |     |

FORM 18-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |              |                |            |            |               |
|-------------------------|--------------|----------------|------------|------------|---------------|
| R 202                   |              | HEAD OF FAMILY |            | LOUISIANA  |               |
| COLOR                   | W            | AGE            | 50         | BIRTHPLACE | Risley, Henry |
| COUNTY                  | Vernon       |                | CITY       | E.D.       | 151           |
| SHEET 9                 |              |                |            |            |               |
| OTHER MEMBERS OF FAMILY |              |                |            |            |               |
| NAME                    | RELATIONSHIP | AGE            | BIRTHPLACE |            |               |
| Rebecca                 | W            | 45             |            |            |               |
| Maude                   | d            | 14             |            |            |               |
| Morris                  | s            | 9              |            |            |               |
| Margaret                | d            | 8              |            |            |               |
| Bertie                  | d            | 5              |            |            |               |
| Olivia                  | s            | 2              |            |            |               |

Form 16-636 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |                  |   |                    |   |  |
|--|------------------|---|--------------------|---|--|
| K200   |                  | NAME OF INDIVIDUAL<br><i>Crush, Henry</i>   |                    | LOUISIANA   |  |
| COLOR<br><i>B</i>  | AGE<br><i>18</i> | BIRTHPLACE<br><i>N. Car.</i>  | E.O.<br><i>150</i> | SHEET<br><i>22</i>  |  |
| COUNTY   |                  | CITY<br><i>Vernon</i>   |                    |   |  |
| ENUMERATED WITH  |                  |   |                    |   |  |
| RELATIONSHIP TO ABOVE<br><i>Young, Isaac</i>   |                  |   |                    |   |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |                    | <input type="checkbox"/> WMASTE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> <del>CRUSH</del><br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |  |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

UNCOM-DC 1910-P-1

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R200                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| B                       | 17  |                |     | 146        | 8     |
| COUNTY                  |     | CITY           |     |            |       |
| West Feliciana          |     |                |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Morgan Matilda          |     | Si             | 25  |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |          |                |     |            |       |
|-------------------------|----------|----------------|-----|------------|-------|
| R200                    |          | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE      | BIRTHPLACE     |     | E.O.       | SHEET |
| B                       | 33       |                |     | 6          | 2     |
| COUNTY                  |          | CITY           |     |            |       |
| OTHER MEMBERS OF FAMILY |          |                |     |            |       |
| NAME                    |          | RELATIONSHIP   | AGE | BIRTHPLACE |       |
|                         | Willie   | W              | 20  |            |       |
|                         | James    | S              | 12  |            |       |
|                         | Maggie   | D              | 10  |            |       |
|                         | Pearlie  | D              | 8   |            |       |
|                         | Virginia | D              | 6   |            |       |
|                         | Lewis    | S              | 3   |            |       |
|                         | Water    | S              | 1   |            |       |

FORM 19-436 (4-20-01)  
1919 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |   |                    |                    |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|---|--------------------|--------------------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|-------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R200  |  | NAME OF INDIVIDUAL<br><i>Rucker Henry</i> |                    | LOUISIANA          |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>N</i>   | AGE<br><i>55</i>                         | BIRTHPLACE<br><i>LA</i>                   | E.O.<br><i>102</i> | SHEET<br><i>21</i> |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>Ouachita</i>   |  | CITY<br><i>Monroe</i>                     |                    |                    |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Hukin James J</i>   |  |   |                    |                    |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |                    |                    |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> WIFE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> OWNER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |                    |                    |  | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> WIFE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> OWNER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE           |                    |                    |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> WIFE            | <input type="checkbox"/> NURSE            |                    |                    |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT          |                    |                    |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> OWNER |                    |                    |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT          |                    |                    |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)  |                    |                    |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |                    |                    |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |                    |                    |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 18-637 (4-22-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 18100-P01



|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R 200                   |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| mw                      | 42  | Rice Henry     |     | 185        | 6     |
| COUNTY                  |     | CITY           |     |            |       |
| Ouachita                |     |                |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Mother                  |     | W              | 31  |            |       |
| Felix                   |     | D              | 21  |            |       |
| Louella                 |     | D              | 18  |            |       |
| Nellie                  |     | D              | 6   |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 18-426 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |  |                           |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|---------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|-------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| NAME OF INDIVIDUAL<br><i>Ross</i>  |  | LOUISIANA                                  |                           |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>W</i>  | AGE<br><i>20</i>                         | BIRTHPLACE<br><i>Ross, Henry</i>           | E.O. SHEET<br><i>1037</i> |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>Ourchita</i>  |  | CITY<br><i>Monroe</i>                      |                           |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Cooley H B</i>   |  |  |                           |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |                           |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> NEAITE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NICE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |                           | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> NEAITE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NICE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> NEAITE            |                           |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NICE            | <input type="checkbox"/> NURSE             |                           |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |                           |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER |                           |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |                           |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |                           |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |                           |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |                           |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-637 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18196-P01

|                         |          |                |           |                   |  |            |          |
|-------------------------|----------|----------------|-----------|-------------------|--|------------|----------|
| <i>Ross</i>             |          | HEAD OF FAMILY |           | <i>Ross Henry</i> |  | LOUISIANA  |          |
| COLOR                   | <i>B</i> | AGE            | <i>56</i> | BIRTHPLACE        |  | E.D.       | SHEET    |
|                         |          |                |           |                   |  | <i>107</i> | <i>5</i> |
| COUNTY                  |          |                |           | CITY              |  |            |          |
| <i>Ouachita</i>         |          |                |           |                   |  |            |          |
| OTHER MEMBERS OF FAMILY |          |                |           |                   |  |            |          |
| NAME                    |          | RELATIONSHIP   | AGE       | BIRTHPLACE        |  |            |          |
| <i>Harriet</i>          |          | <i>W</i>       | <i>30</i> |                   |  |            |          |
| <i>Minnie</i>           |          | <i>D</i>       | <i>10</i> |                   |  |            |          |
| <i>H. P.</i>            |          | <i>S</i>       | <i>1</i>  |                   |  |            |          |
| <i>Richardson Anna</i>  |          | <i>G.D.</i>    | <i>14</i> |                   |  |            |          |
|                         |          |                |           |                   |  |            |          |
|                         |          |                |           |                   |  |            |          |
|                         |          |                |           |                   |  |            |          |
|                         |          |                |           |                   |  |            |          |

FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                       |          |   |             |            |                   |
|-----------------------|----------|---|-------------|------------|-------------------|
| R200                  |          | NAME OF INDIVIDUAL  |             | LOUISIANA  |                   |
| COLOR                 | Ma       | AGE   | 5 12        | BIRTHPLACE | E.D. 113 12 SHEET |
| COUNTY                | Ouachita |   | CITY Monroe |            |                   |
| ENUMERATED WITH       |          | Bacon Rose  |             |            |                   |
| RELATIONSHIP TO ABOVE |          | <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER<br/> <input type="checkbox"/> MOTHER<br/> <input type="checkbox"/> GRANDFATHER<br/> <input type="checkbox"/> GRANDMOTHER<br/> <input type="checkbox"/> GRANDSON<br/> <input type="checkbox"/> GRANDDAUGHTER<br/> <input type="checkbox"/> AUNT<br/> <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW<br/> <input type="checkbox"/> NIECE<br/> <input type="checkbox"/> FATHER-IN-LAW<br/> <input type="checkbox"/> MOTHER-IN-LAW<br/> <input type="checkbox"/> SON-IN-LAW<br/> <input type="checkbox"/> DAUGHTER-IN-LAW<br/> <input type="checkbox"/> BROTHER-IN-LAW<br/> <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> WIDOW<br/> <input type="checkbox"/> WIFE<br/> <input type="checkbox"/> PATIENT<br/> <input type="checkbox"/> ROOMER<br/> <input type="checkbox"/> SERVANT<br/> <input checked="" type="checkbox"/> OTHER (Specify) </div> </div> |             |            |                   |

FORM 18-537 (4-20-61)

1960 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCIB-DC 1960-P61

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| 2200                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| Wm                      | 29  |                |     | 104        | 25    |
| COUNTY                  |     | CITY           |     |            |       |
| Ouachita                |     | Morgan         |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| 1 Allen B.              |     | H              | 22  |            |       |
| Eugene, Annie           |     | SD             | 5   |            |       |
| R. Law, Ellie           |     | D              | 5   |            |       |
| 1 Richard R.            |     | S              | 2   |            |       |
| Waddy, Peter            |     | 9M             | 80  |            |       |
| 1 Charlie               |     | B              | 21  |            |       |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                |              |           |            |
|-------------------------|----------------|--------------|-----------|------------|
| R200                    | HEAD OF FAMILY |              | LOUISIANA |            |
| COLOR                   | AGE            | BIRTHPLACE   |           | E.D.       |
| B                       | 38             |              |           | 12         |
| COUNTY                  |                | CITY         |           |            |
| Boebee                  |                |              |           |            |
| OTHER MEMBERS OF FAMILY |                |              |           |            |
| NAME                    |                | RELATIONSHIP | AGE       | BIRTHPLACE |
| 1 Hollie                |                | W            | 34        |            |
| Jones Joe               |                | B            | 18        |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |

FORM 19-636 (4-26-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                |            |            |       |
|-------------------------|----------------|------------|------------|-------|
| P200                    | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   | AGE            | BIRTHPLACE | E.D.       | SHEET |
| B                       | 42             |            | 70         | 18    |
| COUNTY                  |                | CITY       |            |       |
| St. James               |                |            |            |       |
| OTHER MEMBERS OF FAMILY |                |            |            |       |
| NAME                    | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| 1 Mary                  | W              | 40         |            |       |
| Jerry, Susan            | SD             | 19         |            |       |
| Willie                  | S.S.           | 17         |            |       |
| Mc Henry, Lucius        | Ad. G.         | 1 1/2      |            |       |
|                         |                |            |            |       |
|                         |                |            |            |       |
|                         |                |            |            |       |
|                         |                |            |            |       |

FORM 16-636 (4-20-67)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                |              |                 |            |
|-------------------------|----------------|--------------|-----------------|------------|
| R 200                   | HEAD OF FAMILY |              | LOUISIANA       |            |
| COLOR                   | AGE            | BIRTHPLACE   | E.D.            | SHEET      |
| B                       | 35             |              | 110             | 21         |
| COUNTY                  |                | Tangipahoa   |                 |            |
|                         |                | CITY         |                 |            |
| OTHER MEMBERS OF FAMILY |                |              |                 |            |
| NAME                    |                | RELATIONSHIP | AGE             | BIRTHPLACE |
| Lula                    |                | W            | 26              |            |
| Lennie                  |                | S            | 1 $\frac{4}{5}$ |            |
| Ellie                   |                | S            | 3 $\frac{1}{2}$ |            |
|                         |                |              |                 |            |
|                         |                |              |                 |            |
|                         |                |              |                 |            |
|                         |                |              |                 |            |
|                         |                |              |                 |            |
|                         |                |              |                 |            |

FORM 16-636 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |   |                |    |                |  |            |     |
|-------------------------|---|----------------|----|----------------|--|------------|-----|
| P201                    |   | HEAD OF FAMILY |    | ROSSAINE HEARY |  | LOUISIANA  |     |
| COLOR                   | W | AGE            | 30 | BIRTHPLACE     |  | E.D.       | 118 |
|                         |   |                |    |                |  | SHEET      |     |
| COUNTY                  |   |                |    | Tangipahoa     |  | CITY       |     |
| OTHER MEMBERS OF FAMILY |   |                |    |                |  |            |     |
| NAME                    |   | RELATIONSHIP   |    | AGE            |  | BIRTHPLACE |     |
| 1 Lela                  |   | W              |    | 18             |  |            |     |
|                         |   |                |    |                |  |            |     |
|                         |   |                |    |                |  |            |     |
|                         |   |                |    |                |  |            |     |
|                         |   |                |    |                |  |            |     |
|                         |   |                |    |                |  |            |     |
|                         |   |                |    |                |  |            |     |
|                         |   |                |    |                |  |            |     |
|                         |   |                |    |                |  |            |     |

FORM 18-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |    |              |     |            |       |
|-------------------------|---|----------------|----|--------------|-----|------------|-------|
| R200                    |   | HEAD OF FAMILY |    | Russia Henry |     | LOUISIANA  |       |
| COLOR                   | B | AGE            | 50 | BIRTHPLACE   | La  | E.D.       | SHEET |
|                         |   |                |    |              |     | 118        | 12    |
| COUNTY                  |   |                |    | Tangipahoa   |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |   |                |    |              |     |            |       |
| NAME                    |   |                |    | RELATIONSHIP | AGE | BIRTHPLACE |       |
| ✓ 3 Bo                  |   |                |    |              |     |            |       |
|                         |   |                |    |              |     |            |       |
|                         |   |                |    |              |     |            |       |
|                         |   |                |    |              |     |            |       |
|                         |   |                |    |              |     |            |       |
|                         |   |                |    |              |     |            |       |
|                         |   |                |    |              |     |            |       |
|                         |   |                |    |              |     |            |       |
|                         |   |                |    |              |     |            |       |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |  |  |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|--|-----------|-------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|----------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R200   |  | NAME OF INDIVIDUAL                       |  | LOUISIANA |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| SEX  | AGE                                      | BIRTHPLACE                               |  | E.D.      | SHEET |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| W  | 29                                       |  |  | 98        | 20    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY   |  | CITY                                     |  |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| St. Tammany  |  |  |  |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH  |  |  |  |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Bauman Dennis  |  |  |  |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |  |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> UNCLE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NUNCE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> WIDOWER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> UNCLE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NUNCE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> WIDOWER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> UNCLE           |  |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NUNCE           |  |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |  |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> WIDOWER         |  |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |  |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |  |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |  |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-437 (4-22-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 10100-P01

|                         |      |                |      |            |               |
|-------------------------|------|----------------|------|------------|---------------|
| R 200                   |      | HEAD OF FAMILY |      | LOUISIANA  |               |
| COLOR                   | W    | AGE            | 26   | BIRTHPLACE | Greene, Henry |
| COUNTY                  |      | Vermillion     |      | CITY       |               |
| OTHER MEMBERS OF FAMILY |      |                |      |            |               |
|                         | NAME | RELATIONSHIP   | AGE  | BIRTHPLACE |               |
|                         | Eve  | W              | 11   |            |               |
|                         | Edna | D              | 3    |            |               |
|                         | Lula | D              | 2    |            |               |
|                         | Eric | D              | 1/12 |            |               |
|                         |      |                |      |            |               |
|                         |      |                |      |            |               |
|                         |      |                |      |            |               |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |              |                |            |           |       |
|-------------------------|--------------|----------------|------------|-----------|-------|
| R200                    |              | HEAD OF FAMILY |            | LOUISIANA |       |
| COLOR                   | AGE          | NAME           |            | E.D.      | SHEET |
| W                       | 56           | Rees Henry Jr  |            | 143       | 20    |
| COUNTY                  |              | CITY           |            |           |       |
| Vermillion              |              | Greysden       |            |           |       |
| OTHER MEMBERS OF FAMILY |              |                |            |           |       |
| NAME                    | RELATIONSHIP | AGE            | BIRTHPLACE |           |       |
| Pauline                 | W            | 52             |            |           |       |
| George                  | S            | 17             |            |           |       |
| Louise                  | D            | 15             |            |           |       |
| Osage                   | S            | 13             |            |           |       |
| Clotilde                | D            | 10             |            |           |       |
|                         |              |                |            |           |       |
|                         |              |                |            |           |       |

FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |           |                |           |                   |      |            |       |
|-------------------------|-----------|----------------|-----------|-------------------|------|------------|-------|
| <i>Reos</i>             |           | HEAD OF FAMILY |           | <i>Rice Henry</i> |      | LOUISIANA  |       |
| COLOR                   | <i>Wm</i> | AGE            | <i>24</i> | BIRTHPLACE        | E.O. |            | SHEET |
|                         |           |                |           | <i>89</i>         |      | <i>3</i>   |       |
| COUNTY                  |           |                |           | CITY              |      |            |       |
| <i>Morehouse</i>        |           |                |           |                   |      |            |       |
| OTHER MEMBERS OF FAMILY |           |                |           |                   |      |            |       |
| NAME                    |           |                |           | RELATIONSHIP      | AGE  | BIRTHPLACE |       |
| <i>Ida</i>              |           |                |           |                   |      |            |       |
|                         |           |                |           |                   |      |            |       |
|                         |           |                |           |                   |      |            |       |
|                         |           |                |           |                   |      |            |       |
|                         |           |                |           |                   |      |            |       |
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|                         |           |                |           |                   |      |            |       |
|                         |           |                |           |                   |      |            |       |
|                         |           |                |           |                   |      |            |       |

FORM 10-636 (4-26-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |     |                    |      |           |  |
|--|-----|--------------------|------|-----------|--|
| R200   |     | NAME OF INDIVIDUAL |      | LOUISIANA |  |
| COLOR  | AGE | BIRTHPLACE         | E.D. | SHEET     |  |
| Black  | 21  |                    | 89   | 2         |  |
| COUNTY   |     | CITY               |      |           |  |
| Morehouse  |     |                    |      |           |  |
| ENUMERATED WITH  |     |                    |      |           |  |
| Hall Zad   |     |                    |      |           |  |
| RELATIONSHIP TO ABOVE  |     |                    |      |           |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE<br><input type="checkbox"/> NEPHER<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW<br><input type="checkbox"/> WIFE<br><input type="checkbox"/> HUSBAND<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |     |                    |      |           |  |

FORM 10-437 (4-20-61)

1930 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18108-P01

|                         |     |                   |       |            |  |
|-------------------------|-----|-------------------|-------|------------|--|
| R 200                   |     | HEAD OF FAMILY    |       | LOUISIANA  |  |
| Ricks Henry             |     | E.D.              |       | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE        |       |            |  |
| B                       | 45  |                   |       |            |  |
| COUNTY                  |     | CITY              |       |            |  |
| LIVINGSTON              |     | Lumberton Springs |       |            |  |
| OTHER MEMBERS OF FAMILY |     |                   |       |            |  |
| NAME                    |     | RELATIONSHIP      | AGE   | BIRTHPLACE |  |
| Florence                |     | W                 | 30    |            |  |
| Lillian                 |     | D                 | 16    |            |  |
| Pearl                   |     | D                 | 14    |            |  |
| Robert                  |     | S                 | 6     |            |  |
| Lillian                 |     | S                 | 4     |            |  |
| Allen                   |     | S                 | 5 1/2 |            |  |

FORM 16-536 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|  |     |   |  |  |       |
|--|-----|---|--|--|-------|
| R202   |     | NAME OF INDIVIDUAL  |  | LOUISIANA  |       |
| COLOR  | AGE | BIRTHPLACE  |  | E.D.   | SHEET |
| W  | 22  | St Charles  |  | 65   | 6     |
| COUNTY   |     | CITY  |  |  |       |
| RESIDED WITH   |     |   |  |  |       |
| Dulrene Paul   |     |   |  |  |       |
| RELATIONSHIP TO ABOVE  |     |   |  |  |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br>H H |       |

FORM 16-537 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

UNCOMM-DC 15188-P-51

|                                   |                          |                                  |                   |
|-----------------------------------|--------------------------|----------------------------------|-------------------|
| <b>HEAD OF FAMILY</b>             |                          | <b>LOUISIANA</b>                 |                   |
| <b>NAME</b><br><i>Reese Henry</i> | <b>E.D.</b><br><i>60</i> | <b>SHEET</b><br><i>17</i>        |                   |
| <b>COLOR</b><br><i>B</i>          | <b>AGE</b><br><i>50</i>  | <b>BIRTHPLACE</b><br><i>Miss</i> |                   |
| <b>COUNTY</b><br><i>Iberville</i> |                          | <b>CITY</b>                      |                   |
| <b>OTHER MEMBERS OF FAMILY</b>    |                          |                                  |                   |
| <b>NAME</b>                       | <b>RELATIONSHIP</b>      | <b>AGE</b>                       | <b>BIRTHPLACE</b> |
| <i>Hallie</i>                     | <i>W</i>                 | <i>38</i>                        |                   |
| <i>Alma</i>                       | <i>D</i>                 | <i>7 1/2</i>                     |                   |
|                                   |                          |                                  |                   |
|                                   |                          |                                  |                   |
|                                   |                          |                                  |                   |
|                                   |                          |                                  |                   |
|                                   |                          |                                  |                   |
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|                                   |                          |                                  |                   |

FORM 16-436 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |      |                |     |            |       |
|-------------------------|------|----------------|-----|------------|-------|
| R200                    |      | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE  | BIRTHPLACE     |     | E.D.       | SHEET |
| B                       | 60   |                |     | 51         | 36    |
| COUNTY                  |      | Tiberville     |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |      |                |     |            |       |
| NAME                    |      | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| 1                       | June | W              | 50  |            |       |
|                         |      |                |     |            |       |
|                         |      |                |     |            |       |
|                         |      |                |     |            |       |
|                         |      |                |     |            |       |
|                         |      |                |     |            |       |
|                         |      |                |     |            |       |
|                         |      |                |     |            |       |
|                         |      |                |     |            |       |

Form 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                     |     |            |       |
|-------------------------|-----|---------------------|-----|------------|-------|
| 8200                    |     | HEAD OF FAMILY      |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE          |     | E.O.       | SHEET |
| mw                      | 56  | Russ Henry<br>Texas |     | 62         | 1     |
| COUNTY                  |     | CITY                |     |            |       |
| La Salle                |     |                     |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                     |     |            |       |
| NAME                    |     | RELATIONSHIP        | AGE | BIRTHPLACE |       |
| 1 Maissac               |     | W                   | 30  | Texas      |       |
|                         |     |                     |     |            |       |
|                         |     |                     |     |            |       |
|                         |     |                     |     |            |       |
|                         |     |                     |     |            |       |
|                         |     |                     |     |            |       |
|                         |     |                     |     |            |       |
|                         |     |                     |     |            |       |

FORM 16-436 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |           |                    |      |            |             |
|---|-----------|--------------------|------|------------|-------------|
| R200  |           | NAME OF INDIVIDUAL |      | LOUISIANA  |             |
| COLOR   | W         | AGE                | 24   | BIRTHPLACE | Henry B. 44 |
| COUNTY  | Calcasieu |                    | CITY | De Ridder  |             |
| ENUMERATED WITH<br>Jones, Belina W.   |           |                    |      |            |             |
| RELATIONSHIP TO ABOVE   |           |                    |      |            |             |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> FATHER<br/> <input type="checkbox"/> MOTHER<br/> <input type="checkbox"/> GRANDFATHER<br/> <input type="checkbox"/> GRANDMOTHER<br/> <input type="checkbox"/> GRANDSON<br/> <input type="checkbox"/> GRANDDAUGHTER<br/> <input type="checkbox"/> AUNT<br/> <input type="checkbox"/> UNCLE         </div> <div style="width: 30%;"> <input type="checkbox"/> NEPHEW<br/> <input type="checkbox"/> NIECE<br/> <input type="checkbox"/> FATHER-IN-LAW<br/> <input type="checkbox"/> MOTHER-IN-LAW<br/> <input type="checkbox"/> SON-IN-LAW<br/> <input type="checkbox"/> DAUGHTER-IN-LAW<br/> <input type="checkbox"/> BROTHER-IN-LAW<br/> <input type="checkbox"/> SISTER-IN-LAW         </div> <div style="width: 30%;"> <input type="checkbox"/> INMATE<br/> <input type="checkbox"/> NURSE<br/> <input type="checkbox"/> PATIENT<br/> <input checked="" type="checkbox"/> ROOMER<br/> <input type="checkbox"/> SERVANT<br/> <input type="checkbox"/> OTHER (Specify)         </div> </div> |           |                    |      |            |             |

FORM 10-437 (4-22-31)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 1910-001

|   |  |   |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|---|--|-------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| <b>R200</b>   |  | NAME OF INDIVIDUAL<br><i>Russ, Henry B.</i> |  | LOUISIANA         |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>W</i>   | AGE<br><i>24</i>                         | BIRTHPLACE                                  |  | E.D.<br><i>44</i> | SHEET<br><i>6</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>Calcasieu</i>  |  | CITY  |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Jones, Delmar W.</i>  |  |   |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> NEAITE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |                   |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> NEAITE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> NEAITE             |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE              |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT            |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER  |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT            |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)    |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCENS-DC 1910-761

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R200                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| B                       |  | 39             |            | 10         | 10    |
| COUNTY                  |  |                | CITY       |            |       |
| Acadia                  |  |                | Crawley    |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| / Eliza                 |  | W              | 35         |            |       |
| / Jeannette             |  | d              | 7          |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 18-436 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |                  |   |  |   |                   |
|--|------------------|---|--|---|-------------------|
| R200   |                  | NAME OF INDIVIDUAL<br><i>Rauch Henry E</i>  |  | LOUISIANA   |                   |
| COLOR<br><i>W</i>  | AGE<br><i>19</i> | BIRTHPLACE  |  | E.D.<br><i>98</i>   | SHEET<br><i>5</i> |
| COUNTY<br><i>St. Tammany</i>   |                  | CITY<br><i>Mandeville</i>   |  |   |                   |
| ENUMERATED WITH<br><i>Mackenzie Edward</i>   |                  |   |  |   |                   |
| RELATIONSHIP TO ABOVE  |                  |   |  |   |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> BOARDER<br><input type="checkbox"/> BOARDER<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>52</i> |                   |

FORM 10-437 (10-20-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 10103-P01



|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R200                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| W                       |  | 30             | Ga.        | 71         | ✓     |
| COUNTY                  |  |                | CITY       |            |       |
| Lincoln                 |  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Annie V.                |  | W              | 24         | Ga         |       |
| May L.                  |  | D              | 4          | Ga         |       |
| Minerva                 |  | D              | 3          |            |       |
| Mola C.                 |  | D              | 1          |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 10-436 (4-30-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |   |   |                   |
|--|---|---|-------------------|
|  |   | LOUISIANA   |                   |
| NAME OF INDIVIDUAL<br><i>Ricks</i>   | AGE<br><i>69</i>  | SEX<br><i>M</i>   | SHEET<br><i>9</i> |
| COLOR<br><i>W</i>  | BIRTHPLACE<br><i>De Soto</i>  | CITY<br><i>Mansfield</i>  |                   |
| COUNTY<br><i>De Soto</i>   |   |   |                   |
| ENUMERATED WITH<br><i>Ricks John T.</i>  |   |   |                   |
| RELATIONSHIP TO ABOVE  |   |   |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NUNCE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>B</i> |                   |

FORM 18-437 (4-29-61)

1970 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 1970-P61

|  |   |  |    |  |    |
|--|---|--|----|--|----|
| R 200  |   | NAME OF INDIVIDUAL   |    | LOUISIANA  |    |
| COLOR  | W | AGE  | 45 | ED.  | 41 |
|  |   | BIRTHPLACE   |    | SHEET  |    |
|  |   | Ohio   |    | 1  |    |
| COUNTY   |   | Calcasieu  |    | CITY   |    |
| ENUMERATED WITH  |   |  |    |  |    |
| Coulter John   |   |  |    |  |    |
| RELATIONSHIP TO ABOVE  |   |  |    |  |    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |   | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input checked="" type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |    | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |    |

FORM 18-437 (4-20-61)

1918 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |   |  |      |             |       |
|--|---|--|------|-------------|-------|
| R 200                                  |   | NAME OF INDIVIDUAL                       |      | LOUISIANA   |       |
| Riggs Henryetta                        |   | E.O.                                     |      | SHEET       |       |
| COLOR                                  | W   | AGE                                      | 22   | BIRTH PLACE | 41 10 |
| COUNTY                                 |   |  | CITY |             |       |
| Calcasieu                              |   |  |      |             |       |
| ENUMERATED WITH                        |   |  |      |             |       |
| Prater Lyon                            |   |  |      |             |       |
| RELATIONSHIP TO ABOVE                  |   |  |      |             |       |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW           | <input type="checkbox"/> INMATE          |      |             |       |
| <input type="checkbox"/> MOTHER        | <input checked="" type="checkbox"/> NIECE | <input type="checkbox"/> NURSE           |      |             |       |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW    | <input type="checkbox"/> PATIENT         |      |             |       |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW    | <input type="checkbox"/> ROOMER          |      |             |       |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW       | <input type="checkbox"/> SERVANT         |      |             |       |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW  | <input type="checkbox"/> OTHER (Specify) |      |             |       |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW   |  |      |             |       |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW    |  |      |             |       |

FORM 16-437 (4-29-21)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18195-P01

|   |          |   |      |   |          |
|---|----------|---|------|---|----------|
| <i>P 200</i>  |          | NAME OF INDIVIDUAL  |      | LOUISIANA   |          |
| COLOR   | AGE      | BIRTHPLACE  |      | E.D.  | SHEET    |
| <i>B</i>  | <i>7</i> | <i>Free, Alabama</i>  |      | <i>80</i>   | <i>4</i> |
| COUNTY  |          |   | CITY |   |          |
| <i>Natchez</i>  |          |   |      |   |          |
| ENUMERATED WITH   |          |   |      |   |          |
| <i>Campbell, William</i>  |          |   |      |   |          |
| RELATIONSHIP TO ABOVE   |          |   |      |   |          |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input checked="" type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |          | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> NEGRO<br><input type="checkbox"/> WHITE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |          |

FORM 10-437 (4-20-31)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOPM-DC 1910-P61

|                         |     |                |      |            |       |
|-------------------------|-----|----------------|------|------------|-------|
| R200                    |     | HEAD OF FAMILY |      | LOUISIANA  |       |
| Boys                    |     | Herman         |      | E.O.       | SHEET |
| COLOR                   | AGE | BIRTHPLACE     |      | 93         | 3     |
| (W)                     | 60  | St. Tammany    |      |            |       |
| COUNTY                  |     |                | CITY |            |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| 1 Lucinda               |     | W              | 49   |            |       |
| + 1 L                   |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |

FORM 18-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |          |                |             |            |       |
|-------------------------|----------|----------------|-------------|------------|-------|
| R200                    |          | HEAD OF FAMILY |             | LOUISIANA  |       |
| COLOR                   |          | AGE            | BIRTHPLACE) | E.D.       | SHEET |
| W                       |          | 41             | Germany     | 92         | 9     |
| COUNTY                  |          |                | CITY        |            |       |
| St. Mary                |          |                | Morgan City |            |       |
| OTHER MEMBERS OF FAMILY |          |                |             |            |       |
|                         | NAME     | RELATIONSHIP   | AGE         | BIRTHPLACE |       |
|                         | Florence | W              | 31          |            |       |
|                         | Mannette | D              | 7           |            |       |
|                         | Linard   | S              | 6           |            |       |
|                         | Bertha   | D              | 5           |            |       |
|                         | Joseph   | B              | 39          | Germany    |       |
|                         |          |                |             |            |       |
|                         |          |                |             |            |       |

FORM 16-436 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |              |              |            |
|-------------------------|--------------|--------------|------------|
| HEAD OF FAMILY          |              | LOUISIANA    |            |
| Rock, Herman            |              | E.D.         | SHEET      |
| COLOR                   | AGE          | BIRTHPLACE   |            |
| A                       | 35           | Iowa         | 37 9       |
| COUNTY                  |              | CITY         |            |
| Calossion               |              | Lake Charles |            |
| OTHER MEMBERS OF FAMILY |              |              |            |
| NAME                    | RELATIONSHIP | AGE          | BIRTHPLACE |
| Marion                  | W            | 34           | Ill        |
| Marion                  | D            | 12           |            |
| Elizabeth               | D            | 7            |            |
| 4 3 ser                 |              |              |            |
| 1 son of ser            |              |              |            |
| 1 D of ser              |              |              |            |

FORM 18-436 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|   |  |  |  |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|--|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| LOUISIANA   |  |  |  |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| R 200   | NAME OF HEAD OF HOUSEHOLD<br><i>Hicks Herman</i> |  |  |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ED.   | SHEET  |  |  |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| 124   | 6  |  |  |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| SEX<br><i>M</i>   | AGE<br><i>3</i>                                  |  |  |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| BIRTHPLACE  |  |  |  |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| CITY  |  |  |  |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Washington  |  |  |  |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| CITY  |  |  |  |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |  |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input checked="" type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  | <input type="checkbox"/> FATHER          | <input checked="" type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input checked="" type="checkbox"/> NEPHEW       | <input type="checkbox"/> INMATE          |  |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE                   | <input type="checkbox"/> NURSE           |  |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW           | <input type="checkbox"/> PATIENT         |  |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW           | <input type="checkbox"/> ROOMER          |  |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW              | <input type="checkbox"/> SERVANT         |  |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW         | <input type="checkbox"/> OTHER (Specify) |  |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW          |  |  |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW           |  |  |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-617 (4-20-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

UNCOM-DC 16100-P61

|  |                  |   |  |  |                    |
|--|------------------|---|--|--|--------------------|
| R200   |                  | NAME OF INDIVIDUAL<br><i>Rose Herman</i>  |  | LOUISIANA  |                    |
| COLOR<br><i>Mrs</i>  | AGE<br><i>25</i> | BIRTHPLACE  |  | E.O.<br><i>39</i>  | SHEET<br><i>25</i> |
| COUNTY<br><i>Calcasieu</i>   |                  | CITY  |  |  |                    |
| ENUMERATED WITH<br><i>Irving Valine</i>  |                  |   |  |  |                    |
| RELATIONSHIP TO ABOVE  |                  |   |  |  |                    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NICE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input checked="" type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> ROOMMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                    |

FORM 10-627 (4-26-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USECMB-DC 10100-P01

| LOUISIANA   |   |  |
|---|---|--|
| NAME OF INDIVIDUAL<br><i>Reese</i>  | E.D. <i>29</i> SHEET <i>12</i>  |  |
| COLOR<br><i>B</i>   | AGE<br><i>13</i>  | BIRTHPLACE   |
| COUNTY<br><i>East Baton Rouge</i>   | CITY  |  |
| ENUMERATED WITH<br><i>Foster Louis</i>  |   |  |
| RELATIONSHIP TO ABOVE   |   |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input checked="" type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |

FORM 10-627 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 10100-P01

|                         |     |                |      |            |        |
|-------------------------|-----|----------------|------|------------|--------|
| R 200                   |     | HEAD OF FAMILY |      | LOUISIANA  |        |
| COLOR                   | AGE | BIRTHPLACE     |      | E.O.       | S. PET |
| B                       | 38  | Isla.          |      | 69         | 8      |
| COUNTY                  |     |                | CITY |            |        |
| St. James               |     |                |      |            |        |
| OTHER MEMBERS OF FAMILY |     |                |      |            |        |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |        |
| 1 Monea                 |     | 2              | 18   |            |        |
|                         |     |                |      |            |        |
|                         |     |                |      |            |        |
|                         |     |                |      |            |        |
|                         |     |                |      |            |        |
|                         |     |                |      |            |        |
|                         |     |                |      |            |        |
|                         |     |                |      |            |        |

FORM 18-436 (4-20-51)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |   |  |                    |
|--|---|--|--------------------|
| NAME OF INDIVIDUAL<br><i>Ross, Nettie</i>  |   | LOUISIANA  |                    |
| SEX<br><i>F</i>  | AGE<br><i>17</i>  | S.D.<br><i>87</i>  | SHEET<br><i>19</i> |
| BIRTHPLACE<br><i>Miss</i>  |   |  |                    |
| COUNTY<br><i>St. Helena</i>  | CITY  |  |                    |
| RESIDED WITH<br><i>Myers, Jerry</i>  |   |  |                    |
| RELATIONSHIP TO ABOVE  |   |  |                    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>S.D.</i> |                    |

FORM 10-437 (4-20-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 1910-P61

|                         |        |                |           |            |       |
|-------------------------|--------|----------------|-----------|------------|-------|
| 8200                    |        | HEAD OF FAMILY |           | LOUISIANA  |       |
| COLOR                   | AGE    | BIRTHPLACE     |           | E.O.       | SHEET |
| (W)                     | 40     |                |           | 69         | 6     |
| COUNTY                  |        |                | CITY      |            |       |
| De Soto                 |        |                | Mansfield |            |       |
| OTHER MEMBERS OF FAMILY |        |                |           |            |       |
|                         | NAME   | RELATIONSHIP   | AGE       | BIRTHPLACE |       |
|                         | Davis  | S              | 18        |            |       |
|                         | Lucile | d              | 16        |            |       |
|                         | Hellen | d              | 14        |            |       |
|                         | Willie | d              | 10        |            |       |
|                         |        |                |           |            |       |
|                         |        |                |           |            |       |
|                         |        |                |           |            |       |

FORM 16-636 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |             |     |           |    |
|-------------------------|---|----------------|-----|-------------|-----|-----------|----|
| R 400                   |   | HEAD OF FAMILY |     | Beck, H. H. |     | LOUISIANA |    |
| COLOR                   | W | AGE            | 30  | BIRTHPLACE  | ala | E.O.      | 50 |
| COUNTY                  |   |                |     | Franklin    |     | CITY      |    |
| OTHER MEMBERS OF FAMILY |   |                |     |             |     |           |    |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE  |     |           |    |
| Claudia                 |   | W              | 28  |             |     |           |    |
| Marcell                 |   | S              | 5   |             |     |           |    |
| Sharlise                |   | S              | 4   |             |     |           |    |
| John Henry              |   | S              | 3   |             |     |           |    |
| Eva                     |   | D              | 1   |             |     |           |    |
|                         |   |                |     |             |     |           |    |
|                         |   |                |     |             |     |           |    |
|                         |   |                |     |             |     |           |    |

FORM 16-636 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| P200                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| B                       | 37  | Rose Hal       |     | 26         | 6     |
| COUNTY                  |     | CITY           |     |            |       |
| East Baton Rouge        |     | Baton Rouge    |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Malinda                 |     | W              | 35  |            |       |
| Elizabeth               |     | D              | 16  |            |       |
| Lillian                 |     | D              | 17  |            |       |
| Henry                   |     | S              | 15  |            |       |
| Olema                   |     | D              | 13  |            |       |
| Isaac                   |     | S              | 10  |            |       |
| Lula                    |     | D              | 23  |            |       |

Form 10-636 (4-20-61)

1970 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS





|   |  |  |  |  |       |
|---|--|--|--|--|-------|
| R-200<br>COLOR <i>W</i>   |  | NAME OF INDIVIDUAL<br><i>Rice Hollie</i>   |  | LOUISIANA<br>E.C. <i>1421</i>  | SHEET |
| AGE <i>5</i>  |  | BIRTHPLACE   |  |  |       |
| COUNTY  |  | Vermillion   |  | CITY   |       |
| COMMUNICATED WITH<br><i>Campbell Elizabeth</i>  |  |  |  |  |       |
| RELATIONSHIP TO ABOVE   |  |  |  |  |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input checked="" type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NICE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> WMAE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |       |

FORM 10-537 (4-20-51)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1930 CENSUS INDEX - INDIVIDUAL

UNCOM-DC 16100-P61

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R200                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| mw                      |  | 44             |            | 66         | 7     |
| COUNTY                  |  |                | CITY       |            |       |
| St. James               |  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Alice                   |  | W              | 42         |            |       |
| Georgina                |  | D              | 22         |            |       |
| Lucile                  |  | D              | 20         |            |       |
| John                    |  | S              | 19         |            |       |
| Pierre Boyd             |  | B              | 38         |            |       |
| Bastian Georgina        |  | Ni             | 22         |            |       |
|                         |  |                |            |            |       |

FORM 18-636 (10-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |          |  |      |   |             |
|--|----------|--|------|---|-------------|
| R 210  |          | NAME OF INDIVIDUAL<br>Rogues Herbert   |      | E.D.<br>91  | SHEET<br>26 |
| COLOR<br>B   | AGE<br>8 | BIRTHPLACE   |      |   |             |
| COUNTY<br>Natchitoches   |          |  | CITY |   |             |
| ENUMERATED WITH<br>Rogues C. Hardy   |          |  |      |   |             |
| RELATIONSHIP TO ABOVE  |          |  |      |   |             |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |          | <input checked="" type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> WIDOW<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |             |

FORM 16-637 (4-26-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 16106-P01

|                         |               |               |         |
|-------------------------|---------------|---------------|---------|
| HEAD OF FAMILY          |               | LOUISIANA     |         |
| P 200                   | Roach Houston |               | E.D. 30 |
| COLOR W                 | AGE 22        | BIRTHPLACE Ky | SHEET 4 |
| COUNTY CHUGG            | CITY          |               |         |
| OTHER MEMBERS OF FAMILY |               |               |         |
| NAME                    |               | RELATIONSHIP  | AGE     |
| Living Alone            |               |               |         |
|                         |               |               |         |
|                         |               |               |         |
|                         |               |               |         |
|                         |               |               |         |
|                         |               |               |         |
|                         |               |               |         |
|                         |               |               |         |
|                         |               |               |         |

Form 10-636 (4-22-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |            |                |                |            |  |
|-------------------------|------------|----------------|----------------|------------|--|
| R200                    |            | HEAD OF FAMILY |                | LOUISIANA  |  |
| Rosa Houston            |            | E.D. 99        |                | SHEET 25   |  |
| COLOR                   | AGE        | BIRTHPLACE     |                |            |  |
| Wm                      | 42         | Va             |                |            |  |
| COUNTY                  |            | St. Mary       |                | CITY       |  |
| OTHER MEMBERS OF FAMILY |            |                |                |            |  |
| NAME                    |            | RELATIONSHIP   | AGE            | BIRTHPLACE |  |
|                         | Lizzie     | W              | 40             |            |  |
|                         | Annie      | A              | 17             |            |  |
|                         | Salina     | A              | 16             |            |  |
|                         | Houston    | S              | 12             |            |  |
|                         | Willie     | S              | 5              |            |  |
|                         | Bernie     | S              | $\frac{9}{12}$ |            |  |
|                         | Hall David | Gcl            | 6              |            |  |

FORM 16-436 (4-26-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                   |            |            |       |
|-------------------------|--|-------------------|------------|------------|-------|
| 8200                    |  | HEAD OF FAMILY    |            | LOUISIANA  |       |
| COLOR                   |  | AGE               | BIRTHPLACE | E.O.       | SHEET |
| 23                      |  | 45                | Miss       | 35         | 13    |
| COUNTY                  |  |                   | CITY       |            |       |
| Concordia               |  |                   |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                   |            |            |       |
| NAME                    |  | RELATION-<br>SHIP | AGE        | BIRTHPLACE |       |
| Laura                   |  | W                 | 44         |            |       |
| Howard                  |  | S                 | 19         |            |       |
| Celia                   |  | M                 | 14         |            |       |
| Laura                   |  | 18                | 6          |            |       |
|                         |  |                   |            |            |       |
|                         |  |                   |            |            |       |
|                         |  |                   |            |            |       |

FORM 16-436 (4-26-21)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |   |            |  |                           |
|--|--|---|------------|--|---------------------------|
| R400   |  | NAME OF HEAD OF HOUSEHOLD<br><i>Howard</i>  |            | LOUISIANA  |                           |
| COLOR<br><i>B</i>  |  | AGE<br><i>10</i>  | BIRTHPLACE |  | E.D. SHEET<br><i>60 7</i> |
| COUNTY<br><i>St. Bernard</i>   |  |   | CITY       |  |                           |
| ENumerated WITH<br><i>Garwick John</i>   |  |   |            |  |                           |
| RELATIONSHIP TO ABOVE  |  |   |            |  |                           |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |            | <input type="checkbox"/> WIFE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>SS</i> |                           |

FORM 10-57 (4-29-51)

1940 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 1940-701



|                         |   |                |     |            |  |           |   |
|-------------------------|---|----------------|-----|------------|--|-----------|---|
| R 200                   |   | HEAD OF FAMILY |     | ROSS Hy    |  | LOUISIANA |   |
| COLOR                   | B | AGE            | 40  | BIRTHPLACE |  | E.D.      | 9 |
| COUNTY                  |   |                |     | CITY       |  |           |   |
| Assumption              |   |                |     |            |  |           |   |
| OTHER MEMBERS OF FAMILY |   |                |     |            |  |           |   |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |  |           |   |
| Anna                    |   | W              | 30  |            |  |           |   |
| Earl                    |   | S              | 5   |            |  |           |   |
| Estella                 |   | D              | 1   |            |  |           |   |
| Clara                   |   | D              | 16  |            |  |           |   |
|                         |   |                |     |            |  |           |   |
|                         |   |                |     |            |  |           |   |
|                         |   |                |     |            |  |           |   |
|                         |   |                |     |            |  |           |   |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |  |
|-------------------------|-----|----------------|-----|------------|--|
| R-200                   |     | HEAD OF FAMILY |     | LOUISIANA  |  |
| Rugg Hymie              |     | E.D.           |     | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |     |            |  |
| W                       | 47  |                |     |            |  |
| COUNTY                  |     | Union          |     | CITY       |  |
| OTHER MEMBERS OF FAMILY |     |                |     |            |  |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| 1 Liddie E              |     | W              | 40  |            |  |
| Long R. Velma           |     | SG             | 18  |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                |              |           |            |
|-------------------------|----------------|--------------|-----------|------------|
| R200                    | HEAD OF FAMILY |              | LOUISIANA |            |
| COLOR                   | AGE            | BIRTHPLACE   | E.D.      | SHEET      |
| W                       | 44             | Tex          | 90        | 7          |
| COUNTY                  |                | CITY         |           |            |
| Morehouse               |                | Boship       |           |            |
| OTHER MEMBERS OF FAMILY |                |              |           |            |
| NAME                    |                | RELATIONSHIP | AGE       | BIRTHPLACE |
| Ora                     |                | W            | 36        |            |
| Arthur                  |                | S            | 16        |            |
| Hosie                   |                | D            | 13        |            |
| Newton                  | Emine          | S L          | 58        |            |
| Hall                    | Will           | B L          | 26        |            |
| 2 La.                   |                |              |           |            |

FORM 18-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |  |                         |  |                    |
|--|--|--|-------------------------|--|--------------------|
| <i>R200</i>  |  | NAME OF INDIVIDUAL<br><i>Roxay Jasse</i>   |                         | LOUISIANA  |                    |
| COLOR<br><i>u</i>  |  | AGE<br><i>26</i>   | BIRTHPLACE              | E.D.<br><i>24</i>  | SHEET<br><i>19</i> |
| COUNTY<br><i>Iberia</i>  |  |  | CITY<br><i>Jennette</i> |  |                    |
| ENUMERATED WITH<br><i>Taylor Nazema</i>  |  |  |                         |  |                    |
| RELATIONSHIP TO ABOVE  |  |  |                         |  |                    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NICE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |                         | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>2.</i> |                    |

FORM 16-537 (4-20-31)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMB-DC 16100-P61

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| P200                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| W                       |  | 32             | Italy      | 104        | 21    |
| COUNTY                  |  |                | CITY       |            |       |
| Ouachita                |  |                | Morgan     |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Mary                    |  | D              | 32         | Italy      |       |
| Fanny                   |  | S              | 5          |            |       |
| Frank                   |  | S              | 6          |            |       |
| Phillip                 |  | S              | 11         |            |       |
| Mary                    |  | D              | 2          |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 16-636 (4-22-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |   |   | LOUISIANA |  |                                 |                                 |                                 |                                 |                                |                                |                                      |   |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|--|---|---|-----------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|---|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| NAME OF INDIVIDUAL<br><i>Ross Ida</i>  | E.D.<br><i>102</i>                                | SHEET<br><i>16</i>                                  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |   |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR<br><i>B</i>  | AGE<br><i>24</i>                                  | BIRTHPLACE<br><i>Ac.</i>                            |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |   |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY<br><i>Ouachita</i>  | CITY<br><i>Monroe</i>                             |   |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |   |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| EMERATED WITH<br><i>Blackman Gus</i>   |   |   |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |   |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |   |   |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |   |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input checked="" type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |   |   |           |  | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input checked="" type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW                   | <input type="checkbox"/> INMATE                     |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |   |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE                    | <input type="checkbox"/> NURSE                      |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |   |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input checked="" type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT                    |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |   |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW            | <input type="checkbox"/> ROOMER                     |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |   |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW               | <input type="checkbox"/> SERVANT                    |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |   |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW          | <input checked="" type="checkbox"/> OTHER (Specify) |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |   |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW           |   |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |   |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW            |   |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |   |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 16163-P01

|  |  |   |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |     |                                |  |  |
|--|--|---|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|-----|--------------------------------|--|--|
|  |  | LOUISIANA   |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |     |                                |  |  |
| P202   | NAME OF INDIVIDUAL                       | E.D.  | SHEET |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |     |                                |  |  |
|  | Rich, Ida B                              | 27  | 16    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |     |                                |  |  |
| COLOR  | AGE                                      | BIRTHPLACE  |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |     |                                |  |  |
| B  | 5  |   |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |     |                                |  |  |
| COUNTY   | CITY                                     |   |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |     |                                |  |  |
| Caddo  |  |   |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |     |                                |  |  |
| ENUMERATED WITH  |  |   |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |     |                                |  |  |
| Mason, Houston   |  |   |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |     |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |     |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td>S-D</td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | S-D | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |     |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |     |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |     |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |     |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |     |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |     |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  | S-D   |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |     |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |   |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |     |                                |  |  |

FORM 16-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 1910-P-1

RECORDED 10188-881

|  |     |   |  |  |       |
|--|-----|---|--|--|-------|
| R200   |     | NAME OF INDIVIDUAL  |  | LOUISIANA  |       |
| COLOR  | AGE | BIRTHPLACE  |  | E.D.   | SHEET |
| W May  | 19  |   |  | 90   | 23    |
| COUNTY   |     | CITY  |  |  |       |
|  |     | Franklin  |  |  |       |
| ENUMERATED WITH  |     | Wilson, Clara   |  |  |       |
| RELATIONSHIP TO ABOVE  |     |   |  |  |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br>D |       |

FORM 10-437 (4-25-61)

1960 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USC&MS-DC 10188-P-61



|  |                  |   |                         |   |                    |
|--|------------------|---|-------------------------|---|--------------------|
| R200   |                  | NAME OF INDIVIDUAL<br><i>Lea Ada H</i>  |                         | E.O.<br><i>90</i>   | SHEET<br><i>23</i> |
| COLOR<br><i>W</i>  | AGE<br><i>51</i> | BIRTHPLACE  |                         |   |                    |
| COUNTY   |                  |   | CITY<br><i>Franklin</i> |   |                    |
| ENUMERATED WITH<br><i>Mary Wilson, Clara</i>   |                  |   |                         |   |                    |
| RELATIONSHIP TO ABOVE  |                  |   |                         |   |                    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |                         | <input type="checkbox"/> WIDOW<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>91</i> |                    |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 10100-P01

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R-200                   |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| B                       | 32  | Ark            |     | 120        | 26    |
| COUNTY                  |     | CITY           |     |            |       |
| Webster                 |     | Minden         |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Agnes                   |     | W              | 32  | Ark        |       |
| Lola                    |     | D              | 11  | Ark        |       |
| Graves, Willie          |     | S              | 14  | Ark        |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 16-536 (6-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |  |            |  |      |
|---|--|--|------------|--|------|
| R200  |  | NAME OF INDIVIDUAL   |            | LOUISIANA  |      |
| B   |  | AGE  | BIRTHPLACE |  | E.D. |
| 3   |  | West Feliciana   |            | 145  |      |
| COUNTY  |  | CITY   |            | SHEET  |      |
| 16  |  | ENUMERATED WITH  |            |  |      |
| Roach, Silas  |  | RELATIONSHIP TO ABOVE  |            |  |      |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input checked="" type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NICE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |            | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROSSER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |      |

FORM 16-437 (4-29-61)

1960 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 10100-P61

|   |   |  |      |           |       |                                 |                                 |                                |                                 |   |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|---|--|------|-----------|-------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|---|-------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R 200   |   | NAME OF INDIVIDUAL                       |      | LOUISIANA |       |                                 |                                 |                                |                                 |   |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR   | AGE                                       | BIRTHPLACE                               |      | E.D.      | SHEET |                                 |                                 |                                |                                 |   |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| B   | 12  |  |      | 76        | 2     |                                 |                                 |                                |                                 |   |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY  |   |  | CITY |           |       |                                 |                                 |                                |                                 |   |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| EMIGRATED WITH <i>Dr. Schmidt</i>   |   |  |      |           |       |                                 |                                 |                                |                                 |   |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE <i>Polidge, Dove</i>  |   |  |      |           |       |                                 |                                 |                                |                                 |   |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDOW</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input checked="" type="checkbox"/> NIECE</td> <td><input type="checkbox"/> WIFE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |   |  |      |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | <input type="checkbox"/> MOTHER | <input checked="" type="checkbox"/> NIECE | <input type="checkbox"/> WIFE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW           | <input type="checkbox"/> WIDOW           |      |           |       |                                 |                                 |                                |                                 |   |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input checked="" type="checkbox"/> NIECE | <input type="checkbox"/> WIFE            |      |           |       |                                 |                                 |                                |                                 |   |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW    | <input type="checkbox"/> PATIENT         |      |           |       |                                 |                                 |                                |                                 |   |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW    | <input type="checkbox"/> ROOMER          |      |           |       |                                 |                                 |                                |                                 |   |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW       | <input type="checkbox"/> SERVANT         |      |           |       |                                 |                                 |                                |                                 |   |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW  | <input type="checkbox"/> OTHER (Specify) |      |           |       |                                 |                                 |                                |                                 |   |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW   |  |      |           |       |                                 |                                 |                                |                                 |   |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW    |  |      |           |       |                                 |                                 |                                |                                 |   |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 19-627 (4-20-61)

1919 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCENS-DC 1919-P-61

|                         |   |                |    |                |     |            |    |
|-------------------------|---|----------------|----|----------------|-----|------------|----|
| 19200                   |   | HEAD OF FAMILY |    | Rose, Inez     |     | LOUISIANA  |    |
| COLOR                   | B | AGE            | 54 | BIRTHPLACE     | Va  | E.D.       | 25 |
|                         |   |                |    |                |     | SHEET      | 5  |
| COUNTY                  |   |                |    | Jefferson      |     | CITY       |    |
|                         |   |                |    | Mc Donoghville |     |            |    |
| OTHER MEMBERS OF FAMILY |   |                |    |                |     |            |    |
| NAME                    |   |                |    | RELATIONSHIP   | AGE | BIRTHPLACE |    |
| Living alone            |   |                |    |                |     |            |    |
|                         |   |                |    |                |     |            |    |
|                         |   |                |    |                |     |            |    |
|                         |   |                |    |                |     |            |    |
|                         |   |                |    |                |     |            |    |
|                         |   |                |    |                |     |            |    |
|                         |   |                |    |                |     |            |    |
|                         |   |                |    |                |     |            |    |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R 200                   |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| W                       |  | 28             |            | 39         | 14    |
| COUNTY                  |  |                | CITY       |            |       |
| Calcasieu               |  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| 1 Yannie                |  | W              | 21         |            |       |
| 21 servant              |  |                |            |            |       |
| 91 boarder              |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 10-536 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| 1200                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | S.D.       | SHEET |
| B                       |  | 35             |            | 85         | 18    |
| COUNTY                  |  |                | CITY       |            |       |
| Pointe Coupee           |  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Lyle                    |  | W              | 21         |            |       |
| Lena                    |  | D              | 16         |            |       |
| Ruth                    |  | D              | 15         |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 16-436 (4-26-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |                 |   |      |  |          |       |
|---|-----------------|---|------|--|----------|-------|
| R 200   |                 | NAME OF INDIVIDUAL<br><i>Miss Irvin</i>   |      | LOUISIANA  | E.O.     | SHEET |
| COLOR<br><i>B</i>   | AGE<br><i>3</i> | BIRTHPLACE  |      | <i>47</i>  | <i>2</i> |       |
| COUNTY<br><i>East Feliciana</i>   |                 |   | CITY |  |          |       |
| ENUMERATED WITH<br><i>Alfred Jerry</i>  |                 |   |      |  |          |       |
| RELATIONSHIP TO ABOVE   |                 |   |      |  |          |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input checked="" type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                 | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |          |       |

FORM 18-637 (4-22-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18108-P-61



|   |  |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|--|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R200  |  | NAME OF INDIVIDUAL                         |  | LOUISIANA |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|   |  | Reese Jones                                |  | E.O.      | SHEET |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR   | AGE                                      | BIRTHPLACE                                 |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Blk   | 24                                       |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY  | La Salle                                 |  |  | CITY      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Pamela Hamilton   |  |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> MISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> MISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE            |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE             |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> MISTER-IN-LAW   |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-637 (4-30-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USC&amp;MS-DC 18198-P-61

|                         |                |              |            |            |
|-------------------------|----------------|--------------|------------|------------|
| <i>R 200</i>            | HEAD OF FAMILY |              | LOUISIANA  |            |
| COLOR                   | AGE            | BIRTHPLACE   | E.D.       | SHEET      |
| <i>Mr</i>               | <i>28</i>      |              | <i>124</i> | <i>16</i>  |
| COUNTY                  |                | CITY         |            |            |
| <i>St. Martin</i>       |                |              |            |            |
| OTHER MEMBERS OF FAMILY |                |              |            |            |
| NAME                    |                | RELATIONSHIP | AGE        | BIRTHPLACE |
| <i>1 Eunice</i>         |                | <i>D</i>     | <i>5</i>   |            |
| <i>Eula</i>             |                | <i>D</i>     | <i>2</i>   |            |
|                         |                |              |            |            |
|                         |                |              |            |            |
|                         |                |              |            |            |
|                         |                |              |            |            |
|                         |                |              |            |            |
|                         |                |              |            |            |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |      |            |       |
|-------------------------|-----|----------------|------|------------|-------|
| K200                    |     | HEAD OF FAMILY |      | LOUISIANA  |       |
| Kicks                   |     | Lance          |      | E.D.       | SHEET |
| COLOR                   | AGE | BIRTHPLACE     |      |            |       |
| W                       | 44  |                |      |            |       |
| COUNTY                  |     |                | CITY |            |       |
| Tangipahoa              |     |                |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Lila                    |     | W              | 35   |            |       |
| Eula                    |     | D              | 15   |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |

FORM 16-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |           |   |  |   |            |
|--|-----------|---|--|---|------------|
| R200   |           | NAME OF INDIVIDUAL<br>Ross Isaac  |  | E.D.<br>144   | SHEET<br>2 |
| COLOR<br>B   | AGE<br>17 | BIRTHPLACE<br>West Carroll  |  |   |            |
| COUNTY<br>West Carroll   |           |   |  | CITY  |            |
| ENUMERATED WITH<br>Ruffins David   |           |   |  |   |            |
| RELATIONSHIP TO ABOVE  |           |   |  |   |            |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |           | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> Niece<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |            |

FORM 10-437 (4-29-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCORG-DC 1910-461

| HEAD OF FAMILY          |              | LOUISIANA  |            |
|-------------------------|--------------|------------|------------|
| NAME                    |              | E.O.       | SHEET      |
| Roos Isaac              |              | 102        | 1          |
| COLOR                   | AGE          | BIRTHPLACE |            |
| W                       | 42           |            |            |
| COUNTY                  | CITY         |            |            |
| St. Landry              | Opelousas    |            |            |
| OTHER MEMBERS OF FAMILY |              |            |            |
| NAME                    | RELATIONSHIP | AGE        | BIRTHPLACE |
| Corse                   | W            | 37         |            |
| Elise                   | D            | 19         |            |
| Edwin                   | S            | 17         |            |
| Ada                     | D            | 15         |            |
| Sidney                  | S            | 14         |            |
| Larnie                  | S            | 12         |            |
| Rosalie                 | D            | 10         |            |

FORM 10-436 (4-20-31)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME     | RELATIONSHIP | AGE | BIRTHPLACE |
|----------|--------------|-----|------------|
| 1 Nathan | S            | 9   |            |
| 1 Irma   | D            | 5   |            |
|          |              |     |            |
|          |              |     |            |
|          |              |     |            |
|          |              |     |            |
|          |              |     |            |
|          |              |     |            |
|          |              |     |            |
|          |              |     |            |

FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18100-P&amp;1

LOUISIANA

|  |  |   |  |            |            |
|--|--|---|--|------------|------------|
| R 200                                  |  | NAME OF INDIVIDUAL<br>Ross Isaac                    |  | E.D.<br>75 | SHEET<br>4 |
| COLOR<br>B                             | AGE<br>12                                | BIRTHPLACE  |  |            |            |
| COUNTY<br>Pointe Coupee                |  | CITY  |  |            |            |
| EMIGRATED WITH<br>Hamilton Milton      |  |   |  |            |            |
| RELATIONSHIP TO ABOVE                  |  |   |  |            |            |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> IMMATE                     |  |            |            |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |  |            |            |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |            |            |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |            |            |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |            |            |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |            |            |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW  | 55  |  |            |            |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW   |   |  |            |            |

FORM 16-537 (4-29-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 18158-P-61

|                         |                      | LOUISIANA   |            |
|-------------------------|----------------------|-------------|------------|
| R 200                   | HEAD OF FAMILY       | E.O.        | SHEET      |
|                         | <i>Loss, Isaiel</i>  | <i>45</i>   | <i>16</i>  |
| COLOR                   | AGE                  | BIRTHPLACE  |            |
| <i>B</i>                | <i>38</i>            |             |            |
| COUNTY                  | <i>St. Feliciana</i> | CITY        |            |
| OTHER MEMBERS OF FAMILY |                      |             |            |
| NAME                    | RELATIONSHIP         | AGE         | BIRTHPLACE |
| <i>Isaiel, Cornelia</i> | <i>Wife</i>          | <i>16.5</i> |            |
| <i>Will, Julia A.</i>   | <i>Son</i>           | <i>21</i>   |            |
| <i>William, Mary</i>    | <i>Daughter</i>      | <i>6</i>    |            |
|                         |                      |             |            |
|                         |                      |             |            |
|                         |                      |             |            |
|                         |                      |             |            |
|                         |                      |             |            |

FORM 18-636 (4-20-61)

1918 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |              |            | LOUISIANA  |       |
|-------------------------|--------------|------------|------------|-------|
| HEAD OF FAMILY          |              |            | E.O.       | SHEET |
| R200                    | Cross Isiah  |            | 124        | 20    |
| COLOR                   | AGE          | BIRTHPLACE |            |       |
| B                       | 60           | Miss       |            |       |
| COUNTY                  |              | CITY       |            |       |
| Tensas                  |              |            |            |       |
| OTHER MEMBERS OF FAMILY |              |            |            |       |
| NAME                    | RELATIONSHIP | AGE        | BIRTHPLACE |       |
| Lena                    | W            | 48         |            |       |
| Wesley                  | S            | 20         |            |       |
| Leahy                   | D            | 17         |            |       |
|                         |              |            |            |       |
|                         |              |            |            |       |
|                         |              |            |            |       |
|                         |              |            |            |       |
|                         |              |            |            |       |

FORM 16-436 (4-22-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |              | LOUISIANA  |            |
|-------------------------|--------------|------------|------------|
| HEAD OF FAMILY          |              | E.O.       | SHEET      |
| 1200                    | Ross, Isham  | 106        | 7          |
| COLOR                   | AGE          | BIRTHPLACE |            |
| B                       | 46           |            |            |
| COUNTY                  | CITY         |            |            |
| Ouachita                | 0            |            |            |
| OTHER MEMBERS OF FAMILY |              |            |            |
| NAME                    | RELATIONSHIP | AGE        | BIRTHPLACE |
| Hannah                  | W            | 38         |            |
| Melissa                 | D            | 18         |            |
| Healey                  | S            | 17         |            |
| Ida                     | D            | 15         |            |
| Samuel                  | S            | 14         |            |
| Alford                  | S            | 13         |            |

| LOUISIANA               |                                     |                                |                   |
|-------------------------|-------------------------------------|--------------------------------|-------------------|
| <i>P200</i>             | HEAD OF FAMILY<br><i>Reese Ison</i> |                                | E.D.<br><i>51</i> |
|                         |                                     | SHEET<br><i>34</i>             |                   |
| COLOR<br><i>B</i>       | AGE<br><i>23</i>                    | BIRTHPLACE<br><i>Iberville</i> |                   |
| COUNTY                  |                                     | CITY                           |                   |
| OTHER MEMBERS OF FAMILY |                                     |                                |                   |
| NAME                    | RELATIONSHIP                        | AGE                            | BIRTHPLACE        |
| <i>Julia</i>            | <i>w</i>                            | <i>22</i>                      |                   |
| <i>Willie</i>           | <i>S</i>                            | <i>1 1/2</i>                   |                   |
|                         |                                     |                                |                   |
|                         |                                     |                                |                   |
|                         |                                     |                                |                   |
|                         |                                     |                                |                   |
|                         |                                     |                                |                   |
|                         |                                     |                                |                   |
|                         |                                     |                                |                   |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |  |              |  |            |  |
|-------------------------|--|----------------|--|--------------|--|------------|--|
| R200                    |  | HEAD OF FAMILY |  | Rosa, Israel |  | LOUISIANA  |  |
| COLOR                   |  | AGE            |  | BIRTHPLACE   |  | E.D. SHEET |  |
| B                       |  | 38             |  |              |  | 69 1       |  |
| COUNTY                  |  |                |  | CITY         |  |            |  |
| St. James               |  |                |  |              |  |            |  |
| OTHER MEMBERS OF FAMILY |  |                |  |              |  |            |  |
| NAME                    |  |                |  | RELATIONSHIP |  | AGE        |  |
|                         |  |                |  |              |  | BIRTHPLACE |  |
| / Helen                 |  |                |  | W            |  | 34         |  |
| / Baby                  |  |                |  | d            |  | 5          |  |
| / Henry                 |  |                |  | s            |  | 17 1/2     |  |
| Wesley, Venable         |  |                |  | bl           |  | 24         |  |
|                         |  |                |  |              |  |            |  |
|                         |  |                |  |              |  |            |  |
|                         |  |                |  |              |  |            |  |
|                         |  |                |  |              |  |            |  |

LOUISIANA

|                         |                 |              |      |            |
|-------------------------|-----------------|--------------|------|------------|
| R 200                   | HEAD OF FAMILY  |              | E.D. | SHEET      |
|                         | Reese, Lucy     |              | 143  | 17         |
| COLOR                   | AGE             | BIRTHPLACE   |      |            |
| B                       | 34              |              |      |            |
| COUNTY                  |                 | CITY         |      |            |
| Vermillion              |                 | Greysboro    |      |            |
| OTHER MEMBERS OF FAMILY |                 |              |      |            |
|                         | NAME            | RELATIONSHIP | AGE  | BIRTHPLACE |
|                         | Josephine       | W            | 25   |            |
|                         | Walter, Willie  | SS           | 17   |            |
|                         | Corine          | SS           | 12   |            |
|                         | McClary         | SS           | 14   |            |
|                         | Burney, Maurice | SS           | 9    |            |
|                         | Reese, Lucy     | DA           | 7    |            |
|                         | Floyd           | S            | 5    |            |

LOUISIANA

HEAD OF FAMILY - CONTINUE

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

|   | NAME  | RELATIONSHIP | AGE | BIRTHPLACE |
|---|-------|--------------|-----|------------|
| / | Ada   | D            | 3   |            |
|   | Ethel | D            | 2   |            |
|   |       |              |     |            |
|   |       |              |     |            |
|   |       |              |     |            |
|   |       |              |     |            |
|   |       |              |     |            |
|   |       |              |     |            |
|   |       |              |     |            |
|   |       |              |     |            |
|   |       |              |     |            |

FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-HIC 18100-701

J

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R211                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| W                       | 36  | J. A.          |     | 68         | 10    |
| COUNTY                  |     | Lafayette      |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Mary L.                 |     | W              | 30  |            |       |
| Evel                    |     | S              | 10  |            |       |
| Winona                  |     | D              | 9   |            |       |
| Rita                    |     | D              | 4   |            |       |
| James                   |     | S              | 2   |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 16-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |        |                |     |              |      |           |    |
|-------------------------|--------|----------------|-----|--------------|------|-----------|----|
| R201                    |        | HEAD OF FAMILY |     | Roach, J. B. |      | LOUISIANA |    |
| COLOR                   | W      | AGE            | 53  | BIRTHPLACE   | Ala. | E.D.      | 60 |
| COUNTY                  | Greene |                |     | CITY         |      |           |    |
| OTHER MEMBERS OF FAMILY |        |                |     |              |      |           |    |
| NAME                    |        | RELATIONSHIP   | AGE | BIRTHPLACE   |      |           |    |
| Margaret                |        | W              | 48  |              |      |           |    |
| John m.                 |        | S              | 26  |              |      |           |    |
| Sallie                  |        | D              | 13  |              |      |           |    |
| Mack G.                 |        | S              | 10  |              |      |           |    |
|                         |        |                |     |              |      |           |    |
|                         |        |                |     |              |      |           |    |
|                         |        |                |     |              |      |           |    |

FORM 18-436 (4-30-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |   |  |                    |                   |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|---|--|--------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|--|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 1200  |  | NAME OF INDIVIDUAL<br><i>Roscoe, J.C.</i> |  | LOUISIANA          |                   |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>W</i>   | AGE<br><i>98</i>                         | BIRTHPLACE<br><i>La</i>                   |  | E.O.<br><i>102</i> | SHEET<br><i>8</i> |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY  |  | CITY                                      |  |                    |                   |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|   |  | <i>Ouachita</i>                           |  | <i>Monroe</i>      |                   |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Knight A.R.</i>   |  |   |  |                    |                   |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |  |                    |                   |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHER</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input checked="" type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> WINTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |                    |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHER | <input type="checkbox"/> INMATE | <input checked="" type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> WINTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHER          | <input type="checkbox"/> INMATE           |  |                    |                   |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE            |  |                    |                   |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT          |  |                    |                   |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER           |  |                    |                   |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT          |  |                    |                   |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)  |  |                    |                   |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |                    |                   |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> WINTER-IN-LAW   |   |  |                    |                   |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-637 (4-20-91)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18109-P-61

|    |                |
|----|----------------|
| 10 | HEAD OF FAMILY |
|----|----------------|

JSCOMM-DC 18102-P61

| R200                    |     | HEAD OF FAMILY |      | LOUISIANA  |  |
|-------------------------|-----|----------------|------|------------|--|
| COLOR                   | AGE | BIRTHPLACE     | S.D. | SHEET      |  |
| W                       | 25  |                | 44   | 29         |  |
| COUNTY                  |     | Calcasieu      |      | CITY       |  |
| OTHER MEMBERS OF FAMILY |     |                |      |            |  |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| 1 Pearl                 |     | W              | 20   | Miss       |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R200                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| B                       | 27  | Rice J. Eliza  |     | 91         | 2     |
| COUNTY                  |     | CITY           |     |            |       |
| Rapides                 |     | Boyer          |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| And 2 Da.               |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1

1916 CENSUS INDEX - FAMILY

|                         |        |                |     |            |       |
|-------------------------|--------|----------------|-----|------------|-------|
| R 200                   |        | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | W      | AGE            | 54  | BIRTHPLACE | J. F. |
| COUNTY                  |        | De Soto        |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |        |                |     |            |       |
|                         | NAME   | RELATIONSHIP   | AGE | BIRTHPLACE |       |
|                         | Lulie  | W              | 40  |            |       |
|                         | Ila    | d              | 15  |            |       |
|                         | Murray | S              | 13  |            |       |
|                         | Fulton | S              | 10  |            |       |
|                         | Jessie | d              | 8   |            |       |
|                         | Edna   | d              | 6   |            |       |
|                         | Selma  | d              | 3   |            |       |

FORM 16-626 (4-20-01)  
1916 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

HEAD OF FAMILY - CONTINUED

LOUISIANA

CARD 2 OF 2

**OTHER MEMBERS OF FAMILY**

NAME \_\_\_\_\_

RELATIONSHIP

AGE

BIRTHPLACE

Not reported  
Partner

 $\sqrt{2}$ 

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMA DC 15198-P01

HEAD OF FAMILY

|                         |   |                |         |            |           |
|-------------------------|---|----------------|---------|------------|-----------|
| 5200                    |   | HEAD OF FAMILY |         | LOUISIANA  |           |
| COLOR                   | W | AGE            | 36      | BIRTHPLACE | Riggs J H |
|                         |   |                |         | E.O.       | 74        |
|                         |   |                |         | SHEET      | 11        |
| COUNTY                  |   |                | Do Soto |            |           |
|                         |   |                | CITY    |            |           |
| OTHER MEMBERS OF FAMILY |   |                |         |            |           |
| NAME                    |   | RELATIONSHIP   | AGE     | BIRTHPLACE |           |
| 1 Florence              |   | W              | 36      |            |           |
| Scott Edward            |   | SS             | 16      |            |           |
| 1 Vivian                |   | SD             | 12      |            |           |
| 1 Inez                  |   | SD             | 8       |            |           |
| Riggs Ralph             |   | S              | 5       |            |           |
| and 3 lodgers           |   |                |         |            |           |

FORM 10-436 (4-30-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                |              |           |            |
|-------------------------|----------------|--------------|-----------|------------|
| R200                    | HEAD OF FAMILY |              | LOUISIANA |            |
| COLOR                   | AGE            | BIRTHPLACE   | E.D.      | SHEET      |
| W                       | 59             | Miss         | 119       | 21         |
| COUNTY                  |                | Webster      | CITY      |            |
| OTHER MEMBERS OF FAMILY |                |              |           |            |
|                         | NAME           | RELATIONSHIP | AGE       | BIRTHPLACE |
|                         | Molly          | W            | 55        | Miss       |
|                         | Carson         | S            | 17        | Miss       |
|                         | Maggie         | P            | 14        | Miss       |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |           |                |     |             |      |           |    |
|-------------------------|-----------|----------------|-----|-------------|------|-----------|----|
| R200                    |           | HEAD OF FAMILY |     | Russa J. J. |      | LOUISIANA |    |
| COLOR                   | W         | AGE            | 43  | BIRTHPLACE  | Fla. | E.D.      | 92 |
| COUNTY                  | Morehouse |                |     | CITY        | 4    |           |    |
| OTHER MEMBERS OF FAMILY |           |                |     |             |      |           |    |
|                         | NAME      | RELATIONSHIP   | AGE | BIRTHPLACE  |      |           |    |
|                         | Nora      | W              | 33  |             |      |           |    |
|                         | Irby      | D              | 15  |             |      |           |    |
|                         | Houston   | S              | 10  |             |      |           |    |
|                         | Newson    | S              | 9   |             |      |           |    |
|                         | Carry     | D              | 7   |             |      |           |    |
|                         | Elvy      | S              | 5   |             |      |           |    |
|                         | Matthe    | D              | 4   |             |      |           |    |

FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

HEAD OF FAMILY - CONTINUED

**LOUISIANA**

CARD 2 OF 2

**OTHER MEMBERS OF FAMILY**

| NAME     | RELATIONSHIP | AGE | BIRTHPLACE |
|----------|--------------|-----|------------|
| 1 Dallas | S            | 2   |            |
|          |              |     |            |
|          |              |     |            |
|          |              |     |            |
|          |              |     |            |
|          |              |     |            |
|          |              |     |            |
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|          |              |     |            |

FORM 70-636e (4-20-61)  
1910 CENSUS INDEXING

FORM 10-6368 (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 10100-P01

HEAD OF FAMILY

Lieberman



|   |  |  |  |           |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
|---|--|--|--|-----------|-------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|--|--|--------------------------------|--|--|
| P200  |  | NAME OF INDIVIDUAL<br>Roach J. S.        |  | LOUISIANA |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| COLOR<br>W  | AGE<br>21  | BIRTHPLACE                               |  | E.O.<br>1 | SHEET<br>16 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| COUNTY  |  | BIRMINGHAM                               |  | CITY      |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| ENUMERATED WITH<br>HATSON W. P.   |  |  |  |           |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |  |           |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input checked="" type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |           |             | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input checked="" type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW                    | <input type="checkbox"/> INMATE          |  |           |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE                     | <input type="checkbox"/> NURSE           |  |           |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW             | <input type="checkbox"/> PATIENT         |  |           |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW             | <input type="checkbox"/> ROOMER          |  |           |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW                | <input type="checkbox"/> SERVANT         |  |           |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW           | <input type="checkbox"/> OTHER (Specify) |  |           |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input checked="" type="checkbox"/> BROTHER-IN-LAW |  |  |           |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW             |  |  |           |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |

FORM 10-437 (4-22-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 10100-P01

|      |                |           |
|------|----------------|-----------|
| P200 | HEAD OF FAMILY | LOUISIANA |
|------|----------------|-----------|

|                         |   |                |     |            |          |
|-------------------------|---|----------------|-----|------------|----------|
| R200                    |   | HEAD OF FAMILY |     | LOUISIANA  |          |
| COLOR                   | W | AGE            | 60  | BIRTHPLACE | Ridge LA |
| COUNTY                  |   | Do Soto        |     | CITY       |          |
| OTHER MEMBERS OF FAMILY |   |                |     |            |          |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |          |
| 1 Sara E                |   | W              | 65  | Ala        |          |
| Ava 1 Lodger            |   |                |     |            |          |
|                         |   |                |     |            |          |
|                         |   |                |     |            |          |
|                         |   |                |     |            |          |
|                         |   |                |     |            |          |
|                         |   |                |     |            |          |
|                         |   |                |     |            |          |

FORM 16-636 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|      |  |                |  |           |  |
|------|--|----------------|--|-----------|--|
| R200 |  | HEAD OF FAMILY |  | LOUISIANA |  |
|------|--|----------------|--|-----------|--|

|                         |    |                |     |            |                |
|-------------------------|----|----------------|-----|------------|----------------|
| R. Lee                  |    | HEAD OF FAMILY |     | Louisiana  |                |
| COLOR                   | It | AGE            | 55  | BIRTHPLACE | Richmond, A.T. |
| COUNTY                  |    | Natchitoches   |     | CITY       |                |
| OTHER MEMBERS OF FAMILY |    |                |     |            |                |
| NAME                    |    | RELATIONSHIP   | AGE | BIRTHPLACE |                |
| and 130                 |    |                |     |            |                |
|                         |    |                |     |            |                |
|                         |    |                |     |            |                |
|                         |    |                |     |            |                |
|                         |    |                |     |            |                |
|                         |    |                |     |            |                |
|                         |    |                |     |            |                |
|                         |    |                |     |            |                |
|                         |    |                |     |            |                |

FORM 16-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|        |                    |
|--------|--------------------|
| R. Lee | NAME OF INDIVIDUAL |
|--------|--------------------|

|  |   |                    |   |            |       |
|--|---|--------------------|---|------------|-------|
| R200   |   | NAME OF INDIVIDUAL |   | LOUISIANA  |       |
| COLOR  | W | AGE                | 28  | BIRTHPLACE | E.D.  |
| COUNTY   |   |                    |   |            | 44    |
| ENUMERATED WITH  |   |                    | Calcasieu   | CITY       | SHEET |
| RELATIONSHIP TO ABOVE  |   |                    | Hockey, Jack E  |            |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |   |                    | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |            |       |
|  |   |                    | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify)   |            |       |

FORM 18-637 (4-20-61)

1910 CENSUS INDEX - INDIVI

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18185-P-61

|      |                |           |
|------|----------------|-----------|
| R200 | HEAD OF FAMILY | LOUISIANA |
|------|----------------|-----------|

|                         |   |                |     |            |            |
|-------------------------|---|----------------|-----|------------|------------|
| R 200                   |   | HEAD OF FAMILY |     | LOUISIANA  |            |
| COLOR                   | W | AGE            | 32  | BIRTHPLACE | I W        |
| COUNTY                  |   | Rapides        |     | CITY       | Alexandria |
| OTHER MEMBERS OF FAMILY |   |                |     |            |            |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |            |
| Lula                    |   | W              | 25  | Ark        |            |
| Clara                   |   | S              | 6   |            |            |
| Wendy                   |   | S              | 4   |            |            |
| Lennie                  |   | D              | 2   |            |            |
| 21 Boy & 1 Girl         |   |                |     |            |            |

FORM 16-636 (4-20-07)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|       |   |                |    |            |     |
|-------|---|----------------|----|------------|-----|
| R 200 |   | HEAD OF FAMILY |    | LOUISIANA  |     |
| COLOR | W | AGE            | 32 | BIRTHPLACE | I W |



|                         |   |                |     |            |         |
|-------------------------|---|----------------|-----|------------|---------|
| R200                    |   | HEAD OF FAMILY |     | LOUISIANA  |         |
| COLOR                   | W | AGE            | 37  | BIRTHPLACE | I W     |
| COUNTY                  |   | Tangipahoe     |     | CITY       | Hammock |
| OTHER MEMBERS OF FAMILY |   |                |     |            |         |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |         |
| 1 Mary                  |   | W              | 36  | Miss.      |         |
|                         |   |                |     |            |         |
|                         |   |                |     |            |         |
|                         |   |                |     |            |         |
|                         |   |                |     |            |         |
|                         |   |                |     |            |         |
|                         |   |                |     |            |         |
|                         |   |                |     |            |         |
|                         |   |                |     |            |         |

FORM 16-636 (4-26-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|       |  |                |  |            |  |
|-------|--|----------------|--|------------|--|
| R200  |  | HEAD OF FAMILY |  | LOUISIANA  |  |
| COLOR |  | AGE            |  | BIRTHPLACE |  |

|                         |   |                |     |            |     |
|-------------------------|---|----------------|-----|------------|-----|
| R 200                   |   | HEAD OF FAMILY |     | LOUISIANA  |     |
| COLOR                   | W | AGE            | 27  | BIRTHPLACE | Ind |
| COUNTY                  |   | Madison        |     | CITY       |     |
| OTHER MEMBERS OF FAMILY |   |                |     |            |     |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |     |
| Eddie                   |   | W              | 21  | Ind        |     |
| Jessie                  |   | D              | 3   | Ark        |     |
| Jack Jr                 |   | S              | 1   |            |     |
|                         |   |                |     |            |     |
|                         |   |                |     |            |     |
|                         |   |                |     |            |     |
|                         |   |                |     |            |     |
|                         |   |                |     |            |     |
|                         |   |                |     |            |     |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|       |  |                |  |            |  |
|-------|--|----------------|--|------------|--|
| R 200 |  | HEAD OF FAMILY |  | LOUISIANA  |  |
| COLOR |  | AGE            |  | BIRTHPLACE |  |

|                         |   |                |     |            |      |
|-------------------------|---|----------------|-----|------------|------|
| R200                    |   | HEAD OF FAMILY |     | LOUISIANA  |      |
| COLOR                   | W | AGE            | 80  | BIRTHPLACE | Jack |
| COUNTY                  |   | St. Charles    |     | CITY       |      |
| OTHER MEMBERS OF FAMILY |   |                |     |            |      |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |      |
| 1 Baydee                |   | W              | 56  |            |      |
| DeBautte, Matilda       |   | SIL            | 46  |            |      |
|                         |   |                |     |            |      |
|                         |   |                |     |            |      |
|                         |   |                |     |            |      |
|                         |   |                |     |            |      |
|                         |   |                |     |            |      |
|                         |   |                |     |            |      |
|                         |   |                |     |            |      |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |   |   |       |  |      |
|---|---|---|-------|--|------|
| R200  |   | NAME OF INDIVIDUAL  |       | LOUISIANA  |      |
| COLOR   | B | AGE   | 3 1/2 | BIRTHPLACE   | Jack |
|   |   | E.D.  | 111   | SHEET  | 14   |
| COUNTY  |   |   | CITY  |  |      |
| St. Landry  |   |   |       |  |      |
| ENUMERATED WITH   |   |   |       |  |      |
| Pallock Joseph  |   |   |       |  |      |
| RELATIONSHIP TO ABOVE   |   |   |       |  |      |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input checked="" type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |   | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |       | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |      |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 10100-P61

|  |   |                    |       |            |      |
|--|---|--------------------|-------|------------|------|
| R200   |   | NAME OF INDIVIDUAL |       | LOUISIANA  |      |
| COLOR  | 8 | AGE                | 3 1/2 | BIRTHPLACE | JACK |
| COUNTY   |   | St. Landry         |       | CITY       |      |
| ENUMERATED WITH  |   |                    |       |            |      |
| RELATIONSHIP TO ABOVE  |   |                    |       |            |      |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER<br/> <input type="checkbox"/> MOTHER<br/> <input type="checkbox"/> GRANDFATHER<br/> <input type="checkbox"/> GRANDMOTHER<br/> <input checked="" type="checkbox"/> GRANDSON<br/> <input type="checkbox"/> GRANDDAUGHTER<br/> <input type="checkbox"/> AUNT<br/> <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW<br/> <input type="checkbox"/> NIECE<br/> <input type="checkbox"/> FATHER-IN-LAW<br/> <input type="checkbox"/> MOTHER-IN-LAW<br/> <input type="checkbox"/> SON-IN-LAW<br/> <input type="checkbox"/> DAUGHTER-IN-LAW<br/> <input type="checkbox"/> BROTHER-IN-LAW<br/> <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> WMAATE<br/> <input type="checkbox"/> NURSE<br/> <input type="checkbox"/> PATIENT<br/> <input type="checkbox"/> ROOMER<br/> <input type="checkbox"/> SERVANT<br/> <input checked="" type="checkbox"/> OTHER (Specify) </div> </div> |   |                    |       |            |      |

FORM 16-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18105-P01

|       |  |                |  |           |  |
|-------|--|----------------|--|-----------|--|
| R200  |  | HEAD OF FAMILY |  | LOUISIANA |  |
| COLOR |  |                |  |           |  |

|                         |                |                  |            |            |
|-------------------------|----------------|------------------|------------|------------|
| R200                    | HEAD OF FAMILY |                  | LOUISIANA  |            |
| COLOR<br>W              | AGE<br>27      | BIRTHPLACE<br>Mo | E.D.<br>31 | SHEET<br>1 |
| COUNTY<br>East Carroll  |                | CITY             |            |            |
| OTHER MEMBERS OF FAMILY |                |                  |            |            |
| NAME                    |                | RELATIONSHIP     | AGE        | BIRTHPLACE |
| Eddie                   |                | W                | 20         | Ind        |
| James                   |                | D                | 2          | Ind        |
| William                 |                | S                | 1          |            |
| 3 Inmates               |                |                  |            |            |
|                         |                |                  |            |            |
|                         |                |                  |            |            |
|                         |                |                  |            |            |
|                         |                |                  |            |            |
|                         |                |                  |            |            |

FORM 10-436 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                       |     |  |  |           |       |
|-----------------------|-----|--|--|-----------|-------|
| R202                  |     | NAME OF INDIVIDUAL   |  | LOUISIANA |       |
| COLOR                 | AGE | BIRTHPLACE   |  | E.O.      | SHEET |
| B                     | 19  | Pointe Coup  |  | 85        | 37    |
| COUNTY                |     | CITY   |  |           |       |
| ENUMERATED WITH       |     | Johnson, Peter   |  |           |       |
| RELATIONSHIP TO ABOVE |     | <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE<br><input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW<br><input type="checkbox"/> IMMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify) |  |           |       |
| FORM 10-437 (4-20-61) |     | 55   |  |           |       |

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18105-P01

|      |                |
|------|----------------|
| R202 | HEAD OF FAMILY |
|------|----------------|

|                         |              |            |            |
|-------------------------|--------------|------------|------------|
| HEAD OF FAMILY          |              | LOUISIANA  |            |
| COLOR                   | AGE          | BIRTHPLACE | E.D. SHEET |
| 13                      | 69           | Jackson    | 12 16      |
| COUNTY                  |              | CITY       |            |
| Iberia                  |              |            |            |
| OTHER MEMBERS OF FAMILY |              |            |            |
| NAME                    | RELATIONSHIP | AGE        | BIRTHPLACE |
| Mary                    | W            | 39         |            |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |

FORM 18-436 (4-22-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|       |                |
|-------|----------------|
| A-200 | HEAD OF FAMILY |
|-------|----------------|



|                         |    |                |     |            |         |
|-------------------------|----|----------------|-----|------------|---------|
| B-200                   |    | HEAD OF FAMILY |     | LOUISIANA  |         |
| COLOR                   | 13 | AGE            | 65  | BIRTHPLACE | Jackson |
| COUNTY                  |    | Avoyelles      |     | CITY       | Mansura |
| OTHER MEMBERS OF FAMILY |    |                |     |            |         |
| NAME                    |    | RELATIONSHIP   | AGE | BIRTHPLACE |         |
| Maloney                 |    | W              | 50  |            |         |
| Rene                    |    | D              | 20  |            |         |
|                         |    |                |     |            |         |
|                         |    |                |     |            |         |
|                         |    |                |     |            |         |
|                         |    |                |     |            |         |
|                         |    |                |     |            |         |
|                         |    |                |     |            |         |

Form 10-436 (4-20-31)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|       |                |
|-------|----------------|
| B-200 | HEAD OF FAMILY |
|-------|----------------|

|                         |   |                |     |            |    |
|-------------------------|---|----------------|-----|------------|----|
| A200                    |   | HEAD OF FAMILY |     | LOUISIANA  |    |
| COLOR                   | B | AGE            | 56  | BIRTHPLACE |    |
|                         |   |                |     | E.D.       | 92 |
|                         |   |                |     | SHEET      | 7  |
| COUNTY                  |   | Rapides        |     | CITY       |    |
| OTHER MEMBERS OF FAMILY |   |                |     |            |    |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |    |
| Dillie                  |   | W              | 49  |            |    |
| Hinson                  |   | S              | 19  |            |    |
| John H                  |   | S              | 16  |            |    |
| McKinley                |   | S              | 12  |            |    |
| Tanner                  |   | D              | 10  |            |    |
| Shedden                 |   | S              | 8   |            |    |
| Johnson, Peter          |   | GS             | 3   |            |    |

FORM 16-436 (4-20-51)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |   |      |                    |                   |
|--|--|---|------|--------------------|-------------------|
| R200   |  | NAME OF INDIVIDUAL<br><i>Roscoe Jackson E</i> |      | LOUISIANA          |                   |
| COLOR<br><i>W</i>                            | AGE<br><i>36</i>                         | BIRTHPLACE<br><i>Ark</i>                      |      | E.D.<br><i>117</i> | SHEET<br><i>5</i> |
| COUNTY<br><i>Webster</i>                     |  |   | CITY |                    |                   |
| ENUMERATED WITH<br><i>Tompson Charles P.</i> |  |   |      |                    |                   |
| RELATIONSHIP TO ABOVE                        |  |   |      |                    |                   |
| <input type="checkbox"/> FATHER              | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WHALE                |      |                    |                   |
| <input type="checkbox"/> MOTHER              | <input type="checkbox"/> NICE            | <input type="checkbox"/> NURSE                |      |                    |                   |
| <input type="checkbox"/> GRANDFATHER         | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT              |      |                    |                   |
| <input type="checkbox"/> GRANDMOTHER         | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> SPOUSE    |      |                    |                   |
| <input type="checkbox"/> GRANDSON            | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT              |      |                    |                   |
| <input type="checkbox"/> GRANDDAUGHTER       | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)      |      |                    |                   |
| <input type="checkbox"/> AUNT                | <input type="checkbox"/> BROTHER-IN-LAW  |   |      |                    |                   |
| <input type="checkbox"/> UNCLE               | <input type="checkbox"/> SISTER-IN-LAW   |   |      |                    |                   |

FORM 10-517 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

UNCOM-DC 1910-517

|  |  |   |      |            |             |                                 |                                 |                               |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|--|--|---|------|------------|-------------|---------------------------------|---------------------------------|-------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| R200   |  | NAME OF INDIVIDUAL                                  |      | LOUISIANA  |             |                                 |                                 |                               |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR  | B  | AGE   | 18   | BIRTHPLACE | Ross, Jacob |                                 |                                 |                               |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY   | St. James                                |   | CITY |            |             |                                 |                                 |                               |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH  |  |   |      |            |             |                                 |                                 |                               |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   |      |            |             |                                 |                                 |                               |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIFE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> MURDER</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |      |            |             | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIFE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> MURDER | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIFE                       |      |            |             |                                 |                                 |                               |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> MURDER                     |      |            |             |                                 |                                 |                               |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |      |            |             |                                 |                                 |                               |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |      |            |             |                                 |                                 |                               |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |      |            |             |                                 |                                 |                               |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |      |            |             |                                 |                                 |                               |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |   |      |            |             |                                 |                                 |                               |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |   |      |            |             |                                 |                                 |                               |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

Form 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18108-P01

|  |  |   |                           |
|--|--|---|---------------------------|
| NAME OF INDIVIDUAL<br><i>Rash</i>  |  | LOUISIANA   |                           |
| COLOR<br><i>W</i>  | AGE<br><i>22½</i>  | BIRTHPLACE<br><i>Europe (Holland)</i>   | T.O. SHEET<br><i>89 6</i> |
| COUNTY<br><i>S. Helena</i>   |  | CITY  |                           |
| ENUMERATED WITH<br><i>Polak Antone</i>   |  |   |                           |
| RELATIONSHIP TO ABOVE  |  |   |                           |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NICE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> IMMIGRANT<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> DOCTOR<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>Pa</i> |                           |

Form 10-437 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 1910-501

|  |   |   |                 |  |         |
|--|---|---|-----------------|--|---------|
| B202   |   | NAME OF INDIVIDUAL  |                 | LOUISIANA  |         |
| COLOR  | B | AGE   | 18 <del>2</del> | BIRTHPLACE   | E.C. 60 |
| COUNTY   |   |   | CITY            | SHEET 12   |         |
| ENUMERATED WITH  |   | Iberville   |                 |  |         |
| RELATIONSHIP TO ABOVE  |   | Griffis Mesumia   |                 |  |         |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |   | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |                 | <input type="checkbox"/> WIDWIFE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify) |         |
|  |   |   |                 | 5  |         |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCENS-DC 1910-P-1

|                         |           |                             |           |            |           |
|-------------------------|-----------|-----------------------------|-----------|------------|-----------|
| <i>K. Lee</i>           |           | HEAD OF FAMILY              |           | LOUISIANA  |           |
| COLOR                   | AGE       | BIRTHPLACE                  |           | E.D.       | SHEET     |
| <i>8</i>                | <i>33</i> | <i>Calcasieu, Louisiana</i> |           | <i>44</i>  | <i>15</i> |
| COUNTY                  |           | CITY                        |           |            |           |
| <i>Calcasieu</i>        |           |                             |           |            |           |
| OTHER MEMBERS OF FAMILY |           |                             |           |            |           |
| NAME                    |           | RELATIONSHIP                | AGE       | BIRTHPLACE |           |
| <i>1 Ed</i>             |           | <i>8</i>                    | <i>32</i> |            |           |
| <i>and 9 boarders</i>   |           |                             |           |            |           |
|                         |           |                             |           |            |           |
|                         |           |                             |           |            |           |
|                         |           |                             |           |            |           |
|                         |           |                             |           |            |           |
|                         |           |                             |           |            |           |
|                         |           |                             |           |            |           |
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FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                |                     |           |                     |
|-------------------------|----------------|---------------------|-----------|---------------------|
| R 200                   | HEAD OF FAMILY |                     | LOUISIANA |                     |
| COLOR<br>B              | AGE<br>35      | BIRTHPLACE<br>Jaise |           | E.D. SHEET<br>44 15 |
| COUNTY<br>Calcasieu     |                | CITY<br>de Ridder   |           |                     |
| OTHER MEMBERS OF FAMILY |                |                     |           |                     |
| NAME                    |                | RELATIONSHIP        | AGE       | BIRTHPLACE          |
| and 5 boarders          |                |                     |           |                     |
|                         |                |                     |           |                     |
|                         |                |                     |           |                     |
|                         |                |                     |           |                     |
|                         |                |                     |           |                     |
|                         |                |                     |           |                     |
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FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R 200                   |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| B                       |     | R 200          |     | 70         | 9     |
| COUNTY                  |     | CITY           |     |            |       |
| Lafayette               |     | Lafayette      |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| 1 Rebecca               |     | W              | 21  |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
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FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |              |            |            |
|-------------------------|--------------|------------|------------|
| HEAD OF FAMILY          |              | LOUISIANA  |            |
| Rich. Jake              |              |            |            |
| COLOR                   | AGE          | BIRTHPLACE | E.D.       |
| B                       | 28           |            | 78         |
| SHEET                   |              | 4          |            |
| COUNTY                  |              |            |            |
| Rapides                 |              | CITY       |            |
|                         |              | Alexandria |            |
| OTHER MEMBERS OF FAMILY |              |            |            |
| NAME                    | RELATIONSHIP | AGE        | BIRTHPLACE |
| Cecile                  | W            | 23         |            |
| Edna                    | D            | 4          |            |
| Erena                   | D            | 1          |            |
| Harris, Leona           | M.D.         | 38         |            |
| Lozelle                 | Sid.         | 7          |            |
| Percy                   | B.D.         | 4          |            |

FORM 16-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |    |                |     |            |                 |
|-------------------------|----|----------------|-----|------------|-----------------|
| R210                    |    | HEAD OF FAMILY |     | LOUISIANA  |                 |
| COLOR                   | Ym | AGE            | 40  | BIRTHPLACE | Laurel, Alabama |
| COUNTY                  |    | Natchitoches   |     | CITY       |                 |
| OTHER MEMBERS OF FAMILY |    |                |     |            |                 |
| NAME                    |    | RELATIONSHIP   | AGE | BIRTHPLACE |                 |
| Julia                   |    | W              | 45  |            |                 |
| Clara                   |    | Si             | 42  |            |                 |
| Joseph                  |    | D              | 17  |            |                 |
| Cassius                 |    | S              | 12  |            |                 |
|                         |    |                |     |            |                 |
|                         |    |                |     |            |                 |
|                         |    |                |     |            |                 |

FORM 16-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

| NAME OF INDIVIDUAL                     |  |   | LOUISIANA |       |
|--|--|---|-----------|-------|
| COLOR                                  | AGE                                      | DISTRICT  | E.D.      | SHEET |
| B                                      | 2  | James   | 107       | 7     |
| COUNTY                                 |  | CITY  |           |       |
| Terrebonne                             |  |   |           |       |
| ENUMERATED WITH                        |  |   |           |       |
| Jordan, Aba                            |  |   |           |       |
| RELATIONSHIP TO ABOVE                  |  |   |           |       |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |           |       |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |           |       |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |           |       |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |           |       |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |           |       |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |           |       |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW  |   |           |       |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW   |   |           |       |

9 C1

FORM 10-637 (4-30-61)

1960 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCENS-DC 10195-P01

USCOMM-DC 18195-P01

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R-200                   |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| B                       | 25  | Roach, James   |     | 91         | 6     |
| COUNTY                  |     | CITY           |     |            |       |
| SL. MISS                |     |                |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Victorina L             |     | H              | 28  |            |       |
| Elice                   |     | F              | 49  |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
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|                         |     |                |     |            |       |

FORM 16-536 (4-20-01)

1916 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

| HEAD OF FAMILY          |              | LOUISIANA  |            |
|-------------------------|--------------|------------|------------|
| COLOR                   | AGE          | E.D.       | SHEET      |
| <i>P 300</i>            | <i>29</i>    | <i>83</i>  | <i>30</i>  |
| NAME <i>Loos James</i>  |              | BIRTHPLACE |            |
| COUNTY <i>Rapides</i>   |              | CITY       |            |
| OTHER MEMBERS OF FAMILY |              |            |            |
| NAME                    | RELATIONSHIP | AGE        | BIRTHPLACE |
| <i>Ida</i>              | <i>W</i>     | <i>29</i>  |            |
| <i>Charlie</i>          | <i>S</i>     | <i>7</i>   |            |
| <i>Rachel</i>           | <i>D</i>     | <i>5</i>   |            |
| <i>+ 3 Ls.</i>          |              |            |            |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |

FORM 10-636 (4-22-61)

1970 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |     |   |      |  |  |
|--|-----|---|------|--|--|
| A 2-20   |     | NAME OF INDIVIDUAL  |      | LOUISIANA  |  |
| COLOR  | AGE | BIRTHPLACE  | E.D. | SHEET  |  |
| B  | 21  | Miss  | 86   | 6  |  |
| COUNTY   |     |   | CITY |  |  |
| Rapides  |     |   |      |  |  |
| ENUMERATED WITH  |     |   |      |  |  |
| Nuttall, Adeline   |     |   |      |  |  |
| RELATIONSHIP TO ABOVE  |     |   |      |  |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> Niece<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> WIDOW<br><input type="checkbox"/> NUN<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |  |

FORM 10-437 (4-20-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMB-DC 18190-P01

|  |   |   |                            |
|--|---|---|----------------------------|
| NAME OF INDIVIDUAL<br><i>Rose James</i>  |   | LOUISIANA   |                            |
| COLOR<br><i>B</i>  | AGE<br><i>20</i>  | BIRTHPLACE<br><i>Rapides</i>  | E.D. SHEET<br><i>81 17</i> |
| COUNTY   |   | CITY<br><i>Alexandria</i>   |                            |
| ENUMERATED WITH<br><i>Brown Margaret</i>   |   |   |                            |
| RELATIONSHIP TO ABOVE  |   |   |                            |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> ROOMMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>S</i> |                            |

FORM 10-437 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |          |                |           |                      |              |                  |          |
|-------------------------|----------|----------------|-----------|----------------------|--------------|------------------|----------|
| <i>225</i>              |          | HEAD OF FAMILY |           | <i>Russ James</i>    |              | LOUISIANA        |          |
| COLOR                   | <i>W</i> | AGE            | <i>42</i> | BIRTHPLACE           | <i>Italy</i> | E.O.             | SHEET    |
|                         |          |                |           |                      |              | <i>84</i>        | <i>8</i> |
| COUNTY                  |          |                |           | CITY                 |              |                  |          |
|                         |          |                |           | <i>Pointe Coupee</i> |              | <i>New Roads</i> |          |
| OTHER MEMBERS OF FAMILY |          |                |           |                      |              |                  |          |
| NAME                    |          | RELATIONSHIP   |           | AGE                  | BIRTHPLACE   |                  |          |
| <i>John</i>             |          | <i>NR</i>      |           | <i>23</i>            | <i>Italy</i> |                  |          |
|                         |          |                |           |                      |              |                  |          |
|                         |          |                |           |                      |              |                  |          |
|                         |          |                |           |                      |              |                  |          |
|                         |          |                |           |                      |              |                  |          |
|                         |          |                |           |                      |              |                  |          |
|                         |          |                |           |                      |              |                  |          |
|                         |          |                |           |                      |              |                  |          |
|                         |          |                |           |                      |              |                  |          |

FORM 10-436 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |      |                  |  |
|-------------------------|---|----------------|------|------------------|--|
| R 200                   |   | HEAD OF FAMILY |      | LOUISIANA        |  |
| COLOR                   | B | AGE            | 25   | BIRTHPLACE       |  |
|                         |   |                |      | E.D. 52 SHEET 11 |  |
| COUNTY                  |   |                | CITY |                  |  |
| Cameron                 |   |                |      |                  |  |
| OTHER MEMBERS OF FAMILY |   |                |      |                  |  |
| NAME                    |   | RELATIONSHIP   | AGE  | BIRTHPLACE       |  |
| + 1 Partner             |   |                |      |                  |  |
|                         |   |                |      |                  |  |
|                         |   |                |      |                  |  |
|                         |   |                |      |                  |  |
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FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |             |            |      |
|-------------------------|---|----------------|-------------|------------|------|
| 1200                    |   | HEAD OF FAMILY |             | LOUISIANA  |      |
| COLOR                   | B | AGE            | 45          | BIRTHPLACE | Ala. |
| COUNTY                  |   |                | Plaquemines |            |      |
| CITY                    |   |                |             |            |      |
| OTHER MEMBERS OF FAMILY |   |                |             |            |      |
| NAME                    |   | RELATIONSHIP   | AGE         | BIRTHPLACE |      |
| 1 Martha                |   | W              | 35          |            |      |
|                         |   |                |             |            |      |
|                         |   |                |             |            |      |
|                         |   |                |             |            |      |
|                         |   |                |             |            |      |
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|                         |   |                |             |            |      |

FORM 18-436 (4-20-31)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |    |              |     |            |    |
|-------------------------|---|----------------|----|--------------|-----|------------|----|
| 1200                    |   | HEAD OF FAMILY |    | ROACH, James |     | LOUISIANA  |    |
| COLOR                   | B | AGE            | 38 | BIRTHPLACE   |     | E.O.       | 55 |
|                         |   |                |    |              |     | SHEET      | 5  |
| COUNTY                  |   |                |    | Plaquemine   |     |            |    |
|                         |   |                |    | CITY         |     |            |    |
| OTHER MEMBERS OF FAMILY |   |                |    |              |     |            |    |
| NAME                    |   |                |    | RELATIONSHIP | AGE | BIRTHPLACE |    |
| Catherine               |   |                |    | W            | 27  |            |    |
| Lena                    |   |                |    | D            | 9/2 |            |    |
| Anderson, Cora          |   |                |    | S.D.         | 13  |            |    |
|                         |   |                |    |              |     |            |    |
|                         |   |                |    |              |     |            |    |
|                         |   |                |    |              |     |            |    |
|                         |   |                |    |              |     |            |    |
|                         |   |                |    |              |     |            |    |

Form 18-436 (4-26-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |  |                  |                   |  |                                 |                                 |                                |                                 |                               |                               |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|------------------|-------------------|--|---------------------------------|---------------------------------|--------------------------------|---------------------------------|-------------------------------|-------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|--|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R 200  |  | NAME OF INDIVIDUAL<br><i>Rita James</i>  |                  | LOUISIANA         |  |                                 |                                 |                                |                                 |                               |                               |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>B</i>  | AGE<br><i>16</i>                         | BIRTHPLACE                               | E.D.<br><i>2</i> | SHEET<br><i>5</i> |  |                                 |                                 |                                |                                 |                               |                               |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY   |  | CITY<br><i>Caldwell</i>                  |                  |                   |  |                                 |                                 |                                |                                 |                               |                               |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| EMIGRATED WITH   |  |  |                  |                   |  |                                 |                                 |                                |                                 |                               |                               |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE<br><i>Johnson, Elia</i>  |  |  |                  |                   |  |                                 |                                 |                                |                                 |                               |                               |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDOW</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NICK</td> <td><input type="checkbox"/> WIFE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |                  |                   |  | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NICK | <input type="checkbox"/> WIFE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDOW           |                  |                   |  |                                 |                                 |                                |                                 |                               |                               |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NICK            | <input type="checkbox"/> WIFE            |                  |                   |  |                                 |                                 |                                |                                 |                               |                               |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |                  |                   |  |                                 |                                 |                                |                                 |                               |                               |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |                  |                   |  |                                 |                                 |                                |                                 |                               |                               |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |                  |                   |  |                                 |                                 |                                |                                 |                               |                               |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |                  |                   |  |                                 |                                 |                                |                                 |                               |                               |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |                  |                   |  |                                 |                                 |                                |                                 |                               |                               |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |                  |                   |  |                                 |                                 |                                |                                 |                               |                               |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 16-537 (4-22-51)

1930 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18106-P-61

|                                |                       |                     |                  |                   |
|--------------------------------|-----------------------|---------------------|------------------|-------------------|
| <b>R200</b>                    | <b>HEAD OF FAMILY</b> |                     | <b>LOUISIANA</b> |                   |
| <b>COLOR</b>                   | <b>AGE</b>            | <b>BIRTHPLACE</b>   | <b>E.D.</b>      | <b>SHEET</b>      |
| <b>B</b>                       | <b>53</b>             | <b>Ala</b>          | <b>44</b>        | <b>15</b>         |
| <b>COUNTY</b>                  |                       | <b>CITY</b>         |                  |                   |
| <b>East Carroll</b>            |                       |                     |                  |                   |
| <b>OTHER MEMBERS OF FAMILY</b> |                       |                     |                  |                   |
| <b>NAME</b>                    |                       | <b>RELATIONSHIP</b> | <b>AGE</b>       | <b>BIRTHPLACE</b> |
| <b>Mandy</b>                   |                       | <b>W</b>            | <b>49</b>        |                   |
| <b>Bertie</b>                  |                       | <b>D</b>            | <b>16</b>        |                   |
| <b>James</b>                   |                       | <b>S</b>            | <b>12</b>        |                   |
| <b>Road</b>                    | <b>Amanda</b>         | <b>ML</b>           | <b>75</b>        | <b>Ky</b>         |
|                                |                       |                     |                  |                   |
|                                |                       |                     |                  |                   |
|                                |                       |                     |                  |                   |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |  |                   |                   |  |                                 |  |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|-------------------|-------------------|--|---------------------------------|--|--------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R200   |  | NAME OF INDIVIDUAL<br><i>Bess James</i>  |                   | LOUISIANA         |  |                                 |  |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>B</i>  | AGE<br><i>10</i>                           | BIRTHPLACE                               | E.D.<br><i>75</i> | SHEET<br><i>1</i> |  |                                 |  |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY   |  |  | CITY              |                   |  |                                 |  |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH  |  |  |                   |                   |  |                                 |  |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE <i>Mrs. Maggie</i>   |  |  |                   |                   |  |                                 |  |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input checked="" type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> NEAWE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |                   |                   |  | <input type="checkbox"/> FATHER | <input checked="" type="checkbox"/> NEPHEW | <input type="checkbox"/> NEAWE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input checked="" type="checkbox"/> NEPHEW | <input type="checkbox"/> NEAWE           |                   |                   |  |                                 |  |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE             | <input type="checkbox"/> NURSE           |                   |                   |  |                                 |  |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW     | <input type="checkbox"/> PATIENT         |                   |                   |  |                                 |  |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW     | <input type="checkbox"/> ROOMER          |                   |                   |  |                                 |  |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW        | <input type="checkbox"/> SERVANT         |                   |                   |  |                                 |  |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW   | <input type="checkbox"/> OTHER (Specify) |                   |                   |  |                                 |  |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW    |  |                   |                   |  |                                 |  |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW     |  |                   |                   |  |                                 |  |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-57 (4-22-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 10100-401

|  |                  |   |      |  |       |
|--|------------------|---|------|--|-------|
| R200   |                  | NAME OF INDIVIDUAL<br><i>Ross James</i>   |      | LOUISIANA  |       |
| COLOR<br><i>B</i>  | AGE<br><i>15</i> | BIRTHPLACE  |      | E.D.<br><i>288</i>   | SHEET |
| COUNTY   |                  |   | CITY |  |       |
| ENUMERATED WITH <i>East Baton Rouge</i>  |                  |   |      |  |       |
| <i>Harrison Henry</i>  |                  |   |      |  |       |
| RELATIONSHIP TO ABOVE  |                  |   |      |  |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> WMAITE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |       |

*Step Son*

FORM 10-437 (4-22-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|  |                  |   |  |   |                   |
|--|------------------|---|--|---|-------------------|
| R200   |                  | NAME OF INDIVIDUAL<br><i>Russ James</i>   |  | LOUISIANA   |                   |
| COLOR<br><i>M</i>  | AGE<br><i>35</i> | BIRTHPLACE<br><i>La</i>   |  | E.D.<br><i>131</i>  | SHEET<br><i>9</i> |
| COUNTY<br><i>Washington</i>  |                  | CITY<br><i>Bogalusa</i>   |  |   |                   |
| ENUMERATED WITH<br><i>Robertson Rose</i>   |                  |   |  |   |                   |
| RELATIONSHIP TO ABOVE  |                  |   |  |   |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> IMMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                   |

FORM 16-437 (4-26-51)

1930 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |            |      |
|-------------------------|---|----------------|-----|------------|------|
| R200                    |   | HEAD OF FAMILY |     | LOUISIANA  |      |
| COLOR                   | B | AGE            | 32  | BIRTHPLACE | Ark. |
| COUNTY                  |   | Webster        |     | CITY       |      |
| OTHER MEMBERS OF FAMILY |   |                |     |            |      |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |      |
| Lena                    |   | W              | 38  | Ark.       |      |
| Mary                    |   | D              | 14  |            |      |
| Clarence                |   | D              | 13  |            |      |
| Cahola                  |   | D              | 8   |            |      |
| Ora                     |   | D              | 6   |            |      |
| Aggie                   |   | S              | 4   |            |      |
| Blanche                 |   | D              | 3   |            |      |

FORM 10-636 (4-20-64)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|   |  |  |      |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|------|-----------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R200  |  | NAME OF INDIVIDUAL                         |      | LOUISIANA |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR   | AGE                                      | BIRTHPLACE                                 | E.D. | SHEET     |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| B   | 25                                       | Miss.                                      | 150  | 16        |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY  |  | Village                                    |      | CITY      |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |  |      |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |      |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |      |           |  | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE            |      |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE             |      |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |      |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER |      |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |      |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |      |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |      |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |      |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-527 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |     |   |      |  |  |
|--|-----|---|------|--|--|
| 1200   |     | NAME OF INDIVIDUAL  |      | LOUISIANA  |  |
| COLOR  | AGE | BIRTHPLACE  | E.D. | SHEET  |  |
| B  | 75  | LA  | 150  | 15   |  |
| COUNTY   |     | CITY  |      |  |  |
| ENUMERATED WITH  |     | Wife  |      |  |  |
| RELATIONSHIP TO ABOVE  |     | Bureau William  |      |  |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> <del>ROOKER</del><br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |  |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |            |     |
|-------------------------|---|----------------|-----|------------|-----|
| R200                    |   | HEAD OF FAMILY |     | LOUISIANA  |     |
| COLOR                   | W | AGE            | 76  | BIRTHPLACE | Ala |
| COUNTY                  |   | Vernon         |     | CITY       |     |
|                         |   |                |     | Hatcheck   |     |
| OTHER MEMBERS OF FAMILY |   |                |     |            |     |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |     |
| Living Alan             |   |                |     |            |     |
|                         |   |                |     |            |     |
|                         |   |                |     |            |     |
|                         |   |                |     |            |     |
|                         |   |                |     |            |     |
|                         |   |                |     |            |     |
|                         |   |                |     |            |     |
|                         |   |                |     |            |     |
|                         |   |                |     |            |     |

FORM 19-536 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |     |            |  |
|-------------------------|--|----------------|-----|------------|--|
| A200                    |  | HEAD OF FAMILY |     | LOUISIANA  |  |
| COLOR                   |  | AGE            |     | E.D.       |  |
| W                       |  | 38             |     | 109        |  |
|                         |  | BIRTHPLACE     |     | SHEET      |  |
|                         |  |                |     | 21         |  |
| COUNTY                  |  |                |     | CITY       |  |
| Tangipahoa              |  |                |     |            |  |
| OTHER MEMBERS OF FAMILY |  |                |     |            |  |
| NAME                    |  | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| Angeline                |  | W              | 31  |            |  |
| Mollie                  |  | D              | 12  |            |  |
| Mystis                  |  | D              | 9   |            |  |
| Albert                  |  | S              | 6   |            |  |
| Dwight                  |  | S              | 5   |            |  |
|                         |  |                |     |            |  |
|                         |  |                |     |            |  |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| Q200                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| B                       |  | 37             |            | 128        | 12    |
| COUNTY                  |  |                | CITY       |            |       |
| Winn                    |  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| / Virginia              |  | W              | 38         |            |       |
| / Lucienne              |  | D              | 12         |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|  |  |  |            |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|------------|-----------|-------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|--|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R200   |  | NAME OF INDIVIDUAL                       |            | LOUISIANA |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR  |  | AGE                                      | BIRTHPLACE | E.O.      | SHEET |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| B  |  | 12                                       |            | 145       | 16    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY   |  |  | CITY       |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| West Feliciana   |  |  |            |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH  |  |  |            |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Roach, Silas   |  |  |            |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |            |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDOW</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |            |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDOW           |            |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |            |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |            |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |            |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |            |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |            |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |            |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |            |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-437 (4-20-61)

1930 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMB-DC 18100-P61

|                            |                |                           |           |             |
|----------------------------|----------------|---------------------------|-----------|-------------|
| R200                       | HEAD OF FAMILY |                           | LOUISIANA |             |
| COLOR<br>B                 | AGE<br>27      | BIRTHPLACE<br>Rice, James |           | E.D.<br>139 |
| COUNTY<br>West Baton Rouge |                | CITY<br>4                 |           |             |
| OTHER MEMBERS OF FAMILY    |                |                           |           |             |
| NAME                       |                | RELATIONSHIP              | AGE       | BIRTHPLACE  |
| / Matilda                  |                | W                         | 26        |             |
| Henry                      |                | S                         | 2         |             |
|                            |                |                           |           |             |
|                            |                |                           |           |             |
|                            |                |                           |           |             |
|                            |                |                           |           |             |
|                            |                |                           |           |             |
|                            |                |                           |           |             |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                |            |            |       |
|-------------------------|----------------|------------|------------|-------|
| R200                    | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   | AGE            | BIRTHPLACE | E.D.       | SHEET |
| Mar                     | 52             |            | 153        | 18    |
| COUNTY                  |                | CITY       |            |       |
| West Feliciana          |                |            |            |       |
| OTHER MEMBERS OF FAMILY |                |            |            |       |
| NAME                    | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Smith William           | 52             | 38         |            |       |
| Leah                    | D              | 38         |            |       |
| John Henry              | 65             | 2          |            |       |
| Moore Essey             | 45             | 12         |            |       |
|                         |                |            |            |       |
|                         |                |            |            |       |
|                         |                |            |            |       |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                      |                |    |              |     |            |    |
|-------------------------|----------------------|----------------|----|--------------|-----|------------|----|
| Rao                     |                      | HEAD OF FAMILY |    | Rose         |     | LOUISIANA  |    |
| COLOR                   | B                    | AGE            | 29 | BIRTHPLACE   |     | E.D.       | 82 |
| COUNTY                  | St. John the Baptist |                |    | CITY         | 30  |            |    |
| OTHER MEMBERS OF FAMILY |                      |                |    |              |     |            |    |
| NAME                    |                      |                |    | RELATIONSHIP | AGE | BIRTHPLACE |    |
| / Annie                 |                      |                |    | w            | 26  |            |    |
| / Alice                 |                      |                |    | si           | 22  |            |    |
| 4 Y. Bo                 |                      |                |    |              |     |            |    |
|                         |                      |                |    |              |     |            |    |
|                         |                      |                |    |              |     |            |    |
|                         |                      |                |    |              |     |            |    |
|                         |                      |                |    |              |     |            |    |
|                         |                      |                |    |              |     |            |    |

FORM 19-536 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |               |  |           |    |
|-------------------------|---|----------------|-----|---------------|--|-----------|----|
| R200                    |   | HEAD OF FAMILY |     | Rashley James |  | LOUISIANA |    |
| COLOR                   | B | AGE            | 16  | BIRTHPLACE    |  | E.D.      | 75 |
|                         |   |                |     |               |  | SHEET 3   |    |
| COUNTY                  |   |                |     | CITY          |  |           |    |
| Lincoln                 |   |                |     |               |  |           |    |
| OTHER MEMBERS OF FAMILY |   |                |     |               |  |           |    |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE    |  |           |    |
| † Margentt              |   | M              | 30  |               |  |           |    |
|                         |   |                |     |               |  |           |    |
|                         |   |                |     |               |  |           |    |
|                         |   |                |     |               |  |           |    |
|                         |   |                |     |               |  |           |    |
|                         |   |                |     |               |  |           |    |
|                         |   |                |     |               |  |           |    |
|                         |   |                |     |               |  |           |    |

Form 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |            |       |
|-------------------------|---|----------------|-----|------------|-------|
| R200                    |   | HEAD OF FAMILY |     | LOUISIANA  |       |
| Kicks                   |   | James          |     | E.D.       | SHEET |
| COLOR                   | W | AGE            | 53  | 109        | 17    |
| COUNTY                  |   | Tangipahoa     |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |   |                |     |            |       |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Celia                   |   | W              | 49  |            |       |
| Mellie                  |   | D              | 15  |            |       |
| Walter                  |   | S              | 13  |            |       |
|                         |   |                |     |            |       |
|                         |   |                |     |            |       |
|                         |   |                |     |            |       |
|                         |   |                |     |            |       |
|                         |   |                |     |            |       |

FORM 18-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |      |            |       |
|-------------------------|-----|----------------|------|------------|-------|
| R200                    |     | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |      | E.D.       | SHEET |
| B                       | 33  |                |      | 115        | 14    |
| COUNTY                  |     |                | CITY |            |       |
| Richland                |     |                |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Lula                    |     | W              | 29   |            |       |
| Oscar                   |     | D              | 7    |            |       |
| Marcel                  |     | D              | 3    |            |       |
| William                 |     | D              | 2    |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |

FORM 16-536 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |                    |  |           |       |
|---|--|--------------------|--|-----------|-------|
| R200  |  | NAME OF INDIVIDUAL |  | LOUISIANA |       |
| COLOR   |  | AGE                |  | E.D.      | SHEET |
| B   |  | 22                 |  | 115       | 12    |
| COUNTY  |  | BIRTHPLACE         |  |           |       |
|   |  | Richland           |  | CITY      |       |
| ENUMERATED WITH   |  |                    |  |           |       |
| Relationship to above   |  |                    |  |           |       |
| Relationship to above   |  |                    |  |           |       |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER<br/> <input type="checkbox"/> MOTHER<br/> <input type="checkbox"/> GRANDFATHER<br/> <input type="checkbox"/> GRANDMOTHER<br/> <input type="checkbox"/> GRANDSON<br/> <input type="checkbox"/> GRANDDAUGHTER<br/> <input type="checkbox"/> AUNT<br/> <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW<br/> <input type="checkbox"/> NIECE<br/> <input type="checkbox"/> FATHER-IN-LAW<br/> <input type="checkbox"/> MOTHER-IN-LAW<br/> <input type="checkbox"/> SON-IN-LAW<br/> <input type="checkbox"/> DAUGHTER-IN-LAW<br/> <input type="checkbox"/> BROTHER-IN-LAW<br/> <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> HOMAGE<br/> <input type="checkbox"/> NURSE<br/> <input type="checkbox"/> PATIENT<br/> <input type="checkbox"/> ROOMER<br/> <input checked="" type="checkbox"/> SERVANT<br/> <input type="checkbox"/> OTHER (Specify) </div> </div> |  |                    |  |           |       |

FORM 16-437 (4-28-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 1910-P-61



|                         |                |              |             |            |           |
|-------------------------|----------------|--------------|-------------|------------|-----------|
| R200                    | HEAD OF FAMILY |              | Ricks James |            | LOUISIANA |
| COLOR                   | W              | AGE          | 36          | BIRTHPLACE |           |
| COUNTY                  | Sabine         |              | CITY        |            |           |
| OTHER MEMBERS OF FAMILY |                |              |             |            |           |
|                         | NAME           | RELATIONSHIP | AGE         | BIRTHPLACE |           |
|                         | Ira            | W            | 32          |            |           |
|                         | Thomas         | S            | 11          |            |           |
|                         | Samuel         | S            | 10          |            |           |
|                         | Matthe         | D            | 3           |            |           |
|                         | Curtis         | S            | 1           |            |           |
|                         |                |              |             |            |           |
|                         |                |              |             |            |           |

Form 10-436 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |            |
|-------------------------|--|----------------|------------|------------|------------|
| R200                    |  | HEAD OF FAMILY |            | LOUISIANA  |            |
| COLOR                   |  | AGE            | BIRTHPLACE |            | E.D. SHEET |
| W                       |  | 23             |            |            | 60 2       |
| COUNTY                  |  |                | CITY       |            |            |
| St. Bernard             |  |                |            |            |            |
| OTHER MEMBERS OF FAMILY |  |                |            |            |            |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |            |
| Olivia                  |  | W              | 20         |            |            |
| Stella                  |  | Si             | 15         |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |

FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |    |                |       |            |             |
|-------------------------|----|----------------|-------|------------|-------------|
| R240                    |    | HEAD OF FAMILY |       | LOUISIANA  |             |
| COLOR                   | 24 | AGE            | 27    | BIRTHPLACE | Ross, James |
| COUNTY                  |    | Livingston     |       | CITY       |             |
| OTHER MEMBERS OF FAMILY |    |                |       |            |             |
| NAME                    |    | RELATIONSHIP   | AGE   | BIRTHPLACE |             |
| Hannie                  |    | 24             | 24    |            |             |
| Roy                     |    | 1              | 4     |            |             |
| Mildred                 |    | 1              | 3     |            |             |
| Calvin                  |    | 1              | 2 1/2 |            |             |
|                         |    |                |       |            |             |
|                         |    |                |       |            |             |
|                         |    |                |       |            |             |
|                         |    |                |       |            |             |

FORM 18-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |   |            |   |       |
|--|--|---|------------|---|-------|
| 1200   |  | NAME OF INDIVIDUAL  |            | LOUISIANA   |       |
| COLOR  |  | AGE   | BIRTHPLACE | E.D.  | SHEET |
| B  |  | 36  | Ark        | 144   | 22    |
| COUNTY   |  |   | CITY       |   |       |
| VARDON   |  |   |            |   |       |
| ENUMERATED WITH  |  |   |            |   |       |
| Louisy, Nora   |  |   |            |   |       |
| RELATIONSHIP TO ABOVE  |  |   |            |   |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |            | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> WORKER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |       |

Form 10-627 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 10100-P01

|                         |           |                |     |            |   |           |    |
|-------------------------|-----------|----------------|-----|------------|---|-----------|----|
| R200                    |           | HEAD OF FAMILY |     | Rice Jas A |   | LOUISIANA |    |
| COLOR                   | W         | AGE            | 48  | BIRTHPLACE |   | E.D.      | 38 |
| COUNTY                  | Concordia |                |     | CITY       | 2 |           |    |
| OTHER MEMBERS OF FAMILY |           |                |     |            |   |           |    |
| NAME                    |           | RELATIONSHIP   | AGE | BIRTHPLACE |   |           |    |
| Elizabeth               |           | W              | 42  |            |   |           |    |
| Laul P                  |           | S              | 22  |            |   |           |    |
| William F               |           | S              | 20  |            |   |           |    |
| Jasper D                |           | S              | 18  |            |   |           |    |
| Ida B                   |           | D              | 11  |            |   |           |    |
| Daniel L                |           | S              | 10  |            |   |           |    |
| Mildred E               |           | D              | 7   |            |   |           |    |

FORM 16-636 (4-29-51)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R200                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| W                       |  | 53             | De Soto    | 67         | 7     |
| COUNTY                  |  |                | CITY       |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Mary C.                 |  | W              | 43         |            |       |
| R. J.                   |  | S              | 23         |            |       |
| Emma D.                 |  | D              | 13         |            |       |
| Oakley                  |  | S              | 12         |            |       |
| Leon                    |  | S              | 9          |            |       |
| Mary C.                 |  | D              | 6          |            |       |
| Edwin A.                |  | S              | 1          |            |       |

FORM 10-436 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS





LOUISIANA

|  |  |  |            |            |
|--|--|--|------------|------------|
| R200                                   | NAME OF INDIVIDUAL<br>Rougeau, James A.  |  | E.D.<br>60 | SHEET<br>5 |
| COLOR<br>W                             | AGE<br>3                                 | BIRTHPLACE                                 |            |            |
| COUNTY<br>Grant                        |  | CITY<br>Pollock                            |            |            |
| ENUMERATED WITH<br>M. L. Lee, W. J.    |  |  |            |            |
| RELATIONSHIP TO ABOVE                  |  |  |            |            |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDOW             |            |            |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE             |            |            |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |            |            |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> WORKER |            |            |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |            |            |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |            |            |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW  |  |            |            |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW   |  |            |            |

Form 10-427 (4-22-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 15100-P01

LOUISIANA

|                         |                |              |                  |            |      |       |
|-------------------------|----------------|--------------|------------------|------------|------|-------|
| R200                    | HEAD OF FAMILY |              | K. S. H. JAMES B |            | E.O. | SHEET |
| COLOR                   | AGE            | BIRTHPLACE   |                  | 13         | 5    |       |
| (W)                     | 33             |              |                  |            |      |       |
| COUNTY                  |                |              | CITY             |            |      |       |
| Acadville               |                |              |                  |            |      |       |
| OTHER MEMBERS OF FAMILY |                |              |                  |            |      |       |
| NAME                    |                | RELATIONSHIP | AGE              | BIRTHPLACE |      |       |
| 1                       | Zadie          | W            | 18               |            |      |       |
|                         | Allen          | S            | 5/12             |            |      |       |
|                         |                |              |                  |            |      |       |
|                         |                |              |                  |            |      |       |
|                         |                |              |                  |            |      |       |
|                         |                |              |                  |            |      |       |
|                         |                |              |                  |            |      |       |
|                         |                |              |                  |            |      |       |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |           |                |            |            |       |
|-------------------------|-----------|----------------|------------|------------|-------|
| R200                    |           | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |           | AGE            | BIRTHPLACE | E.D.       | SHEET |
| W                       |           | 48             |            | 97         | 37    |
| COUNTY                  |           |                | CITY       |            |       |
| Morehouse               |           |                |            |            |       |
| OTHER MEMBERS OF FAMILY |           |                |            |            |       |
|                         | NAME      | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
|                         | Lea Ellen | W              | 30         |            |       |
|                         | Allen     | S              | 12         |            |       |
|                         | Maggie    | D              | 10         |            |       |
|                         | Land      | S              | 4          |            |       |
|                         | Thane     | D              | 6          |            |       |
|                         |           |                |            |            |       |
|                         |           |                |            |            |       |

FORM 10-436 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|   |   |  |                           |                          |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|---|--|---------------------------|--------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| <b>R200</b>   | <b>NAME OF INDIVIDUAL</b><br><i>Ross, James E</i> |  | <b>E.D.</b><br><i>135</i> | <b>SHEET</b><br><i>5</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <b>COLOR</b><br><i>W</i>  | <b>AGE</b><br><i>69</i>                           | <b>BIRTHPLACE</b><br><i>S. C.</i>                                  |                           |                          |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <b>COUNTY</b>   |   | <b>CITY</b>  |                           |                          |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <b>ENUMERATED WITH</b> <i>Wife</i><br><i>Stewart, Bryson</i>  |   |  |                           |                          |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <b>RELATIONSHIP TO ABOVE</b>  |   |  |                           |                          |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)<br/><i>H.M.</i></td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |   |  |                           |                          | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify)<br><i>H.M.</i> | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW                   | <input type="checkbox"/> INMATE                                    |                           |                          |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE                    | <input type="checkbox"/> NURSE                                     |                           |                          |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW            | <input type="checkbox"/> PATIENT                                   |                           |                          |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW            | <input type="checkbox"/> ROOMER                                    |                           |                          |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW               | <input type="checkbox"/> SERVANT                                   |                           |                          |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW          | <input checked="" type="checkbox"/> OTHER (Specify)<br><i>H.M.</i> |                           |                          |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW           |  |                           |                          |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW            |  |                           |                          |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-437 (4-23-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 10189-P81

LOUISIANA

|                         |                   |              |      |            |
|-------------------------|-------------------|--------------|------|------------|
| R200                    | HEAD OF FAMILY    |              | E.D. | SHEET      |
|                         | Rice James Edward |              | 114  | 25         |
| COLOR                   | AGE               | BIRTHPLACE   |      |            |
| B                       | 32                |              |      |            |
| COUNTY                  |                   | CITY         |      |            |
| Richland                |                   |              |      |            |
| OTHER MEMBERS OF FAMILY |                   |              |      |            |
| NAME                    |                   | RELATIONSHIP | AGE  | BIRTHPLACE |
| 1 Male                  |                   | M            | 61   |            |
| Floyd Lillard           |                   | D            | 20   |            |
|                         |                   |              |      |            |
|                         |                   |              |      |            |
|                         |                   |              |      |            |
|                         |                   |              |      |            |
|                         |                   |              |      |            |
|                         |                   |              |      |            |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|   |  |  |  |               |  |      |  |       |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|--|---------------|--|------|--|-------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|-------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|--|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| A-200   |  | NAME OF INDIVIDUAL                       |  | Rosa James J. |  | E.D. |  | SHEET |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR   |  | AGE                                      |  | BIRTHPLACE    |  | 145  |  | 6     |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| W   |  | 33                                       |  | Miss          |  |      |  |       |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY  |  |  |  | West Carroll  |  | CITY |  |       |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |  |  |               |  |      |  |       |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| Anderson Henry J.   |  |  |  |               |  |      |  |       |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |  |               |  |      |  |       |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> IMMATE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> WIFE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input checked="" type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> |  |  |  |               |  |      |  |       |  | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> IMMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> WIFE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input checked="" type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW                | <input type="checkbox"/> IMMATE          |  |               |  |      |  |       |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> WIFE                  | <input type="checkbox"/> NURSE           |  |               |  |      |  |       |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW         | <input type="checkbox"/> PATIENT         |  |               |  |      |  |       |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW         | <input type="checkbox"/> ROOMER          |  |               |  |      |  |       |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input checked="" type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT         |  |               |  |      |  |       |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW       | <input type="checkbox"/> OTHER (Specify) |  |               |  |      |  |       |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW        |  |  |               |  |      |  |       |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW         |  |  |               |  |      |  |       |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-437 (4-20-51)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCIB-DC 1910-101

| HEAD OF FAMILY          |              | LOUISIANA  |            |
|-------------------------|--------------|------------|------------|
| E.D.                    | SHEET        |            |            |
| 107                     | 19           |            |            |
| COLOR                   | AGE          | BIRTHPLACE |            |
| W                       | 41           |            |            |
| COUNTY                  | Selling      |            | CITY       |
| OTHER MEMBERS OF FAMILY |              |            |            |
| NAME                    | RELATIONSHIP | AGE        | BIRTHPLACE |
| Carrie                  | W            | 38         |            |
| Clifton                 | S            | 17         |            |
| Sallie B                | D            | 16         |            |
| Mabel                   | D            | 14         |            |
| Rosie                   | D            | 9          |            |
| Bessie                  | S            | 4 1/2      |            |

FORM 16-636 (4-30-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |            |     |
|-------------------------|---|----------------|-----|------------|-----|
| R200                    |   | HEAD OF FAMILY |     | LOUISIANA  |     |
| COLOR                   | W | AGE            | 40  | BIRTHPLACE | Ark |
| COUNTY                  |   | Caddo          |     | CITY       |     |
| OTHER MEMBERS OF FAMILY |   |                |     |            |     |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |     |
| Mittie                  |   | W              | 34  | Ark        |     |
| Navarra                 |   | S              | 16  | Ark        |     |
| Bertha                  |   | D              | 14  | Ark        |     |
| Bertie                  |   | D              | 12  | Ark        |     |
| Ray                     |   | S              | 9   | Ark        |     |
| Eddie                   |   | S              | 6   | Ark        |     |
| Bertrude                |   | D              | 4   |            |     |

FORM 18-636 (4-26-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |        |                |       |            |      |           |     |
|-------------------------|--------|----------------|-------|------------|------|-----------|-----|
| 9200                    |        | HEAD OF FAMILY |       | James J.   |      | LOUISIANA |     |
| COLOR                   | W      | AGE            | 28    | BIRTHPLACE | Miss | E.D.      | 112 |
| COUNTY                  |        | Tangipahon     |       | CITY       |      | SHEET 22  |     |
| OTHER MEMBERS OF FAMILY |        |                |       |            |      |           |     |
|                         | NAME   | RELATIONSHIP   | AGE   | BIRTHPLACE |      |           |     |
|                         | Maria  | W              | 25    | Miss       |      |           |     |
|                         | Adrian | S              | 7     |            |      |           |     |
|                         | Attie  | S              | 5     |            |      |           |     |
|                         | Ella   | S              | 3     |            |      |           |     |
|                         | Sharon | D              | 2     |            |      |           |     |
|                         | Elmer  | D              | 2 1/2 |            |      |           |     |

FORM 16-636 (4-22-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

| HEAD OF FAMILY                 |                    | LOUISIANA          |              |
|--------------------------------|--------------------|--------------------|--------------|
| NAME<br><i>Reese, James L.</i> | E.D.<br><i>246</i> | SHEET<br><i>10</i> |              |
| COLOR<br><i>W</i>              | AGE<br><i>54</i>   | BIRTHPLACE         |              |
| COUNTY<br><i>Calcasieu</i>     | CITY               |                    |              |
| OTHER MEMBERS OF FAMILY        |                    |                    |              |
| NAME                           | RELATIONSHIP       | AGE                | BIRTHPLACE   |
| <i>Harriet</i>                 | <i>W</i>           | <i>43</i>          | <i>Miss.</i> |
| <i>Dolin</i>                   | <i>D</i>           | <i>24</i>          |              |
| <i>Norton</i>                  | <i>S</i>           | <i>20</i>          |              |
| <i>Mollie</i>                  | <i>D</i>           | <i>15</i>          |              |
| <i>Joe</i>                     | <i>D</i>           | <i>12</i>          |              |
| <i>Eve</i>                     | <i>D</i>           | <i>9</i>           |              |
| <i>Weston</i>                  | <i>D</i>           | <i>8</i>           |              |

FORM 10-436 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

## HEAD OF FAMILY - CONTINUED

LOUISIANA

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME          | RELATION-<br>SHIP | AGE      | BIRTHPLACE |
|---------------|-------------------|----------|------------|
| 1 <i>Indy</i> | <i>S</i>          | <i>2</i> |            |
|               |                   |          |            |
|               |                   |          |            |
|               |                   |          |            |
|               |                   |          |            |
|               |                   |          |            |
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|               |                   |          |            |

FORM 16-436a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

115COMB-DC 18198-P61

|                         |   |                |         |            |       |
|-------------------------|---|----------------|---------|------------|-------|
| R200                    |   | HEAD OF FAMILY |         | LOUISIANA  |       |
| Kush                    |   | James L.       |         | E.D.       | SHEET |
| COLOR                   | W | AGE            | 27      | BIRTHPLACE |       |
| COUNTY                  |   |                | Rapides | CITY       |       |
| OTHER MEMBERS OF FAMILY |   |                |         |            |       |
| NAME                    |   | RELATIONSHIP   | AGE     | BIRTHPLACE |       |
| Nannie E.               |   | W              | 27      |            |       |
| Jessie H.               |   | D              | 4       |            |       |
| Edwin L.                |   | S              | 2       |            |       |
| James E.                |   | S              | 1/2     |            |       |
|                         |   |                |         |            |       |
|                         |   |                |         |            |       |
|                         |   |                |         |            |       |

FORM 18-436 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| P 200                   |     | HEAD OF FAMILY |     | LOUISIANA  |       |
|                         |     | Rich Jones M.  |     | E.O.       | SHEET |
| COLOR                   | AGE | BIRTHPLACE     |     |            |       |
| W                       | 53  |                |     |            |       |
| COUNTY                  |     | Winn           |     | CITY       |       |
|                         |     |                |     | A          |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Annie V.                |     | W              | 48  |            |       |
| Lincea                  |     | D              | 24  |            |       |
| Lena J.                 |     | D              | 21  |            |       |
| Lena B.                 |     | D              | 17  |            |       |
| L. Emma                 |     | D              | 15  |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |      |            |     |
|-------------------------|---|----------------|------|------------|-----|
| R200                    |   | HEAD OF FAMILY |      | LOUISIANA  |     |
| COLOR                   | W | AGE            | 27   | BIRTHPLACE | La. |
| COUNTY                  |   |                | CITY |            |     |
| Lincoln                 |   |                |      |            |     |
| OTHER MEMBERS OF FAMILY |   |                |      |            |     |
| NAME                    |   | RELATIONSHIP   | AGE  | BIRTHPLACE |     |
| living alone            |   |                |      |            |     |
|                         |   |                |      |            |     |
|                         |   |                |      |            |     |
|                         |   |                |      |            |     |
|                         |   |                |      |            |     |
|                         |   |                |      |            |     |
|                         |   |                |      |            |     |
|                         |   |                |      |            |     |
|                         |   |                |      |            |     |

FORM 10-536 (4-20-51)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R-200                   |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | S.D.       | SHEET |
| W                       |  | 39             |            | 77         | 7     |
| COUNTY                  |  |                | CITY       |            |       |
| Lincoln                 |  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Lena C.                 |  | W              | 34         |            |       |
| Arthur M.               |  | D              | 12         |            |       |
| Harvey L.               |  | D              | 10         |            |       |
| Clemens                 |  | D              | 6          |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 16-536 (4-22-31)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |           |                |         |            |    |
|-------------------------|-----------|----------------|---------|------------|----|
| P 200                   |           | HEAD OF FAMILY |         | LOUISIANA  |    |
| COLOR                   | W         | AGE            | 55      | E.D.       | 55 |
|                         |           | BIRTHPLACE     |         | SHEET 1    |    |
| COUNTY                  |           |                | Cameron | CITY       |    |
| OTHER MEMBERS OF FAMILY |           |                |         |            |    |
|                         | NAME      | RELATIONSHIP   | AGE     | BIRTHPLACE |    |
|                         | Catherine | W              | 42      |            |    |
|                         | Alphons   | S              | 19      |            |    |
|                         | Madeline  | N              | 12      |            |    |
|                         | August    | S              | 9       |            |    |
|                         | Grace     | N              | 5       |            |    |
|                         | Adelle    | N              | 3 1/2   |            |    |

FORM 16-636 (4-28-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|  |     |                    |  |           |       |
|--|-----|--------------------|--|-----------|-------|
| R 20   |     | NAME OF INDIVIDUAL |  | LOUISIANA |       |
| 121  |     | 121                |  | SHEET     |       |
| COLOR  | AGE | BIRTHPLACE         |  | E.O.      | SHEET |
| 21   | 40  | Va.                |  | 101       | 2     |
| COUNTY   |     | CITY               |  |           |       |
|  |     | Ouachita           |  | Monroe    |       |
| ENUMERATED WITH  |     |                    |  |           |       |
| Agden, Sargent P.  |     |                    |  |           |       |
| RELATIONSHIP TO ABOVE  |     |                    |  |           |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE<br><input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW<br><input type="checkbox"/> WIFE<br><input type="checkbox"/> HUSBAND<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify) |     |                    |  |           |       |
| L  |     |                    |  |           |       |

FORM 10-437 (6-25-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 1910-P-1

|                         |   |                   |     |            |               |
|-------------------------|---|-------------------|-----|------------|---------------|
| R200                    |   | HEAD OF FAMILY    |     | LOUISIANA  |               |
| COLOR                   | W | AGE               | 36  | BIRTHPLACE | Ross, James W |
| COUNTY                  |   | Calcasieu         |     | CITY       |               |
| OTHER MEMBERS OF FAMILY |   |                   |     |            |               |
| NAME                    |   | RELATION-<br>SHIP | AGE | BIRTHPLACE |               |
| Margaret E              |   | D                 | 16  |            |               |
| Blossie E               |   | D                 | 12  |            |               |
| Malinda A               |   | D                 | 9   |            |               |
| Elizabeth               |   | M                 | 81  |            |               |
|                         |   |                   |     |            |               |
|                         |   |                   |     |            |               |
|                         |   |                   |     |            |               |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R200                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.O.       | SHEET |
| W                       | 52  | England        |     | 70         | 9     |
| COUNTY                  |     | CITY           |     |            |       |
| Lincoln                 |     | Pine           |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| 1 Annie O               |     | W              | 34  | Ira        |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 10-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

| LOUISIANA   |  |   |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
|---|--|---|--------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|---|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R 200   | NAME OF INDIVIDUAL<br><i>Reese, Jane</i> |   | E.D.<br><i>101</i> | SHEET<br><i>2</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>B</i>   | AGE<br><i>12</i>                         | BIRTHPLACE                                  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>DuSchie</i>  |  | CITY<br><i>Monroe</i>                       |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Bres. Lucy A.</i>   |  |   |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input checked="" type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> MISTRESS-IN-LAW</td> <td></td> </tr> </table> |  |   |                    |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input checked="" type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> MISTRESS-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE             |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE              |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT            |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER             |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input checked="" type="checkbox"/> SERVANT |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)    |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> MISTRESS-IN-LAW |   |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |

FORM 10-637 (4-23-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCORN-DC 18199-P61

|   |  |                    |            |           |       |
|---|--|--------------------|------------|-----------|-------|
| R200  |  | NAME OF INDIVIDUAL |            | LOUISIANA |       |
| SEX   |  | AGE                | BIRTHPLACE | E.O.      | SHEET |
| M   |  | 15                 | Miss       | 150       | 1     |
| COUNTY  |  |                    | CITY       |           |       |
| West Feliciana  |  |                    |            |           |       |
| ENUMERATED WITH   |  |                    |            |           |       |
| Relationship to Above   |  |                    |            |           |       |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER<br/> <input type="checkbox"/> MOTHER<br/> <input type="checkbox"/> GRANDFATHER<br/> <input type="checkbox"/> GRANDMOTHER<br/> <input type="checkbox"/> GRANDSON<br/> <input type="checkbox"/> GRANDDAUGHTER<br/> <input type="checkbox"/> AUNT<br/> <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW<br/> <input type="checkbox"/> NIECE<br/> <input type="checkbox"/> FATHER-IN-LAW<br/> <input type="checkbox"/> MOTHER-IN-LAW<br/> <input type="checkbox"/> SON-IN-LAW<br/> <input type="checkbox"/> DAUGHTER-IN-LAW<br/> <input type="checkbox"/> BROTHER-IN-LAW<br/> <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE<br/> <input type="checkbox"/> NURSE<br/> <input type="checkbox"/> PATIENT<br/> <input checked="" type="checkbox"/> ROOMER<br/> <input type="checkbox"/> SERVANT<br/> <input type="checkbox"/> OTHER (Specify) </div> </div> |  |                    |            |           |       |

Form 16-437 (4-22-61)

1916 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18182-P61

|  |   |   |    |   |            |
|--|---|---|----|---|------------|
| R200   |   | NAME OF INDIVIDUAL  |    | LOUISIANA   |            |
| COLOR  | B | AGE   | 26 | NAME  | Reese Jane |
|  |   | BIRTHPLACE  |    | E.D.  | 111        |
|  |   |   |    | SHEET 14  |            |
| COUNTY   |   | LA Landry   |    | CITY  |            |
| ENUMERATED WITH  |   |   |    |   |            |
| Pallock Joseph   |   |   |    |   |            |
| RELATIONSHIP TO ABOVE  |   |   |    |   |            |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |   | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |    | <input type="checkbox"/> BOARDER<br><input type="checkbox"/> HOUSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br>D |            |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |   |  |                             |
|--|---|--|-----------------------------|
| NAME OF INDIVIDUAL<br><i>R 30 Reese Jane</i>   |   | LOUISIANA  |                             |
| COLOR<br><i>B</i>  | AGE<br><i>26</i>  | BIRTHPLACE   | E.O. SHEET<br><i>111 14</i> |
| COUNTY<br><i>St. Landry</i>  |   | CITY   |                             |
| ENUMERATED WITH<br><i>Pollock, Joseph</i>  |   |  |                             |
| RELATIONSHIP TO ABOVE  |   |  |                             |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>Daughter</i> |                             |

FORM 19-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |   |          |           |    |
|--|--|---|----------|-----------|----|
| A 200                                  |  | NAME OF INDIVIDUAL                                  |          | LOUISIANA |    |
| COLOR                                  | B  | AGE   | 25       | E.D.      | 78 |
|  |  | BIRTHPLACE  |          | SHEET     | 76 |
| COUNTY                                 |  |   | CITY     |           |    |
| Pointe Coupee                          |  |   | Morganza |           |    |
| ENUMERATED WITH                        |  |   |          |           |    |
| Ross, Alice                            |  |   |          |           |    |
| RELATIONSHIP TO ABOVE                  |  |   |          |           |    |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHER          | <input type="checkbox"/> INMATE                     |          |           |    |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |          |           |    |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |          |           |    |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |          |           |    |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |          |           |    |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |          |           |    |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW  |   |          |           |    |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW   |   |          |           |    |
| Si                                     |  |   |          |           |    |

FORM 10-637 (4-20-67)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 15100-P01



|   |     |   |  |  |  |
|---|-----|---|--|--|--|
| R 200   |     | NAME OF INDIVIDUAL  |  | LOUISIANA  |  |
| Rosa James  |     | E.D.  |  | SHEET  |  |
| COLOR   | AGE | BIRTHPLACE  |  | 128 24   |  |
| B   | 22  |   |  |  |  |
| COUNTY  |     | CITY  |  |  |  |
| Tensas  |     |   |  |  |  |
| ENUMERATED WITH   |     |   |  |  |  |
| Walter, William   |     |   |  |  |  |
| RELATIONSHIP TO ABOVE   |     |   |  |  |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input checked="" type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |  |

FORM 10-637 (4-22-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
|---|--|--|--|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|---|--|--|-------------------------------|---|--|--------------------------------|--|--|
| A200  |  | NAME OF INDIVIDUAL                       |  | LOUISIANA |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| COLOR   | AGE                                      | BIRTHPLACE                               |  | E.D.      | SHEET |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| Wm  | 9  |  |  | 59        | 17    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| COUNTY  |  | CITY                                     |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| St. Bernard   |  |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| Leachy, Emah  |  |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |

FORM 18-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |              |  |           |    |
|-------------------------|---|----------------|-----|--------------|--|-----------|----|
| R200                    |   | HEAD OF FAMILY |     | Ricks Gary   |  | LOUISIANA |    |
| COLOR                   | B | AGE            | 46  | BIRTHPLACE   |  | E.D.      | 93 |
|                         |   |                |     |              |  | SHEET     | 15 |
| COUNTY                  |   |                |     | Natchitoches |  |           |    |
|                         |   |                |     | CITY         |  |           |    |
| OTHER MEMBERS OF FAMILY |   |                |     |              |  |           |    |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE   |  |           |    |
| MRS.                    |   | D              | 19  |              |  |           |    |
| Israel                  |   | S              | 14  |              |  |           |    |
| Henry                   |   | S              | 12  |              |  |           |    |
| James                   |   | S              | 5   |              |  |           |    |
|                         |   |                |     |              |  |           |    |
|                         |   |                |     |              |  |           |    |
|                         |   |                |     |              |  |           |    |
|                         |   |                |     |              |  |           |    |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |            |      |
|-------------------------|---|----------------|-----|------------|------|
| R200'                   |   | HEAD OF FAMILY |     | LOUISIANA  |      |
| COLOR                   | B | AGE            | 35  | BIRTHPLACE | Jeff |
| COUNTY                  |   | East Carroll   |     | CITY       |      |
| OTHER MEMBERS OF FAMILY |   |                |     |            |      |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |      |
| 1 Martha                |   | W              | 26  | s          |      |
|                         |   |                |     |            |      |
|                         |   |                |     |            |      |
|                         |   |                |     |            |      |
|                         |   |                |     |            |      |
|                         |   |                |     |            |      |
|                         |   |                |     |            |      |
|                         |   |                |     |            |      |
|                         |   |                |     |            |      |
|                         |   |                |     |            |      |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |                  |            |       |
|-------------------------|--|----------------|------------------|------------|-------|
| R200                    |  | HEAD OF FAMILY |                  | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE       | E.D.       | SHEET |
| W                       |  | 46             | Richey Jefferson | 35         | 29    |
| COUNTY                  |  |                | CITY             |            |       |
| Calcasieu               |  |                | Lake Charles     |            |       |
| OTHER MEMBERS OF FAMILY |  |                |                  |            |       |
| NAME                    |  | RELATIONSHIP   | AGE              | BIRTHPLACE |       |
| 1 Odellia               |  | W              | 29               |            |       |
| Effie                   |  | D              | 8                |            |       |
|                         |  |                |                  |            |       |
|                         |  |                |                  |            |       |
|                         |  |                |                  |            |       |
|                         |  |                |                  |            |       |
|                         |  |                |                  |            |       |
|                         |  |                |                  |            |       |

FORM 10-436 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |  |
|-------------------------|-----|----------------|-----|------------|--|
| R200                    |     | HEAD OF FAMILY |     | LOUISIANA  |  |
| Keesee Jenkins          |     | E.D.           |     | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |     |            |  |
| W                       | 36  |                |     |            |  |
| COUNTY                  |     | CITY           |     |            |  |
| Calcasieu               |     |                |     |            |  |
| OTHER MEMBERS OF FAMILY |     |                |     |            |  |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| Mary                    |     | W              | 35  |            |  |
| Rosa                    |     | S              | 14  |            |  |
| Albert E.               |     | S              | 12  |            |  |
| James A.                |     | S              | 9   |            |  |
| Lourina                 |     | D              | 7   |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |   |            |  |       |
|--|--|---|------------|--|-------|
| R-20   |  | NAME OF INDIVIDUAL  |            | LOUISIANA  |       |
| COLOR  |  | AGE   | BIRTHPLACE | E.O.   | SHEET |
| B  |  | 18  | Rapides    | 91   | 5     |
| COUNTY   |  | CITY  |            |  |       |
|  |  | Boysse  |            |  |       |
| ENUMERATED WITH  |  | Beaschew Julia  |            |  |       |
| RELATIONSHIP TO ABOVE  |  |   |            |  |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |            | <input type="checkbox"/> IMMIGRANT<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> WORKER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |       |

FORM 18-437 (4-20-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-NC 18100-PS1

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| R200   |  | NAME OF INDIVIDUAL  |  | LOUISIANA   |  |
| COLE   |  | E.O.  |  | SHEET   |  |
| W  |  | 21  |  | 4   |  |
| AGE  |  | BIRTHPLACE  |  |   |  |
| 14   |  | East Baton Rouge  |  |   |  |
| COUNTY   |  | CITY  |  |   |  |
| East Baton Rouge   |  | Baton Rouge   |  |   |  |
| GENERATED WITH   |  | Randolph John   |  |   |  |
| RELATIONSHIP TO ABOVE  |  |   |  |   |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> WORKER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |  |

FORM 10-437 (4-20-61)

1970 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |     |                |       |            |       |
|-------------------------|-----|----------------|-------|------------|-------|
| P200                    |     | HEAD OF FAMILY |       | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |       | E.D.       | SHEET |
| 6                       | 1/2 |                |       | 50         | 5     |
| COUNTY                  |     | CITY           |       |            |       |
| Iberville               |     |                |       |            |       |
| OTHER MEMBERS OF FAMILY |     |                |       |            |       |
| NAME                    |     | RELATIONSHIP   | AGE   | BIRTHPLACE |       |
| Washington, Prudette    |     | S.             | 20    |            |       |
| William                 |     | N              | 15    |            |       |
| William                 |     | N              | 4     |            |       |
| Prudette                |     | Ni             | 1 3/4 |            |       |
| Jenny, William          |     | N              | 9     |            |       |
|                         |     |                |       |            |       |
|                         |     |                |       |            |       |

FORM 16-636 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |  |      |           |       |
|--|--|--|------|-----------|-------|
| R200                                   |  | NAME OF INDIVIDUAL                       |      | LOUISIANA |       |
| COLOR                                  | AGE  | BIRTHPLACE                               |      | E.O.      | SHEET |
| B-                                     | 10   |  |      | 38        | 6     |
| COUNTY                                 |  |  | CITY |           |       |
| Concordia                              |  |  |      |           |       |
| ENUMERATED WITH                        |  |  |      |           |       |
| Matthews Million                       |  |  |      |           |       |
| RELATIONSHIP TO ABOVE                  |  |  |      |           |       |
| <input type="checkbox"/> FATHER        | <input checked="" type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE          |      |           |       |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NIECE             | <input type="checkbox"/> NURSE           |      |           |       |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW     | <input type="checkbox"/> PATIENT         |      |           |       |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW     | <input type="checkbox"/> ROOMER          |      |           |       |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW        | <input type="checkbox"/> SERVANT         |      |           |       |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW   | <input type="checkbox"/> OTHER (Specify) |      |           |       |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW    |  |      |           |       |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> MISTRESS-IN-LAW   |  |      |           |       |

Form 16-637 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCIB-DC 16100-P61

|                         |                |              |                  |            |
|-------------------------|----------------|--------------|------------------|------------|
| R200                    | HEAD OF FAMILY |              | LOUISIANA        |            |
| COLOR                   | AGE            | BIRTHPLACE   | E.D.             | SHEET      |
| B                       | 58             | Richland     | 117              | 18         |
| COUNTY                  |                | CITY         |                  |            |
| OTHER MEMBERS OF FAMILY |                |              |                  |            |
| NAME                    |                | RELATIONSHIP | AGE              | BIRTHPLACE |
| Sally                   |                | W            | 18               |            |
| William                 |                | S            | 1 $\frac{2}{12}$ |            |
|                         |                |              |                  |            |
|                         |                |              |                  |            |
|                         |                |              |                  |            |
|                         |                |              |                  |            |
|                         |                |              |                  |            |
|                         |                |              |                  |            |

FORM 16-636 (4-20-01)

1919 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |              |                |           |            |           |
|-------------------------|--------------|----------------|-----------|------------|-----------|
| <i>R200</i>             |              | HEAD OF FAMILY |           | LOUISIANA  |           |
| COLOR                   | AGE          | BIRTHPLACE     |           | E.D.       | SHEET     |
| <i>B</i>                | <i>55</i>    |                |           | <i>130</i> | <i>16</i> |
| COUNTY                  |              | CITY           |           |            |           |
| <i>101823</i>           |              |                |           |            |           |
| OTHER MEMBERS OF FAMILY |              |                |           |            |           |
| NAME                    |              | RELATIONSHIP   | AGE       | BIRTHPLACE |           |
| <i>1</i>                | <i>Mandy</i> | <i>W</i>       | <i>49</i> |            |           |
|                         |              |                |           |            |           |
|                         |              |                |           |            |           |
|                         |              |                |           |            |           |
|                         |              |                |           |            |           |
|                         |              |                |           |            |           |
|                         |              |                |           |            |           |
|                         |              |                |           |            |           |
|                         |              |                |           |            |           |

FORM 10-434 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |   |   |    |   |               |
|--|---|---|----|---|---------------|
| R200   |   | NAME OF INDIVIDUAL  |    | LOUISIANA   |               |
| COLOR  | B | AGE   | 15 | BIRTHPLACE  | Russell, Iowa |
| COUNTY   |   | Ouachita  |    | CITY  | Monroe        |
| ENUMERATED WITH  |   |   |    |   |               |
| Crawshaw Levy  |   |   |    |   |               |
| RELATIONSHIP TO ABOVE  |   |   |    |   |               |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |   | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |    | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br>SS |               |

FORM 16-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18106-P61

|  |  |  |      |                   |                    |                                 |                                 |                                    |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|------|-------------------|--------------------|---------------------------------|---------------------------------|------------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R200   |  | NAME OF INDIVIDUAL<br><i>Rosa Jones</i>    |      | LOUISIANA         |                    |                                 |                                 |                                    |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>B</i>  | AGE<br><i>73</i>                         | BIRTHPLACE<br><i>Ark</i>                   |      | E.D.<br><i>64</i> | SHEET<br><i>19</i> |                                 |                                 |                                    |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>La Salle</i>  |  |  | CITY |                   |                    |                                 |                                 |                                    |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Carl A. Jones</i>  |  |  |      |                   |                    |                                 |                                 |                                    |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |      |                   |                    |                                 |                                 |                                    |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> IMMIGRANT</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |      |                   |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> IMMIGRANT | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> IMMIGRANT         |      |                   |                    |                                 |                                 |                                    |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE             |      |                   |                    |                                 |                                 |                                    |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |      |                   |                    |                                 |                                 |                                    |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER |      |                   |                    |                                 |                                 |                                    |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |      |                   |                    |                                 |                                 |                                    |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |      |                   |                    |                                 |                                 |                                    |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |      |                   |                    |                                 |                                 |                                    |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |      |                   |                    |                                 |                                 |                                    |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 18-537 (4-30-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |   |  |                    |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|---|--|--------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|-------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R200  |  | NAME OF INDIVIDUAL<br><i>Parker Jesse</i> |  | LOUISIANA          |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>B</i>   | AGE<br><i>25</i>                         | BIRTHPLACE<br><i>Jess</i>                 |  | E.D.<br><i>114</i> | SHEET<br><i>9</i> |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>Richland</i>   |  | CITY<br><i>Rayville</i>                   |  |                    |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Parker Johnny</i>   |  |   |  |                    |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |  |                    |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> WIFE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |                    |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> WIFE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIMATE           |  |                    |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> WIFE            | <input type="checkbox"/> NURSE            |  |                    |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT          |  |                    |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER           |  |                    |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT          |  |                    |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)  |  |                    |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |                    |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |  |                    |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 18-437 (4-30-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |                    |            |           |       |
|--|--|--------------------|------------|-----------|-------|
| R 200  |  | NAME OF INDIVIDUAL |            | LOUISIANA |       |
| COLOR  |  | AGE                | BIRTHPLACE | E.O.      | SHEET |
| W  |  | 21                 |            | 93        | 8     |
| COUNTY   |  |                    | CITY       |           |       |
| Rapides  |  |                    |            |           |       |
| ENUMERATED WITH  |  |                    |            |           |       |
| Rickey Amos  |  |                    |            |           |       |
| RELATIONSHIP TO ABOVE  |  |                    |            |           |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE<br><input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW<br><input type="checkbox"/> WIFE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify) |  |                    |            |           |       |
| HH   |  |                    |            |           |       |

FORM 10-537 (4-22-51)

1930 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|  |   |   |    |  |             |
|--|---|---|----|--|-------------|
| R 200  |   | NAME OF INDIVIDUAL  |    | LOUISIANA  |             |
| COLOR  | B | AGE   | 12 | BIRTHPLACE   | Ross, Jesse |
| COUNTY   |   | Tensas  |    | CITY   |             |
| ENUMERATED WITH  |   |   |    |  |             |
| Carter, Peggy  |   |   |    |  |             |
| RELATIONSHIP TO ABOVE  |   |   |    |  |             |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |   | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |    | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br>S |             |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |          |                |     |            |                 |
|-------------------------|----------|----------------|-----|------------|-----------------|
| R 200                   |          | HEAD OF FAMILY |     | LOUISIANA  |                 |
| COLOR                   | W        | AGE            | 32  | BIRTHPLACE | Richmond, Texas |
| COUNTY                  |          | Calcasieu      |     | CITY       |                 |
| OTHER MEMBERS OF FAMILY |          |                |     |            |                 |
|                         | NAME     | RELATIONSHIP   | AGE | BIRTHPLACE |                 |
| 1                       | Thurston | S              | 2   |            |                 |
|                         |          |                |     |            |                 |
|                         |          |                |     |            |                 |
|                         |          |                |     |            |                 |
|                         |          |                |     |            |                 |
|                         |          |                |     |            |                 |
|                         |          |                |     |            |                 |
|                         |          |                |     |            |                 |
|                         |          |                |     |            |                 |

FORM 10-636 (2-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|---|--|---|--|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| R200  |  | NAME OF INDIVIDUAL                                  |  | LOUISIANA |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR   | AGE                                      | BIRTHPLACE  |  | E.D.      | SHEET |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| White   | 6  | Richland  |  | 118       | 6     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY  |  |   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| CITY  |  |   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-PC 10100-P61

|                         |        |                |     |            |                |
|-------------------------|--------|----------------|-----|------------|----------------|
| 1200                    |        | HEAD OF FAMILY |     | LOUISIANA  |                |
| COLOR                   | W      | AGE            | 60  | BIRTHPLACE | Richey, Jessie |
| COUNTY                  | Vernon |                |     | CITY       |                |
| OTHER MEMBERS OF FAMILY |        |                |     |            |                |
| NAME                    |        | RELATIONSHIP   | AGE | BIRTHPLACE |                |
| / Mary                  |        | W              | 50  |            |                |
| Cela                    |        | d              | 14  |            |                |
|                         |        |                |     |            |                |
|                         |        |                |     |            |                |
|                         |        |                |     |            |                |
|                         |        |                |     |            |                |
|                         |        |                |     |            |                |
|                         |        |                |     |            |                |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |      |            |     |
|-------------------------|---|----------------|------|------------|-----|
| R200                    |   | HEAD OF FAMILY |      | LOUISIANA  |     |
| COLOR                   | W | AGE            | 29   | BIRTHPLACE | La. |
| COUNTY                  |   |                | CITY |            |     |
| Lincoln                 |   |                |      |            |     |
| OTHER MEMBERS OF FAMILY |   |                |      |            |     |
| NAME                    |   | RELATIONSHIP   | AGE  | BIRTHPLACE |     |
| Mary R.                 |   | W              | 29   |            |     |
| Douglas A.              |   | S              | 4    |            |     |
| Lina J.                 |   | S              | 3    |            |     |
|                         |   |                |      |            |     |
|                         |   |                |      |            |     |
|                         |   |                |      |            |     |
|                         |   |                |      |            |     |
|                         |   |                |      |            |     |

Form 16-636 (4-26-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |  |  |           |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|--|-----------|--|---------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|--|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R-200  |  | NAME OF INDIVIDUAL                       |  | LOUISIANA |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Rosa, Jewel  |  | E.D.                                     |  | SHEET     |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR  | AGE                                      | BIRTHPLACE                               |  |           |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| B  | 17                                       |  |  |           |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY   | Union                                    | CITY                                     |  |           |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|  |  | Farmersville                             |  |           |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH  |  | Rosa, Amanda                             |  |           |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |  |           |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDOW</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> MISTRESS-IN-LAW</td> <td></td> </tr> </table> |  |  |  |           |  | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> MISTRESS-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDOW           |  |           |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |  |           |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |  |           |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |  |           |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |  |           |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |  |           |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |           |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> MISTRESS-IN-LAW |  |  |           |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1930 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 16100-P01

|   |  |   |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|---|--|---|--|------------|-------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| R222<br>COLOR   |  | NAME OF INDIVIDUAL<br>Rich, Jesse                   |  | E.O.<br>27 | SHEET<br>16 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| B<br>AGE  |  | 7<br>BIRTHPLACE                                     |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY<br>Cade  |  | CITY  |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH<br>Mason, Houston   |  |   |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |            |             | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 1910-P-01

|                                  |                           |                                  |                          |
|----------------------------------|---------------------------|----------------------------------|--------------------------|
| <b>HEAD OF FAMILY</b>            |                           | <b>LOUISIANA</b>                 |                          |
| <b>NAME</b><br><i>Ross</i>       | <b>AGE</b><br><i>38</i>   | <b>BIRTHPLACE</b><br><i>Miss</i> | <b>E.D.</b><br><i>52</i> |
| <b>COLOR</b><br><i>W</i>         | <b>SHEET</b><br><i>14</i> |                                  |                          |
| <b>COUNTY</b><br><i>Franklin</i> |                           | <b>CITY</b>                      |                          |
| <b>OTHER MEMBERS OF FAMILY</b>   |                           |                                  |                          |
| <b>NAME</b>                      | <b>RELATIONSHIP</b>       | <b>AGE</b>                       | <b>BIRTHPLACE</b>        |
| <i>Pearl</i>                     | <i>W</i>                  | <i>19</i>                        |                          |
| <i>Eula</i>                      | <i>D</i>                  | <i>4 1/2</i>                     |                          |
|                                  |                           |                                  |                          |
|                                  |                           |                                  |                          |
|                                  |                           |                                  |                          |
|                                  |                           |                                  |                          |
|                                  |                           |                                  |                          |
|                                  |                           |                                  |                          |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |     |                |       |            |       |
|-------------------------|-----|----------------|-------|------------|-------|
| R200                    |     | HEAD OF FAMILY |       | LOUISIANA  |       |
| R200                    |     | R200           |       | E.D.       | SHEET |
| COLOR                   | AGE | BIRTHPLACE     |       |            |       |
| B                       | 68  | La             |       | 134/10     |       |
| COUNTY                  |     |                | CITY  |            |       |
| Union                   |     |                |       |            |       |
| OTHER MEMBERS OF FAMILY |     |                |       |            |       |
| NAME                    |     | RELATIONSHIP   | AGE   | BIRTHPLACE |       |
| Mary                    |     | W              | 58    | La         |       |
| Luke                    |     | S              | 20    |            |       |
| Jane                    |     | D              | 19    |            |       |
| Felly Luke              |     | G.D            | 4 1/2 |            |       |
| Ruth Rose               |     | D              | 23    |            |       |
| Crow Sam                |     | G.S            | 4     |            |       |
| Thompson Terrell        |     | G.S            | 7 1/2 |            |       |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                      |                |       |              |  |           |       |
|-------------------------|----------------------|----------------|-------|--------------|--|-----------|-------|
| R200                    |                      | HEAD OF FAMILY |       | Roach Junior |  | LOUISIANA |       |
| COLOR                   | B                    | AGE            | 40    | BIRTHPLACE   |  | E.O.      | SHEET |
|                         |                      |                |       |              |  | 153       | 1     |
| COUNTY                  |                      |                |       | CITY         |  |           |       |
| West Feliciana          |                      |                |       |              |  |           |       |
| OTHER MEMBERS OF FAMILY |                      |                |       |              |  |           |       |
|                         | NAME                 | RELATIONSHIP   | AGE   | BIRTHPLACE   |  |           |       |
|                         | Ellen                | W              | 30    | Miss         |  |           |       |
|                         | Jason                | S              | 13    |              |  |           |       |
|                         | Bennett              | S              | 9     |              |  |           |       |
|                         | Ellen                | D              | 6     |              |  |           |       |
|                         | Alex                 | S              | 3 1/2 |              |  |           |       |
|                         | Harris Martha        | Li             | 18    |              |  |           |       |
|                         | Christian Anna Belle | Ns             | 1 1/2 |              |  |           |       |

Form 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |            |       |
|-------------------------|---|----------------|-----|------------|-------|
| A200                    |   | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | B | AGE            | 22  | E.D.       | 105-9 |
|                         |   | BIRTHPLACE     |     |            |       |
| COUNTY                  |   | Terrebonne     |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |   |                |     |            |       |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Bertha                  |   | W              | 25+ |            |       |
| Gustavia                |   | D              | 7   |            |       |
| James                   |   | S              | 1/2 |            |       |
|                         |   |                |     |            |       |
|                         |   |                |     |            |       |
|                         |   |                |     |            |       |
|                         |   |                |     |            |       |
|                         |   |                |     |            |       |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |          |            |       |
|-------------------------|-----|----------------|----------|------------|-------|
| R200                    |     | HEAD OF FAMILY |          | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |          | E.D.       | SHEET |
| B                       | 55  | 46             |          | 114        | 10    |
| COUNTY                  |     |                | CITY     |            |       |
| Richland                |     |                | Keyville |            |       |
| OTHER MEMBERS OF FAMILY |     |                |          |            |       |
| NAME                    |     | RELATIONSHIP   | AGE      | BIRTHPLACE |       |
| 2 1 Bo                  |     |                |          |            |       |
|                         |     |                |          |            |       |
|                         |     |                |          |            |       |
|                         |     |                |          |            |       |
|                         |     |                |          |            |       |
|                         |     |                |          |            |       |
|                         |     |                |          |            |       |
|                         |     |                |          |            |       |
|                         |     |                |          |            |       |
|                         |     |                |          |            |       |

FORM 16-436 (4-20-61)  
 1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

|                         |                |              |           |            |
|-------------------------|----------------|--------------|-----------|------------|
| R200                    | HEAD OF FAMILY |              | LOUISIANA |            |
| COLOR                   | AGE            | BIRTHPLACE   | S.D.      | SHEET      |
| B                       | 22             |              | 113       | 2          |
| COUNTY                  |                | CITY         |           |            |
| Richland                |                |              |           |            |
| OTHER MEMBERS OF FAMILY |                |              |           |            |
| NAME                    |                | RELATIONSHIP | AGE       | BIRTHPLACE |
| Margaret                |                | w            | 30        | Miss       |
| Rodgers - Cooper        |                | Spl          | 8         |            |
| Mary Ella               |                | S.S.         | 5         |            |
| Charles                 |                | S.S.         | 3         |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |

FORM 16-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R200                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| Keed                    |     | Jim            |     | E.O.       | SHEET |
| COLOR                   | AGE | BIRTHPLACE     |     | 54         | 1     |
| mm                      | 30  |                |     |            |       |
| COUNTY                  |     | CITY           |     |            |       |
|                         |     | Ft Valle       |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Gladia                  |     | sw             | 18  |            |       |
| Maggie                  |     | D              | 4   |            |       |
| + one brother           |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

Form 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |   |  |           |             |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
|---|--|---|--|-----------|-------------|------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|---|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R300  |  | NAME OF INDIVIDUAL<br><i>Rush Jimmie</i>    |  | LOUISIANA | E.D.<br>113 | SHEET<br>4 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>W</i>   | AGE<br><i>4</i>                          | BIRTHPLACE                                  |  |           |             |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| COUNTY  |  | Richland                                    |  | CITY      |             |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Atkins Job</i>  |  |   |  |           |             |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |  |           |             |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input checked="" type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |           |             |            | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input checked="" type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE             |  |           |             |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE              |  |           |             |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT            |  |           |             |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER             |  |           |             |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input checked="" type="checkbox"/> SERVANT |  |           |             |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)    |  |           |             |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |           |             |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |  |           |             |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |

Form 10-437 (4-22-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P01

LOUISIANA

|   |   |   |                   |
|---|---|---|-------------------|
| NAME OF INDIVIDUAL<br><i>Ross Jimmie</i>  |   | E.D.<br><i>64</i>   | SHEET<br><i>8</i> |
| COLOR<br><i>Pr</i>  | AGE<br><i>6</i>   | BIRTHPLACE  |                   |
| COUNTY  | St. Charles   |   | CITY              |
| ENUMERATED WITH<br><i>Reed Am</i>   |   |   |                   |
| RELATIONSHIP TO ABOVE   |   |   |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input checked="" type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify)<br><hr/> |                   |

FORM 16-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18183-P61



|                         |  |                |  |              |  |            |  |
|-------------------------|--|----------------|--|--------------|--|------------|--|
| R200                    |  | HEAD OF FAMILY |  | BOSS JAC     |  | LOUISIANA  |  |
| COLOR                   |  | AGE            |  | BIRTHPLACE   |  | E.O. SHEET |  |
| W                       |  | 48             |  |              |  | 28 3       |  |
| COUNTY                  |  |                |  | CITY         |  |            |  |
| Jefferson               |  |                |  |              |  |            |  |
| OTHER MEMBERS OF FAMILY |  |                |  |              |  |            |  |
| NAME                    |  |                |  | RELATIONSHIP |  | AGE        |  |
| Augustine               |  |                |  | W            |  | 38         |  |
| Santo                   |  |                |  | D            |  | 17         |  |
| Mary                    |  |                |  | D            |  | 15         |  |
| Kate                    |  |                |  | D            |  | 12         |  |
| Viglor                  |  |                |  | S            |  | 9          |  |
|                         |  |                |  |              |  |            |  |
|                         |  |                |  |              |  |            |  |

FORM 16-636 (4-30-61)  
1916 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |                  |   |      |  |                    |
|--|------------------|---|------|--|--------------------|
| 4200   |                  | NAME OF INDIVIDUAL<br><i>Rooks, Jodie</i>   |      | E. D.<br><i>54</i>   | SHEET<br><i>24</i> |
| COLOR<br><i>W</i>  | AGE<br><i>11</i> | BIRTHPLACE<br><i>Ark</i>  |      |  |                    |
| COUNTY<br><i>Jackson</i>   |                  |   | CITY |  |                    |
| ENUMERATED WITH<br><i>Rooks, William H.</i>  |                  |   |      |  |                    |
| RELATIONSHIP TO ABOVE  |                  |   |      |  |                    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>SD</i> |                    |

FORM 18-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 1910-P61

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| (A202)                  |     | HEAD OF FAMILY |     | LOUISIANA  |       |
|                         |     | Rock Jan       |     | E.D.       | SHEET |
| COLOR                   | AGE | BIRTHPLACE     |     |            |       |
| W                       | 30  | Italy          |     |            |       |
| COUNTY                  |     | CITY           |     |            |       |
| Raplace                 |     | Cherryville    |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Rosa                    |     | W              | 28  | Italy      |       |
| Milo                    |     | S              | 9   | Italy      |       |
| Jasmine                 |     | D              | 4   |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 18-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |      |            |       |
|-------------------------|--|----------------|------|------------|-------|
| R2H                     |  | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR                   |  | AGE            |      | E.D.       | SHEET |
| W                       |  | 35             |      | 83         | 37    |
| COUNTY                  |  |                | CITY |            |       |
| Rapides                 |  |                |      |            |       |
| OTHER MEMBERS OF FAMILY |  |                |      |            |       |
| NAME                    |  | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Emily                   |  | W              | 29   |            |       |
| Cyril                   |  | S              | 3    |            |       |
| Luther                  |  | S              | 2    |            |       |
|                         |  |                |      |            |       |
|                         |  |                |      |            |       |
|                         |  |                |      |            |       |
|                         |  |                |      |            |       |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |  |                            |   |                   |
|--|--|--|----------------------------|---|-------------------|
| 1200   |  | NAME OF INDIVIDUAL<br><i>Ricks Joe</i>   |                            | LOUISIANA   |                   |
| COLOR<br><i>W</i>  |  | AGE<br><i>8</i>  | BIRTHPLACE                 | E.D.<br><i>23</i>   | SHEET<br><i>4</i> |
| COUNTY<br><i>East Baton Rouge</i>  |  |  | CITY<br><i>Baton Rouge</i> |   |                   |
| ENUMERATED WITH<br><i>Riker David</i>  |  |  |                            |   |                   |
| RELATIONSHIP TO ABOVE  |  |  |                            |   |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NICE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |                            | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>C</i> |                   |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 15100-P61

|  |  |  |  |            |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|--|------------|-------------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R 200  |  | NAME OF INDIVIDUAL<br>Racey, Joe           |  | LOUISIANA  |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br>W   | AGE<br>24                                | BIRTHPLACE                                 |  | E.O.<br>44 | SHEET<br>27 |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY   |  | Calcasieu                                  |  | CITY       |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br>Hockey, Jack E  |  |  |  |            |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |  |            |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDOW</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |            |             | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDOW             |  |            |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE             |  |            |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |  |            |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER |  |            |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |  |            |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |  |            |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |            |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |  |            |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-637 (4-30-61)

1910 CENSUS INDEX - INDIV

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |   |   |   |  |                  |
|--|---|---|---|--|------------------|
| R 2a   |   | NAME OF INDIVIDUAL  |   | LOUISIANA  |                  |
| COLOR  | W | AGE   | 8 | BIRTHPLACE   | E.D. 44 SHEET 13 |
| COUNTY   |   | Calcasieu   |   | CITY De Ridder   |                  |
| ENUMERATED WITH Cullen, Tom J.   |   |   |   |  |                  |
| RELATIONSHIP TO ABOVE  |   |   |   |  |                  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |   | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |   | <input type="checkbox"/> IMMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br>S |                  |

FORM 18-617 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1916 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18106-P01

**LOUISIANA**

|  |  |   |  |   |                    |
|--|--|---|--|---|--------------------|
| R100<br>COLOR <i>W</i>   |  | NAME OF INDIVIDUAL<br><i>Reese, Joe</i>   |  | E.O.<br><i>44</i>   | SHEET<br><i>13</i> |
| AGE<br><i>8</i>  |  | BIRTHPLACE<br><i>Calcasieu</i>  |  | CITY<br><i>Calcasieu</i>  |                    |
| COUNTY<br><i>Calcasieu</i>   |  |   |  |   |                    |
| ENUMERATED WITH<br><i>Callesse, Jean J</i>   |  |   |  |   |                    |
| RELATIONSHIP TO ABOVE  |  |   |  |   |                    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> NEAIVE<br><input type="checkbox"/> NUNCE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>son</i> |                    |



LOUISIANA

|                         |                |     |              |            |            |       |    |
|-------------------------|----------------|-----|--------------|------------|------------|-------|----|
| R200                    | HEAD OF FAMILY |     | Rose Joe     | E.D.       | 43         | SHEET | 13 |
| COLOR                   | W              | AGE | 27           | BIRTHPLACE |            |       |    |
| COUNTY                  |                |     | Lafourche    | CITY       |            |       |    |
| OTHER MEMBERS OF FAMILY |                |     |              |            |            |       |    |
| NAME                    |                |     | RELATIONSHIP | AGE        | BIRTHPLACE |       |    |
| Josephine               |                |     | W            | 22         |            |       |    |
| Blanche                 |                |     | S            | 4          |            |       |    |
| Victoria                |                |     | D            | 2          |            |       |    |
|                         |                |     |              |            |            |       |    |
|                         |                |     |              |            |            |       |    |
|                         |                |     |              |            |            |       |    |
|                         |                |     |              |            |            |       |    |
|                         |                |     |              |            |            |       |    |

FORM 16-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |   |   |                  |   |     |
|--|---|---|------------------|---|-----|
| R202   |   | NAME OF INDIVIDUAL  |                  | LOUISIANA   |     |
| COLOR  | W | AGE   | 19               | BIRTHPLACE  | La. |
| COUNTY   |   |   | CITY             |   |     |
| ENUMERATED WITH  |   |   | Calfax           |   |     |
| RELATIONSHIP TO ABOVE  |   |   | Ross, William S. |   |     |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |   | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |                  | <input type="checkbox"/> HUSBAND<br><input type="checkbox"/> WIFE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify) |     |
|  |   |   |                  | B   |     |

FORM 10-227 (4-20-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 10100-P01

LOUISIANA

|  |  |  |  |            |            |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|--|------------|------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|-------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|--|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R260   |  | NAME OF INDIVIDUAL<br><i>Rose Joele</i>  |  | E.O.<br>42 | SHEET<br>1 |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>W</i>  | AGE<br><i>37</i>                               | BIRTHPLACE                               |  |            |            |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>Lafourche</i>   |  | CITY                                     |  |            |            |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Danbert Feliciss</i>   |  |  |  |            |            |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |  |            |            |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WMA TE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> MECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input checked="" type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |            |            | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WMA TE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> MECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input checked="" type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW                | <input type="checkbox"/> WMA TE          |  |            |            |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> MECE                  | <input type="checkbox"/> NURSE           |  |            |            |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW         | <input type="checkbox"/> PATIENT         |  |            |            |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW         | <input type="checkbox"/> ROOMER          |  |            |            |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input checked="" type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT         |  |            |            |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW       | <input type="checkbox"/> OTHER (Specify) |  |            |            |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW        |  |  |            |            |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW         |  |  |            |            |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 19-637 (4-29-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 19199-P61

LOUISIANA

|  |  |  |          |             |
|--|--|--|----------|-------------|
| R200                                   | NAME OF INDIVIDUAL<br><i>Acas, Joe</i>   |  | ED.<br>4 | SHEET<br>17 |
| COLOR<br><i>BB</i>                     | AGE<br>29                                | BIRTHPLACE                                 |          |             |
| COUNTY<br><i>Blenville</i>             |  | CITY                                       |          |             |
| ENUMERATED WITH<br><i>Buel, Alfred</i> |  |  |          |             |
| RELATIONSHIP TO ABOVE                  |  |  |          |             |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE            |          |             |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NICE            | <input type="checkbox"/> NURSE             |          |             |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |          |             |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER |          |             |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |          |             |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |          |             |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW  |  |          |             |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW   |  |          |             |

FORM 16-537 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 16100-P01

LOUISIANA

|                         |                |              |      |            |
|-------------------------|----------------|--------------|------|------------|
| R 200                   | HEAD OF FAMILY |              | E.D. | SHEET      |
|                         | Rose Joe       |              | 33   | 20         |
| COLOR                   | AGE            | BIRTHPLACE   |      |            |
| B                       | 25             |              |      |            |
| COUNTY                  | Concordia      |              | CITY |            |
| OTHER MEMBERS OF FAMILY |                |              |      |            |
| NAME                    |                | RELATIONSHIP | AGE  | BIRTHPLACE |
| Harriet                 |                | W            | 19   |            |
| Joe                     |                | S            | 1/2  |            |
|                         |                |              |      |            |
|                         |                |              |      |            |
|                         |                |              |      |            |
|                         |                |              |      |            |
|                         |                |              |      |            |
|                         |                |              |      |            |

FORM 10-436 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |  |  |                   |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|-------------------|---------------------------------|---------------------------------|-------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| NAME OF INDIVIDUAL<br><i>Reich Joe</i>   |  | E.O.<br><i>126</i>                       | SHEET<br><i>9</i> |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>B</i>  | AGE<br><i>15</i>                         | BIRTHPLACE                               |                   |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| CITY<br><i>Winn</i>  |  | CITY                                     |                   |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Reich John W.</i>  |  |  |                   |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |                   |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> WIFE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> MOTHER | <input type="checkbox"/> WIFE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> MOTHER          | <input type="checkbox"/> WIFE            |                   |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |                   |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |                   |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |                   |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |                   |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |                   |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |                   |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |                   |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-537 (4-22-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 16100-P01

LOUISIANA

|                         |                |              |      |            |
|-------------------------|----------------|--------------|------|------------|
| R200                    | HEAD OF FAMILY |              | E.O. | SHEET      |
|                         | Lee J. Lee     |              | 81   | 3          |
| COLOR                   | AGE            | BIRTHPLACE   |      |            |
| B                       | 38             |              |      |            |
| COUNTY                  | St. Helena     |              | CITY |            |
| OTHER MEMBERS OF FAMILY |                |              |      |            |
| NAME                    |                | RELATIONSHIP | AGE  | BIRTHPLACE |
| Lula                    |                | W            | 30   |            |
| Mama                    |                | D            | 18   |            |
| Joe                     |                | S            | 11   |            |
| Nancy                   |                | D            | 9    |            |
| Mama                    |                | S            | 7    |            |
| Julia                   |                | D            | 3    |            |
| Benjamin                |                | S            | 7/2  |            |

FORM 16-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R200                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| R200                    |     | Rice, Joe      |     | E.O.       | SHEET |
| COLOR                   | AGE | BIRTHPLACE     |     |            |       |
| B                       | 26  | Ala            |     |            |       |
| COUNTY                  |     | Ouachita       |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| 1 Viola                 |     | W              | 22  | Ala        |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 16-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



LOUISIANA

|  |           |   |  |  |            |
|--|-----------|---|--|--|------------|
| R 200  |           | NAME OF INDIVIDUAL<br>Rose Joe  |  | E.O.<br>102  | SHEET<br>8 |
| COLOR<br>W   | AGE<br>48 | BIRTHPLACE<br>Italy   |  |  |            |
| COUNTY<br>Ouachita   |           | CITY<br>Monroe  |  |  |            |
| ENUMERATED WITH<br>Rose Tony   |           |   |  |  |            |
| RELATIONSHIP TO ABOVE  |           |   |  |  |            |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |           | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> WIFE<br><input checked="" type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |            |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

U.S. COMM. DC 18122-P-81

| LOUISIANA                              |  |  |             |            |
|--|--|--|-------------|------------|
| R200                                   | NAME OF INDIVIDUAL<br>Ross Joe           |  | E.O.<br>156 | SHEET<br>9 |
| COLOR<br>B                             | AGE<br>27                                | BIRTHPLACE                                 |             |            |
| COUNTY<br>West Baton Rouge             | CITY                                     |  |             |            |
| ENUMERATED WITH<br>Sommer Charles      |  |  |             |            |
| RELATIONSHIP TO ABOVE                  |  |  |             |            |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE            |             |            |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> WIFE            | <input type="checkbox"/> NURSE             |             |            |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |             |            |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER |             |            |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |             |            |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |             |            |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW  |  |             |            |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW   |  |             |            |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 10106-P01

|                         |                |              | LOUISIANA         |            |
|-------------------------|----------------|--------------|-------------------|------------|
|                         |                |              | E.O.              | SHEET      |
| R200                    | HEAD OF FAMILY |              | 80                | 13         |
| COLOR                   | AGE            | BIRTHPLACE   |                   |            |
| B                       | 66             |              |                   |            |
| COUNTY                  | Natchitoches   |              | CITY Natchitoches |            |
| OTHER MEMBERS OF FAMILY |                |              |                   |            |
| NAME                    |                | RELATIONSHIP | AGE               | BIRTHPLACE |
| 1 Catherine             |                | W            | 65                |            |
|                         |                |              |                   |            |
|                         |                |              |                   |            |
|                         |                |              |                   |            |
|                         |                |              |                   |            |
|                         |                |              |                   |            |
|                         |                |              |                   |            |
|                         |                |              |                   |            |
|                         |                |              |                   |            |
|                         |                |              |                   |            |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |              |            |            | LOUISIANA     |   |
|-------------------------|--------------|------------|------------|---------------|---|
| HEAD OF FAMILY          |              |            | E.D.       | SHEET         |   |
| R200                    | Rice Joe     |            |            | 114           | 4 |
| COLOR                   | AGE          | BIRTHPLACE |            |               |   |
| Wm                      | 47           | Va         |            |               |   |
| COUNTY                  | Richland     |            |            | CITY Rayville |   |
| OTHER MEMBERS OF FAMILY |              |            |            |               |   |
| NAME                    | RELATIONSHIP | AGE        | BIRTHPLACE |               |   |
| 1 Mary                  | W            | 53         |            |               |   |
| McC Inen Edie           | SD           | 31         |            |               |   |
| Lucia                   | SGD          | 10         |            |               |   |
| Mary                    | SGD          | 8          |            |               |   |
| Easter                  | SGK          | 5          |            |               |   |
| William                 | SGD          | 3          |            |               |   |
| + 1 Bd                  |              |            |            |               |   |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

| R 200                   |            | HEAD OF FAMILY |     | Russo Joe Mrs |           | E.D. | SHEET |
|-------------------------|------------|----------------|-----|---------------|-----------|------|-------|
| COLOR                   | W          | AGE            | 35  | BIRTHPLACE    | Italy     | 136  | 28    |
| COUNTY                  | Vermillion |                |     | CITY          | Abbeville |      |       |
| OTHER MEMBERS OF FAMILY |            |                |     |               |           |      |       |
| NAME                    |            | RELATIONSHIP   | AGE | BIRTHPLACE    |           |      |       |
| Sam                     |            | S              | 19  | Italy         |           |      |       |
| Joe                     |            | S              | 16  | I             |           |      |       |
| Josephine               |            | D              | 10  |               |           |      |       |
|                         |            |                |     |               |           |      |       |
|                         |            |                |     |               |           |      |       |
|                         |            |                |     |               |           |      |       |
|                         |            |                |     |               |           |      |       |
|                         |            |                |     |               |           |      |       |

FORM 16-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|                         |                                 |                         |                 |                  |
|-------------------------|---------------------------------|-------------------------|-----------------|------------------|
| P200                    | HEAD OF FAMILY <i>Russo Joe</i> |                         | E.O. <i>136</i> | SHEET <i>3</i>   |
| COLOR                   | AGE <i>4</i>                    | BIRTHPLACE <i>Italy</i> |                 |                  |
| COUNTY                  | Vermillion                      |                         | CITY            | <i>Abbeville</i> |
| OTHER MEMBERS OF FAMILY |                                 |                         |                 |                  |
| NAME                    |                                 | RELATIONSHIP            | AGE             | BIRTHPLACE       |
| <i>I Rose</i>           |                                 | <i>W</i>                | <i>23</i>       | <i>Italy</i>     |
|                         |                                 |                         |                 |                  |
|                         |                                 |                         |                 |                  |
|                         |                                 |                         |                 |                  |
|                         |                                 |                         |                 |                  |
|                         |                                 |                         |                 |                  |
|                         |                                 |                         |                 |                  |
|                         |                                 |                         |                 |                  |
|                         |                                 |                         |                 |                  |

|                         |                | LOUISIANA    |                  |
|-------------------------|----------------|--------------|------------------|
| 2200                    | HEAD OF FAMILY | Rice Joe     | E.D. 64 SHEET 14 |
| COLOR                   | AGE            | BIRTHPLACE   |                  |
| W                       | 29             |              |                  |
| COUNTY                  | St. Charles    | CITY         |                  |
| OTHER MEMBERS OF FAMILY |                |              |                  |
|                         | NAME           | RELATIONSHIP | AGE              |
|                         | Minnie         | W            | 26               |
|                         | Alvina         | D            | 5                |
|                         | Pauline        | D            | 2                |
|                         | Rose           | D            | 11/12            |
|                         |                |              |                  |
|                         |                |              |                  |
|                         |                |              |                  |
|                         |                |              |                  |

FORM 18-636 (4-28-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

| R200                    |              | HEAD OF FAMILY |            | LOUISIANA |       |
|-------------------------|--------------|----------------|------------|-----------|-------|
| COLOR                   | AGE          | BIRTHPLACE     |            | E.D.      | SHEET |
| W                       | 24           | Kinsig, Joe    |            | 59        | 9     |
| COUNTY                  |              | St. Bernard    |            | CITY      |       |
| OTHER MEMBERS OF FAMILY |              |                |            |           |       |
| NAME                    | RELATIONSHIP | AGE            | BIRTHPLACE |           |       |
| Helen                   | W            | 21             |            |           |       |
| Frank                   | S            | 2              |            |           |       |
| Emma                    | D            | 3/12           |            |           |       |
| George                  | N            | 13             |            |           |       |
| Florence                | N            | 20             |            |           |       |
| Florence                | N            | 4/2            |            |           |       |

FORM 16-436 (4-29-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



LOUISIANA

|                         |                |            |              |      |            |
|-------------------------|----------------|------------|--------------|------|------------|
| R200                    | HEAD OF FAMILY |            | Rosa Joe     | E.O. | SHEET      |
| COLOR                   | W              | AGE        | 45           | 102  | 16         |
|                         |                | BIRTHPLACE | Italy        |      |            |
| COUNTY                  |                | Sabine     | CITY         |      |            |
| OTHER MEMBERS OF FAMILY |                |            |              |      |            |
| NAME                    |                |            | RELATIONSHIP | AGE  | BIRTHPLACE |
| Mary                    |                |            | W            | 50   | Italy      |
| Tom                     |                |            | S            | 8    |            |
| Rosa                    |                |            | S            | 5    |            |
|                         |                |            |              |      |            |
|                         |                |            |              |      |            |
|                         |                |            |              |      |            |
|                         |                |            |              |      |            |
|                         |                |            |              |      |            |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|                         |       |                |     |            |       |
|-------------------------|-------|----------------|-----|------------|-------|
| R-200                   |       | HEAD OF FAMILY |     | E.D.       | SHEET |
|                         |       | Luis Joe       |     | 51         | 37    |
| COLOR                   | AGE   | BIRTHPLACE     |     |            |       |
| B                       | 29    |                |     |            |       |
| COUNTY                  |       | Aberville      |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |       |                |     |            |       |
| NAME                    |       | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| 1                       | Celia | w              | 23  |            |       |
| Thel                    | Lila  | B-I            | 18  |            |       |
| 1                       | Nancy | Si             | 21  |            |       |
|                         |       |                |     |            |       |
|                         |       |                |     |            |       |
|                         |       |                |     |            |       |
|                         |       |                |     |            |       |
|                         |       |                |     |            |       |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R200                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| Koss                    |     | Jae            |     | E.O.       | SHEET |
| COLOR                   | AGE | BIRTHPLACE     |     | 57         | 13    |
| B                       | 66  |                |     |            |       |
| COUNTY                  |     | CITY           |     |            |       |
| Terrebonne              |     | Terrebonne     |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Victoria                |     | w              | 22  |            |       |
| Leontine                |     | D              | 8   |            |       |
| Lennis, Harris          |     | S-S            | 16  |            |       |
| Traden, Marcio          |     | S-S-S          | 11  |            |       |
| Bank, Beatrice          |     | S-G-D          | 11  |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|   |  |   |            |            |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
|---|--|---|------------|------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|-------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|-----------|--------------------------------|--|--|
| R200  | NAME OF INDIVIDUAL<br>Ross, Joe          |   | E.O.<br>59 | SHEET<br>2 |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| COLOR<br>B  | AGE<br>17                                | BIRTHPLACE  |            |            |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| COUNTY<br>Caddo   | CITY                                     |   |            |            |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| ENUMERATED WITH<br>Chapman, Alfred  |  |   |            |            |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |            |            |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NICE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><u>HM</u></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |            |            | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NICE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <u>HM</u> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |            |            |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NICE            | <input type="checkbox"/> NURSE                      |            |            |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |            |            |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |            |            |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |            |            |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |            |            |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  | <u>HM</u>   |            |            |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |            |            |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |

FORM 18-637 (2-22-51)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 1910-P01

|   |                 |  |      |  |                    |
|---|-----------------|--|------|--|--------------------|
| R220  |                 | NAME OF INDIVIDUAL<br><i>Reese</i>   |      | LOUISIANA  |                    |
| COLOR<br><i>B</i>   | AGE<br><i>7</i> | BIRTHPLACE<br><i>Merida</i>  |      | E.O.<br><i>111</i>   | SHEET<br><i>14</i> |
| COUNTY<br><i>St. Landry</i>   |                 |  | CITY |  |                    |
| ENUMERATED WITH<br><i>Pollock Joseph</i>  |                 |  |      |  |                    |
| RELATIONSHIP TO ABOVE   |                 |  |      |  |                    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input checked="" type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                 | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> WIFE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                    |

FORM 18-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 18185-P61

| LOUISIANA               |                |            |            |
|-------------------------|----------------|------------|------------|
| E.D.                    |                |            | SHEET      |
| R 200                   | HEAD OF FAMILY |            | 69 13      |
| COLOR                   | AGE            | BIRTHPLACE |            |
| B                       | 39             |            |            |
| COUNTY                  | De Soto        | CITY       | Mansfield  |
| OTHER MEMBERS OF FAMILY |                |            |            |
| NAME                    | RELATIONSHIP   | AGE        | BIRTHPLACE |
| Jennie                  | W              | 39         |            |
| Willie                  | S              | 11         |            |
| Willie                  | M              | 55         | ala        |
|                         |                |            |            |
|                         |                |            |            |
|                         |                |            |            |
|                         |                |            |            |
|                         |                |            |            |

FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

PROPERTY OF

Washington Bureau

MADE IN U.S.A.

LIBRARY BUREAU DEPARTMENT  
READING EVERYWHERE

**Speed**  
QUICK AS  
A FLASH

GET LETTER CHART

| B   | C   | d   | m   | r   |
|-----|-----|-----|-----|-----|
| 100 | 200 | 300 | 400 | 500 |

LOUISIANA

|                         |                              |                   |            |             |
|-------------------------|------------------------------|-------------------|------------|-------------|
| R200                    | HEAD OF FAMILY<br>Rose, John |                   | E.O.<br>78 | SHEET<br>20 |
| COLOR<br>B              | AGE<br>30                    | BIRTHPLACE        |            |             |
| COUNTY<br>Pointe Coupee | CITY<br>Morganza             |                   |            |             |
| OTHER MEMBERS OF FAMILY |                              |                   |            |             |
| NAME                    |                              | RELATION-<br>SHIP | AGE        | BIRTHPLACE  |
| Mollie                  |                              | W                 | 27         |             |
| Lucille                 |                              | D                 | 12         |             |
| Roosevelt               |                              | S                 | 5          |             |
| Howard                  |                              | S                 | 3          |             |
|                         |                              |                   |            |             |
|                         |                              |                   |            |             |
|                         |                              |                   |            |             |

FORM 16-636 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA



| R200                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
|-------------------------|--|----------------|------------|------------|-------|
| COLOR                   |  | AGE            | BIRTHPLACE | E.O.       | SHEET |
| B                       |  | 81             |            | 142        | 5     |
| COUNTY                  |  |                | Vermillion | CITY       |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Wallen Melina           |  | W              | 41         |            |       |
| Dora                    |  | D              | 22         |            |       |
| Leonard                 |  | S              | 16         |            |       |
| Alvin                   |  | D              | 13         |            |       |
| John Jr.                |  | S              | 10         |            |       |
| Rebecca                 |  | S              | 5          |            |       |
| Eleanore                |  | S              | 3          |            |       |

FORM 16-636 (4-29-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME           | RELATIONSHIP | AGE      | BIRTHPLACE |
|----------------|--------------|----------|------------|
| 1. <i>Norm</i> | <i>D</i>     | <i>1</i> |            |
|                |              |          |            |
|                |              |          |            |
|                |              |          |            |
|                |              |          |            |
|                |              |          |            |
|                |              |          |            |
|                |              |          |            |
|                |              |          |            |
|                |              |          |            |
|                |              |          |            |

FORM 16-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 16798-P61

|                         |              | LOUISIANA  |            |
|-------------------------|--------------|------------|------------|
| HEAD OF FAMILY          |              | E.D.       | SHEET      |
| 8200                    | Rosa John    | 128        | 18         |
| COLOR                   | AGE          | BIRTHPLACE |            |
| B                       | 30           | Miss.      |            |
| COUNTY                  | TOWNS        | CITY       |            |
|                         |              |            |            |
| OTHER MEMBERS OF FAMILY |              |            |            |
| NAME                    | RELATIONSHIP | AGE        | BIRTHPLACE |
| Rebecca                 | U            | 29         |            |
| John Jr.                | S            | 11         |            |
| Melvin                  | D            | 6          |            |
| Magdaline               | D            | 4          |            |
| Misses                  | S            | 2          |            |
| Abraham                 | S            | 1          |            |
| Lemone Lima             | M            | 46         |            |

FORM 16-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |  |  |      |                    |                    |                                 |                                 |                                    |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|------|--------------------|--------------------|---------------------------------|---------------------------------|------------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R200   |  | NAME OF INDIVIDUAL<br><i>Rice John</i>     |      | E.O.<br><i>166</i> | SHEET<br><i>11</i> |                                 |                                 |                                    |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>B</i>  | AGE<br><i>23</i>                         | BIRTHPLACE                                 |      |                    |                    |                                 |                                 |                                    |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY   |  |  | CITY |                    |                    |                                 |                                 |                                    |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH <i>Livingston Newman Edward</i>  |  |  |      |                    |                    |                                 |                                 |                                    |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |      |                    |                    |                                 |                                 |                                    |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> IMMIGRANT</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> Niece</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> <del>PROVER</del></td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |      |                    |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> IMMIGRANT | <input type="checkbox"/> MOTHER | <input type="checkbox"/> Niece | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> <del>PROVER</del> | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> IMMIGRANT         |      |                    |                    |                                 |                                 |                                    |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> Niece           | <input type="checkbox"/> NURSE             |      |                    |                    |                                 |                                 |                                    |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |      |                    |                    |                                 |                                 |                                    |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> <del>PROVER</del> |      |                    |                    |                                 |                                 |                                    |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |      |                    |                    |                                 |                                 |                                    |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |      |                    |                    |                                 |                                 |                                    |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |      |                    |                    |                                 |                                 |                                    |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |      |                    |                    |                                 |                                 |                                    |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 16-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 16190-P61

|  |   |   |  |                   |                    |
|--|---|---|--|-------------------|--------------------|
| R200   |   | NAME OF INDIVIDUAL<br><i>Rush John</i>  |  | E.O.<br><i>80</i> | SHEET<br><i>16</i> |
| COLOR<br><i>W</i>  | AGE<br><i>35</i>  | BIRTHPLACE  |  |                   |                    |
| COUNTY   |   | CITY<br><i>Rapides</i>  |  | <i>Alexandria</i> |                    |
| ENUMERATED WITH<br><i>Shap Joseph</i>  |   |   |  |                   |                    |
| RELATIONSHIP TO ABOVE  |   |   |  |                   |                    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) _____ |  |                   |                    |

FORM 16-637 (4-29-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCONM-DC 16199-P61

|   |  |  |                    |                                 |  |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|--------------------|---------------------------------|--|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
|   |  | LOUISIANA                                |                    |                                 |  |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| NAME OF INDIVIDUAL<br><i>Russ John</i>  |  | E.D.<br><i>55</i>                        | SHEET<br><i>23</i> |                                 |  |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>W</i>   | AGE<br><i>11</i>                           | BIRTHPLACE                               |                    |                                 |  |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>IBERVILLE</i>  |  | CITY<br><i>Plaquemine</i>                |                    |                                 |  |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Vincenzo Angelo</i>   |  |  |                    |                                 |  |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |                    |                                 |  |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input checked="" type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |                    | <input type="checkbox"/> FATHER | <input checked="" type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input checked="" type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE          |                    |                                 |  |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE             | <input type="checkbox"/> NURSE           |                    |                                 |  |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW     | <input type="checkbox"/> PATIENT         |                    |                                 |  |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW     | <input type="checkbox"/> ROOMER          |                    |                                 |  |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW        | <input type="checkbox"/> SERVANT         |                    |                                 |  |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW   | <input type="checkbox"/> OTHER (Specify) |                    |                                 |  |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW    |  |                    |                                 |  |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW     |  |                    |                                 |  |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

LOUISIANA

|  |         |  |   |   |            |      |       |
|--|---------|--|---|---|------------|------|-------|
| P200   |         | NAME OF INDIVIDUAL   |   | Reese, John   |            | E.D. | SHEET |
| COLOR  | W       | AGE  | 9 | BIRTHPLACE  | Tex        | 81   | 22    |
| COUNTY   | Rapides |  |   | CITY  | Alexandria |      |       |
| ENUMERATED WITH  |         |  |   |   |            |      |       |
| Reese, Athel   |         |  |   |   |            |      |       |
| RELATIONSHIP TO ABOVE  |         |  |   |   |            |      |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |         | <input checked="" type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |   | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify)<br><hr/> |            |      |       |

FORM 16-437 (4-22-51)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 18188-P61

LOUISIANA

|   |  |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|------------|-------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R200  | NAME OF INDIVIDUAL<br><i>Rush John</i>   |  | E.O.<br>80 | SHEET<br>15 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>W</i>   | AGE<br>96                                | BIRTHPLACE                                 |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>Rapides</i>  |  | CITY<br><i>Alexandria</i>                  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Russell Christopher</i>   |  |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WMA TE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |            |             | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WMA TE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WMA TE            |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE             |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 18-437 (4-26-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1916 CENSUS INDEX - INDIVIDUAL

USCO-MA-DC 1819B-P61



|                         |  |                |  |              |  |                                 |  |
|-------------------------|--|----------------|--|--------------|--|---------------------------------|--|
| R 200                   |  | HEAD OF FAMILY |  | Kosch, John  |  | LOUISIANA                       |  |
| COLOR                   |  | AGE            |  | BIRTHPLACE   |  | E.D.                            |  |
| W                       |  | 39             |  | Ill.         |  | 51                              |  |
| COUNTY                  |  |                |  | CITY         |  |                                 |  |
| Calcasieu               |  |                |  |              |  |                                 |  |
| OTHER MEMBERS OF FAMILY |  |                |  |              |  |                                 |  |
| NAME                    |  |                |  | RELATIONSHIP |  | AGE                             |  |
| Mandy                   |  |                |  | W            |  | 22                              |  |
| Flora F.                |  |                |  | D            |  | 1 <sup>10</sup> / <sub>12</sub> |  |
| and 2 Boarders          |  |                |  |              |  |                                 |  |
|                         |  |                |  |              |  |                                 |  |
|                         |  |                |  |              |  |                                 |  |
|                         |  |                |  |              |  |                                 |  |
|                         |  |                |  |              |  |                                 |  |

FORM 16-436 (4-26-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |              |             |            |           |          |
|-------------------------|--|----------------|--------------|-------------|------------|-----------|----------|
| R200                    |  | HEAD OF FAMILY |              | Roach, John |            | LOUISIANA |          |
| COLOR                   |  | AGE            | BIRTHPLACE   |             | 153        |           | SHEET 43 |
| Mu                      |  | 71             |              |             |            |           |          |
| COUNTY                  |  |                | St. Landry   |             | CITY       |           |          |
| OTHER MEMBERS OF FAMILY |  |                |              |             |            |           |          |
| NAME                    |  |                | RELATIONSHIP | AGE         | BIRTHPLACE |           |          |
| Victoria W              |  |                |              | 56          |            |           |          |
| Rebecca d               |  |                |              | 18          |            |           |          |
| Victoria d              |  |                |              | 15          |            |           |          |
|                         |  |                |              |             |            |           |          |
|                         |  |                |              |             |            |           |          |
|                         |  |                |              |             |            |           |          |
|                         |  |                |              |             |            |           |          |
|                         |  |                |              |             |            |           |          |

|                         |  |                |            |            |      |
|-------------------------|--|----------------|------------|------------|------|
| R 200                   |  | HEAD OF FAMILY |            | LOUISIANA  |      |
| COLOR                   |  | AGE            | BIRTHPLACE |            | E.D. |
| B                       |  | 45             | Ross John  |            | 10   |
| COUNTY                  |  |                | CITY       |            |      |
| Assumption              |  |                |            |            |      |
| OTHER MEMBERS OF FAMILY |  |                |            |            |      |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |      |
| Corine                  |  | D              | 14         |            |      |
| Ollie                   |  | D              | 10         |            |      |
| Wallace                 |  | S              | 7          |            |      |
| Corson Clementine       |  | SL             | 62         |            |      |
| Ross Cesar              |  | F              | 66         |            |      |
|                         |  |                |            |            |      |
|                         |  |                |            |            |      |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |  |  |             |            |
|--|--|--|-------------|------------|
| R200                                   | NAME OF INDIVIDUAL<br><i>Reese John</i>  |  | E.D.<br>127 | SHEET<br>2 |
| COLOR<br>W                             | AGE<br>18                                | BIRTHPLACE                                 |             |            |
| COUNTY<br>St. Martin                   |  | CITY                                       |             |            |
| ENumerated WITH<br><i>Alisje Andy</i>  |  |  |             |            |
| RELATIONSHIP TO ABOVE                  |  |  |             |            |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE            |             |            |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE             |             |            |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |             |            |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER |             |            |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |             |            |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |             |            |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW  |  |             |            |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW   |  |             |            |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1970 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 15100-P01

|  |  |   |                     |
|--|--|---|---------------------|
|  |  | LOUISIANA   |                     |
| R312   | NAME OF INDIVIDUAL<br><i>Russ, John</i>  |   | E.O. 130<br>SHEET 4 |
| COLOR<br><i>W</i>  | AGE<br><i>19</i>   | BIRTHPLACE  |                     |
| COUNTY<br><i>St. Martin</i>  | CITY<br><i>Brown Bridge</i>  |   |                     |
| ENUMERATED WITH<br><i>Guilbeau, Arnes</i>  |  |   |                     |
| RELATIONSHIP TO ABOVE  |  |   |                     |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input checked="" type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify)<br><hr/> |                     |

FORM 10-437 (4-20-01)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

|                         |  |                |            |                      |           |            |  |
|-------------------------|--|----------------|------------|----------------------|-----------|------------|--|
| <i>R. 200</i>           |  | HEAD OF FAMILY |            | <i>Rosemary John</i> |           | LOUISIANA  |  |
| COLOR                   |  | AGE            | BIRTHPLACE |                      | E.O.      | SHEET      |  |
| <i>B</i>                |  | <i>35</i>      |            |                      | <i>96</i> | <i>1</i>   |  |
| COUNTY                  |  |                |            | CITY                 |           |            |  |
| <i>St. Mary</i>         |  |                |            |                      |           |            |  |
| OTHER MEMBERS OF FAMILY |  |                |            |                      |           |            |  |
| NAME                    |  |                |            | RELATIONSHIP         | AGE       | BIRTHPLACE |  |
| <i>1 India</i>          |  |                |            | <i>W</i>             | <i>32</i> |            |  |
| <i>Marie Frances</i>    |  |                |            | <i>S.D</i>           | <i>12</i> |            |  |
|                         |  |                |            |                      |           |            |  |
|                         |  |                |            |                      |           |            |  |
|                         |  |                |            |                      |           |            |  |
|                         |  |                |            |                      |           |            |  |
|                         |  |                |            |                      |           |            |  |
|                         |  |                |            |                      |           |            |  |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |           |   |  |  |  |
|--|-----------|---|--|--|--|
| R200   |           | NAME OF INDIVIDUAL  |  | LOUISIANA  |  |
| Rosa, John   |           | E.D.  |  | SHEET  |  |
| COLOR  | AGE       | BIRTHPLACE  |  | 30 1   |  |
| W  | 7         | NY  |  |  |  |
| COUNTY   | Calcasieu | CITY  |  | Kinder   |  |
| ENUMERATED WITH  |           | Rosa, Educk   |  |  |  |
| RELATIONSHIP TO ABOVE  |           |   |  |  |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |           | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> HUSBAND<br><input type="checkbox"/> WIFE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br>Adopted Son |  |

FORM 18-437 (4-30-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18195-P01





|   |  |  |                                |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|--------------------------------|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| H 200   |  | NAME OF INDIVIDUAL<br><i>Rosky John</i>    |                                | LOUISIANA         |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>W</i>   |  | AGE<br><i>28</i>                           | BIRTHPLACE<br><i>Baltimore</i> | U.D.<br><i>43</i> | SHEET<br><i>21</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>Calcasieu</i>  |  |  | CITY                           |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Erickson, Mike</i>  |  |  |                                |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |                                |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> SPOUSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |                                |                   |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> SPOUSE | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE            |                                |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE             |                                |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |                                |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> SPOUSE |                                |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |                                |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |                                |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |                                |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |                                |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 16-627 (4-29-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 16100-P61

|                         |     |                |      |            |       |
|-------------------------|-----|----------------|------|------------|-------|
| P 200                   |     | HEAD OF FAMILY |      | LOUISIANA  |       |
| R 200                   |     | R 200 John     |      | E.D.       | SHEET |
| COLOR                   | AGE | BIRTHPLACE     |      |            |       |
| B                       | 26  |                |      |            |       |
| COUNTY                  |     |                | CITY |            |       |
| Tensas                  |     |                |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Elizabeth               |     | W              | 24   |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |

FORM 10-436 (4-20-31)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |  |             |  |            |  |
|-------------------------|--|----------------|--|-------------|--|------------|--|
| R200                    |  | HEAD OF FAMILY |  | Russo, John |  | LOUISIANA  |  |
| COLOR                   |  | AGE            |  | BIRTHPLACE  |  | E.D. SHEET |  |
| W                       |  | 32             |  | Italy       |  | 59 6       |  |
| COUNTY                  |  |                |  | CITY        |  |            |  |
|                         |  |                |  | Colfax      |  |            |  |
| OTHER MEMBERS OF FAMILY |  |                |  |             |  |            |  |
| NAME                    |  | RELATIONSHIP   |  | AGE         |  | BIRTHPLACE |  |
| Rosie                   |  | W              |  | 20          |  | Italy      |  |
| Sam                     |  | S              |  | 7           |  |            |  |
| John                    |  | S              |  | 4           |  |            |  |
| Frances                 |  | D              |  | 2           |  |            |  |
| Joe                     |  | S              |  | 5/12        |  |            |  |
| Zita, Sam               |  | Half B         |  | 25          |  | Italy      |  |

|  |  |  | LOUISIANA |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|-----------|-------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|--|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R 200  | NAME OF INDIVIDUAL<br>Fish John          |  | E.D.<br>1 | SHEET<br>14 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br>Imm   | AGE<br>14                                | BIRTHPLACE                               |           |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br>Caldwell   |  | CITY                                     |           |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br>James Frank   |  |  |           |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |           |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tbody> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </tbody> </table> |  |  |           |             | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |           |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |           |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |           |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |           |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |           |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |           |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |           |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |           |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCORN-DC 1910-P-61

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R200                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| B                       |  | 23             |            | 9          | 2     |
| COUNTY                  |  |                | CITY       |            |       |
| Assumption              |  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Mary                    |  | W              | 29         |            |       |
| Victoria                |  | D              | 14         |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
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FORM 10-626 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |            |                |      |            |  |
|-------------------------|------------|----------------|------|------------|--|
| R200                    |            | HEAD OF FAMILY |      | LOUISIANA  |  |
| Rice, John              |            | E.O.           |      | SHEET      |  |
| COLOR                   | W          | AGE            | 51   | BIRTHPLACE |  |
| COUNTY                  | Assumption |                | CITY |            |  |
| OTHER MEMBERS OF FAMILY |            |                |      |            |  |
| NAME                    |            | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| Lela                    |            | W              | 41   |            |  |
| Rata                    |            | S              | 10   |            |  |
| Joseph                  |            | S              | 9    |            |  |
| Lela Jr                 |            | S              | 5    |            |  |
| 2 Boarders              |            |                |      |            |  |

FORM 16-636 (4-26-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |  |              |  |            |  |
|-------------------------|--|----------------|--|--------------|--|------------|--|
| R200                    |  | HEAD OF FAMILY |  | Rose, Jas.   |  | LOUISIANA  |  |
| COLOR                   |  | AGE            |  | BIRTHPLACE   |  | E.D. SHEET |  |
| B                       |  | 38             |  |              |  | 44 18      |  |
| COUNTY                  |  |                |  | Lafourche    |  | CITY       |  |
| OTHER MEMBERS OF FAMILY |  |                |  |              |  |            |  |
| NAME                    |  |                |  | RELATIONSHIP |  | AGE        |  |
| Cardelia                |  |                |  | W            |  | 30         |  |
| Hazel                   |  |                |  | S            |  | 8          |  |
| Jas. Jr.                |  |                |  | S            |  | 7          |  |
| Rodney                  |  |                |  | S            |  | 6          |  |
| Octavia                 |  |                |  | D            |  | 5          |  |
| Simon                   |  |                |  | S            |  | 3          |  |

FORM 16-636 (4-20-37)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                   |            |            |       |
|-------------------------|--|-------------------|------------|------------|-------|
| R200                    |  | HEAD OF FAMILY    |            | LOUISIANA  |       |
| COLOR                   |  | AGE               | BIRTHPLACE | E.O.       | SHEET |
| W                       |  | 50                | Pa.        | 33         | 19    |
| COUNTY                  |  |                   | CITY       |            |       |
| Caddo                   |  |                   |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                   |            |            |       |
| NAME                    |  | RELATION-<br>SHIP | AGE        | BIRTHPLACE |       |
| Living Alone            |  |                   |            |            |       |
|                         |  |                   |            |            |       |
|                         |  |                   |            |            |       |
|                         |  |                   |            |            |       |
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FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |  |                |                  |            |           |
|-------------------------|--|----------------|------------------|------------|-----------|
| <i>R 200</i>            |  | HEAD OF FAMILY |                  | LOUISIANA  |           |
| COLOR                   |  | AGE            | BIRTHPLACE       | E.D.       | SHEET     |
| <i>B</i>                |  | <i>67</i>      | <i>Pass John</i> | <i>32</i>  | <i>13</i> |
| COUNTY                  |  |                | CITY             |            |           |
| <i>Jefferson</i>        |  |                |                  |            |           |
| OTHER MEMBERS OF FAMILY |  |                |                  |            |           |
| NAME                    |  | RELATIONSHIP   | AGE              | BIRTHPLACE |           |
| <i>1 Melia</i>          |  | <i>W</i>       | <i>57</i>        |            |           |
|                         |  |                |                  |            |           |
|                         |  |                |                  |            |           |
|                         |  |                |                  |            |           |
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FORM 16-536 (4-20-51)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |                    |   |                |  |  |  |                 |  |
|--|--|--------------------|---|----------------|--|--|--|-----------------|--|
| R200   |  | NAME OF INDIVIDUAL |   | Roach, John    |  | E.D.   |  | SHEET           |  |
| COLOR  |  | AGE                |   | BIRTHPLACE     |  | 25   |  | 20              |  |
| B  |  | 24                 |   |                |  |  |  |                 |  |
| COUNTY   |  |                    |   | Jefferson      |  | CITY   |  | Mc Donoughville |  |
| ENUMERATED WITH  |  |                    |   | Armstead, Hana |  |  |  |                 |  |
| RELATIONSHIP TO ABOVE  |  |                    |   |                |  |  |  |                 |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  |                    | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |                |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> WOODMAN<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |  |                 |  |

FORM 10-637 (4-28-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 1910-601

|                         |           |                 |      |            |       |
|-------------------------|-----------|-----------------|------|------------|-------|
| 8200                    |           | HEAD OF FAMILY  |      | LOUISIANA  |       |
| Ricks                   |           | Jesse           |      | I.D.       | SHEET |
| 36                      |           | 8               |      |            |       |
| COLOR                   | AGE       | BIRTHPLACE      |      |            |       |
| B                       |           | Eml Baton Rouge |      |            |       |
| COUNTY                  |           |                 | CITY |            |       |
| OTHER MEMBERS OF FAMILY |           |                 |      |            |       |
|                         | NAME      | RELATIONSHIP    | AGE  | BIRTHPLACE |       |
|                         | Julia     | H               | NR   |            |       |
|                         | Calmonie  | S               | NR   |            |       |
|                         | Francesca | D               | NR   |            |       |
|                         | Jake      | S               | NR   |            |       |
|                         |           |                 |      |            |       |
|                         |           |                 |      |            |       |
|                         |           |                 |      |            |       |
|                         |           |                 |      |            |       |

FORM 10-436 (4-20-31)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                                   |  |                                     |  |                                |     |                   |  |
|-----------------------------------|--|-------------------------------------|--|--------------------------------|-----|-------------------|--|
| Race<br><i>Black</i>              |  | HEAD OF FAMILY<br><i>Karl Jones</i> |  | LOUISIANA<br>E.D.<br><i>19</i> |     | SHEET<br><i>2</i> |  |
| COLOR<br><i>B</i>                 |  | AGE<br><i>38</i>                    |  | BIRTHPLACE                     |     |                   |  |
| COUNTY<br><i>East Baton Rouge</i> |  |                                     |  | CITY<br><i>Baton Rouge</i>     |     |                   |  |
| OTHER MEMBERS OF FAMILY           |  |                                     |  |                                |     |                   |  |
| NAME                              |  |                                     |  | RELATION-<br>SHIP              | AGE | BIRTHPLACE        |  |
| <i>living alone</i>               |  |                                     |  |                                |     |                   |  |
|                                   |  |                                     |  |                                |     |                   |  |
|                                   |  |                                     |  |                                |     |                   |  |
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|                                   |  |                                     |  |                                |     |                   |  |

FORM 18-636 (4-25-67)  
 1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

|                         |  |                |             |            |            |
|-------------------------|--|----------------|-------------|------------|------------|
| A 202                   |  | HEAD OF FAMILY |             | LOUISIANA  |            |
| COLOR                   |  | AGE            | BIRTHPLACE  |            | E.D. SHEET |
| D                       |  | 45             |             |            | 20 3       |
| COUNTY                  |  |                | CITY        |            |            |
| East Baton Rouge        |  |                | Baton Rouge |            |            |
| OTHER MEMBERS OF FAMILY |  |                |             |            |            |
| NAME                    |  | RELATIONSHIP   | AGE         | BIRTHPLACE |            |
| Emma                    |  | w              | 37          |            |            |
| Edward                  |  | S              | 17          |            |            |
| Lessa                   |  | S              | 13          |            |            |
| Charlie                 |  | S              | 12          |            |            |
| Willie                  |  | S              | 13          |            |            |
|                         |  |                |             |            |            |
|                         |  |                |             |            |            |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |  |              |  |      |  |            |  |
|-------------------------|--|----------------|--|--------------|--|------|--|------------|--|
| R 200                   |  | HEAD OF FAMILY |  | LOUISIANA    |  | U.S. |  | SHEET      |  |
| Lase                    |  | John           |  | 63           |  | 15   |  |            |  |
| COLOR<br>B              |  | AGE<br>52      |  | BIRTHPLACE   |  |      |  |            |  |
| COUNTY<br>De Soto       |  |                |  | CITY         |  |      |  |            |  |
| OTHER MEMBERS OF FAMILY |  |                |  |              |  |      |  |            |  |
| NAME                    |  |                |  | RELATIONSHIP |  | AGE  |  | BIRTHPLACE |  |
| / Cassie                |  |                |  | w            |  | 46   |  |            |  |
| Lion                    |  |                |  | ad           |  | 8    |  |            |  |
|                         |  |                |  |              |  |      |  |            |  |
|                         |  |                |  |              |  |      |  |            |  |
|                         |  |                |  |              |  |      |  |            |  |
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|                         |  |                |  |              |  |      |  |            |  |

FORM 10-436 (2-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

## LOUISIANA

|  |  |  |                   |
|--|--|--|-------------------|
| NAME OF INDIVIDUAL<br><i>Ross John</i>   |  | E.D.<br><i>16</i>  | SHEET<br><i>8</i> |
| COLOR<br><i>YB</i>   | AGE<br><i>27</i>   | BIRTHPLACE   |                   |
| COUNTY<br><i>Cadborne</i>  |  | CITY   |                   |
| ENUMERATED WITH<br><i>Hogan Lane</i>   |  |  |                   |
| RELATIONSHIP TO ABOVE  |  |  |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input checked="" type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> IMMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                   |

FORM 10-437 (4-30-31)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 1910-P-1

|                         |            |                |                    |            |  |
|-------------------------|------------|----------------|--------------------|------------|--|
| R300                    |            | HEAD OF FAMILY |                    | LOUISIANA  |  |
| E.D.                    |            | SHEET          |                    | 30 1       |  |
| COLOR                   | AGE        | BIRTHPLACE     |                    |            |  |
| B                       | 36         |                |                    |            |  |
| COUNTY                  | Clai borne |                | CITY Junction City |            |  |
| OTHER MEMBERS OF FAMILY |            |                |                    |            |  |
| NAME                    |            | RELATIONSHIP   | AGE                | BIRTHPLACE |  |
| Long                    |            | W              | 28                 |            |  |
| Noble                   |            | S              | 14                 |            |  |
| Webster                 |            | S              | 9                  |            |  |
| Dawson, Emmett          |            | S.S.           | 27                 |            |  |
| Dawson, Christopher     |            | S.S.           | 27                 |            |  |
| Emmett                  |            | S.S.           | 8                  |            |  |
| Rossauelt               |            | S.S.           | 10                 |            |  |

FORM 16-626 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME               | RELATION-<br>SHIP | AGE | BIRTHPLACE |
|--------------------|-------------------|-----|------------|
| <i>and one bo.</i> |                   |     |            |
|                    |                   |     |            |
|                    |                   |     |            |
|                    |                   |     |            |
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|                    |                   |     |            |

FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continue)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18108-P-61

|  |                  |   |  |   |                   |
|--|------------------|---|--|---|-------------------|
| R. 200   |                  | NAME OF INDIVIDUAL<br><i>Rush John</i>  |  | E. D.<br><i>145</i>   | SHEET<br><i>5</i> |
| COLOR<br><i>W</i>  | AGE<br><i>14</i> | BIRTHPLACE<br><i>Mo.</i>  |  |   |                   |
| COUNTY<br><i>West Carroll</i>  |                  | CITY  |  |   |                   |
| ENUMERATED WITH<br><i>Pearse John W.</i>   |                  |   |  |   |                   |
| RELATIONSHIP TO ABOVE  |                  |   |  |   |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                   |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 16100-P61

|                         |     |                |     |                |  |
|-------------------------|-----|----------------|-----|----------------|--|
| A200                    |     | HEAD OF FAMILY |     | LOUISIANA      |  |
| Roach, John             |     | E.D.           |     | SHEET          |  |
| COLOR                   | AGE | BIRTHPLACE     |     |                |  |
| W                       | 26  | Mo.            |     |                |  |
| COUNTY                  |     | Vernon         |     | CITY Sullinton |  |
| OTHER MEMBERS OF FAMILY |     |                |     |                |  |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE     |  |
| 1 Martha                |     | W              | 32  | Tex            |  |
|                         |     |                |     |                |  |
|                         |     |                |     |                |  |
|                         |     |                |     |                |  |
|                         |     |                |     |                |  |
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|                         |     |                |     |                |  |

FORM 16-636 (4-26-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |      |            |  |
|-------------------------|-----|----------------|------|------------|--|
| K-200                   |     | HEAD OF FAMILY |      | LOUISIANA  |  |
| Ricks John              |     | E.O.           |      | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |      |            |  |
| B                       | 35  |                |      |            |  |
| COUNTY                  |     |                | CITY |            |  |
| Washington              |     |                |      |            |  |
| OTHER MEMBERS OF FAMILY |     |                |      |            |  |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| Margaret                |     | W              | 30   |            |  |
| Willie                  |     | S              | 9    |            |  |
| Earl                    |     | S              | 7    |            |  |
| Lynne                   |     | D              | 5    |            |  |
| Lark                    |     | D              | 3    |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |

FORM 10-436 (4-30-51)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |            |            |       |
|-------------------------|---|----------------|------------|------------|-------|
| X200                    |   | HEAD OF FAMILY |            | LOUISIANA  |       |
| Roak                    |   | John           |            | E.O.       | SHEET |
| COLOR                   | W | AGE            | BIRTHPLACE | 89         | 9     |
| COUNTY                  |   |                | CITY       |            |       |
| OTHER MEMBERS OF FAMILY |   |                |            |            |       |
| NAME                    |   | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Robins Fred             |   | Pa.            | 32         | Ky         |       |
| Late Hazzu              |   | Pa.            | 22         | Miss       |       |
|                         |   |                |            |            |       |
|                         |   |                |            |            |       |
|                         |   |                |            |            |       |
|                         |   |                |            |            |       |
|                         |   |                |            |            |       |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |              |                |            |            |       |
|-------------------------|--------------|----------------|------------|------------|-------|
| R200                    |              | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |              | AGE            | BIRTHPLACE | E.D.       | SHEET |
| B                       |              | 25             | Miss       | 87         | 5     |
| COUNTY                  |              |                | CITY       |            |       |
| St. Helena              |              |                |            |            |       |
| OTHER MEMBERS OF FAMILY |              |                |            |            |       |
|                         | NAME         | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| /                       | Stella       | w              | 25         |            |       |
|                         | Perry. Katie | Daughter       | 18         | Miss       |       |
|                         | David        | Daughter       | 12         |            |       |
|                         | Lois         | Daughter       | 7          |            |       |
|                         | John         | son            | 1 1/2      |            |       |
| ✓ 130                   |              |                |            |            |       |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R200                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| W                       |  | 21             | Scotland   | 146        | 25    |
| COUNTY                  |  |                | CITY       |            |       |
| West Feliciana          |  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Living alone            |  | A              |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
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FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |   |  |            |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|--|--|---|--|------------|--|---------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| R2071  |  | NAME OF INDIVIDUAL                                  |  | LOUISIANA  |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR  |  | AGE   |  | S.E. SHEET |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| B  |  | 6   |  | 133 5      |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| BIRTHPLACE   |  |   |  |            |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY   |  | Winn  |  | CITY       |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| REGISTERED WITH  |  |   |  |            |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| Lee Gus  |  |   |  |            |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   |  |            |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDOW</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |            |  | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDOW                      |  |            |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |  |            |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |            |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |            |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |            |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |            |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |            |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |   |  |            |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 10-427 (4-30-51)

1950 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCENS-DC 16100-P01



|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| 2202                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE |            | SHEET |
| mu                      |  | 43             | Roach John |            | 19 2  |
| COUNTY                  |  |                | CITY       |            |       |
| Dossier                 |  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Janie                   |  | W              | 39         |            |       |
| Robbie Lee              |  | D              | 23         |            |       |
| Graham, Rich            |  | Wid            | 43         |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R-200                   |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| Riche                   |     | John           |     | E.D.       | SHEET |
| COLOR                   | AGE | BIRTHPLACE     |     |            |       |
| W                       | 28  |                |     |            |       |
| COUNTY                  |     | CITY           |     |            |       |
| Avoyelles               |     |                |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Crestin M               |     | W              | 26  |            |       |
| Burnett                 |     | S              | 4   |            |       |
| Stafford                |     | S              | 2   |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 16-536 (4-20-31)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |  |  |                    |                   |
|--|--|--|--------------------|-------------------|
| R200                                   | NAME OF INDIVIDUAL<br><i>Reish, John</i>   |  | E.O.<br><i>137</i> | SHEET<br><i>3</i> |
| SEX<br><i>B</i>                        | AGE<br><i>2 1/2</i>                        | BIRTHPLACE                               |                    |                   |
| COUNTY<br><i>West Baton Rouge</i>      | CITY                                       |  |                    |                   |
| EMERATED WITH<br><i>Wings, Thomas</i>  |  |  |                    |                   |
| RELATIONSHIP TO ABOVE                  |  |  |                    |                   |
| <input type="checkbox"/> FATHER        | <input checked="" type="checkbox"/> NEPHEW | <input type="checkbox"/> IMMIGRANT       |                    |                   |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NIECE             | <input type="checkbox"/> NURSE           |                    |                   |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW     | <input type="checkbox"/> PATIENT         |                    |                   |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW     | <input type="checkbox"/> ROOMER          |                    |                   |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW        | <input type="checkbox"/> SERVANT         |                    |                   |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW   | <input type="checkbox"/> OTHER (Specify) |                    |                   |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW    |  |                    |                   |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW     |  |                    |                   |

FORM 10-637 (4-25-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1960 CENSUS INDEX - INDIVIDUAL

USCEN-60-10100-101

|   |  |  |  |                  |              |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|--|------------------|--------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|--|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| <b>R200</b>   |  | <b>NAME OF INDIVIDUAL</b>                |  | <b>LOUISIANA</b> |              |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|   |  | <b>Bonah, John</b>                       |  | <b>E.D.</b>      | <b>SHEET</b> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <b>SEX</b>  | <b>AGE</b>                               | <b>BIRTHPLACE</b>                        |  |                  |              |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <b>B</b>  | <b>4</b>                                 |  |  |                  |              |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <b>COUNTY</b>   |  | <b>West Feliciana</b>                    |  | <b>CITY</b>      |              |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|   |  |  |  |                  |              |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <b>ENUMERATED WITH</b>  |  |  |  |                  |              |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <b>Ross, Silas</b>  |  |  |  |                  |              |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <b>RELATIONSHIP TO ABOVE</b>  |  |  |  |                  |              |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |                  |              | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |  |                  |              |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |  |                  |              |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |  |                  |              |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |  |                  |              |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |  |                  |              |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |  |                  |              |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |                  |              |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |  |                  |              |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 16-537 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1916 CENSUS INDEX - INDIVIDUAL

USCIB-DC 1619-P61

|   |  |  |               |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|---------------|-----------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| Q200  |  | NAME OF INDIVIDUAL                         |               | LOUISIANA |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| E.D.  |  | SHEET                                      |               |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR   | AGE                                      | BIRTHPLACE                                 |               |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| B   | 25                                       | Miss                                       |               |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY  | Tangipahoa                               |  | CITY Kentwood |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |  |               |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Johnson Alice   |  |  |               |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |               |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
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| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE            |               |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE             |               |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |               |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER |               |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |               |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |               |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |               |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |               |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 16-637 14-50-511

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USC&amp;MS-DC 1910-P-61

|  |  |   | LOUISIANA |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|--|--|---|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|-------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| NAME OF INDIVIDUAL   |  | E.D.  |           | SHEET |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| Racon John   |  | 66  |           | 33    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR  | AGE                                      | BIRTHPLACE  |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| W  | 6  | James   |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY   | CITY                                     |   |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH  |  |   |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| Racon Charles  |  |   |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> WIFE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> WIFE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> WIFE            | <input type="checkbox"/> NURSE                      |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |   |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |   |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 10-437 (4-20-51)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1930 CENSUS INDEX - INDIVIDUAL

USCOM-DC 18100-P01

|                         |  |                |            |            |            |
|-------------------------|--|----------------|------------|------------|------------|
| R200                    |  | HEAD OF FAMILY |            | LOUISIANA  |            |
| COLOR                   |  | AGE            | BIRTHPLACE |            | E.D. SHEET |
| W                       |  | 35             | Italy      |            | 66 48      |
| COUNTY                  |  |                | CITY       |            |            |
| St. James               |  |                |            |            |            |
| OTHER MEMBERS OF FAMILY |  |                |            |            |            |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |            |
| Liv. alone              |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |

FORM 16-636 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R200                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| G                       |  | 38             | Spain      | 79         | 19    |
| COUNTY                  |  |                | CITY       |            |       |
| St. John the Baptist    |  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Léite Sebastian         |  | B-L            | 37         | Spain      |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 16-636 (4-30-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |   |                      |     |            |  |
|-------------------------|---|----------------------|-----|------------|--|
| R200                    |   | HEAD OF FAMILY       |     | LOUISIANA  |  |
| E.O.                    |   | SHEET                |     |            |  |
| 74                      |   | 11                   |     |            |  |
| COLOR                   | B | AGE                  | 55  | BIRTHPLACE |  |
| COUNTY                  |   | St. John the Baptist |     | CITY       |  |
| OTHER MEMBERS OF FAMILY |   |                      |     |            |  |
| NAME                    |   | RELATIONSHIP         | AGE | BIRTHPLACE |  |
| Estelle                 |   | w                    | 40  |            |  |
| Octane Horace           |   | sd                   | 14  |            |  |
|                         |   |                      |     |            |  |
|                         |   |                      |     |            |  |
|                         |   |                      |     |            |  |
|                         |   |                      |     |            |  |
|                         |   |                      |     |            |  |
|                         |   |                      |     |            |  |

FORM 18-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |              |      |            |  |
|-------------------------|--|----------------|------------|--------------|------|------------|--|
| R200                    |  | HEAD OF FAMILY |            | ROSE JOHN    |      | LOUISIANA  |  |
| COLOR                   |  | AGE            | BIRTHPLACE |              | E.D. | SHEET      |  |
| B                       |  | 38             |            |              | 66   | 14         |  |
| COUNTY                  |  |                |            | ST. JAMES    |      | CITY       |  |
| OTHER MEMBERS OF FAMILY |  |                |            |              |      |            |  |
| NAME                    |  |                |            | RELATIONSHIP | AGE  | BIRTHPLACE |  |
| 1 Sandy                 |  |                |            | W            | 29   |            |  |
|                         |  |                |            |              |      |            |  |
|                         |  |                |            |              |      |            |  |
|                         |  |                |            |              |      |            |  |
|                         |  |                |            |              |      |            |  |
|                         |  |                |            |              |      |            |  |
|                         |  |                |            |              |      |            |  |
|                         |  |                |            |              |      |            |  |

FORM 16-636 (4-20-61)  
 1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

|                         |  |                |              |           |            |
|-------------------------|--|----------------|--------------|-----------|------------|
| P207                    |  | HEAD OF FAMILY |              | LOUISIANA |            |
| COLOR                   |  | AGE            | BIRTHPLACE   | E.O.      | SHEET      |
| b                       |  | 35             | Miss         | 116       | 17         |
| COUNTY                  |  |                | CITY         |           |            |
| Richland                |  |                |              |           |            |
| OTHER MEMBERS OF FAMILY |  |                |              |           |            |
| NAME                    |  |                | RELATIONSHIP | AGE       | BIRTHPLACE |
| Liberty                 |  |                | w            | 34        |            |
| Anna                    |  |                | D            | 12        |            |
| Hickory, John           |  |                | B-L          | 32        |            |
| Bess, Mary              |  |                | M            | 80        | Miss       |
|                         |  |                |              |           |            |
|                         |  |                |              |           |            |
|                         |  |                |              |           |            |

FORM 16-636 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |           |                            |               |            |           |
|-------------------------|-----------|----------------------------|---------------|------------|-----------|
| R200                    |           | HEAD OF FAMILY <i>John</i> |               | LOUISIANA  |           |
| COLOR                   | AGE       | BIRTHPLACE                 |               | U.S.       | SHEET     |
| <i>W</i>                | <i>25</i> | <i>Ark</i>                 |               | <i>116</i> | <i>20</i> |
| COUNTY                  |           |                            | CITY          |            |           |
| <i>Richland</i>         |           |                            |               |            |           |
| OTHER MEMBERS OF FAMILY |           |                            |               |            |           |
| NAME                    |           | RELATIONSHIP               | AGE           | BIRTHPLACE |           |
| <i>Blanche</i>          |           | <i>W</i>                   | <i>23</i>     | <i>Ark</i> |           |
| <i>Nettie</i>           |           | <i>D</i>                   | <i>2</i>      |            |           |
| <i>Frankie</i>          |           | <i>D</i>                   | <i>13 1/2</i> |            |           |
|                         |           |                            |               |            |           |
|                         |           |                            |               |            |           |
|                         |           |                            |               |            |           |
|                         |           |                            |               |            |           |
|                         |           |                            |               |            |           |

FORM 16-436 (2-22-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |            |            |  |
|-------------------------|---|----------------|------------|------------|--|
| 1300                    |   | HEAD OF FAMILY |            | LOUISIANA  |  |
| Ricks John              |   | E.D.           |            | SHEET      |  |
| COLOR                   | W | AGE            | 40         | BIRTHPLACE |  |
| COUNTY                  |   |                | Tangipahoa |            |  |
| CITY                    |   |                |            |            |  |
| OTHER MEMBERS OF FAMILY |   |                |            |            |  |
| NAME                    |   | RELATIONSHIP   | AGE        | BIRTHPLACE |  |
| Fannie                  |   | W              | 38         |            |  |
| Elmer                   |   | D              | 16         |            |  |
| Herbert                 |   | S              | 14         |            |  |
| C.D.                    |   | S              | 12         |            |  |
| Jennie                  |   | S              | 7          |            |  |
| Parker                  |   | D              | 4          |            |  |
| Larale                  |   | D              | 9/12       |            |  |

FORM 16-636 (4-20-07)

1910 CENSUS INDEX -- FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R200                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| W                       |  | 40             | It.        | 114        | 29    |
| COUNTY                  |  |                | CITY       |            |       |
| Tangipahoa              |  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| / Anglin                |  | W              | 26         | It         |       |
| / Lora                  |  | 5              | 1 1/2      |            |       |
| / Lora                  |  | 5 i            | 20         | It         |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 18-636 (4-30-31)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

| R200                    |     | HEAD OF FAMILY |                | LOUISIANA  |       |
|-------------------------|-----|----------------|----------------|------------|-------|
| COLOR                   | AGE | BIRTHPLACE     |                | E.O.       | SHEET |
| B                       | 45  |                |                | 97         | 1     |
| COUNTY St. Tammany      |     |                | CITY Covington |            |       |
| OTHER MEMBERS OF FAMILY |     |                |                |            |       |
| NAME                    |     | RELATIONSHIP   | AGE            | BIRTHPLACE |       |
| Nelly                   |     | W              | 40             |            |       |
| Anastine                |     | D              | 16             |            |       |
| John Jr                 |     | S              | 3              |            |       |
| Florence                |     | D              | 14             |            |       |
| Embrace Mary            |     | ML             | 73             | Ky         |       |
|                         |     |                |                |            |       |
|                         |     |                |                |            |       |

FORM 10-526 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |           |   |  |   |  |             |  |
|--|-----------|---|--|---|--|-------------|--|
| Q 200  |           | NAME OF INDIVIDUAL<br>Rogers, John  |  | P. 2<br>92  |  | SHEET<br>14 |  |
| COLOR<br>Mc  | AGE<br>22 | BIRTHPLACE  |  |   |  |             |  |
| COUNTY<br>St. Tamme  |           |   |  | CITY  |  |             |  |
| ENumerated WITH<br>Roberts, John   |           |   |  |   |  |             |  |
| RELATIONSHIP TO ABOVE  |           |   |  |   |  |             |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |           | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> Niece<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br>SD |  |             |  |

FORM 10-627 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCENIA-DC 10100-P01



|  |   |
|--|---|
| <b>LOUISIANA</b>   |   |
| <b>NAME OF INDIVIDUAL</b><br><i>Russ John</i>  | <b>E.D.</b><br><i>139</i>   |
| <b>SHEET</b><br><i>25</i>  |   |
| <b>COLOR</b><br><i>W</i>   | <b>AGE</b><br><i>7</i>  |
| <b>BIRTHPLACE</b>  |   |
| <b>COUNTY</b><br><i>Vermillion</i>   | <b>CITY</b>   |
| <b>ENUMERATED WITH</b><br><i>Fauk Neville</i>  |   |
| <b>RELATIONSHIP TO ABOVE</b>   |   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> WIFE<br><input type="checkbox"/> HUSBAND<br><input checked="" type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify)<br><i>Orphan</i>   |   |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

|  |  |   |                           |  |                |
|--|--|---|---------------------------|--|----------------|
| R200   |  | NAME OF INDIVIDUAL <i>Russ, John</i>  |                           | LOUISIANA  |                |
| COLOR <i>W</i>   |  | AGE <i>42</i>   | BIRTHPLACE <i>Austria</i> | E.O. <i>20</i>   | SHEET <i>7</i> |
| COUNTY   |  |   | <i>Livingston</i>         | CITY   |                |
| ENUMERATED WITH <i>Tusk, Natch</i>   |  |   |                           |  |                |
| RELATIONSHIP TO ABOVE  |  |   |                           |  |                |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |                           | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>Pa</i> |                |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

|                                |  |                       |                   |                   |              |
|--------------------------------|--|-----------------------|-------------------|-------------------|--------------|
| <b>R 200</b>                   |  | <b>HEAD OF FAMILY</b> |                   | <b>LOUISIANA</b>  |              |
| <b>COLOR</b>                   |  | <b>AGE</b>            | <b>BIRTHPLACE</b> | <b>E.O.</b>       | <b>SHEET</b> |
| <b>B</b>                       |  | <b>40</b>             | <b>Miss</b>       | <b>80</b>         | <b>3</b>     |
| <b>COUNTY</b>                  |  |                       | <b>Madison</b>    | <b>CITY</b>       |              |
| <b>OTHER MEMBERS OF FAMILY</b> |  |                       |                   |                   |              |
| <b>NAME</b>                    |  | <b>RELATIONSHIP</b>   | <b>AGE</b>        | <b>BIRTHPLACE</b> |              |
| <b>Lennie</b>                  |  | <b>W.</b>             | <b>38</b>         | <b>Miss</b>       |              |
| <b>Benny</b>                   |  | <b>S</b>              | <b>22</b>         |                   |              |
| <b>Destella</b>                |  | <b>D</b>              | <b>15</b>         |                   |              |
| <b>Willie</b>                  |  | <b>S</b>              | <b>15</b>         |                   |              |
| <b>Edward</b>                  |  | <b>S</b>              | <b>12</b>         |                   |              |
| <b>Joseph</b>                  |  | <b>S</b>              | <b>8</b>          |                   |              |
| <b>Jacquella</b>               |  | <b>D</b>              | <b>4</b>          |                   |              |

FORM 18-536 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME              | RELATION-<br>SHIP | AGE      | BIRTHPLACE |
|-------------------|-------------------|----------|------------|
| 1 / <i>Louise</i> | <i>0</i>          | <i>4</i> |            |
| <i>Rosevelt</i>   | <i>5</i>          | <i>1</i> |            |
|                   |                   |          |            |
|                   |                   |          |            |
|                   |                   |          |            |
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|                   |                   |          |            |
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|                   |                   |          |            |

FORM 16-636a (4-26-61)

1970 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18108-P61

|                         |     |                |      |            |       |
|-------------------------|-----|----------------|------|------------|-------|
| R200                    |     | HEAD OF FAMILY |      | LOUISIANA  |       |
| Rice John               |     |                |      | E.O.       | SHEET |
| COLOR                   | AGE | BIRTHPLACE     |      |            |       |
| B                       | 30  | Iberia         |      |            |       |
| COUNTY                  |     |                | CITY |            |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| 1 Celia                 |     | W              | 29   |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |

FORM 18-636 (4-20-17)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |   |  |            |            |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|---|--|---|--|------------|------------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|-------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| R 200   |  | NAME OF INDIVIDUAL<br>Rice, John                    |  | LOUISIANA  |            |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR<br>W  | AGE<br>70                                | BIRTHPLACE  |  | E.D.<br>57 | SHEET<br>3 |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY<br>Iberville   |  | CITY  |  |            |            |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| EMIGRATED WITH<br>Balise Adolph   |  |   |  |            |            |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |  |            |            |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> DEWEE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NICE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |            |            | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> DEWEE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NICE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> DEWEE                      |  |            |            |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NICE            | <input type="checkbox"/> NURSE                      |  |            |            |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |            |            |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |            |            |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |            |            |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |            |            |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |            |            |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |  |            |            |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 18-637 (4-22-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 1910-P-01

|                         |          |                |            |            |       |
|-------------------------|----------|----------------|------------|------------|-------|
| R 200                   |          | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |          | AGE            | BIRTHPLACE | E.D.       | SHEET |
| B                       |          | 36             |            | 132        | 25    |
| COUNTY                  |          |                | St. Martin | CITY       |       |
| OTHER MEMBERS OF FAMILY |          |                |            |            |       |
|                         | NAME     | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
|                         | Julienne | W              | 40         |            |       |
|                         | Rosita   | D              | 15         |            |       |
|                         | Philanie | D              | 13         |            |       |
|                         | Anita    | D              | 10         |            |       |
|                         | Meloye   | D              | 9          |            |       |
|                         | Edita    | D              | 7          |            |       |
|                         | Embraine | D              | 5          |            |       |

FORM 10-636 (4-20-31)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME           | RELATION-<br>SHIP | AGE | BIRTHPLACE |
|----------------|-------------------|-----|------------|
| 1 Aloisia      | D                 | 3   |            |
| Dominic Joseph | S.S.              | 18  |            |
|                |                   |     |            |
|                |                   |     |            |
|                |                   |     |            |
|                |                   |     |            |
|                |                   |     |            |
|                |                   |     |            |
|                |                   |     |            |
|                |                   |     |            |
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|                |                   |     |            |

FORM 10-636e (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18100-P61



LOUISIANA

|  |  |   |  |                  |                    |
|--|--|---|--|------------------|--------------------|
| 200                                    |  | NAME OF INDIVIDUAL<br><i>Ruiz, John</i>             |  | E.D.<br><i>4</i> | SHEET<br><i>12</i> |
| COLOR<br><i>W</i>                      | AGE<br><i>28</i>                         | BIRTHPLACE  |  |                  |                    |
| COUNTY<br><i>Ascension</i>             |  | <i>Donaldville Village</i>                          |  |                  |                    |
| ENUMERATED WITH<br><i>Ruiz, Leon</i>   |  |   |  |                  |                    |
| RELATIONSHIP TO ABOVE                  |  |   |  |                  |                    |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |  |                  |                    |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> WIFE            | <input type="checkbox"/> NURSE                      |  |                  |                    |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |                  |                    |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |                  |                    |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |                  |                    |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |                  |                    |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW  | <i>B</i>  |  |                  |                    |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW   |   |  |                  |                    |

FORM 16-537 (4-22-51)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18109-P01

LOUISIANA

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| 1920                    |  | HEAD OF FAMILY |            | E.D.       | SHEET |
| W                       |  | AGE            | BIRTHPLACE | 2          | 21    |
| COUNTY                  |  | Ascension      |            | CITY       |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Leontine                |  | W              | 48         |            |       |
| John Jr                 |  | S              | 13         |            |       |
| Edna                    |  | D              | 10         |            |       |
| Lillian                 |  | D              | 19         |            |       |
| Landry, Ogdilla         |  | m L            | 70         |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                            |                  |                               | LOUISIANA |            |
|----------------------------|------------------|-------------------------------|-----------|------------|
| HEAD OF FAMILY             |                  |                               | E.D.      | SHEET      |
| 1920 <i>Ross John</i>      |                  |                               | <i>5</i>  | <i>22</i>  |
| COLOR<br><i>B</i>          | AGE<br><i>42</i> | BIRTHPLACE                    |           |            |
| COUNTY<br><i>Ascension</i> |                  | CITY<br><i>Bonallsonville</i> |           |            |
| OTHER MEMBERS OF FAMILY    |                  |                               |           |            |
| NAME                       |                  | RELATIONSHIP                  | AGE       | BIRTHPLACE |
| <i>Emma</i>                |                  | <i>w</i>                      | <i>42</i> |            |
| <i>Elsie</i>               |                  | <i>d</i>                      | <i>21</i> |            |
| <i>Parker Celestine</i>    |                  | <i>si</i>                     | <i>41</i> |            |
| <i>Armstrong, Sefernia</i> |                  | <i>ni</i>                     | <i>11</i> |            |
| <i>Johnson, Mathill</i>    |                  | <i>M</i>                      | <i>64</i> |            |
|                            |                  |                               |           |            |
|                            |                  |                               |           |            |

LOUISIANA

|  |   |   |      |   |       |
|--|---|---|------|---|-------|
| R200   |   | NAME OF INDIVIDUAL <i>Rice John</i>   |      | E.D.  | SHEET |
| COLOR  | W | AGE   | 23   | 28  | 31    |
| COUNTY   |   |   | CITY |   |       |
| Jefferson  |   |   |      |   |       |
| ENUMERATED WITH  |   |   |      |   |       |
| <i>Rice Joseph</i>   |   |   |      |   |       |
| RELATIONSHIP TO ABOVE  |   |   |      |   |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |   | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>B</i> |       |

FORM 16-537 (4-22-51)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 1810B-P01

| LOUISIANA               |                                  |                            |            |
|-------------------------|----------------------------------|----------------------------|------------|
| 19200                   | HEAD OF FAMILY<br>Kiddie John A. |                            | E.D.<br>89 |
|                         |                                  |                            | SHEET<br>3 |
| COLOR<br>W              | AGE<br>24                        | BIRTHPLACE<br>Natchitoches |            |
| COUNTY                  | CITY<br>Providence               |                            |            |
| OTHER MEMBERS OF FAMILY |                                  |                            |            |
| NAME                    |                                  | RELATIONSHIP               | AGE        |
| / Linda                 |                                  | W                          | 23         |
| / Estel                 |                                  | S                          | 2          |
| + 1 # Mary              |                                  |                            |            |
|                         |                                  |                            |            |
|                         |                                  |                            |            |
|                         |                                  |                            |            |
|                         |                                  |                            |            |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                     |              | LOUISIANA               |            |
|-------------------------|---------------------|--------------|-------------------------|------------|
| HEAD OF FAMILY          |                     |              | E.D.                    | SHEET      |
| <i>R 200</i>            | <i>Roach John A</i> |              | <i>15</i>               | <i>9</i>   |
| COLOR                   | AGE                 | BIRTHPLACE   |                         |            |
| <i>W</i>                | <i>39</i>           | <i>Ala.</i>  |                         |            |
| COUNTY                  | Clai borne          |              | CITY <i>Summerfield</i> |            |
| OTHER MEMBERS OF FAMILY |                     |              |                         |            |
| NAME                    |                     | RELATIONSHIP | AGE                     | BIRTHPLACE |
|                         | <i>Ella B.</i>      | <i>W</i>     | <i>33</i>               | <i>Ala</i> |
|                         | <i>Cress H.</i>     | <i>S</i>     | <i>9</i>                |            |
|                         | <i>Allie E.</i>     | <i>D</i>     | <i>6</i>                |            |
|                         | <i>Rubie L.</i>     | <i>D</i>     | <i>4</i>                |            |
|                         | <i>George F.</i>    | <i>S</i>     | <i>1 7/12</i>           |            |
|                         |                     |              |                         |            |
|                         |                     |              |                         |            |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

| HEAD OF FAMILY          |              | E.D.       | SHEET      |
|-------------------------|--------------|------------|------------|
| <i>John A. Rose</i>     |              | <i>85</i>  | <i>41</i>  |
| COLOR                   | AGE          | BIRTHPLACE |            |
| <i>B</i>                | <i>30</i>    |            |            |
| COUNTY                  | CITY         |            |            |
| <i>Ivins Couper</i>     |              |            |            |
| OTHER MEMBERS OF FAMILY |              |            |            |
| NAME                    | RELATIONSHIP | AGE        | BIRTHPLACE |
| <i>Emma</i>             | <i>W</i>     | <i>28</i>  |            |
| <i>Dora</i>             | <i>D</i>     | <i>10</i>  |            |
| <i>Annie</i>            | <i>D</i>     | <i>8</i>   |            |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |

FORM 19-436 (4-20-31)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|                               |  |                                  |                   |                    |
|-------------------------------|--|----------------------------------|-------------------|--------------------|
| <i>R200</i>                   | HEAD OF FAMILY<br><i>Rusia John A.</i> |                                  | E.D.<br><i>80</i> | SHEET<br><i>2</i>  |
| COLOR<br><i>W</i>             | AGE<br><i>68</i>                       | BIRTHPLACE<br><i>Switzerland</i> |                   |                    |
| COUNTY<br><i>Natchitoches</i> |  | CITY<br><i>Natchitoches</i>      |                   |                    |
| OTHER MEMBERS OF FAMILY       |  |                                  |                   |                    |
| NAME                          |  | RELATIONSHIP                     | AGE               | BIRTHPLACE         |
| <i>Maria T</i>                |  | <i>W</i>                         | <i>60</i>         | <i>Switzerland</i> |
| <i>Josephine</i>              |  | <i>S</i>                         | <i>29</i>         |                    |
| <i>J S</i>                    |  | <i>S</i>                         | <i>28</i>         |                    |
| <i>L H Elmo</i>               |  | <i>S</i>                         | <i>22</i>         |                    |
| <i>Earl</i>                   |  | <i>S</i>                         | <i>17</i>         |                    |
|                               |  |                                  |                   |                    |
|                               |  |                                  |                   |                    |

FORM 16-636 (4-26-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |     |                |     | LOUISIANA  |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R202                    |     | HEAD OF FAMILY |     | E.D.       | SHEET |
|                         |     | Loach John B   |     | 64         | 11    |
| COLOR                   | AGE | BIRTHPLACE     |     |            |       |
| W                       | 29  |                |     |            |       |
| COUNTY                  |     | De Soto        |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Lundy                   |     | W              | 28  |            |       |
| John P                  |     | S              | 7   |            |       |
| Mattie Mae              |     | D              | 5   |            |       |
| M. Lee                  |     | S              | 4   |            |       |
| Berrie Dale             |     | D              | 2   |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

Form 16-536 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

| LOUISIANA               |              |                |               |         |
|-------------------------|--------------|----------------|---------------|---------|
| R 200                   |              | HEAD OF FAMILY | E.D. 108      | SHEET 4 |
| COLOR                   | AGE          | BIRTHPLACE     |               |         |
| W                       | 49           |                |               |         |
| COUNTY                  | Tangipahoa   |                | CITY Kentwood |         |
| OTHER MEMBERS OF FAMILY |              |                |               |         |
| NAME                    | RELATIONSHIP | AGE            | BIRTHPLACE    |         |
| Sally P                 | W            | 43             |               |         |
| Richard K               | S            | 21             |               |         |
| Gleason C               | S            | 18             |               |         |
| Frank R                 | S            | 15             |               |         |
| Albie V                 | D            | 12             |               |         |
|                         |              |                |               |         |
|                         |              |                |               |         |
|                         |              |                |               |         |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |  |  |  |                 |  |    |       |
|--|--|--|--|-----------------|--|----|-------|
| P200                                   |  | NAME OF INDIVIDUAL                           |  | Pougeon, John B |  | ED | SHEET |
| CH                                     | AGE                                      | BIRTHPLACE                                   |  |                 |  |    |       |
| W                                      | 53                                       |  |  |                 |  |    |       |
| COUNTY                                 |  | Rapides                                      |  | CITY            |  |    |       |
| ENUMERATED WITH                        |  |  |  |                 |  |    |       |
| Merchant, James W                      |  |  |  |                 |  |    |       |
| RELATIONSHIP TO ABOVE                  |  |  |  |                 |  |    |       |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDOW               |  |                 |  |    |       |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE               |  |                 |  |    |       |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT             |  |                 |  |    |       |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> DOMESTIC |  |                 |  |    |       |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT             |  |                 |  |    |       |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)     |  |                 |  |    |       |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |                 |  |    |       |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW   |  |  |                 |  |    |       |

FORM 18-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCIB-DC 1910-PSI

LOUISIANA

|                         |                |              |      |            |
|-------------------------|----------------|--------------|------|------------|
| R200                    | HEAD OF FAMILY |              | E.O. | SHEET      |
|                         | Roach, John E. |              | 97   | 12         |
| COLOR                   | AGE            | BIRTHPLACE   |      |            |
| B                       | 44             |              |      |            |
| COUNTY                  |                | CITY         |      |            |
| St. Mary                |                | Morgan City  |      |            |
| OTHER MEMBERS OF FAMILY |                |              |      |            |
|                         | NAME           | RELATIONSHIP | AGE  | BIRTHPLACE |
|                         | Emma           | W            | 37   |            |
|                         | E. Liza        | D            | 23   |            |
|                         | Lena           | D            | 19   |            |
|                         | Mary           | D            | 17   |            |
|                         | Arthur         | S            | 15   |            |
|                         | Chester        | S            | 5    |            |
|                         | Earl           | S            | 2    |            |

FORM 10-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



LOUISIANA

|  |           |   |      |  |             |
|--|-----------|---|------|--|-------------|
| R220   |           | NAME OF INDIVIDUAL<br>Rose, John E.   |      | E.D.<br>34   | SHEET<br>13 |
| COLOR<br>W   | AGE<br>59 | BIRTHPLACE<br>Cairo   |      |  |             |
| COUNTY   |           |   | CITY |  |             |
| ENUMERATED WITH<br>Moore, Ely C.   |           |   |      |  |             |
| RELATIONSHIP TO ABOVE  |           |   |      |  |             |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |           | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> WIFE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify)<br>Lo |             |

FORM 16-537 (4-29-51)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18199-P81

LOUISIANA

|                         |              |            |            |
|-------------------------|--------------|------------|------------|
| HEAD OF FAMILY          |              | E.D.       | SHEET      |
| Russo, John J.          |              | 52         | 11         |
| COLOR                   | AGE          | BIRTHPLACE |            |
| W                       | 31           |            |            |
| COUNTY                  | CITY         |            |            |
| Plaquemine              |              |            |            |
| OTHER MEMBERS OF FAMILY |              |            |            |
| NAME                    | RELATIONSHIP | AGE        | BIRTHPLACE |
| Jamie                   | W            | 26         |            |
| Joseph Jr.              | S            | 1          |            |
| John J.                 | S            | 1/2        |            |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |

FORM 16-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|                         |   |                |    |              |     |            |       |
|-------------------------|---|----------------|----|--------------|-----|------------|-------|
| R200                    |   | HEAD OF FAMILY |    | John H. Lane |     | E.D.       | SHEET |
| COLOR                   | W | AGE            | 40 | BIRTHPLACE   |     | 146        | 18    |
| COUNTY                  |   |                |    | VERDON       |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |   |                |    |              |     |            |       |
| NAME                    |   |                |    | RELATIONSHIP | AGE | BIRTHPLACE |       |
| John                    |   |                |    | W            | 40  | Tex        |       |
| John Hubert             |   |                |    | S            | 16  | Tex        |       |
| Doris Pearl             |   |                |    | D            | 14  | Tex        |       |
|                         |   |                |    |              |     |            |       |
|                         |   |                |    |              |     |            |       |
|                         |   |                |    |              |     |            |       |
|                         |   |                |    |              |     |            |       |
|                         |   |                |    |              |     |            |       |

FORM 10-636 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |     |                |      |            |  |
|-------------------------|-----|----------------|------|------------|--|
| 8200                    |     | HEAD OF FAMILY |      | LOUISIANA  |  |
| Rouse John H.           |     | E.O.           |      | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |      |            |  |
| 73                      | 54  | Al             |      |            |  |
| COUNTY                  |     |                | CITY |            |  |
| Clai borne              |     |                |      |            |  |
| OTHER MEMBERS OF FAMILY |     |                |      |            |  |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| 1 Mary                  |     | W              | 44   |            |  |
| and 2 kind men          |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |

FORM 10-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |        |                |      |            |       |
|-------------------------|--------|----------------|------|------------|-------|
| R200                    |        | HEAD OF FAMILY |      | LOUISIANA  |       |
|                         |        | Rush, John H   |      | E.D.       | SHEET |
| COLOR                   | W      | AGE            | 25   | 107        | 14    |
|                         |        | BIRTHPLACE     |      | Ala        |       |
| COUNTY                  | Sabine |                |      | CITY       |       |
| OTHER MEMBERS OF FAMILY |        |                |      |            |       |
| NAME                    |        | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Minnie                  |        | W              | 30   |            |       |
| Burgess                 |        | S              | 5    |            |       |
| Ludie                   |        | D              | 4    |            |       |
| Kendall                 |        | S              | 2    |            |       |
| Hugh                    |        | S              | 7/12 |            |       |
|                         |        |                |      |            |       |
|                         |        |                |      |            |       |

FORM 10-436 (4-30-31)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

| R200                    |              | HEAD OF FAMILY |            | LOUISIANA |  |
|-------------------------|--------------|----------------|------------|-----------|--|
| NAME                    |              | E.D.           |            | SHEET     |  |
| Riskey, John H.         |              | 65             |            | 10        |  |
| COLOR                   | AGE          | BIRTHPLACE     |            |           |  |
| W                       | 44           |                |            |           |  |
| COUNTY                  |              |                | CITY       |           |  |
| La Salle                |              |                |            |           |  |
| OTHER MEMBERS OF FAMILY |              |                |            |           |  |
| NAME                    | RELATIONSHIP | AGE            | BIRTHPLACE |           |  |
| Doris                   | W            | 32             |            |           |  |
| Stephan L.              | S            | 23             |            |           |  |
| John W.                 | S            | 21             |            |           |  |
| Alexander               | S            | 19             |            |           |  |
| Philip B.               | S            | 16             |            |           |  |
| Cecil C.                | S            | 14             |            |           |  |
| Mary E.                 | D            | 12             |            |           |  |

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME     | RELATIONSHIP | AGE | BIRTHPLACE |
|----------|--------------|-----|------------|
| 1 Callie | D            | 8   |            |
| Theodore | S            | 5   |            |
|          |              |     |            |
|          |              |     |            |
|          |              |     |            |
|          |              |     |            |
|          |              |     |            |
|          |              |     |            |
|          |              |     |            |
|          |              |     |            |

FORM 16-436a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 1910-P61

| LOUISIANA               |              |            |            |
|-------------------------|--------------|------------|------------|
| HEAD OF FAMILY          |              | E.O.       | SHEET      |
| R 300 Hugh John H.      |              | 55         | 5          |
| COLOR                   | AGE          | BIRTHPLACE |            |
| W                       | 27           |            |            |
| COUNTY                  | Iberville    |            | CITY       |
| Boguesville             |              |            |            |
| OTHER MEMBERS OF FAMILY |              |            |            |
| NAME                    | RELATIONSHIP | AGE        | BIRTHPLACE |
| Peace                   | W            | 23         | Iowa       |
| John H. Jr.             | S            | 3          |            |
| Hinsgen                 | S            | 12         |            |
| * 1 Sh                  |              |            |            |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |      |            |  |
|-------------------------|-----|----------------|------|------------|--|
| 1200                    |     | HEAD OF FAMILY |      | LOUISIANA  |  |
| Rice John L.            |     | E.D.           |      | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |      |            |  |
| W                       | 43  |                |      |            |  |
| COUNTY                  |     |                | CITY |            |  |
| Grafton                 |     |                |      |            |  |
| OTHER MEMBERS OF FAMILY |     |                |      |            |  |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| Uretta                  |     | W              | 48   |            |  |
| Willie                  |     | S              | 17   |            |  |
| Carrie                  |     | D              | 16   |            |  |
| Eva                     |     | D              | 13   |            |  |
| Martin                  |     | S              | 10   |            |  |
| Columbus                |     | S              | 8    |            |  |
| Jessie                  |     | S              | 5    |            |  |

FORM 16-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |   |  |  |       |
|--|--|---|--|--|-------|
| R200   |  | NAME OF INDIVIDUAL  |  | LOUISIANA  |       |
| COLOR  |  | AGE   |  | E.O.   | SHEET |
| W  |  | 30  |  | 135  | 6     |
| BIRTHPLACE   |  |   |  |  |       |
| COUNTY   |  | Winn  |  | CITY   |       |
| ENUMERATED WITH  |  |   |  |  |       |
| Breunton, Joseph S.  |  |   |  |  |       |
| RELATIONSHIP TO ABOVE  |  |   |  |  |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NEECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> WIDWIFE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |       |

FORM 16-437 (4-29-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1930 CENSUS INDEX - INDIVIDUAL

USCENS-DC 1930-P61

|                         |  |                |                   |            |       |
|-------------------------|--|----------------|-------------------|------------|-------|
| R200                    |  | HEAD OF FAMILY |                   | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE        | E.O.       | SHEET |
| W                       |  | 22             | John A.           | 38         | 9     |
| COUNTY                  |  |                | CITY              |            |       |
| Calcasieu               |  |                | Lake Charles City |            |       |
| OTHER MEMBERS OF FAMILY |  |                |                   |            |       |
| NAME                    |  | RELATIONSHIP   | AGE               | BIRTHPLACE |       |
| / Alma                  |  | W              | 21                |            |       |
| / Stella L.             |  | D              | 1                 |            |       |
|                         |  |                |                   |            |       |
|                         |  |                |                   |            |       |
|                         |  |                |                   |            |       |
|                         |  |                |                   |            |       |
|                         |  |                |                   |            |       |
|                         |  |                |                   |            |       |

FORM 10-636 (4-20-07)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |          |                |       |            |  |
|-------------------------|----------|----------------|-------|------------|--|
| R200                    |          | HEAD OF FAMILY |       | Louisiana  |  |
| COLOR                   | W        | AGE            | 56    | BIRTHPLACE |  |
| COUNTY                  |          | Plaquemines    |       | CITY       |  |
| OTHER MEMBERS OF FAMILY |          |                |       |            |  |
|                         | NAME     | RELATIONSHIP   | AGE   | BIRTHPLACE |  |
|                         | Angeline | W              | 39    |            |  |
|                         | Pierre   | S              | 14    |            |  |
|                         | Annette  | D              | 17    |            |  |
|                         | Edward   | S              | 10    |            |  |
|                         | Alice    | D              | 8     |            |  |
|                         | Maria    | D              | 4     |            |  |
|                         | Joseph   | S              | 1 1/2 |            |  |

FORM 19-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |            |   |
|-------------------------|---|----------------|-----|------------|---|
| R200                    |   | HEAD OF FAMILY |     | LOUISIANA  |   |
| COLOR                   | W | AGE            | 33  | BIRTHPLACE | K |
| COUNTY                  |   | Livingston     |     | CITY       |   |
| OTHER MEMBERS OF FAMILY |   |                |     |            |   |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |   |
| Colonia                 |   | W              | 28  |            |   |
| Adolphine               |   | D              | 2   |            |   |
| Oydell, Liza            |   | C              | 4   |            |   |
|                         |   |                |     |            |   |
|                         |   |                |     |            |   |
|                         |   |                |     |            |   |
|                         |   |                |     |            |   |

FORM 16-636 (4-20-31)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |      |            |         |
|-------------------------|---|----------------|------|------------|---------|
| R200                    |   | HEAD OF FAMILY |      | LOUISIANA  |         |
| COLOR                   | W | AGE            | 23   | BIRTHPLACE | John L. |
| COUNTY                  |   |                | CITY |            |         |
| Rapid                   |   |                |      |            |         |
| OTHER MEMBERS OF FAMILY |   |                |      |            |         |
| NAME                    |   | RELATIONSHIP   | AGE  | BIRTHPLACE |         |
| Elda                    |   | W              | 22   | Miss       |         |
| Gordy L                 |   | D              | 3    |            |         |
| Luther W.               |   | S              | 2    |            |         |
|                         |   |                |      |            |         |
|                         |   |                |      |            |         |
|                         |   |                |      |            |         |
|                         |   |                |      |            |         |
|                         |   |                |      |            |         |

Form 18-636 (6-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |  |           |         |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|-----------|---------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|--|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R200   | NAME OF INDIVIDUAL                       |  | LOUISIANA |         |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR B  | AGE 3                                    | BIRTHPLACE                               | E.D. 71   | SHEET 2 |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY   |  | CITY                                     |           |         |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH  |  | Do Solo                                  |           |         |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  | Brock, James                             |           |         |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDOW</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |           |         | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDOW           |           |         |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |           |         |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |           |         |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |           |         |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |           |         |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |           |         |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |           |         |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |           |         |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-637 (4-10-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

WASCOM-DC 10100-P61

|      |                |
|------|----------------|
| R200 | HEAD OF FAMILY |
|------|----------------|

|                         |   |                |       |               |         |
|-------------------------|---|----------------|-------|---------------|---------|
| Q200                    |   | HEAD OF FAMILY |       | LOUISIANA     |         |
| COLOR                   | W | AGE            | 34    | BIRTHPLACE    | Germany |
| COUNTY                  |   |                |       | CITY          |         |
| St. Tammany             |   |                |       | Abita Springs |         |
| OTHER MEMBERS OF FAMILY |   |                |       |               |         |
| NAME                    |   | RELATIONSHIP   | AGE   | BIRTHPLACE    |         |
| Bertha                  |   | W              | 26    |               |         |
| Marie                   |   | D              | 6     |               |         |
| John                    |   | S              | 5     |               |         |
| Karl                    |   | S              | 3     |               |         |
| Herbert                 |   | S              | 1 1/2 |               |         |
|                         |   |                |       |               |         |
|                         |   |                |       |               |         |
|                         |   |                |       |               |         |

FORM 18-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |      |            |         |
|-------------------------|---|----------------|------|------------|---------|
| R 200                   |   | HEAD OF FAMILY |      | LOUISIANA  |         |
| COLOR                   | W | AGE            | 58   | BIRTHPLACE | John P. |
|                         |   |                |      | E.D.       | 37      |
|                         |   |                |      | SHEET      | 12      |
| COUNTY                  |   |                | CITY |            |         |
| East Baton Rouge        |   |                |      |            |         |
| OTHER MEMBERS OF FAMILY |   |                |      |            |         |
| NAME                    |   | RELATIONSHIP   | AGE  | BIRTHPLACE |         |
| Nancy                   |   | W              | 38   |            |         |
| Charles                 |   | S              | 20   |            |         |
| Albie                   |   | D              | 16   |            |         |
| Henry                   |   | S              | 9    |            |         |
| Nancy                   |   | D              | 18   |            |         |
|                         |   |                |      |            |         |
|                         |   |                |      |            |         |

FORM 16-536 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                            |                                |                          |                   |                   |
|----------------------------|--------------------------------|--------------------------|-------------------|-------------------|
| R 200                      | HEAD OF FAMILY<br><i>Lesus</i> |                          | LOUISIANA         |                   |
| COLOR<br><i>W</i>          | AGE<br><i>32</i>               | BIRTHPLACE               | E.D.<br><i>72</i> | SHEET<br><i>2</i> |
| COUNTY<br><i>Lafayette</i> |                                | CITY<br><i>Broussard</i> |                   |                   |
| OTHER MEMBERS OF FAMILY    |                                |                          |                   |                   |
| NAME                       |                                | RELATIONSHIP             | AGE               | BIRTHPLACE        |
| <i>1 Mrs</i>               |                                | <i>W</i>                 | <i>29</i>         |                   |
| <i>Agnes</i>               |                                | <i>D</i>                 | <i>6</i>          |                   |
|                            |                                |                          |                   |                   |
|                            |                                |                          |                   |                   |
|                            |                                |                          |                   |                   |
|                            |                                |                          |                   |                   |
|                            |                                |                          |                   |                   |
|                            |                                |                          |                   |                   |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|       |                |
|-------|----------------|
| R 200 | HEAD OF FAMILY |
|-------|----------------|

|                         |  |                           |                    |                    |
|-------------------------|--|---------------------------|--------------------|--------------------|
| R200                    | HEAD OF FAMILY<br><i>Hickey John S</i> |                           | LOUISIANA          |                    |
| COLOR<br><i>W</i>       | AGE<br><i>45</i>                       | BIRTHPLACE<br><i>Ohio</i> | E.D.<br><i>129</i> | SHEET<br><i>11</i> |
| COUNTY                  |  | CITY<br><i>Washington</i> |                    |                    |
| OTHER MEMBERS OF FAMILY |  |                           |                    |                    |
| NAME                    |  | RELATIONSHIP              | AGE                | BIRTHPLACE         |
| <i>Lizzie</i>           |  | <i>W</i>                  | <i>37</i>          | <i>Texas</i>       |
| <i>Elva</i>             |  | <i>D</i>                  | <i>17</i>          | <i>Texas</i>       |
| <i>Jessie</i>           |  | <i>D</i>                  | <i>13</i>          | <i>Ohio</i>        |
| <i>John E.</i>          |  | <i>S</i>                  | <i>8</i>           | <i>Miss</i>        |
| <i>Kelva</i>            |  | <i>D</i>                  | <i>4</i>           | <i>Miss</i>        |
|                         |  |                           |                    | <i>H</i>           |

FORM 18-636 (4-22-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|      |                |
|------|----------------|
| R200 | HEAD OF FAMILY |
|------|----------------|



|                         |              |                |            |            |           |
|-------------------------|--------------|----------------|------------|------------|-----------|
| R200                    |              | HEAD OF FAMILY |            | LOUISIANA  |           |
| COLOR                   | W            | AGE            | 34         | BIRTHPLACE | John T    |
| COUNTY                  |              | Do Soto        |            | CITY       | Mansfield |
| OTHER MEMBERS OF FAMILY |              |                |            |            |           |
| NAME                    | RELATIONSHIP | AGE            | BIRTHPLACE |            |           |
| Lizzie                  | W            | 34             |            |            |           |
| Elizabeth               | D            | 9              |            |            |           |
| Albert T.               | F            | 56             |            |            |           |
| Henry L.                | B            | 30             |            |            |           |
| Elmer                   | C            | 25             |            |            |           |
|                         |              |                |            |            |           |
|                         |              |                |            |            |           |
|                         |              |                |            |            |           |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |      |            |       |
|-------------------------|-----|----------------|------|------------|-------|
| R 200                   |     | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |      | E.O.       | SHEET |
| Man                     | 46  | Reich John W   |      | 126        | 9     |
| COUNTY                  |     |                |      |            |       |
| Winn                    |     |                | CITY |            |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Delpha                  |     | W              | 39   |            |       |
| Charlie L.              |     | S              | 22   |            |       |
| Annie M.                |     | D-P            | 22   |            |       |
| Otis                    |     | OS             | 19   |            |       |
| Jol                     |     | W              | 15   |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|       |     |                |  |           |       |
|-------|-----|----------------|--|-----------|-------|
| R 200 |     | HEAD OF FAMILY |  | LOUISIANA |       |
| COLOR | AGE | BIRTHPLACE     |  | E.O.      | SHEET |
|       |     |                |  |           |       |

|                         |                  |             |            |       |
|-------------------------|------------------|-------------|------------|-------|
| R200                    | HEAD OF FAMILY   |             | LOUISIANA  |       |
| COLOR                   | AGE              | BIRTHPLACE  | E.O.       | SHEET |
| W                       | 56               | John St.    | 17         | 3     |
| COUNTY                  | East Baton Rouge |             | CITY       |       |
|                         |                  | Baton Rouge |            |       |
| OTHER MEMBERS OF FAMILY |                  |             |            |       |
| NAME                    | RELATIONSHIP     | AGE         | BIRTHPLACE |       |
| Emma                    | W                | 50          |            |       |
| Albritton, Richard L.   | S                | 19          |            |       |
| Ruth L.                 | D                | 13          |            |       |
|                         |                  |             |            |       |
|                         |                  |             |            |       |
|                         |                  |             |            |       |
|                         |                  |             |            |       |
|                         |                  |             |            |       |
|                         |                  |             |            |       |
|                         |                  |             |            |       |

FORM 18-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|       |                |            |           |       |
|-------|----------------|------------|-----------|-------|
| R200  | HEAD OF FAMILY |            | LOUISIANA |       |
| COLOR | AGE            | BIRTHPLACE | E.O.      | SHEET |
|       |                |            |           |       |

|                         |   |                |           |            |              |
|-------------------------|---|----------------|-----------|------------|--------------|
| R200                    |   | HEAD OF FAMILY |           | LOUISIANA  |              |
| COLOR                   | W | AGE            | 56        | BIRTHPLACE | Rush, John W |
| COUNTY                  |   |                | E.D.      | 77         | SHEET 16     |
| Rapides                 |   |                | CITY Miss |            |              |
| OTHER MEMBERS OF FAMILY |   |                |           |            |              |
| NAME                    |   | RELATIONSHIP   | AGE       | BIRTHPLACE |              |
| Willie D                |   | S              | 21        |            |              |
| Henry L                 |   | S              | 18        |            |              |
| Benjamin T              |   | S              | 15        |            |              |
|                         |   |                |           |            |              |
|                         |   |                |           |            |              |
|                         |   |                |           |            |              |
|                         |   |                |           |            |              |
|                         |   |                |           |            |              |
|                         |   |                |           |            |              |

Form 16-536 (4-20-31)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|      |                    |
|------|--------------------|
| R200 | NAME OF INDIVIDUAL |
|------|--------------------|

|   |  |  |  |                   |                    |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|--|-------------------|--------------------|---------------------------------|---------------------------------|-------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|--|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| P 200   |  | NAME OF INDIVIDUAL<br><i>Roach, Johnie</i> |  | LOUISIANA         |                    |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>W</i>   | AGE<br><i>2</i>                          | BIRTHPLACE                                 |  | E.O.<br><i>40</i> | SHEET<br><i>10</i> |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY  |  | Calcasieu                                  |  | CITY              |                    |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |  |  |                   |                    |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE<br><i>Clement, Augustine</i>  |  |  |  |                   |                    |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIFE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |                   |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIFE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIFE              |  |                   |                    |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE             |  |                   |                    |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |  |                   |                    |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER            |  |                   |                    |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |  |                   |                    |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |  |                   |                    |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |                   |                    |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |  |                   |                    |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-637 (4-26-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCENS-DC 18100-P01

|       |                    |
|-------|--------------------|
| P 200 | NAME OF INDIVIDUAL |
|-------|--------------------|

|  |   |   |                 |   |        |
|--|---|---|-----------------|---|--------|
| R200   |   | NAME OF INDIVIDUAL  |                 | LOUISIANA   |        |
| COLOR  | B | AGE   | 79              | BIRTHPLACE  | Johmie |
| COUNTY   |   |   |                 | E.O.  | 16     |
|  |   |   |                 | SHEET   | 7      |
| ENUMERATED WITH  |   |   | Bossier         |   |        |
| RELATIONSHIP TO ABOVE  |   |   | Sabney, Richard |   |        |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |   | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |                 | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify) |        |
|  |   |   |                 | SS  |        |

FORM 16-57 (4-25-51)

1950 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 16169-P81

|      |      |            |
|------|------|------------|
| R200 | NAME | INDIVIDUAL |
|------|------|------------|

|  |               |                          |  |                |                |           |  |
|--|---------------|--------------------------|--|----------------|----------------|-----------|--|
| R200   |               | NAME <i>Ross Johnnie</i> |  | INDIVIDUAL     |                | LOUISIANA |  |
| COLOR <i>B</i>   | AGE <i>17</i> | BIRTHPLACE               |  | U.S. <i>28</i> | SHEET <i>8</i> |           |  |
| COUNTY <i>East Baton Rouge</i>   |               |                          |  | CITY           |                |           |  |
| ENUMERATED WITH <i>Harrison Henry</i>  |               |                          |  |                |                |           |  |
| RELATIONSHIP TO ABOVE  |               |                          |  |                |                |           |  |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> FATHER<br/> <input type="checkbox"/> MOTHER<br/> <input type="checkbox"/> GRANDFATHER<br/> <input type="checkbox"/> GRANDMOTHER<br/> <input type="checkbox"/> GRANDSON<br/> <input type="checkbox"/> GRANDDAUGHTER<br/> <input type="checkbox"/> AUNT<br/> <input type="checkbox"/> UNCLE </div> <div style="width: 30%;"> <input type="checkbox"/> NEPHER<br/> <input type="checkbox"/> NIECE<br/> <input type="checkbox"/> FATHER-IN-LAW<br/> <input type="checkbox"/> MOTHER-IN-LAW<br/> <input type="checkbox"/> SON-IN-LAW<br/> <input type="checkbox"/> DAUGHTER-IN-LAW<br/> <input type="checkbox"/> BROTHER-IN-LAW<br/> <input type="checkbox"/> SISTER-IN-LAW </div> <div style="width: 30%;"> <input type="checkbox"/> INMATE<br/> <input type="checkbox"/> NURSE<br/> <input type="checkbox"/> PATIENT<br/> <input type="checkbox"/> ROOMER<br/> <input type="checkbox"/> SERVANT<br/> <input type="checkbox"/> <i>Other (Specify)</i><br/> <i>Step Son</i> </div> </div> |               |                          |  |                |                |           |  |

FORM 10-637 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18100-P81

|       |                |
|-------|----------------|
| R200  | HEAD OF FAMILY |
| COLOR |                |

|                         |   |                |      |            |              |
|-------------------------|---|----------------|------|------------|--------------|
| R200                    |   | HEAD OF FAMILY |      | LOUISIANA  |              |
| COLOR                   | B | AGE            | 24   | BIRTHPLACE | Rosa Indelic |
| COUNTY                  |   |                | E.D. | 72         | SHEET        |
|                         |   |                | 11   |            |              |
| Do Soto                 |   |                | CITY |            |              |
| OTHER MEMBERS OF FAMILY |   |                |      |            |              |
| NAME                    |   | RELATIONSHIP   | AGE  | BIRTHPLACE |              |
| Living alone            |   |                |      |            |              |
|                         |   |                |      |            |              |
|                         |   |                |      |            |              |
|                         |   |                |      |            |              |
|                         |   |                |      |            |              |
|                         |   |                |      |            |              |
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|                         |   |                |      |            |              |
|                         |   |                |      |            |              |
|                         |   |                |      |            |              |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|      |                |
|------|----------------|
| R200 | HEAD OF FAMILY |
|------|----------------|



|                         |   |                |     |            |  |
|-------------------------|---|----------------|-----|------------|--|
| R200                    |   | HEAD OF FAMILY |     | LOUISIANA  |  |
| COLOR                   | W | AGE            | 54  | BIRTHPLACE |  |
| COUNTY                  |   | St. Charles    |     | CITY       |  |
| OTHER MEMBERS OF FAMILY |   |                |     |            |  |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| J. Jones                |   | W              | 50  |            |  |
| Butler Percy            |   | GS             | 7   |            |  |
| Lawrence                |   | GS             | 5   |            |  |
|                         |   |                |     |            |  |
|                         |   |                |     |            |  |
|                         |   |                |     |            |  |
|                         |   |                |     |            |  |
|                         |   |                |     |            |  |
|                         |   |                |     |            |  |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|      |                |
|------|----------------|
| R200 | HEAD OF FAMILY |
|------|----------------|

|                         |                |            |            |       |
|-------------------------|----------------|------------|------------|-------|
| 1200                    | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   | AGE            | BIRTHPLACE | S.D.       | SHEET |
| B                       | 70             | Johnson    | 92         | 1     |
| COUNTY                  |                | CITY       |            |       |
| Rapides                 |                |            |            |       |
| OTHER MEMBERS OF FAMILY |                |            |            |       |
| NAME                    | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| 1 Matilda               | W              | 53         |            |       |
| Ennis, Emma             | GD             | 10         |            |       |
| Ross, Henrietta         | D              | 32         |            |       |
| James, Jesse            | GS             | 7          |            |       |
| Haffin, Hubbard         | GS             | 2          |            |       |
| Ross, Lucretia          | NI             | 19         |            |       |
| Johnson, Peter          | GS             | 4          |            |       |

FORM 16-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

**OTHER MEMBERS OF FAMILY**

NAME \_\_\_\_\_

RELATIONSHIP

AGE

BIRTHPLACE

Bruce Peter

4

20

FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOURT DC 15100-P61

|  |   |                    |  |            |               |
|--|---|--------------------|--|------------|---------------|
| R 200  |   | NAME OF INDIVIDUAL |  | LOUISIANA  |               |
| COLOR  | W | AGE                | 7  | BIRTHPLACE | Riggs, J. Hay |
| COUNTY   |   |                    |  | U.S.       | 62            |
|  |   |                    |  | SHEET      | 4             |
| ENUMERATED WITH  |   |                    | CITY   |            |               |
| Theriot  |   |                    |  |            |               |
| RELATIONSHIP TO ABOVE  |   |                    | Gulotto, Carlo   |            |               |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |   |                    | <input checked="" type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |            |               |
|  |   |                    | <input type="checkbox"/> WIDOW<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify)  |            |               |

FORM 16-437 (4-20-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 16106-P61



|                         |   |                |      |            |         |
|-------------------------|---|----------------|------|------------|---------|
| 12200                   |   | HEAD OF FAMILY |      | LOUISIANA  |         |
| COLOR                   | B | AGE            | 24   | BIRTHPLACE | Johny   |
| COUNTY                  |   |                | E.D. | 111        | SHEET 6 |
| St. Landry              |   |                | CITY |            |         |
| OTHER MEMBERS OF FAMILY |   |                |      |            |         |
| NAME                    |   | RELATIONSHIP   | AGE  | BIRTHPLACE |         |
| — Floridia              |   | W              | 25   |            |         |
|                         |   |                |      |            |         |
|                         |   |                |      |            |         |
|                         |   |                |      |            |         |
|                         |   |                |      |            |         |
|                         |   |                |      |            |         |
|                         |   |                |      |            |         |
|                         |   |                |      |            |         |

FORM 16-636 (4-20-07)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |   |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|---|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|-------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| NAME OF INDIVIDUAL<br><i>Ross</i>   |  | LOUISIANA                                     |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>W</i>   | AGE<br><i>30</i>                         | BIRTHPLACE<br><i>Austria</i>                  | E.C.<br><i>31</i> |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>Jefferson</i>  | CITY<br><i>Stevenson</i>                 |   |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Casimir</i>   |  |   |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE<br><i>Stevenson</i>   |  |   |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NICE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> PROXIMITY</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NICE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> PROXIMITY | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE               |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NICE            | <input type="checkbox"/> NURSE                |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT              |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> PROXIMITY |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT              |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)      |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 18105-P81

|                         |       |                |      |            |          |
|-------------------------|-------|----------------|------|------------|----------|
| R200                    |       | HEAD OF FAMILY |      | LOUISIANA  |          |
| COLOR                   | 3     | AGE            | 32   | BIRTHPLACE | Miss Jon |
| COUNTY                  | Caddo |                |      |            |          |
|                         |       |                | CITY |            |          |
| OTHER MEMBERS OF FAMILY |       |                |      |            |          |
| NAME                    |       | RELATIONSHIP   | AGE  | BIRTHPLACE |          |
| Lizzie                  |       | W              | 22   |            |          |
| Julia                   |       | D              | 5    |            |          |
| Miss                    |       | S              | 2    |            |          |
|                         |       |                |      |            |          |
|                         |       |                |      |            |          |
|                         |       |                |      |            |          |
|                         |       |                |      |            |          |
|                         |       |                |      |            |          |
|                         |       |                |      |            |          |

FORM 18-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|  |         |   |      |  |           |
|--|---------|---|------|--|-----------|
| R300   |         | NAME OF INDIVIDUAL  |      | LOUISIANA  |           |
| COLOR  | B       | AGE   | 9    | BIRTHPLACE   | James Jr. |
| COUNTY   | Rapides |   | CITY | Alexandria   |           |
| ENUMERATED WITH  |         |   |      |  |           |
| Cathion, Liberty   |         |   |      |  |           |
| RELATIONSHIP TO ABOVE  |         |   |      |  |           |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |         | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br>S |           |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 1910-P-61

|  |     |                    |      |           |  |
|--|-----|--------------------|------|-----------|--|
| R200   |     | NAME OF INDIVIDUAL |      | LOUISIANA |  |
| COLOR  | AGE | BIRTHPLACE         | E.D. | SHEET     |  |
| White  | 3   |                    | 55   | 9         |  |
| COUNTY   |     | CITY               |      |           |  |
| CAMERON  |     |                    |      |           |  |
| ENUMERATED WITH  |     |                    |      |           |  |
| Leitroit, Philoigan  |     |                    |      |           |  |
| RELATIONSHIP TO ABOVE  |     |                    |      |           |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE<br><input checked="" type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW<br><input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |     |                    |      |           |  |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 1019-P-01

|  |   |  |    |  |            |
|--|---|--|----|--|------------|
| 1240   |   | NAME OF INDIVIDUAL   |    | LOUISIANA  |            |
| COLOR  | B | AGE  | 30 | BIRTHPLACE   | Rapides    |
| COUNTY   |   |  |    | CITY   | Alexandria |
| ENUMERATED WITH  |   |  |    |  |            |
| Cotton, Henry  |   |  |    |  |            |
| RELATIONSHIP TO ABOVE  |   |  |    |  |            |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |   | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input checked="" type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |    | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |            |

FORM 18-437 (4-28-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 18100-P81

|                         |           |                |     |            |              |
|-------------------------|-----------|----------------|-----|------------|--------------|
| R200                    |           | HEAD OF FAMILY |     | LOUISIANA  |              |
| COLOR                   | W         | AGE            | 32  | BIRTHPLACE | Ross, Jordan |
| COUNTY                  | Red River |                |     | CITY       |              |
| OTHER MEMBERS OF FAMILY |           |                |     |            |              |
| NAME                    |           | RELATIONSHIP   | AGE | BIRTHPLACE |              |
| Florence                |           | W              | 37  |            |              |
| Fannie                  |           | d              | 11  |            |              |
| Gosie                   |           | d              | 10  |            |              |
| Reuben                  |           | s              | 9   |            |              |
| Bessie                  |           | s              | 7   |            |              |
| Ruth                    |           | d              | 5   |            |              |
| Erith                   |           | d              | 4   |            |              |

FORM 18-436 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

HEAD OF FAMILY - CONTINUED

LOUISIANA

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME    | RELATIONSHIP | AGE | BIRTHPLACE |
|---------|--------------|-----|------------|
| Goaland | d            | 2   |            |
| Dewey   | d            | 1/2 |            |
| Paschke | m            | 75  |            |
| Chines  | n            | 14  |            |
| Laudane | n            | 16  |            |
|         |              |     |            |
|         |              |     |            |
|         |              |     |            |
|         |              |     |            |
|         |              |     |            |
|         |              |     |            |

FORM 16-436a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 18198-P61

|  |      |   |      |  |  |
|--|------|---|------|--|--|
| R200   |      | NAME OF INDIVIDUAL  |      | LOUISIANA  |  |
| COLOR  | AGE  | BIRTHPLACE  | E.S. | SHEET  |  |
| W  | 35   | Subline   | 110  | 13   |  |
| COUNTY   | CITY |   |      |  |  |
| ENUMERATED WITH  |      | Zwalle  |      |  |  |
| RELATIONSHIP TO ABOVE  |      | Parrott R L   |      |  |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |      | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> PRIVATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> WORKER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |  |

FORM 18-437 (4-28-61)

1916 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |  |      |           |  |
|--|--|--|------|-----------|--|
| 8700                                       |  | NAME OF INDIVIDUAL                       |      | LOUISIANA |  |
| COLOR                                      | AGE                                      | BIRTHPLACE                               | E.O. | SHEET     |  |
| B  | 78                                       |  | 152  | 1         |  |
| COUNTY                                     |  | CITY                                     |      |           |  |
| St. Landry                                 |  |  |      |           |  |
| ENUMERATED WITH                            |  |  |      |           |  |
| Raw, Joseph.                               |  |  |      |           |  |
| RELATIONSHIP TO ABOVE                      |  |  |      |           |  |
| <input checked="" type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |      |           |  |
| <input type="checkbox"/> MOTHER            | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |      |           |  |
| <input type="checkbox"/> GRANDFATHER       | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |      |           |  |
| <input type="checkbox"/> GRANDMOTHER       | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |      |           |  |
| <input type="checkbox"/> GRANDSON          | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |      |           |  |
| <input type="checkbox"/> GRANDDAUGHTER     | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |      |           |  |
| <input type="checkbox"/> AUNT              | <input type="checkbox"/> BROTHER-IN-LAW  |  |      |           |  |
| <input type="checkbox"/> UNCLE             | <input type="checkbox"/> SISTER-IN-LAW   |  |      |           |  |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |      |            |  |
|-------------------------|-----|----------------|------|------------|--|
| R200                    |     | HEAD OF FAMILY |      | LOUISIANA  |  |
| COLOR                   | AGE | BIRTHPLACE     | E.D. | SHEET      |  |
| Mr                      | 45  | Miss           | 85   | 15         |  |
| COUNTY                  |     |                | CITY |            |  |
| Pointe Coupee           |     |                |      |            |  |
| OTHER MEMBERS OF FAMILY |     |                |      |            |  |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| Jane                    |     | W              | 36   |            |  |
| Elika                   |     | D              | 11   |            |  |
| John                    |     | S              | 9    |            |  |
| Fada                    |     | S              | 6    |            |  |
| Alicia                  |     | D              | 3    |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |

FORM 10-436 (4-20-07)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|  |     |  |  |  |       |
|--|-----|--|--|--|-------|
| 1200   |     | NAME OF INDIVIDUAL   |  | LOUISIANA  |       |
| COLOR  | AGE | BIRTHPLACE   |  | E.D.   | SHEET |
| min  | 10  | Plaquemine   |  | 54   | 2     |
| COUNTY   |     | CITY   |  |  |       |
| ENUMERATED WITH  |     |  |  |  |       |
| Blazzer Hunterfield  |     |  |  |  |       |
| RELATIONSHIP TO ABOVE  |     |  |  |  |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input checked="" type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |       |

FORM 16-637 (4-20-61)

1918 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 18186-P-61

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| 1200                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| B                       | 23  | Reese, Joseph  |     | 83         | 25    |
| COUNTY                  |     | Harris         |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Cornelia                |     | W              | 19  |            |       |
| Mary                    |     | D              | 1   |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
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|                         |     |                |     |            |       |

FORM 16-436 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |          |                |       |            |     |
|-------------------------|----------|----------------|-------|------------|-----|
| R200                    |          | HEAD OF FAMILY |       | LOUISIANA  |     |
| COLOR                   | W        | AGE            | 27    | BIRTHPLACE | St. |
| COUNTY                  | St. Mary | CITY           |       | Berwick    |     |
| OTHER MEMBERS OF FAMILY |          |                |       |            |     |
| NAME                    |          | RELATIONSHIP   | AGE   | BIRTHPLACE |     |
| Agelo                   |          | W              | 23    | St.        |     |
| Mary                    |          | A              | 3     |            |     |
| Narcis                  |          | W              | 1 1/2 |            |     |
|                         |          |                |       |            |     |
|                         |          |                |       |            |     |
|                         |          |                |       |            |     |
|                         |          |                |       |            |     |
|                         |          |                |       |            |     |
|                         |          |                |       |            |     |

Form 16-636 (4-26-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |   |      |             |              |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|---|--|---|------|-------------|--------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| R202  |  | NAME OF INDIVIDUAL                                  |      | LOUISIANA   |              |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR   | W  | AGE   | 39   | BIRTHPLACE  | Ross, Joseph |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY  | St. Mary                                 |   | CITY | Morgan City |              |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |   |      |             |              |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |      |             |              |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> Niece</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |      |             |              | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> Niece | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |      |             |              |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> Niece           | <input type="checkbox"/> NURSE                      |      |             |              |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |      |             |              |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |      |             |              |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |      |             |              |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |      |             |              |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |      |             |              |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |      |             |              |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 16-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCENS-DC 18100-P81

|  |     |  |      |  |  |
|--|-----|--|------|--|--|
| R202   |     | NAME OF INDIVIDUAL   |      | LOUISIANA  |  |
| COLOR  | AGE | BIRTHPLACE   | E.D. | SHEET  |  |
| man  | 20  |  | 92   | 25   |  |
| COUNTY   |     | Natchitoches   |      | CITY   |  |
| ENUMERATED WITH  |     |  |      |  |  |
| RELATIONSHIP TO ABOVE  |     |  |      |  |  |
| Badoin Phelamine   |     |  |      |  |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input checked="" type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> WIDATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |  |

FORM 18-437 10-20-61

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                          |                |                          |           |                  |
|--------------------------|----------------|--------------------------|-----------|------------------|
| R-200                    | HEAD OF FAMILY |                          | LOUISIANA |                  |
| COLOR <i>Mw</i>          | AGE <i>36</i>  | NAME <i>Ross, Joseph</i> |           | E.D. <i>7155</i> |
| COUNTY <i>St. Landry</i> |                | CITY                     |           |                  |
| OTHER MEMBERS OF FAMILY  |                |                          |           |                  |
| NAME                     |                | RELATIONSHIP             | AGE       | BIRTHPLACE       |
| <i>1 Mary</i>            |                | <i>w</i>                 | <i>38</i> |                  |
| <i>John</i>              |                | <i>m</i>                 | <i>12</i> |                  |
|                          |                |                          |           |                  |
|                          |                |                          |           |                  |
|                          |                |                          |           |                  |
|                          |                |                          |           |                  |
|                          |                |                          |           |                  |
|                          |                |                          |           |                  |
|                          |                |                          |           |                  |

Form 10-636 (4-20-11)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|       |                |
|-------|----------------|
| R-200 | HEAD OF FAMILY |
|-------|----------------|

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R200                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| MW                      | 29  |                |     | 110        | 11    |
| COUNTY                  |     | St. Landry     |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Rosa                    |     | w              | 32  |            |       |
| Jack Junior             |     | 12             | 12  |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 18-636 (4-20-31)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|    |                |  |
|----|----------------|--|
| R2 | HEAD OF FAMILY |  |
|----|----------------|--|

|                         |   |                |      |            |               |
|-------------------------|---|----------------|------|------------|---------------|
| R-200                   |   | HEAD OF FAMILY |      | LOUISIANA  |               |
| COLOR                   | B | AGE            | 30   | BIRTHPLACE | Riggs, Joseph |
| COUNTY                  |   | St. Landry     |      | CITY       |               |
| OTHER MEMBERS OF FAMILY |   |                |      |            |               |
| NAME                    |   | RELATIONSHIP   | AGE  | BIRTHPLACE |               |
| Feliciane               |   | W              | 28   |            |               |
| Evariste                |   | L              | 2    |            |               |
| Marie                   |   | d              | 3/12 |            |               |
|                         |   |                |      |            |               |
|                         |   |                |      |            |               |
|                         |   |                |      |            |               |
|                         |   |                |      |            |               |
|                         |   |                |      |            |               |
|                         |   |                |      |            |               |

FORM 16-636 (4-20-31)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |   |                |     |            |        |
|-------------------------|---|----------------|-----|------------|--------|
| R 200                   |   | HEAD OF FAMILY |     | LOUISIANA  |        |
| COLOR                   | B | AGE            | 55  | NAME       | Joseph |
|                         |   | BIRTHPLACE     |     | E.D.       | 104    |
| COUNTY                  |   | St. Landry     |     | SHEET      |        |
|                         |   |                |     | 7          |        |
| CITY                    |   |                |     |            |        |
| OTHER MEMBERS OF FAMILY |   |                |     |            |        |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |        |
| Lecadie                 |   | W              | 41  |            |        |
| George                  |   | S              | 13  |            |        |
| Charles                 |   | S              | 12  |            |        |
| Eugene                  |   | S              | 10  |            |        |
| Norbert                 |   | S              | 7   |            |        |
| Richard, Odilia         |   | S              | 17  |            |        |

Form 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |       |            |       |
|-------------------------|-----|----------------|-------|------------|-------|
| R 202                   |     | HEAD OF FAMILY |       | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |       | E.D.       | SHEET |
| B                       | 35  |                |       | 22         | 3     |
| COUNTY                  |     | CITY           |       |            |       |
| Lafayette               |     | Broussard      |       |            |       |
| OTHER MEMBERS OF FAMILY |     |                |       |            |       |
| NAME                    |     | RELATIONSHIP   | AGE   | BIRTHPLACE |       |
| Mary                    |     | W              | 40    |            |       |
| Robert                  |     | S              | 10    |            |       |
| Francis                 |     | D              | 8     |            |       |
| Cecile                  |     | D              | 4     |            |       |
| Masil L.                |     | D              | 1 1/2 |            |       |
|                         |     |                |       |            |       |
|                         |     |                |       |            |       |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |              |                |            |            |                 |
|-------------------------|--------------|----------------|------------|------------|-----------------|
| R200                    |              | HEAD OF FAMILY |            | LOUISIANA  |                 |
| COLOR                   | W            | AGE            | 49         | BIRTHPLACE | Rousseau Joseph |
|                         |              | E.D.           | 43         | SHEET      | 2               |
| COUNTY                  |              |                | Lafourche  |            |                 |
|                         |              |                | CITY       |            |                 |
| OTHER MEMBERS OF FAMILY |              |                |            |            |                 |
| NAME                    | RELATIONSHIP | AGE            | BIRTHPLACE |            |                 |
| Maria                   | W            | 48             |            |            |                 |
| Thelma                  | S            | 24             |            |            |                 |
| Ernest                  | S            | 22             |            |            |                 |
| Eugenie                 | D            | 20             |            |            |                 |
| Lelia                   | D            | 18             |            |            |                 |
| Edmond                  | S            | 14             |            |            |                 |
| Agnes                   | D            | 12             |            |            |                 |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

| HEAD OF FAMILY - CONTINUED |              | LOUISIANA |            |             |
|----------------------------|--------------|-----------|------------|-------------|
| OTHER MEMBERS OF FAMILY    |              |           |            | CARD 2 OF 2 |
| NAME                       | RELATIONSHIP | AGE       | BIRTHPLACE |             |
| Lucia                      | D            | 11        |            |             |
| Josephine                  | D            | 9         |            |             |
| Henriette                  | D            | 6         |            |             |
| Edith                      | D            | 5         |            |             |
| Thetise                    | M            | 79        |            |             |
|                            |              |           |            |             |
|                            |              |           |            |             |
|                            |              |           |            |             |
|                            |              |           |            |             |
|                            |              |           |            |             |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 16198-P81

|                         |              |                |            |            |              |
|-------------------------|--------------|----------------|------------|------------|--------------|
| R 200                   |              | HEAD OF FAMILY |            | LOUISIANA  |              |
| COLOR                   | W            | AGE            | 56         | BIRTHPLACE | Rosse Joseph |
| COUNTY                  |              | Lafourche      |            | CITY       |              |
| OTHER MEMBERS OF FAMILY |              |                |            |            |              |
| NAME                    | RELATIONSHIP | AGE            | BIRTHPLACE |            |              |
| Alvin                   | W            | 52             |            |            |              |
| Emile                   | S            | 33             |            |            |              |
| Estime                  | S            | 34             |            |            |              |
| Jessie                  | S            | 21             |            |            |              |
| Op. Ty                  | S            | 16             |            |            |              |
| Theresa                 | S            | 10             |            |            |              |
| Clodia                  | D-L          | 19             |            |            |              |

Form 16-436 (4-26-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

## HEAD OF FAMILY - CONTINUED

LOUISIANA

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME    | RELATIONSHIP | AGE    | BIRTHPLACE |
|---------|--------------|--------|------------|
| Matile  | D-L          | 21     |            |
| Webb    | G-Cl         | 13 1/2 |            |
| Allison | G-Cl         | 3      |            |
| Celine  | G-Cl         | 2      |            |
| Monica  | G-Cl         | 3 1/2  |            |
|         |              |        |            |
|         |              |        |            |
|         |              |        |            |
|         |              |        |            |

FORM 18-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18100-P01

|                         |   |                |     |            |                         |
|-------------------------|---|----------------|-----|------------|-------------------------|
| R 502                   |   | HEAD OF FAMILY |     | LOUISIANA  |                         |
| COLOR                   | W | AGE            | 60  | BIRTHPLACE | Reggio, Joseph<br>Italy |
| COUNTY                  |   | Plaquemines    |     | CITY       |                         |
| OTHER MEMBERS OF FAMILY |   |                |     |            |                         |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |                         |
| living alone            |   |                |     |            |                         |
|                         |   |                |     |            |                         |
|                         |   |                |     |            |                         |
|                         |   |                |     |            |                         |
|                         |   |                |     |            |                         |
|                         |   |                |     |            |                         |
|                         |   |                |     |            |                         |
|                         |   |                |     |            |                         |

FORM 16-436 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R200                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| B                       | 34  | Joseph         |     | 102        | 23    |
| COUNTY                  |     | CITY           |     |            |       |
| Terrebonne              |     |                |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Alice                   |     | W              | 23  |            |       |
| Pearly                  |     | D              | 8   |            |       |
| Nancy                   |     | D              | 3   |            |       |
| Robert                  |     | S              | 2   |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 16-436 (4-30-37)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |   |                |           |            |              |
|-------------------------|---|----------------|-----------|------------|--------------|
| 1920                    |   | HEAD OF FAMILY |           | LOUISIANA  |              |
| COLOR                   | W | AGE            | 44        | BIRTHPLACE | Rich. Joseph |
|                         |   |                |           | E.D.       | 32           |
|                         |   |                |           | SHEET      | 2            |
| COUNTY                  |   |                | Jefferson |            |              |
|                         |   |                | CITY      |            |              |
| OTHER MEMBERS OF FAMILY |   |                |           |            |              |
| NAME                    |   | RELATIONSHIP   | AGE       | BIRTHPLACE |              |
| Stella                  |   | W              | 38        |            |              |
| Margaret                |   | D              | 17        |            |              |
| Mae                     |   | D              | 14        |            |              |
| Joseph                  |   | S              | 16        |            |              |
| Henry                   |   | S              | 11        |            |              |
| Agnes                   |   | D              | 9         |            |              |
| Bessie                  |   | M-L            | 68        | Sue        |              |
| Mary                    |   |                |           |            |              |
| E. servant              |   |                |           |            |              |

FORM 18-636 (4-25-21)

1918 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

| R200                    |     | HEAD OF FAMILY |      | LOUISIANA  |  |
|-------------------------|-----|----------------|------|------------|--|
| COLOR                   | AGE | BIRTHPLACE     | E.D. | SHEET      |  |
| W                       | 21  | Joseph         | 32   | 5          |  |
| COUNTY                  |     | Jefferson      |      | CITY       |  |
| OTHER MEMBERS OF FAMILY |     |                |      |            |  |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| 1 Alice                 |     | W              | 18   |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
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|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |

FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |           |            |    |
|-------------------------|---|----------------|-----------|------------|----|
| R 700                   |   | HEAD OF FAMILY |           | LOUISIANA  |    |
| COLOR                   | B | AGE            | 45        | BIRTHPLACE |    |
|                         |   |                |           | E.D.       | 32 |
|                         |   |                |           | SHEET      | 14 |
| COUNTY                  |   |                | Jefferson | CITY       |    |
| OTHER MEMBERS OF FAMILY |   |                |           |            |    |
| NAME                    |   | RELATIONSHIP   | AGE       | BIRTHPLACE |    |
| Victoria                |   | W              | 40        |            |    |
| Williams, Anselma       |   | 5-0            | 14        |            |    |
| Lily                    |   | 5-0            | 8         |            |    |
| Hill, Ora               |   | 6-0            | 15        |            |    |
|                         |   |                |           |            |    |
|                         |   |                |           |            |    |
|                         |   |                |           |            |    |

FORM 18-634 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                |            |            |       |
|-------------------------|----------------|------------|------------|-------|
| R200                    | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   | AGE            | BIRTHPLACE | E.D.       | SHEET |
| W                       | 42             | Italy      | 38         | 38    |
| COUNTY                  | Jefferson      |            | CITY       |       |
| OTHER MEMBERS OF FAMILY |                |            |            |       |
| NAME                    | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Rosie                   | W              | 40         |            |       |
| Mary                    | D              | 13         |            |       |
| Sam                     | D              | 8          |            |       |
| Joseph                  | S              | 6          |            |       |
| Frank                   | S              | 4          |            |       |
| John                    | B              | 23         |            |       |
| Harry                   | B              | 18         |            |       |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILYU.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R 200                   |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | NAME           |     | E.D.       | SHEET |
| B                       | 57  | Pass Joseph    |     | 152        | 1     |
| COUNTY                  |     | CITY           |     |            |       |
| St. Landry              |     |                |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Madam                   |     | W              | 48  |            |       |
| Virginia                |     | D              | 16  |            |       |
| Victor                  |     | B              | 14  |            |       |
| Engeline                |     | D              | 12  |            |       |
| Vibla                   |     | D              | 5   |            |       |
| Joseph, Jr.             |     | S              | 78  |            |       |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |            |       |
|-------------------------|---|----------------|-----|------------|-------|
| R200                    |   | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | W | AGE            | 22  | BIRTHPLACE | Italy |
| COUNTY                  |   | Jefferson      |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |   |                |     |            |       |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| 1 Josephine             |   | W              | 17  | Italy      |       |
|                         |   |                |     |            |       |
|                         |   |                |     |            |       |
|                         |   |                |     |            |       |
|                         |   |                |     |            |       |
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FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                 |      |            |  |
|-------------------------|-----|-----------------|------|------------|--|
| K-200                   |     | HEAD OF FAMILY. |      | LOUISIANA  |  |
| COLOR                   | AGE | BIRTHPLACE      | E.D. | SHEET      |  |
| W                       | 38  | Austria         | 145  | 8          |  |
| COUNTY                  |     |                 | CITY |            |  |
| West Carroll            |     |                 |      |            |  |
| OTHER MEMBERS OF FAMILY |     |                 |      |            |  |
| NAME                    |     | RELATIONSHIP    | AGE  | BIRTHPLACE |  |
| J 5 B O                 |     |                 |      |            |  |
|                         |     |                 |      |            |  |
|                         |     |                 |      |            |  |
|                         |     |                 |      |            |  |
|                         |     |                 |      |            |  |
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FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |   |                    |  |            |                 |
|--|---|--------------------|--|------------|-----------------|
| R200   |   | NAME OF INDIVIDUAL |  | LOUISIANA  |                 |
| COLOR  | B | AGE                | 27 1/2   | BIRTHPLACE | E.D. 28 SHEET 9 |
| COUNTY   |   |                    | CITY   |            |                 |
| ENUMERATED WITH  |   |                    | Clai home  |            |                 |
| RELATIONSHIP TO ABOVE  |   |                    | Scagleton, William   |            |                 |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |   |                    | <input checked="" type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |            |                 |
|  |   |                    | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify)   |            |                 |

FORM 16-537 (4-25-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCDA-DC 1910-901



|  |   |   |                        |   |  |
|--|---|---|------------------------|---|--|
| R 200  |   | NAME OF INDIVIDUAL  |                        | LOUISIANA   |  |
| COLOR  | B | AGE   | 12                     | PLACE   |  |
|  |   | E.D.  |                        | SHEET   |  |
|  |   | 35  |                        | 3   |  |
| COUNTY   |   |   | CITY                   |   |  |
| East Baton Rouge   |   |   | Le Baton Rouge Village |   |  |
| ENUMERATED WITH  |   |   |                        |   |  |
| Harris, Andrew   |   |   |                        |   |  |
| RELATIONSHIP TO ABOVE  |   |   |                        |   |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |   | <input checked="" type="checkbox"/> NEPHEW<br><input type="checkbox"/> WIFE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |                        | <input type="checkbox"/> NEEMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |  |

FORM 10-437 (4-20-31)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |        |            |  |
|-------------------------|-----|----------------|--------|------------|--|
| R200                    |     | HEAD OF FAMILY |        | LOUISIANA  |  |
| COLOR                   | AGE | BIRTHPLACE     | E.O.   | SHEET      |  |
| W                       | 37  | St.            | 35     | 1          |  |
| COUNTY                  |     | Jefferson      |        | CITY       |  |
| OTHER MEMBERS OF FAMILY |     |                |        |            |  |
| NAME                    |     | RELATIONSHIP   | AGE    | BIRTHPLACE |  |
| Margaret                |     | W              | 28     | St.        |  |
| Mary                    |     | D              | 14     |            |  |
| Pete                    |     | S              | 9      |            |  |
| Philip                  |     | S              | 7      |            |  |
| Vincent                 |     | S              | 5      |            |  |
| Charles                 |     | S              | 3      |            |  |
| Cora                    |     | D              | 14 1/2 |            |  |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |  |             |            |           |  |
|-------------------------|-----|----------------|--|-------------|------------|-----------|--|
| A 202                   |     | HEAD OF FAMILY |  | ROSE JOSEPH |            | LOUISIANA |  |
| COLOR                   | AGE | BIRTHPLACE     |  | E.D.        | SHEET      |           |  |
|                         | 66  |                |  | 80          | 16         |           |  |
| COUNTY                  |     |                |  | CITY        |            |           |  |
| St. John the Baptist    |     |                |  |             |            |           |  |
| OTHER MEMBERS OF FAMILY |     |                |  |             |            |           |  |
| NAME                    |     | RELATIONSHIP   |  | AGE         | BIRTHPLACE |           |  |
| Frances Josephine       |     | Si             |  | 24          |            |           |  |
| Bruce Edward            |     | II             |  | 42          |            |           |  |
|                         |     |                |  |             |            |           |  |
|                         |     |                |  |             |            |           |  |
|                         |     |                |  |             |            |           |  |
|                         |     |                |  |             |            |           |  |
|                         |     |                |  |             |            |           |  |
|                         |     |                |  |             |            |           |  |

FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| R200   |  | NAME INDIVIDUAL   |  | LOUISIANA  |  |
| HOUSE  |  | JOSEPH  |  | E.D. 82  |  |
| 4  |  | 10  |  | SHEET 36   |  |
| CITY   |  | ST. John the Baptist  |  | CITY   |  |
| RELATIONSHIP TO ABOVE  |  | LITTLE ELLIE  |  |  |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> WIDOW<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> WORKER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |  |

FORM 10-427 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18100-P61

|                         |   |                |     |            |             |
|-------------------------|---|----------------|-----|------------|-------------|
| R200                    |   | HEAD OF FAMILY |     | LOUISIANA  |             |
| COLOR                   | B | AGE            | 32  | BIRTHPLACE | Rosa Joseph |
| COUNTY                  |   | Terrebonne     |     | CITY       |             |
| OTHER MEMBERS OF FAMILY |   |                |     |            |             |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |             |
| 1 Rebecca               |   | W              | 21  |            |             |
|                         |   |                |     |            |             |
|                         |   |                |     |            |             |
|                         |   |                |     |            |             |
|                         |   |                |     |            |             |
|                         |   |                |     |            |             |
|                         |   |                |     |            |             |
|                         |   |                |     |            |             |
|                         |   |                |     |            |             |

FORM 19-436 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |            |                 |
|-------------------------|---|----------------|-----|------------|-----------------|
| P200                    |   | HEAD OF FAMILY |     | LOUISIANA  |                 |
| COLOR                   | W | AGE            | 62  | BIRTHPLACE | Joseph Portugal |
| COUNTY                  |   | Terrebonne     |     | CITY       |                 |
| OTHER MEMBERS OF FAMILY |   |                |     |            |                 |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |                 |
| Martha                  |   | W              | 46  |            |                 |
| Lutha                   |   | S              | 14  |            |                 |
| Mary                    |   | D              | 11  |            |                 |
|                         |   |                |     |            |                 |
|                         |   |                |     |            |                 |
|                         |   |                |     |            |                 |
|                         |   |                |     |            |                 |
|                         |   |                |     |            |                 |

FORM 18-636 (4-22-61)  
1970 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |     |           |       |
|---|-----|-----------|-------|
| NAME <b>INDIVIDUAL</b>  |     | LOUISIANA |       |
| <i>Reed, Pleasant Joseph</i>  |     | E.D.      | SHEET |
| COLOR   | AGE | 133       | 37    |
| BIRTHPLACE  |     | CITY      |       |
| Vermillion  |     |           |       |
| RELATIONSHIP TO ABOVE   |     |           |       |
| <input checked="" type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE<br><input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW<br><input type="checkbox"/> HOUSE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |     |           |       |

FORM 16-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 18190-P61

|                         |                |              |             |            |
|-------------------------|----------------|--------------|-------------|------------|
| R200                    | HEAD OF FAMILY |              | LOUISIANA   |            |
| COLOR                   | AGE            | BIRTHPLACE   | E.D.        | SHEET      |
| W                       | 38             | Italy        | 98          | 1          |
| COUNTY                  | CITY           |              |             |            |
|                         | St. Tammany    |              | New Orleans |            |
| OTHER MEMBERS OF FAMILY |                |              |             |            |
| NAME                    |                | RELATIONSHIP | AGE         | BIRTHPLACE |
| Catherine C             |                | W            | 27          | Italy      |
| Frank                   |                | S            | 8           |            |
| Vincent                 |                | S            | 6           |            |
|                         |                |              |             |            |
|                         |                |              |             |            |
|                         |                |              |             |            |
|                         |                |              |             |            |
|                         |                |              |             |            |

FORM 16-636 (4-28-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |   |                |     |               |         |
|-------------------------|---|----------------|-----|---------------|---------|
| R200                    |   | HEAD OF FAMILY |     | LOUISIANA     |         |
| COLOR                   | W | AGE            | 34  | BIRTHPLACE    | Germany |
| COUNTY                  |   |                |     | CITY          |         |
| St. Tammany             |   |                |     | Abita Springs |         |
| OTHER MEMBERS OF FAMILY |   |                |     |               |         |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE    |         |
| Theresa                 |   | W              | 34  | Germany       |         |
| Joseph S                |   | S              | 12  |               |         |
| Rose                    |   | D              | 10  |               |         |
| Leo W.                  |   | S              | 8   |               |         |
| Hazel                   |   | D              | 6   |               |         |
| Alfred                  |   | S              | 4   |               |         |
| Johnsdorf, Marie        |   | W              | 26  | N.Y.          |         |

FORM 10-636 (0-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R 200                   |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.O.       | SHEET |
| me                      | 35  |                |     | 131        | 25    |
| COUNTY                  |     | St. Martin     |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Eugenia                 |     | H              | 33  |            |       |
| Albertine               |     | D              | 7   |            |       |
| Rina                    |     | D              | 6   |            |       |
| Hazel                   |     | D              | 3   |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R 200                   |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| 3                       |  | 42             | Joseph     | 60         | 4     |
| COUNTY                  |  |                | CITY       |            |       |
| St. Bernard             |  |                | !          |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Marceline               |  | W              | 43         |            |       |
| Rose                    |  | D              | 16         |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |       |            |             |
|-------------------------|---|----------------|-------|------------|-------------|
| R200                    |   | HEAD OF FAMILY |       | LOUISIANA  |             |
| COLOR                   | W | AGE            | 33    | BIRTHPLACE | St. Bernard |
|                         |   |                |       | CITY       |             |
| OTHER MEMBERS OF FAMILY |   |                |       |            |             |
| NAME                    |   | RELATIONSHIP   | AGE   | BIRTHPLACE |             |
| Oscarie                 |   | W              | 29    |            |             |
| Adell                   |   | D              | 6     |            |             |
| Lamine                  |   | D              | 5     |            |             |
| George                  |   | S              | 2     |            |             |
| Eveline                 |   | D              | 3 1/2 |            |             |
| Josephine               |   | S              | 18    |            |             |

FORM 10-636 (4-20-31)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |    |              |     |            |    |
|-------------------------|---|----------------|----|--------------|-----|------------|----|
| R200                    |   | HEAD OF FAMILY |    | Rose, Joseph |     | LOUISIANA  |    |
| COLOR                   | B | AGE            | 48 | BIRTHPLACE   |     | E.D.       | 13 |
|                         |   |                |    |              |     | SHEET      | 15 |
| COUNTY                  |   |                |    | Natchez      |     | CITY       |    |
| OTHER MEMBERS OF FAMILY |   |                |    |              |     |            |    |
| NAME                    |   |                |    | RELATIONSHIP | AGE | BIRTHPLACE |    |
| 1. Rosalia              |   |                |    | W            | 28  |            |    |
| Josephine, Lucien       |   |                |    | BL           | 17  |            |    |
|                         |   |                |    |              |     |            |    |
|                         |   |                |    |              |     |            |    |
|                         |   |                |    |              |     |            |    |
|                         |   |                |    |              |     |            |    |
|                         |   |                |    |              |     |            |    |
|                         |   |                |    |              |     |            |    |

Form 10-636 (4-20-51)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |      |            |  |
|-------------------------|-----|----------------|------|------------|--|
| 1200                    |     | HEAD OF FAMILY |      | LOUISIANA  |  |
| Rash Joseph             |     | E.D.           |      | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |      |            |  |
| B                       | 30  |                |      | 23 29      |  |
| COUNTY                  |     |                | CITY |            |  |
| Iberia                  |     |                |      |            |  |
| OTHER MEMBERS OF FAMILY |     |                |      |            |  |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| Brick Amaga             |     | Bo             | 24   |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
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FORM 10-636 (6-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |   |  |           |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|--|--|---|--|-----------|-----------|-------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| R 300  |  | NAME OF INDIVIDUAL<br><i>Ross Joseph</i>            |  | LOUISIANA | E.O.      | SHEET |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR<br><i>B</i>  | AGE<br><i>23</i>                         | BIRTHPLACE  |  | <i>57</i> | <i>23</i> |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY<br><i>Iberville</i>   |  | CITY  |  |           |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Walker, Henry</i>  |  |   |  |           |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   |  |           |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDOW</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> Niece</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |           |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | <input type="checkbox"/> MOTHER | <input type="checkbox"/> Niece | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDOW                      |  |           |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> Niece           | <input type="checkbox"/> NURSE                      |  |           |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |           |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |           |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |           |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |           |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |           |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |   |  |           |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 18-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18100-P01



|                         |  |                |      |            |       |
|-------------------------|--|----------------|------|------------|-------|
| R200                    |  | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR                   |  | AGE            |      | E.D.       | SHEET |
| W                       |  | 66             |      | 57         | 14    |
| BIRTHPLACE              |  |                |      |            |       |
| COUNTY                  |  |                | CITY |            |       |
| Iberville               |  |                |      |            |       |
| OTHER MEMBERS OF FAMILY |  |                |      |            |       |
| NAME                    |  | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Dorson                  |  | W              | 58   |            |       |
| Lory                    |  | S              | 15   |            |       |
| Karetta                 |  | D              | 13   |            |       |
| Cynthia Karetta         |  | GD             | 3    |            |       |
| Lory                    |  | S              | 23   |            |       |
| John                    |  | S              | 21   |            |       |
|                         |  |                |      |            |       |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |               |            |       |
|-------------------------|--|----------------|---------------|------------|-------|
| R200                    |  | HEAD OF FAMILY |               | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE    | E.D.       | SHEET |
| W                       |  | 51             |               | 130        | 3     |
| COUNTY                  |  |                | CITY          |            |       |
| St. Martin              |  |                | Breast Bridge |            |       |
| OTHER MEMBERS OF FAMILY |  |                |               |            |       |
| NAME                    |  | RELATIONSHIP   | AGE           | BIRTHPLACE |       |
| Philomene               |  | W              | 29            |            |       |
| Manilla                 |  | D              | 12            |            |       |
| Bertina                 |  | D              | 9             |            |       |
| Edna                    |  | D              | 6             |            |       |
| Evelyn                  |  | D              | 4             |            |       |
| Benjamin                |  | S              | 2             |            |       |
|                         |  |                |               |            |       |

Form 18-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

| HEAD OF FAMILY            |                       | LOUISIANA               |                |
|---------------------------|-----------------------|-------------------------|----------------|
| NAME <i>Rucke, Joseph</i> |                       | E.D. <i>8</i>           | SHEET <i>4</i> |
| COLOR <i>W</i>            | AGE <i>45</i>         | BIRTHPLACE <i>Italy</i> |                |
| COUNTY <i>Assension</i>   | CITY <i>Assension</i> |                         |                |
| OTHER MEMBERS OF FAMILY   |                       |                         |                |
| NAME                      | RELATIONSHIP          | AGE                     | BIRTHPLACE     |
| <i>Nancy</i>              | <i>W.</i>             | <i>40</i>               | <i>Italy</i>   |
| <i>Frankie</i>            | <i>S.</i>             | <i>13</i>               |                |
| <i>Powles</i>             | <i>S.</i>             | <i>4</i>                |                |
|                           |                       |                         |                |
|                           |                       |                         |                |
|                           |                       |                         |                |
|                           |                       |                         |                |
|                           |                       |                         |                |

FORM 18-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|                         |           |                                |     |            |             |
|-------------------------|-----------|--------------------------------|-----|------------|-------------|
| R 200                   |           | HEAD OF FAMILY<br>Riley Joseph |     | E.D.<br>27 | SHEET<br>37 |
| COLOR<br>W              | AGE<br>36 | BIRTHPLACE                     |     |            |             |
| COUNTY<br>Jefferson     |           | CITY                           |     |            |             |
| OTHER MEMBERS OF FAMILY |           |                                |     |            |             |
| NAME                    |           | RELATIONSHIP                   | AGE | BIRTHPLACE |             |
| Lizzie                  |           | W                              | 31  |            |             |
| J. B. Robert            |           | S                              | 6   |            |             |
| Calance                 |           | S                              | 5   |            |             |
| Leona                   |           | D                              | 3   |            |             |
| Albert                  |           | S                              | 1   |            |             |
| Albert                  |           | C                              | 32  |            |             |
| Bauderoux William       |           | Bk                             | 28  |            |             |

FORM 16-636 (4-20-61)

1916 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|                         |   |                |           |               |      |            |       |
|-------------------------|---|----------------|-----------|---------------|------|------------|-------|
| R200                    |   | HEAD OF FAMILY |           | Rigie, Joseph |      | E.O.       | SHEET |
| COLOR                   | W | AGE            | 25        | BIRTHPLACE    |      | 31         | 12    |
| COUNTY                  |   |                | Jefferson |               | CITY |            |       |
| OTHER MEMBERS OF FAMILY |   |                |           |               |      |            |       |
| NAME                    |   |                |           | RELATIONSHIP  | AGE  | BIRTHPLACE |       |
| 1 Bessie                |   |                |           | S             | 23   |            |       |
| Gonzalez, Valentine     |   |                |           | S-b           | 20   |            |       |
| P Emma R                |   |                |           | D             | 29   |            |       |
| Almon                   |   |                |           | S             | 23   |            |       |
| Rigie Arthur            |   |                |           | S             | 16   |            |       |
| Boudreau, Alfred        |   |                |           | S-b           | 11   |            |       |

FORM 16-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                | LOUISIANA    |                  |
|-------------------------|----------------|--------------|------------------|
| R200                    | HEAD OF FAMILY | Rouss Joseph | E.O. 28 SHEET 18 |
| COLOR W                 | AGE 46         | BIRTHPLACE   |                  |
| COUNTY Jefferson        | CITY           |              |                  |
| OTHER MEMBERS OF FAMILY |                |              |                  |
| NAME                    |                | RELATIONSHIP | AGE              |
|                         | Blanche        | W            | 44               |
|                         | Lethia         | D            | 15               |
|                         | Lena           | D            | 12               |
|                         | Josephine      | D            | 9                |
|                         | Tony           | S            | 7                |
|                         | Rosalie        | D            | 4                |
|                         |                |              |                  |

LOUISIANA

|                         |   |                |           |              |     |            |       |
|-------------------------|---|----------------|-----------|--------------|-----|------------|-------|
| R200                    |   | HEAD OF FAMILY |           | Joseph       |     | E.D.       | SHEET |
| 20                      |   |                |           |              |     | 20         | 2     |
| COLOR                   | B | AGE            | 34        |              |     |            |       |
|                         |   | BIRTHPLACE     | Lafayette |              |     |            |       |
| COUNTY                  |   |                |           | CITY         |     |            |       |
|                         |   |                |           | Lafayette    |     |            |       |
| OTHER MEMBERS OF FAMILY |   |                |           |              |     |            |       |
| NAME                    |   |                |           | RELATIONSHIP | AGE | BIRTHPLACE |       |
| Agobert, Chas           |   |                |           | B-L          | 19  |            |       |
| 1, Henry                |   |                |           | B-L          | 22  |            |       |
|                         |   |                |           |              |     |            |       |
|                         |   |                |           |              |     |            |       |
|                         |   |                |           |              |     |            |       |
|                         |   |                |           |              |     |            |       |
|                         |   |                |           |              |     |            |       |
|                         |   |                |           |              |     |            |       |
|                         |   |                |           |              |     |            |       |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|                         |                |              |      |            |
|-------------------------|----------------|--------------|------|------------|
| R-200                   | HEAD OF FAMILY |              | E.O. | SHEET      |
|                         | Pearry, Joseph |              | 71   | 22         |
| COLOR                   | AGE            | BIRTHPLACE   |      |            |
| B                       | 43             |              |      |            |
| COUNTY                  | Lafayette      |              | CITY |            |
| OTHER MEMBERS OF FAMILY |                |              |      |            |
| NAME                    |                | RELATIONSHIP | AGE  | BIRTHPLACE |
| Joseph P.               |                | 2            | 19   |            |
| Edwar                   |                | 2            | 15   |            |
| Alexandrine             |                | 10           | 17   |            |
|                         |                |              |      |            |
|                         |                |              |      |            |
|                         |                |              |      |            |
|                         |                |              |      |            |
|                         |                |              |      |            |



LOUISIANA

|  |          |  |  |  |            |
|--|----------|--|--|--|------------|
| R200                                   |          | NAME OF INDIVIDUAL<br>Rice, Joseph         |  | E.D.<br>11                               | SHEET<br>2 |
| COLOR<br>B                             | AGE<br>5 | BIRTHPLACE                                 |  |  |            |
| COUNTY                                 | Iberia   |  |  | CITY                                     |            |
| ENUMERATED WITH<br>Calais, Elie        |          |  |  |  |            |
| RELATIONSHIP TO ABOVE                  |          |  |  |  |            |
| <input type="checkbox"/> FATHER        |          | <input checked="" type="checkbox"/> NEPHEW |  | <input type="checkbox"/> WIDOW           |            |
| <input type="checkbox"/> MOTHER        |          | <input type="checkbox"/> NIECE             |  | <input type="checkbox"/> NUNCE           |            |
| <input type="checkbox"/> GRANDFATHER   |          | <input type="checkbox"/> FATHER-IN-LAW     |  | <input type="checkbox"/> PATIENT         |            |
| <input type="checkbox"/> GRANDMOTHER   |          | <input type="checkbox"/> MOTHER-IN-LAW     |  | <input type="checkbox"/> ROOMER          |            |
| <input type="checkbox"/> GRANDSON      |          | <input type="checkbox"/> SON-IN-LAW        |  | <input type="checkbox"/> SERVANT         |            |
| <input type="checkbox"/> GRANDDAUGHTER |          | <input type="checkbox"/> DAUGHTER-IN-LAW   |  | <input type="checkbox"/> OTHER (Specify) |            |
| <input type="checkbox"/> AUNT          |          | <input type="checkbox"/> BROTHER-IN-LAW    |  |  |            |
| <input type="checkbox"/> UNCLE         |          | <input type="checkbox"/> SISTER-IN-LAW     |  |  |            |

FORM 19-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 16190-P61

LOUISIANA

|  |   |   |                 |                |
|--|---|---|-----------------|----------------|
| <i>R200</i>                            | NAME OF INDIVIDUAL <i>Rogers Joseph A</i> |   | E.B. <i>120</i> | SHEET <i>9</i> |
| COLOR <i>W</i>                         | AGE <i>22</i>                             | BIRTHPLACE  |                 |                |
| COUNTY <i>St Landry</i>                |   | CITY  |                 |                |
| ENUMERATED WITH <i>Mmanuel Ursin</i>   |   |   |                 |                |
| RELATIONSHIP TO ABOVE                  |   |   |                 |                |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW           | <input type="checkbox"/> WIDATE                               |                 |                |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NIECE            | <input type="checkbox"/> NURSE                                |                 |                |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW    | <input type="checkbox"/> PATIENT                              |                 |                |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW    | <input type="checkbox"/> ROOMER                               |                 |                |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW       | <input type="checkbox"/> SERVANT                              |                 |                |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW  | <input checked="" type="checkbox"/> OTHER (Specify) <i>SS</i> |                 |                |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW   |   |                 |                |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW    |   |                 |                |

FORM 16-637 (4-22-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 1919-P61

|                         |                                   | LOUISIANA    |                           |
|-------------------------|-----------------------------------|--------------|---------------------------|
| R200                    | HEAD OF FAMILY<br><i>Joseph A</i> |              | E.D. 79 SHEET 32          |
| COLOR<br>W              | AGE<br>41                         | BIRTHPLACE   |                           |
| COUNTY                  | Rapides                           |              | CITY<br><i>Alexandria</i> |
| OTHER MEMBERS OF FAMILY |                                   |              |                           |
| NAME                    |                                   | RELATIONSHIP | AGE                       |
| 1 <i>Marie J</i>        |                                   | W            | 39                        |
| x 1 Bo                  |                                   |              |                           |
|                         |                                   |              |                           |
|                         |                                   |              |                           |
|                         |                                   |              |                           |
|                         |                                   |              |                           |
|                         |                                   |              |                           |

FORM 16-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|                         |                  |            |            |         |
|-------------------------|------------------|------------|------------|---------|
| R200                    | HEAD OF FAMILY   |            | E.O. 27    | SHEET 2 |
|                         | Roche, Joseph B. |            |            |         |
| COLOR                   | AGE              | BIRTHPLACE |            |         |
| Mr                      | 25               |            |            |         |
| COUNTY                  |                  | CITY       |            |         |
| Jefferson               |                  |            |            |         |
| OTHER MEMBERS OF FAMILY |                  |            |            |         |
| NAME                    | RELATIONSHIP     | AGE        | BIRTHPLACE |         |
| 1 Fannie G.             | W                | 28         |            |         |
| Brown, Norma            | N                | 7          |            |         |
|                         |                  |            |            |         |
|                         |                  |            |            |         |
|                         |                  |            |            |         |
|                         |                  |            |            |         |
|                         |                  |            |            |         |
|                         |                  |            |            |         |

FORM 10-436 (4-20-51)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |               | LOUISIANA  |            |
|-------------------------|---------------|------------|------------|
| HEAD OF FAMILY          |               | E.D.       | SHEET      |
| 8200                    | Reas Joseph B | 54         | 13         |
| COLOR                   | AGE           | BIRTHPLACE |            |
| W                       | 58            |            |            |
| COUNTY                  | CITY          |            |            |
| Plaquemines             |               |            |            |
| OTHER MEMBERS OF FAMILY |               |            |            |
| NAME                    | RELATIONSHIP  | AGE        | BIRTHPLACE |
| Mathilda                | W             | 50         |            |
| Mathilda                | D             | 12         |            |
| Tony                    | S             | 7          |            |
| Roseline                | D             | 29         |            |
| Josephine               | D             | 26         |            |
| Nora                    | D             | 21         |            |
| Eva                     | D             | 18         |            |

FORM 16-636 (4-26-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|   |  |  |  |            |             |                                 |                                 |                                |                                 |                                |                               |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|--|------------|-------------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------|-------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|--|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R20   |  | NAME OF INDIVIDUAL<br>Recke Joseph B     |  | E.D.<br>88 | SHEET<br>10 |                                 |                                 |                                |                                 |                                |                               |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br>W  | AGE<br>15                                | BIRTHPLACE                               |  |            |             |                                 |                                 |                                |                                 |                                |                               |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br>Natchitoches  |  | CITY                                     |  |            |             |                                 |                                 |                                |                                 |                                |                               |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br>Woods J B  |  |  |  |            |             |                                 |                                 |                                |                                 |                                |                               |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |  |            |             |                                 |                                 |                                |                                 |                                |                               |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDOW</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> Niece</td> <td><input type="checkbox"/> WIFE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |            |             | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | <input type="checkbox"/> MOTHER | <input type="checkbox"/> Niece | <input type="checkbox"/> WIFE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDOW           |  |            |             |                                 |                                 |                                |                                 |                                |                               |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> Niece           | <input type="checkbox"/> WIFE            |  |            |             |                                 |                                 |                                |                                 |                                |                               |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |  |            |             |                                 |                                 |                                |                                 |                                |                               |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |  |            |             |                                 |                                 |                                |                                 |                                |                               |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |  |            |             |                                 |                                 |                                |                                 |                                |                               |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |  |            |             |                                 |                                 |                                |                                 |                                |                               |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |            |             |                                 |                                 |                                |                                 |                                |                               |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |  |            |             |                                 |                                 |                                |                                 |                                |                               |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

Form 10-627 (4-22-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1970 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18199-P01

| HEAD OF FAMILY          |              |            | LOUISIANA                 |              |
|-------------------------|--------------|------------|---------------------------|--------------|
| COLOR                   | AGE          | BIRTHPLACE | E.D.                      | SHEET        |
| <i>R200</i>             | <i>W</i>     | <i>56</i>  | <i>Brousseau Joseph C</i> | <i>28 23</i> |
| COUNTY                  |              | CITY       |                           |              |
| Jefferson               |              |            |                           |              |
| OTHER MEMBERS OF FAMILY |              |            |                           |              |
| NAME                    | RELATIONSHIP | AGE        | BIRTHPLACE                |              |
| <i>Mona</i>             | <i>W</i>     | <i>26</i>  |                           |              |
| <i>Jimmy</i>            | <i>D</i>     | <i>15</i>  |                           |              |
| <i>P.O.</i>             | <i>B</i>     | <i>54</i>  |                           |              |
| <i>Pierre</i>           | <i>F</i>     | <i>87</i>  |                           |              |
| <i>Therese</i>          | <i>M</i>     | <i>76</i>  |                           |              |
|                         |              |            |                           |              |
|                         |              |            |                           |              |

FORM 18-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                                 | LOUISIANA    |                  |
|-------------------------|---------------------------------|--------------|------------------|
| R 200                   | HEAD OF FAMILY<br>Koss Joseph C |              | E.D. 105 SHEET 4 |
| COLOR<br>W              | AGE<br>25                       | BIRTHPLACE   |                  |
| COUNTY<br>Sabine        | CITY<br>Many                    |              |                  |
| OTHER MEMBERS OF FAMILY |                                 |              |                  |
| NAME                    |                                 | RELATIONSHIP | AGE              |
| Lanah                   |                                 | W            | 23               |
| Gladys                  |                                 | D            | 13               |
| Joseph C                |                                 | S            | 6                |
| Lanah P                 |                                 | D            | 3                |
|                         |                                 |              |                  |
|                         |                                 |              |                  |
|                         |                                 |              |                  |
|                         |                                 |              |                  |

Form 10-636 (4-30-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



[illegible]

FORM 10-436 (4-30-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |              | LOUISIANA      |                 |
|-------------------------|--------------|----------------|-----------------|
| 1200                    |              | HEAD OF FAMILY | Rougeon, Joseph |
| COLOR                   | W            | AGE            | 40              |
|                         |              | BIRTHPLACE     |                 |
| COUNTY                  | Rapides      | CITY           |                 |
| OTHER MEMBERS OF FAMILY |              |                |                 |
| NAME                    | RELATIONSHIP | AGE            | BIRTHPLACE      |
| Carrie E                | M            | 71             | Miss            |
| Rose L                  | S            | 37             |                 |
|                         |              |                |                 |
|                         |              |                |                 |
|                         |              |                |                 |
|                         |              |                |                 |
|                         |              |                |                 |
|                         |              |                |                 |
|                         |              |                |                 |

LOUISIANA

|                         |                |                |     |            |       |
|-------------------------|----------------|----------------|-----|------------|-------|
| P20                     | HEAD OF FAMILY | Riva Joseph V. |     | E.O.       | SHEET |
| COLOR                   | AGE            | BIRTHPLACE     |     | 128        | 26    |
| W                       | 44             |                |     |            |       |
| COUNTY                  |                | St. Martin     |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |                |                |     |            |       |
| NAME                    |                | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Honoree                 |                | W              | 29  |            |       |
| Hardy                   |                | S              | 14  |            |       |
| Harrold                 |                | S              | 16  |            |       |
| Harbert                 |                | S              | 9   |            |       |
| Nelly                   |                | D              | 5   |            |       |
| Joseph                  |                | S              | 3   |            |       |
| Montana August          |                | FL             | 73  |            |       |

FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |   |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
|---|---|--|--|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|---|--|
| <i>B200</i>   |   | NAME OF INDIVIDUAL                       |  | LOUISIANA |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
|   |   | <i>Rickey Josephine</i>                  |  | E.D.      | SHEET |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| COLOR   | AGE   | BIRTHPLACE                               |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <i>W</i>  | <i>16</i>   |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| COUNTY  |   | CITY                                     |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <i>Jefferson</i>  |   |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| ENUMERATED WITH   |   |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <i>Grisham Andrew</i>   |   |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| RELATIONSHIP TO ABOVE   |   |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input checked="" type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |   |  |  |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input checked="" type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW                   | <input type="checkbox"/> INMATE          |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE                    | <input type="checkbox"/> NURSE           |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW            | <input type="checkbox"/> PATIENT         |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW            | <input type="checkbox"/> ROOMER          |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW               | <input type="checkbox"/> SERVANT         |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW          | <input type="checkbox"/> OTHER (Specify) |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW           |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <input type="checkbox"/> UNCLE  | <input checked="" type="checkbox"/> SISTER-IN-LAW |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |

Form 10-637 (4-29-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P61

| LOUISIANA               |                                   |                  |                |
|-------------------------|-----------------------------------|------------------|----------------|
| R200                    | HEAD OF FAMILY<br>Ross, Josephine |                  | E.D. 3 SHEET 2 |
| COLOR<br>B              | AGE<br>36                         | BIRTHPLACE       |                |
| COUNTY<br>Caldwell      |                                   | CITY<br>Columbia |                |
| OTHER MEMBERS OF FAMILY |                                   |                  |                |
| NAME                    | RELATIONSHIP                      | AGE              | BIRTHPLACE     |
| Alonso                  | S                                 | 17               |                |
| Linsay                  | S                                 | 14               |                |
| Martha                  | D                                 | 15               |                |
| Mariah                  | D                                 | 10               |                |
| Fugans, Solomon         | S                                 | 8                |                |
|                         |                                   |                  |                |
|                         |                                   |                  |                |

FORM 16-636 (4-26-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |                  |   |      |  |                   |
|--|------------------|---|------|--|-------------------|
| R 202  |                  | NAME OF INDIVIDUAL<br><i>Luigi Japhian</i>  |      | E.D.<br><i>61</i>  | SHEET<br><i>1</i> |
| COLOR<br><i>W</i>  | AGE<br><i>18</i> | BIRTHPLACE<br><i>St. Bernard</i>  |      |  |                   |
| COUNTY   |                  |   | CITY |  |                   |
| ENUMERATED WITH<br><i>Luigi Japhian</i>  |                  |   |      |  |                   |
| RELATIONSHIP TO ABOVE  |                  |   |      |  |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>31</i> |                   |

FORM 16-437 (4-26-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1960 CENSUS INDEX - INDIVIDUAL

USCIB-DC 1960-P-91

LOUISIANA

|  |   |                    |   |                 |      |   |       |    |
|--|---|--------------------|---|-----------------|------|---|-------|----|
| K200   |   | NAME OF INDIVIDUAL |   | Russ, Josephine | E.D. | 25  | SHEET | 21 |
| COLOR  | W | AGE                | 23  | BIRTHPLACE      |      |   |       |    |
| COUNTY   |   |                    |   | Jefferson       | CITY |   |       |    |
|  |   |                    |   | McDonoghville   |      |   |       |    |
| ENUMERATED WITH  |   |                    |   |                 |      |   |       |    |
| Morgan, Henry  |   |                    |   |                 |      |   |       |    |
| RELATIONSHIP TO ABOVE  |   |                    |   |                 |      |   |       |    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |   |                    | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |                 |      | <input type="checkbox"/> IMMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> DOCTOR<br><input checked="" type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |       |    |

Form 15-537 (4-28-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1960 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 15169-P81

LOUISIANA

|  |  |  |             |            |
|--|--|--|-------------|------------|
| R200                                   | NAME OF INDIVIDUAL<br><i>Rose Josephine</i>        |  | E.O.<br>102 | SHEET<br>8 |
| COLOR<br><i>W</i>                      | AGE<br><i>48</i>                                   | BIRTHPLACE<br><i>Italy</i>               |             |            |
| COUNTY<br><i>Ouachita</i>              |  | CITY<br><i>Monroe</i>                    |             |            |
| ENUMERATED WITH<br><i>Rose Tony</i>    |  |  |             |            |
| RELATIONSHIP TO ABOVE                  |  |  |             |            |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW                    | <input type="checkbox"/> INMATE          |             |            |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NIECE                     | <input type="checkbox"/> NURSE           |             |            |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW             | <input type="checkbox"/> PATIENT         |             |            |
| <input type="checkbox"/> GRANDMOTHER   | <input checked="" type="checkbox"/> BROTHER-IN-LAW | <input type="checkbox"/> ROOMER          |             |            |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW                | <input type="checkbox"/> SERVANT         |             |            |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW           | <input type="checkbox"/> OTHER (Specify) |             |            |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW            |  |             |            |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW             |  |             |            |

FORM 16-637 (4-25-61)

U. S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 1910-PRI



LOUISIANA

|   |  |  |  |                    |                    |
|---|--|--|--|--------------------|--------------------|
| A-200                                       |  | NAME OF INDIVIDUAL<br><i>Rowsey, Josephine</i> |  | E.O.<br><i>120</i> | SHEET<br><i>13</i> |
| COLOR<br><i>B</i>                           | AGE<br><i>24</i>                         | BIRTHPLACE                                     |  |                    |                    |
| COUNTY                                      |  | CITY   |  |                    |                    |
| <i>Webster</i>                              |  | <i>Minden</i>                                  |  |                    |                    |
| ENUMERATED WITH<br><i>Whitfield, Edmund</i> |  |  |  |                    |                    |
| RELATIONSHIP TO ABOVE                       |  |  |  |                    |                    |
| <input type="checkbox"/> FATHER             | <input checked="" type="checkbox"/> WIFE | <input type="checkbox"/> INMATE                |  |                    |                    |
| <input type="checkbox"/> MOTHER             | <input type="checkbox"/> NECE            | <input type="checkbox"/> NURSE                 |  |                    |                    |
| <input type="checkbox"/> GRANDFATHER        | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT               |  |                    |                    |
| <input type="checkbox"/> GRANDMOTHER        | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                |  |                    |                    |
| <input type="checkbox"/> GRANDSON           | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT               |  |                    |                    |
| <input type="checkbox"/> GRANDDAUGHTER      | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)       |  |                    |                    |
| <input type="checkbox"/> AUNT               | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |                    |                    |
| <input type="checkbox"/> UNCLE              | <input type="checkbox"/> SISTER-IN-LAW   |  |  |                    |                    |

FORM 16-637 (4-20-01)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P01

LOUISIANA

|  |                 |   |  |  |                    |
|--|-----------------|---|--|--|--------------------|
| R 200  |                 | NAME OF INDIVIDUAL<br><i>Russo Josephine</i>  |  | E.D.<br><i>10</i>  | SHEET<br><i>25</i> |
| COLOR<br><i>W</i>  | AGE<br><i>9</i> | BIRTHPLACE  |  |  |                    |
| COUNTY<br><i>Assumption</i>  |                 | CITY  |  |  |                    |
| ENUMERATED WITH<br><i>Russo Tony</i>   |                 |   |  |  |                    |
| RELATIONSHIP TO ABOVE  |                 |   |  |  |                    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                 | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> Niece<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>Sister</i> |                    |

FORM 16-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 1910-P-01

LOUISIANA

|  |   |  |  |                    |  |
|--|---|--|--|--------------------|--|
| NAME OF INDIVIDUAL<br><i>Rao</i>       |   | E.O.<br><i>85</i>                        |  | SHEET<br><i>32</i> |  |
| COLOR<br><i>W</i>                      | AGE<br><i>14</i>                            | BIRTHPLACE<br><i>Italy</i>               |  |                    |  |
| COUNTY<br><i>Pointe Coupee</i>         |   | CITY                                     |  |                    |  |
| ENUMERATED WITH<br><i>Russo, Tony</i>  |   |  |  |                    |  |
| RELATIONSHIP TO ABOVE                  |   |  |  |                    |  |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW             | <input type="checkbox"/> WIDWIFE         |  |                    |  |
| <input type="checkbox"/> MOTHER        | <input checked="" type="checkbox"/> BROTHER | <input type="checkbox"/> NURSE           |  |                    |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW      | <input type="checkbox"/> PATIENT         |  |                    |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW      | <input type="checkbox"/> ROOMER          |  |                    |  |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW         | <input type="checkbox"/> SERVANT         |  |                    |  |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW    | <input type="checkbox"/> OTHER (Specify) |  |                    |  |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW     |  |  |                    |  |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW      |  |  |                    |  |

FORM 10-537 (4-29-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1970 CENSUS INDEX - INDIVIDUAL

USC90-DC 10100-P01

LOUISIANA

|  |  |   |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
|--|--|---|-------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|-----------|--------------------------------|--|--|
| R202   | NAME OF INDIVIDUAL<br><i>Ricks, John</i> |   | E.D.<br><i>59</i> | SHEET<br><i>9</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| COLOR<br><i>W</i>  | AGE<br><i>10</i>                         | BIRTHPLACE  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| COUNTY   |  | CITY<br><i>Colfax</i>                               |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| ENUMERATED WITH<br><i>Johnson, Eugene C.</i>   |  |   |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> WORKER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>SD</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |                   |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> WORKER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>SD</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> WORKER                     |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  | <i>SD</i>   |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |   |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |

FORM 10-57 (4-22-51)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 10100-P01

|                         |              | LOUISIANA  |            |
|-------------------------|--------------|------------|------------|
| HEAD OF FAMILY          |              | E.D.       | SHEET      |
| R200                    | Reese Jordan |            | 43 21      |
| COLOR                   | AGE          | BIRTHPLACE |            |
| B                       | 40           |            |            |
| COUNTY                  | Lafourche    |            | CITY       |
| OTHER MEMBERS OF FAMILY |              |            |            |
| NAME                    | RELATIONSHIP | AGE        | BIRTHPLACE |
| Sally                   | W            | 38         |            |
| Mary                    | D            | 9          |            |
| Mitchell                | S            | 4          |            |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |

FORM 18-636 (4-22-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|                         |                                 |              |                 |                 |
|-------------------------|---------------------------------|--------------|-----------------|-----------------|
| R 200                   | HEAD OF FAMILY <i>Rice Juan</i> |              | E.D. <i>102</i> | SHEET <i>10</i> |
| COLOR <i>W</i>          | AGE <i>26</i>                   | BIRTHPLACE   |                 |                 |
| COUNTY <i>Sabine</i>    |                                 | CITY         |                 |                 |
| OTHER MEMBERS OF FAMILY |                                 |              |                 |                 |
|                         | NAME                            | RELATIONSHIP | AGE             | BIRTHPLACE      |
| /                       | <i>Mary</i>                     | <i>W</i>     | <i>25</i>       |                 |
|                         | <i>Gertrude</i>                 | <i>D</i>     | <i>7</i>        |                 |
|                         | <i>Lena</i>                     | <i>D</i>     | <i>4</i>        |                 |
|                         | <i>Fritz</i>                    | <i>S</i>     | <i>2</i>        |                 |
|                         |                                 |              |                 |                 |
|                         |                                 |              |                 |                 |
|                         |                                 |              |                 |                 |
|                         |                                 |              |                 |                 |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|   |  |  |                   |
|---|--|--|-------------------|
| NAME OF INDIVIDUAL<br><i>Rose Juanita M</i>       |  | E.O.<br><i>108</i>                       | SHEET<br><i>3</i> |
| COLOR<br><i>W</i>                                 | AGE<br><i>3</i>                          | BIRTHPLACE                               |                   |
| COUNTY<br><i>St. Landry</i>                       |  | CITY<br><i>Melville</i>                  |                   |
| ENUMERATED WITH<br><i>Stone Clark W</i>           |  |  |                   |
| RELATIONSHIP TO ABOVE                             |  |  |                   |
| <input type="checkbox"/> FATHER                   | <input type="checkbox"/> NEPHER          | <input type="checkbox"/> INMATE          |                   |
| <input type="checkbox"/> MOTHER                   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |                   |
| <input type="checkbox"/> GRANDFATHER              | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |                   |
| <input type="checkbox"/> GRANDMOTHER              | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |                   |
| <input type="checkbox"/> GRANDSON                 | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |                   |
| <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |                   |
| <input type="checkbox"/> AUNT                     | <input type="checkbox"/> BROTHER-IN-LAW  |  |                   |
| <input type="checkbox"/> UNCLE                    | <input type="checkbox"/> SISTER-IN-LAW   |  |                   |

Form 16-637 (4-25-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-SC 16100-P01

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| L-200                   |     | HEAD OF FAMILY |     | LOUISIANA  |       |
|                         |     | Lewis Judge    |     | E.D.       | SHEET |
| COLOR                   | AGE | BIRTHPLACE     |     |            |       |
| B                       | 33  |                |     |            |       |
| COUNTY                  |     | West Carroll   |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| 1 Georgia A             |     | W              | 25  |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 16-436 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



LOUISIANA

|                         |                |     |               |            |            |       |   |
|-------------------------|----------------|-----|---------------|------------|------------|-------|---|
| P 200                   | HEAD OF FAMILY |     | Ross, Guidain | E.O.       | 50         | SHEET | 5 |
| COLOR                   | B              | AGE | 55            | BIRTHPLACE |            |       |   |
| COUNTY                  |                |     | Plaquemines   | CITY       |            |       |   |
| OTHER MEMBERS OF FAMILY |                |     |               |            |            |       |   |
| NAME                    |                |     | RELATIONSHIP  | AGE        | BIRTHPLACE |       |   |
| 1 Elizabeth             |                |     | W             | 4 1/2      |            |       |   |
| + 1 bo                  |                |     |               |            |            |       |   |
|                         |                |     |               |            |            |       |   |
|                         |                |     |               |            |            |       |   |
|                         |                |     |               |            |            |       |   |
|                         |                |     |               |            |            |       |   |
|                         |                |     |               |            |            |       |   |
|                         |                |     |               |            |            |       |   |
|                         |                |     |               |            |            |       |   |

FORM 18-636 (6-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |  |            |           |                                |
|---|--|--|------------|-----------|--------------------------------|
| 17200   |  | NAME OF INDIVIDUAL<br><i>Ross, Jul</i>   |            | LOUISIANA |                                |
| COLOR<br><i>W</i>                               |  | AGE<br><i>20</i>                         | BIRTHPLACE |           | R.D. <i>54</i> SHEET <i>38</i> |
| COUNTY<br><i>Jackson</i>                        |  |  | CITY       |           |                                |
| ENUMERATED WITH<br><i>Tulpepper, William F.</i> |  |  |            |           |                                |
| RELATIONSHIP TO ABOVE                           |  |  |            |           |                                |
| <input type="checkbox"/> FATHER                 | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |            |           |                                |
| <input type="checkbox"/> MOTHER                 | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |            |           |                                |
| <input type="checkbox"/> GRANDFATHER            | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |            |           |                                |
| <input type="checkbox"/> GRANDMOTHER            | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |            |           |                                |
| <input type="checkbox"/> GRANDSON               | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |            |           |                                |
| <input type="checkbox"/> GRANDDAUGHTER          | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |            |           |                                |
| <input type="checkbox"/> AUNT                   | <input type="checkbox"/> BROTHER-IN-LAW  | <i>H.M.</i>                              |            |           |                                |
| <input type="checkbox"/> UNCLE                  | <input type="checkbox"/> SISTER-IN-LAW   |  |            |           |                                |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-PC 10100-P01

LOUISIANA

|  |  |   |    |        |       |
|--|--|---|----|--------|-------|
| B200                                   |  | NAME OF INDIVIDUAL                                  |    | E.D.   | SHEET |
|  |  | Rush, Julia   |    | 102    | 3     |
| COLOR                                  | AGE                                      | BIRTHPLACE  |    |        |       |
| B                                      | 11                                       |   |    |        |       |
| COUNTY                                 |  | CITY  |    |        |       |
|  |  | Ouachita  |    | Monroe |       |
| ENUMERATED WITH                        |  |   |    |        |       |
| Crenshaw, Levy                         |  |   |    |        |       |
| RELATIONSHIP TO ABOVE                  |  |   |    |        |       |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |    |        |       |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NICE            | <input type="checkbox"/> NURSE                      |    |        |       |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |    |        |       |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |    |        |       |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |    |        |       |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |    |        |       |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW  |   | SS |        |       |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW   |   |    |        |       |

FORM 16-637 (4-20-61)

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-OC 1910-P61

LOUISIANA

|                         |     |                |     |            |  |
|-------------------------|-----|----------------|-----|------------|--|
| P 22                    |     | HEAD OF FAMILY |     | LOUISIANA  |  |
| Riggs, Jules            |     | E.D.           |     | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |     |            |  |
| B                       | 58  |                |     |            |  |
| COUNTY                  |     | CITY           |     |            |  |
| St. Landry              |     |                |     |            |  |
| OTHER MEMBERS OF FAMILY |     |                |     |            |  |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| Margaret                |     | W              | 36  |            |  |
| George                  |     | S              | 19  |            |  |
| Anne                    |     | D              | 21  |            |  |
| Rosanna                 |     | D              | 10  |            |  |
| William                 |     | S              | 9   |            |  |
| Johnny                  |     | S              | 7   |            |  |
| Arthur                  |     | S              | 4   |            |  |

FORM 10-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME             | RELATION-<br>SHIP | AGE | BIRTHPLACE |
|------------------|-------------------|-----|------------|
| Wallin, Delphine | Mh                | 60  |            |
| Wilson, Letty    | D                 | 20  |            |
| Philips          | Sh                | 24  |            |
|                  |                   |     |            |
|                  |                   |     |            |
|                  |                   |     |            |
|                  |                   |     |            |
|                  |                   |     |            |
|                  |                   |     |            |
|                  |                   |     |            |

FORM 16-436a (4-29-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 1910B-P61

|                         |                               |              |      | LOUISIANA  |             |
|-------------------------|-------------------------------|--------------|------|------------|-------------|
| R200                    | HEAD OF FAMILY<br>Kays, Jules |              |      | E.O.<br>21 | SHEET<br>13 |
| COLOR<br>C              | AGE<br>48                     | BIRTHPLACE   |      |            |             |
| COUNTY<br>Iberville     |                               |              | CITY |            |             |
| OTHER MEMBERS OF FAMILY |                               |              |      |            |             |
| NAME                    |                               | RELATIONSHIP | AGE  | BIRTHPLACE |             |
| 1                       | Eva                           | D            | 22   |            |             |
|                         |                               |              |      |            |             |
|                         |                               |              |      |            |             |
|                         |                               |              |      |            |             |
|                         |                               |              |      |            |             |
|                         |                               |              |      |            |             |
|                         |                               |              |      |            |             |
|                         |                               |              |      |            |             |
|                         |                               |              |      |            |             |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |  |   |  |            |             |
|--|--|---|--|------------|-------------|
| R 200                                  |  | NAME OF INDIVIDUAL<br>Pearry, Jules                 |  | E.O.<br>72 | SHEET<br>15 |
| COLOR<br>W                             | AGE<br>2                                 | BIRTHPLACE  |  |            |             |
| COUNTY                                 |  | Lafayette   |  | CITY       |             |
| ENUMERATED WITH<br>Fabre, Albert       |  |   |  |            |             |
| RELATIONSHIP TO ABOVE                  |  |   |  |            |             |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> IMMATE                     |  |            |             |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |  |            |             |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |            |             |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |            |             |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |            |             |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |            |             |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |            |             |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW   |   |  |            |             |

FORM 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 1910B-P01

| LOUISIANA               |                |
|-------------------------|----------------|
| R200                    | HEAD OF FAMILY |
| Color                   | AGE            |
| 63                      | BIRTHPLACE     |
| COUNTY                  | CITY           |
| St. Martin              | Brown Bridge   |
| OTHER MEMBERS OF FAMILY |                |
| NAME                    | RELATIONSHIP   |
| Clamina                 | W              |
| Agnes                   | D              |
| Joseph                  | S              |
| Martin                  | S              |
| Arthur                  | S              |
| Feliciana               | M              |
| Arconat, Louison        | FZ             |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1 H M.



|                         |                                    | LOUISIANA            |                  |
|-------------------------|------------------------------------|----------------------|------------------|
| R200                    | HEAD OF FAMILY<br>Riche, Jules Sr. |                      | E.O. 58 SHEET 11 |
| COLOR<br>W              | AGE<br>39                          | BIRTHPLACE<br>France |                  |
| COUNTY<br>St. Bernard   |                                    | CITY                 |                  |
| OTHER MEMBERS OF FAMILY |                                    |                      |                  |
| NAME                    |                                    | RELATIONSHIP         | AGE              |
| Mary                    |                                    | W                    | 37               |
| Johnson, Julian         |                                    | D                    | 15               |
| Ernest                  |                                    | S                    | 14               |
| Riche, Jules Jr.        |                                    | S                    | 12               |
| Cecile Mary             |                                    | M                    | 55               |
|                         |                                    |                      |                  |
|                         |                                    |                      |                  |
|                         |                                    |                      |                  |

|   |     |                    |  |           |  |
|---|-----|--------------------|--|-----------|--|
| R200  |     | NAME OF INDIVIDUAL |  | LOUISIANA |  |
| Rousseau, Jules J.  |     | E.O.               |  | SHEET     |  |
| COLOR   | AGE | BIRTHPLACE         |  |           |  |
| W   | 30  |                    |  |           |  |
| COUNTY  |     | CITY               |  |           |  |
| Lefourcho   |     | Thibodaux          |  |           |  |
| ENUMERATED WITH   |     |                    |  |           |  |
| Duboung, Armand, J.   |     |                    |  |           |  |
| RELATIONSHIP TO ABOVE   |     |                    |  |           |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE<br><input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW<br><input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |     |                    |  |           |  |
| Past Priest   |     |                    |  |           |  |

FORM 16-437 (4-30-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 16196-P01

|  |        |  |             |  |               |
|--|--------|--|-------------|--|---------------|
| 1200   |        | NAME OF INDIVIDUAL   |             | LOUISIANA  |               |
| COLOR  | W      | AGE  | 12          | BIRTHPLACE   | Kreche, Julia |
| COUNTY   | Vernon |  | CITY        | Leesville  |               |
| ENUMERATED WITH  |        |  | Honz, J. M. |  |               |
| RELATIONSHIP TO ABOVE  |        |  |             |  |               |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |        | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input checked="" type="checkbox"/> SISTER-IN-LAW |             | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |               |

FORM 10-437 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18186-P01

LOUISIANA

|  |  |   |  |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|--|--|---|--|--------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| R200   |  | NAME OF INDIVIDUAL<br><i>Rice, Julia</i>                              |  | E.O.<br><i>108</i> | SHEET<br><i>20</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR<br><i>Mur</i>  | AGE<br><i>6</i>                          | BIRTH PLACE   |  |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY<br><i>St. Landry</i>  |  | CITY  |  |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Thomas, Burton</i>   |  |   |  |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   |  |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)<br/><i>Ad-Adm.</i></td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |                    |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify)<br><i>Ad-Adm.</i> | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                                       |  |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE  |  |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                                      |  |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                                       |  |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                                      |  |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify)<br><i>Ad-Adm.</i> |  |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |   |  |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 18-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P01

LOUISIANA

|  |                  |   |  |   |                    |
|--|------------------|---|--|---|--------------------|
| R 200  |                  | NAME OF INDIVIDUAL<br><i>Ronan Julian</i>   |  | E.D.<br><i>48</i>   | SHEET<br><i>19</i> |
| COLOR<br><i>W</i>  | AGE<br><i>52</i> | BIRTHPLACE  |  |   |                    |
| COUNTY<br><i>Lafourche</i>   |                  | CITY  |  |   |                    |
| ENUMERATED WITH<br><i>Peter Aladarn</i>  |                  |   |  |   |                    |
| RELATIONSHIP TO ABOVE  |                  |   |  |   |                    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>D</i> |                    |

FORM 10-437 (4-30-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P01

| R200                    |     | HEAD OF FAMILY |              | LOUISIANA  |  |
|-------------------------|-----|----------------|--------------|------------|--|
| COLOR                   | AGE | BIRTHPLACE     | E.O.         | SHEET      |  |
| W                       | 24  |                | 99           | 12         |  |
| COUNTY                  |     | St. Mary       | CITY Berwick |            |  |
| OTHER MEMBERS OF FAMILY |     |                |              |            |  |
| NAME                    |     | RELATIONSHIP   | AGE          | BIRTHPLACE |  |
| Victoria                |     | W              | 31           |            |  |
| Jessie                  |     | D              | 5            |            |  |
| Lizzie                  |     | D              | 3 1/2        |            |  |
|                         |     |                |              |            |  |
|                         |     |                |              |            |  |
|                         |     |                |              |            |  |
|                         |     |                |              |            |  |
|                         |     |                |              |            |  |

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R200                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.O.       | SHEET |
| 8                       |  | 35             |            | 81         | 7     |
| COUNTY                  |  |                | CITY       |            |       |
| St. John the Baptist    |  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Wheaton, Mary           |  | C              | 15         |            |       |
| Ricks, Juliana          |  | S              | 10         |            |       |
| Martha                  |  | D              | 7          |            |       |
| Lena                    |  | D              | 7          |            |       |
| Viola                   |  | D              | 3          |            |       |
| Robbie                  |  | D              | 2          |            |       |
| Edna                    |  | D              | 3 1/2      |            |       |

FORM 16-436 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R200                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
|                         |     | Rack Julius    |     | E.D.       | SHEET |
| COLOR                   | AGE | BIRTHPLACE     |     |            |       |
| B                       | 48  |                |     |            |       |
| COUNTY                  |     | Bossier        |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Nancy                   |     | W              | 13  |            |       |
| Lella L.                |     | D              | 23  |            |       |
| Pearl                   |     | D              | 23  |            |       |
| Julius J.               |     | S              | 18  |            |       |
| Willie                  |     | S              | 16  |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 16-636 (4-26-61)

1960 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



LOUISIANA

|                         |   |                |              |               |            |      |       |
|-------------------------|---|----------------|--------------|---------------|------------|------|-------|
| 1200                    |   | HEAD OF FAMILY |              | Russ Julius L |            | E.O. | SHEET |
| 106                     |   | 18             |              |               |            |      |       |
| COLOR                   | W | AGE            | 42           | BIRTHPLACE    |            |      |       |
| COUNTY                  |   |                |              | CITY          |            |      |       |
| Ouachita                |   |                |              | West Monroe   |            |      |       |
| OTHER MEMBERS OF FAMILY |   |                |              |               |            |      |       |
| NAME                    |   |                | RELATIONSHIP | AGE           | BIRTHPLACE |      |       |
| Ruby                    |   |                | W            | 32            | Miss       |      |       |
| Ima                     |   |                | D            | 14            |            |      |       |
|                         |   |                |              |               |            |      |       |
|                         |   |                |              |               |            |      |       |
|                         |   |                |              |               |            |      |       |
|                         |   |                |              |               |            |      |       |
|                         |   |                |              |               |            |      |       |
|                         |   |                |              |               |            |      |       |
|                         |   |                |              |               |            |      |       |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |           |   |  |  |            |
|--|-----------|---|--|--|------------|
| R200   |           | NAME OF INDIVIDUAL<br>Roscoe J. Jureat  |  | P.O.<br>69   | SHEET<br>5 |
| COLOR<br>W   | AGE<br>39 | BIRTHPLACE<br>Ind   |  |  |            |
| COUNTY   |           | Lincoln   |  | CITY<br>Ruston   |            |
| ENUMERATED WITH<br>Guthrie Wesley  |           |   |  |  |            |
| RELATIONSHIP TO ABOVE  |           |   |  |  |            |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |           | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> BOARDER<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |            |

FORM 16-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMB-DC 16105-P61

LOUISIANA

|   |   |  |                   |                   |                                 |                                 |                               |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|---|--|-------------------|-------------------|---------------------------------|---------------------------------|-------------------------------|---------------------------------|---|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R-200   | NAME OF INDIVIDUAL<br><i>Rusk, Kate</i>   |  | E.D.<br><i>20</i> | SHEET<br><i>7</i> |                                 |                                 |                               |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>W</i>   | AGE<br><i>15</i>                          | BIRTHPLACE                               |                   |                   |                                 |                                 |                               |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>Avoyelles</i>  |   | CITY                                     |                   |                   |                                 |                                 |                               |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Pullen, Edward</i>  |   |  |                   |                   |                                 |                                 |                               |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |   |  |                   |                   |                                 |                                 |                               |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIFE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input checked="" type="checkbox"/> Niece</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |   |  |                   |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIFE | <input type="checkbox"/> MOTHER | <input checked="" type="checkbox"/> Niece | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW           | <input type="checkbox"/> WIFE            |                   |                   |                                 |                                 |                               |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input checked="" type="checkbox"/> Niece | <input type="checkbox"/> NURSE           |                   |                   |                                 |                                 |                               |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW    | <input type="checkbox"/> PATIENT         |                   |                   |                                 |                                 |                               |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW    | <input type="checkbox"/> ROOMER          |                   |                   |                                 |                                 |                               |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW       | <input type="checkbox"/> SERVANT         |                   |                   |                                 |                                 |                               |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW  | <input type="checkbox"/> OTHER (Specify) |                   |                   |                                 |                                 |                               |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW   |  |                   |                   |                                 |                                 |                               |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW    |  |                   |                   |                                 |                                 |                               |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 16-437 (4-29-31)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1916 CENSUS INDEX - INDIVIDUAL

USCOM-DC 16106-P61

LOUISIANA

|  |  |   |            |            |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
|--|--|---|------------|------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|-------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|---|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R200   | NAME OF INDIVIDUAL<br><i>Russ Letic</i>  |   | E.D.<br>30 | SHEET<br>6 |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>B</i>  | AGE<br><i>29</i>                         | BIRTHPLACE<br><i>Ix</i>                     |            |            |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>Caddo</i>   |  | CITY  |            |            |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Taylor Lucy E</i>  |  |   |            |            |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   |            |            |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NICE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input checked="" type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |            |            | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NICE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input checked="" type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE             |            |            |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NICE            | <input type="checkbox"/> NURSE              |            |            |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT            |            |            |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER             |            |            |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input checked="" type="checkbox"/> SERVANT |            |            |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)    |            |            |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |   |            |            |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |   |            |            |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |

FORM 16-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 16100-P61

LOUISIANA

|  |   |  |                     |                |
|--|---|--|---------------------|----------------|
| R200                                   | NAME OF INDIVIDUAL <i>Rice Katie</i>      |  | E.D. <i>33</i>      | SHEET <i>3</i> |
| COLOR <i>B</i>                         | AGE <i>15</i>                             | BIRTHPLACE                               |                     |                |
| COUNTY                                 | <i>Concordia</i>                          |  | CITY <i>Vidalia</i> |                |
| ENUMERATED WITH <i>Lewis Adams</i>     |   |  |                     |                |
| RELATIONSHIP TO ABOVE                  |   |  |                     |                |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW           | <input type="checkbox"/> INMATE          |                     |                |
| <input type="checkbox"/> MOTHER        | <input checked="" type="checkbox"/> Niece | <input type="checkbox"/> NURSE           |                     |                |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW    | <input type="checkbox"/> PATIENT         |                     |                |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW    | <input type="checkbox"/> ROOMER          |                     |                |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW       | <input type="checkbox"/> SERVANT         |                     |                |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW  | <input type="checkbox"/> OTHER (Specify) |                     |                |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW   |  |                     |                |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW    |  |                     |                |

FORM 10-427 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-OC 18100-P-61

LOUISIANA

|                         |                                    |              |                   |                    |
|-------------------------|------------------------------------|--------------|-------------------|--------------------|
| <i>P201</i>             | HEAD OF FAMILY<br><i>Rose Katy</i> |              | E.D.<br><i>23</i> | SHEET<br><i>19</i> |
| COLOR<br><i>B</i>       | AGE<br><i>62</i>                   | BIRTHPLACE   |                   |                    |
| COUNTY<br><i>Iberia</i> |                                    | CITY         |                   |                    |
| OTHER MEMBERS OF FAMILY |                                    |              |                   |                    |
| NAME                    |                                    | RELATIONSHIP | AGE               | BIRTHPLACE         |
| <i>Mary</i>             |                                    | <i>D</i>     | <i>16</i>         |                    |
| <i>Miller</i>           |                                    | <i>D</i>     | <i>14</i>         |                    |
| <i>Patsy</i>            |                                    | <i>D</i>     | <i>12</i>         |                    |
| <i>Pella</i>            |                                    | <i>D</i>     | <i>8</i>          |                    |
| <i>Viola</i>            |                                    | <i>D</i>     | <i>6</i>          |                    |
|                         |                                    |              |                   |                    |
|                         |                                    |              |                   |                    |

FORM 16-636 (4-26-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|                         |                                   |                       |                |                |
|-------------------------|-----------------------------------|-----------------------|----------------|----------------|
| <i>R200</i>             | HEAD OF FAMILY <i>Rice Kelley</i> |                       | E.O. <i>84</i> | SHEET <i>8</i> |
| COLOR <i>B</i>          | AGE <i>35</i>                     | BIRTHPLACE <i>ala</i> |                |                |
| COUNTY <i>Madison</i>   |                                   | CITY                  |                |                |
| OTHER MEMBERS OF FAMILY |                                   |                       |                |                |
| NAME                    |                                   | RELATIONSHIP          | AGE            | BIRTHPLACE     |
| <i>1 Caroline</i>       |                                   | <i>W</i>              | <i>32</i>      |                |
|                         |                                   |                       |                |                |
|                         |                                   |                       |                |                |
|                         |                                   |                       |                |                |
|                         |                                   |                       |                |                |
|                         |                                   |                       |                |                |
|                         |                                   |                       |                |                |
|                         |                                   |                       |                |                |
|                         |                                   |                       |                |                |

LOUISIANA

|                         |                |              |      |            |
|-------------------------|----------------|--------------|------|------------|
| R 200                   | HEAD OF FAMILY |              | E.D. | SHEET      |
|                         | Reg. France    |              | 44   | 3          |
| COLOR                   | AGE            | BIRTHPLACE   |      |            |
| B                       | 20             |              |      |            |
| COUNTY                  | Morehouse      |              | CITY |            |
| OTHER MEMBERS OF FAMILY |                |              |      |            |
| NAME                    |                | RELATIONSHIP | AGE  | BIRTHPLACE |
| E. J. Morehouse         |                |              |      |            |
|                         |                |              |      |            |
|                         |                |              |      |            |
|                         |                |              |      |            |
|                         |                |              |      |            |
|                         |                |              |      |            |
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|                         |                |              |      |            |

FORM 16-626 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



LOUISIANA

|  |   |  |            |             |
|--|---|--|------------|-------------|
| R200   | NAME OF INDIVIDUAL<br><i>Roscoe, Kureak</i> |  | E.D.<br>59 | SHEET<br>17 |
| COLOR<br><i>Wm</i>                           | AGE<br><i>10 1/2</i>                        | BIRTHPLACE                               |            |             |
| COUNTY<br>St. Bernard                        |   | CITY                                     |            |             |
| ENUMERATED WITH<br><i>Sanchay, East</i>      |   |  |            |             |
| RELATIONSHIP TO ABOVE                        |   |  |            |             |
| <input type="checkbox"/> FATHER              | <input type="checkbox"/> NEPHEW             | <input type="checkbox"/> INMATE          |            |             |
| <input type="checkbox"/> MOTHER              | <input type="checkbox"/> NIECE              | <input type="checkbox"/> NURSE           |            |             |
| <input type="checkbox"/> GRANDFATHER         | <input type="checkbox"/> FATHER-IN-LAW      | <input type="checkbox"/> PATIENT         |            |             |
| <input type="checkbox"/> GRANDMOTHER         | <input type="checkbox"/> MOTHER-IN-LAW      | <input type="checkbox"/> ROOMER          |            |             |
| <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW         | <input type="checkbox"/> SERVANT         |            |             |
| <input type="checkbox"/> GRANDDAUGHTER       | <input type="checkbox"/> DAUGHTER-IN-LAW    | <input type="checkbox"/> OTHER (Specify) |            |             |
| <input type="checkbox"/> AUNT                | <input type="checkbox"/> BROTHER-IN-LAW     |  |            |             |
| <input type="checkbox"/> UNCLE               | <input type="checkbox"/> SISTER-IN-LAW      |  |            |             |

Form 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 10100-P61



|                         |   |                |     |            |      |           |     |
|-------------------------|---|----------------|-----|------------|------|-----------|-----|
| K-200                   |   | HEAD OF FAMILY |     | ROSS L. C. |      | LOUISIANA |     |
| COLOR                   | B | AGE            | 25  | BIRTHPLACE | Arb. | E.D.      | 119 |
| COUNTY                  |   | Webster        |     | CITY       |      | SHEET 6   |     |
| OTHER MEMBERS OF FAMILY |   |                |     |            |      |           |     |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |      |           |     |
| 1 Callie's              |   | W              | 21  |            |      |           |     |
| + 1 Lio                 |   |                |     |            |      |           |     |
|                         |   |                |     |            |      |           |     |
|                         |   |                |     |            |      |           |     |
|                         |   |                |     |            |      |           |     |
|                         |   |                |     |            |      |           |     |
|                         |   |                |     |            |      |           |     |
|                         |   |                |     |            |      |           |     |

Form 16-436 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |  |  |           |  |                                 |                                 |                               |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|--|-----------|--|---------------------------------|---------------------------------|-------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 1200  |  | NAME OF INDIVIDUAL                       |  | LOUISIANA |  |                                 |                                 |                               |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Rush L Hatter   |  | E.D.                                     |  | SHEET     |  |                                 |                                 |                               |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR   | AGE                                      | BIRTHPLACE                               |  |           |  |                                 |                                 |                               |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| W   | 22                                       |  |  |           |  |                                 |                                 |                               |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY  |  | CITY                                     |  |           |  |                                 |                                 |                               |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Rapides   |  | Boyer                                    |  |           |  |                                 |                                 |                               |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |  |  |           |  |                                 |                                 |                               |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Coney & Charles   |  |  |  |           |  |                                 |                                 |                               |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |  |           |  |                                 |                                 |                               |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIFE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> MURDER</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |           |  | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIFE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> MURDER | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIFE            |  |           |  |                                 |                                 |                               |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> MURDER          |  |           |  |                                 |                                 |                               |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |  |           |  |                                 |                                 |                               |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |  |           |  |                                 |                                 |                               |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |  |           |  |                                 |                                 |                               |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |  |           |  |                                 |                                 |                               |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |           |  |                                 |                                 |                               |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |  |           |  |                                 |                                 |                               |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 16-537 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USC100-DC 10100-P01

|  |  |   |      |           |  |
|--|--|---|------|-----------|--|
| R200                                   |  | NAME OF INDIVIDUAL                                  |      | LOUISIANA |  |
| COLOS                                  | AGE                                      | BIRTHPLACE  | E.D. | SHEET     |  |
| W                                      | 26                                       | W. Va.  | 30   | 6         |  |
| COUNTY                                 |  | CITY  |      |           |  |
| Caddo                                  |  |   |      |           |  |
| ENUMERATED WITH                        |  |   |      |           |  |
| Jasman Emma E                          |  |   |      |           |  |
| RELATIONSHIP TO ABOVE                  |  |   |      |           |  |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDOW                      |      |           |  |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |      |           |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |      |           |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |      |           |  |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |      |           |  |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |      |           |  |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW  | Bo  |      |           |  |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW   |   |      |           |  |

FORM 18-637 (4-26-31)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |              |            |            |
|-------------------------|--------------|------------|------------|
| HEAD OF FAMILY          |              | LOUISIANA  |            |
| Rosa Lafield            |              | E.D.       | SHEET      |
| COLOR                   | AGE          | 32         | 31         |
| W                       | 34           | BIRTHPLACE |            |
| COUNTY                  |              | CITY       |            |
| Calcasieu               |              |            |            |
| OTHER MEMBERS OF FAMILY |              |            |            |
| NAME                    | RELATIONSHIP | AGE        | BIRTHPLACE |
| Leonora                 | W            | 34         |            |
| Conte                   | H            | 13         |            |
| Ollie                   | S            | 8          |            |
| Adia                    | S            | 7          |            |
| May L                   | D            | 3          |            |
|                         |              |            |            |
|                         |              |            |            |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                |  |           |  |
|----------------|--|-----------|--|
| HEAD OF FAMILY |  | LOUISIANA |  |
|----------------|--|-----------|--|

|                                      |                         |                                       |                          |
|--------------------------------------|-------------------------|---------------------------------------|--------------------------|
| <b>HEAD OF FAMILY</b><br><i>Reed</i> |                         | <b>LOUISIANA</b>                      |                          |
| <b>COLOR</b><br><i>B</i>             | <b>AGE</b><br><i>59</i> | <b>BIRTHPLACE</b><br><i>Reed Lane</i> | <b>E.D.</b><br><i>59</i> |
| <b>COUNTY</b><br><i>St. Louis</i>    |                         | <b>CITY</b><br>                       |                          |
| <b>OTHER MEMBERS OF FAMILY</b>       |                         |                                       |                          |
| <b>NAME</b>                          | <b>RELATIONSHIP</b>     | <b>AGE</b>                            | <b>BIRTHPLACE</b>        |
| <i>1 Julia</i>                       | <i>0</i>                | <i>12</i>                             |                          |
| <i>E. L. Gardner</i>                 |                         |                                       |                          |
|                                      |                         |                                       |                          |
|                                      |                         |                                       |                          |
|                                      |                         |                                       |                          |
|                                      |                         |                                       |                          |
|                                      |                         |                                       |                          |
|                                      |                         |                                       |                          |
|                                      |                         |                                       |                          |

FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |  |  |           |       |                                 |  |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|--|-----------|-------|---------------------------------|--|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R200  |  | NAME OF INDIVIDUAL                       |  | LOUISIANA |       |                                 |  |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR   | AGE  | BIRTHPLACE                               |  | S.D.      | SHEET |                                 |  |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| W   | 16   | Rosa, Louisiana                          |  | 95        | 27    |                                 |  |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY  |  | CITY                                     |  |           |       |                                 |  |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Red River   |  |  |  |           |       |                                 |  |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |  |  |           |       |                                 |  |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Rosa, Jones   |  |  |  |           |       |                                 |  |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |  |           |       |                                 |  |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input checked="" type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> Niece</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |           |       | <input type="checkbox"/> FATHER | <input checked="" type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> Niece | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input checked="" type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE          |  |           |       |                                 |  |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> Niece             | <input type="checkbox"/> NURSE           |  |           |       |                                 |  |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW     | <input type="checkbox"/> PATIENT         |  |           |       |                                 |  |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW     | <input type="checkbox"/> ROOMER          |  |           |       |                                 |  |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW        | <input type="checkbox"/> SERVANT         |  |           |       |                                 |  |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW   | <input type="checkbox"/> OTHER (Specify) |  |           |       |                                 |  |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW    |  |  |           |       |                                 |  |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW     |  |  |           |       |                                 |  |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 16-637 (4-30-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMA-DC 16100-P01



|                         |                |            |            |       |
|-------------------------|----------------|------------|------------|-------|
| R200                    | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   | AGE            | BIRTHPLACE | E.D.       | SHEET |
| B                       | 28             |            | 115        | 3     |
| COUNTY                  |                | CITY       |            |       |
| Richland                |                |            |            |       |
| OTHER MEMBERS OF FAMILY |                |            |            |       |
| NAME                    | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| George                  | D              | 14         |            |       |
| Rosa                    | D              | 10         |            |       |
| Freddie                 | D              | 6          |            |       |
| Russell                 | S              | 5          |            |       |
| Mary                    | D              | 4          |            |       |
|                         |                |            |            |       |
|                         |                |            |            |       |

FORM 16-635 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |   |            |   |       |
|--|--|---|------------|---|-------|
| R200   |  | NAME OF INDIVIDUAL  |            | LOUISIANA   |       |
| COLOR  |  | AGE   | BIRTHPLACE | E.D.  | SHEET |
| W  |  | 65  |            | 16  | 23    |
| COUNTY   |  |   | CITY       |   |       |
| Avoyelles  |  |   | Mansura    |   |       |
| ENUMERATED WITH  |  |   |            |   |       |
| Coco Mercedes  |  |   |            |   |       |
| RELATIONSHIP TO ABOVE  |  |   |            |   |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |            | <input type="checkbox"/> WIDATE<br><input type="checkbox"/> NUNCE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input checked="" type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |       |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USC&MS-DC 10100-P01

|                         |     |                |      |            |       |
|-------------------------|-----|----------------|------|------------|-------|
| 8200                    |     | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |      | E.D.       | SHEET |
| B                       | 50  |                |      | 147        | 12    |
| COUNTY                  |     |                | CITY |            |       |
| West Feliciana          |     |                |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| 1 Mammie                |     | D              | 19   |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |

FORM 18-436 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |     |  |  |  |       |
|--|-----|--|--|--|-------|
| Rook   |     | NAME OF INDIVIDUAL   |  | LOUISIANA  |       |
| Color  | Age | Birthplace   |  | E.D.   | SHEET |
| B  | 36  |  |  | 50   | 6     |
| County   |     | Franklin   |  | City   |       |
| Enumerated with  |     |  |  |  |       |
| Matthews, Jim  |     |  |  |  |       |
| Relationship to above  |     |  |  |  |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input checked="" type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |       |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18100-P01

|                         |              |            |            |
|-------------------------|--------------|------------|------------|
| HEAD OF FAMILY          |              | LOUISIANA  |            |
| COLOR                   | AGE          | BIRTHPLACE | E.D. SHEET |
| 0                       | 29           |            | 1246       |
| COUNTY                  | CITY         |            |            |
| Tensas                  |              |            |            |
| OTHER MEMBERS OF FAMILY |              |            |            |
| NAME                    | RELATIONSHIP | AGE        | BIRTHPLACE |
| Lucia                   | D            | 9          |            |
| Robert                  | S            | 7          |            |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |

FORM 18-636 (4-20-51)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |   |  |                  |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
|---|--|---|--|------------------|---------------------------------|---------------------------------|-------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|----------|--------------------------------|--|--|
| R200  |  | NAME OF INDIVIDUAL<br><i>Rees Lawrence</i>          |  | LOUISIANA        |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| COLOR<br><i>W</i>   | AGE<br><i>74 1/2</i>                     | BIRTHPLACE  |  | E.O. 10410 SHEET |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| COUNTY<br><i>St. Tammany</i>  |  | CITY<br><i>Slidell</i>                              |  |                  |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| ENUMERATED WITH<br><i>Cassia Frank</i>  |  |   |  |                  |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |  |                  |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIFE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>S</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |                  | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIFE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>S</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIFE                       |  |                  |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |  |                  |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |                  |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |                  |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |                  |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |                  |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  | <i>S</i>  |  |                  |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |  |                  |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |

FORM 10-537 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 1910-761

|  |  |   |   |  |                                  |
|--|--|---|---|--|----------------------------------|
| R 200  |  | NAME OF INDIVIDUAL<br><i>Pass. Lawrence</i> |   | LOUISIANA                                |                                  |
| COLOR<br><i>B</i>                            | AGE<br><i>9</i>                          | BIRTHPLACE                                  |   | E.D.<br><i>15</i>                        | SHEET<br><i>2</i>                |
| COUNTY<br><i>East Baton Rouge</i>            |  | CITY<br><i>Baton Rouge</i>                  |   |  |                                  |
| ENUMERATED WITH<br><i>Pass. Bettie</i>       |  |   |   |  |                                  |
| RELATIONSHIP TO ABOVE                        |  |   |   |  |                                  |
| <input type="checkbox"/> FATHER              | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIFE               | <input type="checkbox"/> MOTHER         | <input type="checkbox"/> NURSE           | <input type="checkbox"/> PATIENT |
| <input type="checkbox"/> MOTHER              | <input type="checkbox"/> NICE            | <input type="checkbox"/> FATHER-IN-LAW      | <input type="checkbox"/> MOTHER-IN-LAW  | <input type="checkbox"/> ROOMER          | <input type="checkbox"/> SERVANT |
| <input type="checkbox"/> GRANDFATHER         | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> DAUGHTER-IN-LAW    | <input type="checkbox"/> BROTHER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |                                  |
| <input type="checkbox"/> GRANDMOTHER         | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> BROTHER-IN-LAW     | <input type="checkbox"/> NTER-IN-LAW    |  |                                  |
| <input checked="" type="checkbox"/> GRANDSON |  |   |   |  |                                  |
| <input type="checkbox"/> GRANDDAUGHTER       |  |   |   |  |                                  |
| <input type="checkbox"/> AUNT                |  |   |   |  |                                  |
| <input type="checkbox"/> UNCLE               |  |   |   |  |                                  |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |                |                    |              |            |         |
|--|----------------|--------------------|--------------|------------|---------|
| R200   |                | NAME OF INDIVIDUAL |              | LOUISIANA  |         |
| COLOR  | B              | AGE                | 16           | BIRTHPLACE | E.D. 45 |
| COUNTY   | East Feliciana |                    | CITY Clinton |            |         |
| ENUMERATED WITH  |                |                    |              |            |         |
| RELATIONSHIP TO ABOVE  |                |                    |              |            |         |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> FATHER<br/> <input type="checkbox"/> MOTHER<br/> <input type="checkbox"/> GRANDFATHER<br/> <input type="checkbox"/> GRANDMOTHER<br/> <input type="checkbox"/> GRANDSON<br/> <input type="checkbox"/> GRANDDAUGHTER<br/> <input type="checkbox"/> AUNT<br/> <input type="checkbox"/> UNCLE </div> <div style="width: 30%;"> <input type="checkbox"/> NEPHEW<br/> <input type="checkbox"/> NIECE<br/> <input type="checkbox"/> FATHER-IN-LAW<br/> <input type="checkbox"/> MOTHER-IN-LAW<br/> <input type="checkbox"/> SON-IN-LAW<br/> <input type="checkbox"/> DAUGHTER-IN-LAW<br/> <input type="checkbox"/> BROTHER-IN-LAW<br/> <input type="checkbox"/> SISTER-IN-LAW </div> <div style="width: 30%;"> <input type="checkbox"/> BOARDER<br/> <input type="checkbox"/> NURSE<br/> <input type="checkbox"/> PATIENT<br/> <input type="checkbox"/> ROOMER<br/> <input type="checkbox"/> SERVANT<br/> <input checked="" type="checkbox"/> OTHER (Specify) </div> </div> |                |                    |              |            |         |

FORM 10-637 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |     |                |      |            |       |
|-------------------------|-----|----------------|------|------------|-------|
| R200                    |     | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |      | E.D.       | SHEET |
| B                       | 25  | ark            |      | 69         | 24    |
| COUNTY                  |     |                | CITY |            |       |
| Do Soto                 |     |                |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| 1 June                  |     | W              | 26   |            |       |
| Wash Clabon             |     | SS             | 10   |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |

FORM 18-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |    |              |  |           |       |
|-------------------------|---|----------------|----|--------------|--|-----------|-------|
| R302                    |   | HEAD OF FAMILY |    | Ricks Layton |  | LOUISIANA |       |
| COLOR                   | W | AGE            | 18 | BIRTHPLACE   |  | E.O.      | SHEET |
|                         |   |                |    | 1071         |  |           |       |
| COUNTY                  |   |                |    | Tangipahoa   |  | CITY      |       |
|                         |   |                |    | Kentwood     |  |           |       |
| OTHER MEMBERS OF FAMILY |   |                |    |              |  |           |       |
| NAME                    |   |                |    | RELATIONSHIP |  | AGE       |       |
| Living alone            |   |                |    |              |  |           |       |
|                         |   |                |    |              |  |           |       |
|                         |   |                |    |              |  |           |       |
|                         |   |                |    |              |  |           |       |
|                         |   |                |    |              |  |           |       |
|                         |   |                |    |              |  |           |       |
|                         |   |                |    |              |  |           |       |
|                         |   |                |    |              |  |           |       |
|                         |   |                |    |              |  |           |       |

FORM 18-636 (4-26-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |           |            |       |
|-------------------------|---|----------------|-----------|------------|-------|
| R-200                   |   | HEAD OF FAMILY |           | LOUISIANA  |       |
| NAME                    |   | Rex, Larry     |           | E.D.       | SHEET |
| COLOR                   | B | AGE            | 40        | 25         | 3     |
| BIRTHPLACE              |   | N.C.           |           |            |       |
| COUNTY                  |   |                | Avoyelles |            |       |
| CITY                    |   |                | Evergreen |            |       |
| OTHER MEMBERS OF FAMILY |   |                |           |            |       |
| NAME                    |   | RELATIONSHIP   | AGE       | BIRTHPLACE |       |
| Mack, Elvira            |   | D              | 25        |            |       |
| Rex, Edward             |   | S              | 17        |            |       |
| Jesse                   |   | S              | 12        |            |       |
|                         |   |                |           |            |       |
|                         |   |                |           |            |       |
|                         |   |                |           |            |       |
|                         |   |                |           |            |       |
|                         |   |                |           |            |       |

FORM 16-636 (4-22-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |   |  |  |             |                                 |                                 |                                 |                                 |                                |                                |                                      |   |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|---|--|--|-------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|---|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R200  |   | NAME OF INDIVIDUAL<br>Ross Lee           |  | LOUISIANA   |                                 |                                 |                                 |                                 |                                |                                |                                      |   |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br>B  | AGE<br>48   | BIRTHPLACE                               |  | S.D.<br>110 |                                 |                                 |                                 |                                 |                                |                                |                                      |   |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br>Tangipahoa  |   | CITY<br>12                               |  |             |                                 |                                 |                                 |                                 |                                |                                |                                      |   |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br>Washington George  |   |  |  |             |                                 |                                 |                                 |                                 |                                |                                |                                      |   |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |   |  |  |             |                                 |                                 |                                 |                                 |                                |                                |                                      |   |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input checked="" type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |   |  |  |             | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input checked="" type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW                   | <input type="checkbox"/> INMATE          |  |             |                                 |                                 |                                 |                                 |                                |                                |                                      |   |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE                    | <input type="checkbox"/> NURSE           |  |             |                                 |                                 |                                 |                                 |                                |                                |                                      |   |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input checked="" type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT         |  |             |                                 |                                 |                                 |                                 |                                |                                |                                      |   |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW            | <input type="checkbox"/> ROOMER          |  |             |                                 |                                 |                                 |                                 |                                |                                |                                      |   |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW               | <input type="checkbox"/> SERVANT         |  |             |                                 |                                 |                                 |                                 |                                |                                |                                      |   |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW          | <input type="checkbox"/> OTHER (Specify) |  |             |                                 |                                 |                                 |                                 |                                |                                |                                      |   |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW           |  |  |             |                                 |                                 |                                 |                                 |                                |                                |                                      |   |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW            |  |  |             |                                 |                                 |                                 |                                 |                                |                                |                                      |   |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 1910-PSI

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| R200   |  | NAME OF INDIVIDUAL  |  | LOUISIANA   |  |
| Rosa Lee   |  | AGE   |  | S.D. SHEET  |  |
| COLOR 6  |  | 31  |  | 125 14  |  |
| BIRTHPLACE   |  | ala.  |  |   |  |
| COUNTY   |  | Winn  |  | CITY  |  |
| ENUMERATED WITH  |  |   |  |   |  |
| Frazier Robert   |  |   |  |   |  |
| RELATIONSHIP TO ABOVE  |  |   |  |   |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> Niece<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |  |

FORM 18-437 (4-20-61)

1916 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 18199-P61

|                         |                   |                |       |            |         |           |  |         |
|-------------------------|-------------------|----------------|-------|------------|---------|-----------|--|---------|
| 8200                    |                   | HEAD OF FAMILY |       | Rice Lee   |         | LOUISIANA |  |         |
| COLOR                   | W                 | AGE            | 43    | BIRTHPLACE | E.D. 54 |           |  | SHEET 8 |
| COUNTY                  | Acumines-queminex |                |       | CITY       |         |           |  |         |
| OTHER MEMBERS OF FAMILY |                   |                |       |            |         |           |  |         |
| NAME                    |                   | RELATIONSHIP   | AGE   | BIRTHPLACE |         |           |  |         |
| Daisy                   |                   | W              | 21    |            |         |           |  |         |
| Edmond                  |                   | S              | 2     |            |         |           |  |         |
| Ethel                   |                   | D              | 8 1/2 |            |         |           |  |         |
|                         |                   |                |       |            |         |           |  |         |
|                         |                   |                |       |            |         |           |  |         |
|                         |                   |                |       |            |         |           |  |         |
|                         |                   |                |       |            |         |           |  |         |
|                         |                   |                |       |            |         |           |  |         |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |                 |   |  |   |                    |
|--|-----------------|---|--|---|--------------------|
| R200   |                 | NAME OF INDIVIDUAL<br><i>Keyser Lee</i>   |  | LOUISIANA   |                    |
| COLOR<br><i>W</i>  | AGE<br><i>3</i> | BIRTHPLACE  |  | E.O.<br><i>121</i>  | SHEET<br><i>20</i> |
| COUNTY<br><i>St. Landry</i>  |                 | CITY  |  |   |                    |
| ENUMERATED WITH<br><i>Marcantell Willis</i>  |                 |   |  |   |                    |
| RELATIONSHIP TO ABOVE  |                 |   |  |   |                    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                 | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>son</i> |                    |

FORM 10-637 (10-20-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 1910-P-61

|  |   |  |  |                   |                    |   |   |  |
|--|---|--|--|-------------------|--------------------|---|---|--|
| (R202)   |   | NAME OF INDIVIDUAL<br><i>Russell Lee</i>   |  | LOUISIANA         |                    |   |   |  |
| COLOR<br><i>B</i>  | AGE<br><i>2</i>   | BIRTHPLACE   |  | E.D.<br><i>73</i> | SHEET<br><i>22</i> |   |   |  |
| COUNTY<br><i>Pointe Coupee</i>   |   | CITY   |  |                   |                    |   |   |  |
| ENUMERATED WITH<br><i>Williams, Van</i>  |   |  |  |                   |                    |   |   |  |
| RELATIONSHIP TO ABOVE  |   |  |  |                   |                    |   |   |  |
| <table border="0"> <tr> <td> <input type="checkbox"/> FATHER<br/> <input type="checkbox"/> MOTHER<br/> <input type="checkbox"/> GRANDFATHER<br/> <input type="checkbox"/> GRANDMOTHER<br/> <input checked="" type="checkbox"/> GRANDSON<br/> <input type="checkbox"/> GRANDDAUGHTER<br/> <input type="checkbox"/> AUNT<br/> <input type="checkbox"/> UNCLE         </td> <td> <input type="checkbox"/> NEPHEW<br/> <input type="checkbox"/> NIECE<br/> <input type="checkbox"/> FATHER-IN-LAW<br/> <input type="checkbox"/> MOTHER-IN-LAW<br/> <input type="checkbox"/> SON-IN-LAW<br/> <input type="checkbox"/> DAUGHTER-IN-LAW<br/> <input type="checkbox"/> BROTHER-IN-LAW<br/> <input type="checkbox"/> SISTER-IN-LAW         </td> <td> <input type="checkbox"/> INMATE<br/> <input type="checkbox"/> NURSE<br/> <input type="checkbox"/> PATIENT<br/> <input type="checkbox"/> ROOMER<br/> <input type="checkbox"/> SERVANT<br/> <input type="checkbox"/> OTHER (Specify)         </td> </tr> </table> |   |  |  |                   |                    | <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input checked="" type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input checked="" type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |  |                   |                    |   |   |  |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                          |                                     |              |                   |                    |
|--------------------------|-------------------------------------|--------------|-------------------|--------------------|
| R200                     | HEAD OF FAMILY<br><i>Rach, Leze</i> |              | LOUISIANA         |                    |
| COLOR<br><i>B</i>        | AGE<br><i>23</i>                    | BIRTHPLACE   | E.D.<br><i>76</i> | SHEET<br><i>12</i> |
| COUNTY<br><i>De Soto</i> |                                     | CITY         |                   |                    |
| OTHER MEMBERS OF FAMILY  |                                     |              |                   |                    |
| NAME                     |                                     | RELATIONSHIP | AGE               | BIRTHPLACE         |
| <i>Suea</i>              |                                     | <i>W</i>     | <i>24</i>         |                    |
| <i>Liza Jr.</i>          |                                     | <i>S</i>     | <i>4</i>          |                    |
| <i>Mariah</i>            |                                     | <i>D</i>     | <i>2</i>          |                    |
| <i>Annie M.</i>          |                                     | <i>D</i>     | <i>1</i>          |                    |
|                          |                                     |              |                   |                    |
|                          |                                     |              |                   |                    |
|                          |                                     |              |                   |                    |

FORM 16-636 (4-20-31)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                  |                                     |                                   |                   |                   |
|-------------------------|------------------|-------------------------------------|-----------------------------------|-------------------|-------------------|
| 1200                    |                  | HEAD OF FAMILY<br><i>Rich, Lena</i> |                                   | LOUISIANA         |                   |
| COLOR<br><i>B</i>       | AGE<br><i>29</i> | BIRTHPLACE                          |                                   | E.D.<br><i>78</i> | SHEET<br><i>4</i> |
| COUNTY                  |                  |                                     | CITY<br><i>Rapides Alexandria</i> |                   |                   |
| OTHER MEMBERS OF FAMILY |                  |                                     |                                   |                   |                   |
| NAME                    |                  | RELATIONSHIP                        | AGE                               | BIRTHPLACE        |                   |
| <i>Lucille</i>          |                  | <i>D</i>                            | <i>8</i>                          |                   |                   |
| <i>Daisy</i>            |                  | <i>D</i>                            | <i>7</i>                          |                   |                   |
| <i>Lena</i>             |                  | <i>D</i>                            | <i>13</i>                         |                   |                   |
|                         |                  |                                     |                                   |                   |                   |
|                         |                  |                                     |                                   |                   |                   |
|                         |                  |                                     |                                   |                   |                   |
|                         |                  |                                     |                                   |                   |                   |

Form 10-434 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |     |  |  |  |       |
|--|-----|--|--|--|-------|
| R200   |     | NAME OF INDIVIDUAL   |  | LOUISIANA  |       |
| COLOR  | AGE | BIRTHPLACE   |  | E.D.   | SHEET |
| W  | 16  |  |  | 97   | 18    |
| COUNTY   |     | CITY   |  |  |       |
| SL. WM   |     | Morgan   |  |  |       |
| ENUMERATED WITH  |     | Russo, Samuel  |  |  |       |
| RELATIONSHIP TO ABOVE  |     |  |  |  |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input checked="" type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> ISMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |       |

FORM 16-637 (6-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 1910-701

|  |  |   |      |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|--|--|---|------|-----------|-------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| R200   |  | NAME OF INDIVIDUAL                                  |      | LOUISIANA |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR  | AGE                                      | BIRTHPLACE  |      | E.D.      | SHEET |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| W  | 13                                       |   |      | 76        | 10    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY   |  |   | CITY |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH <i>St. James</i>   |  |   |      |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE <i>Labet Louis</i>   |  |   |      |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDOW</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |      |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDOW                      |      |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |      |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |      |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |      |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |      |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |      |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |   |      |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |   |      |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |     |   |  |  |  |
|--|-----|---|--|--|--|
| R200   |     | NAME OF INDIVIDUAL  |  | LOUISIANA  |  |
| Ricks Lena   |     | E.D.  |  | SHEET  |  |
| COLOR  | AGE | BIRTHPLACE  |  | 66 6   |  |
| mu   | 22  |   |  |  |  |
| COUNTY   |     | St. James   |  | CITY   |  |
| ENUMERATED WITH  |     | Loomis, Julia   |  |  |  |
| RELATIONSHIP TO ABOVE  |     |   |  |  |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> BOARDER<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> FORMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |  |

FORM 10-437 (4-20-61)

1970 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |  |       |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|-------|------------|------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R200  |  | NAME OF INDIVIDUAL                         |       | LOUISIANA  |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR   | W  | AGE  | 1 1/2 | BIRTHPLACE | 55         |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY  |  | Iberville                                  |       | CITY       | Plaquemine |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |  |       |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Boswell Joseph  |  |  |       |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |       |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> Niece</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |       |            |            | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> Niece | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE            |       |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> Niece           | <input type="checkbox"/> NURSE             |       |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |       |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER |       |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |       |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |       |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |       |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |       |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-637 (4-10-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                       |   |  |    |            |         |
|-----------------------|---|--|----|------------|---------|
| R 202                 |   | NAME OF INDIVIDUAL   |    | LOUISIANA  |         |
| COLOR                 | W | AGE  | 79 | BIRTHPLACE | S.D. 26 |
| COUNTY                |   | CITY   |    | SHEET 8    |         |
| ENUMERATED WITH       |   | Roscoe, Willie B   |    |            |         |
| RELATIONSHIP TO ABOVE |   | <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER<br/> <input type="checkbox"/> MOTHER<br/> <input type="checkbox"/> GRANDFATHER<br/> <input type="checkbox"/> GRANDMOTHER<br/> <input type="checkbox"/> GRANDSON<br/> <input type="checkbox"/> GRANDDAUGHTER<br/> <input type="checkbox"/> AUNT<br/> <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW<br/> <input type="checkbox"/> NIECE<br/> <input type="checkbox"/> FATHER-IN-LAW<br/> <input type="checkbox"/> MOTHER-IN-LAW<br/> <input type="checkbox"/> SON-IN-LAW<br/> <input type="checkbox"/> DAUGHTER-IN-LAW<br/> <input type="checkbox"/> BROTHER-IN-LAW<br/> <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> BOARDER<br/> <input type="checkbox"/> BOARDER<br/> <input type="checkbox"/> PATIENT<br/> <input type="checkbox"/> ROOMER<br/> <input type="checkbox"/> SERVANT<br/> <input checked="" type="checkbox"/> OTHER (Specify)<br/> <u>B</u> </div> </div> |    |            |         |

Form 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |      |   |  |   |  |
|--|------|---|--|---|--|
| R200   |      | NAME OF INDIVIDUAL  |  | LOUISIANA   |  |
| E.D.   |      | SHEET   |  |   |  |
| 73   |      | 20  |  |   |  |
| COLOR  | AGE  | BIRTHPLACE  |  |   |  |
| 13   | 4    | Pointe Coupee   |  |   |  |
| COUNTY   | CITY |   |  |   |  |
| ENUMERATED WITH  |      |   |  |   |  |
| Sherry, Shug   |      |   |  |   |  |
| RELATIONSHIP TO ABOVE  |      |   |  |   |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |      | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> HUSBAND<br><input type="checkbox"/> WIFE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br>SD |  |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|  |   |   |    |   |                  |
|--|---|---|----|---|------------------|
| R200   |   | NAME OF INDIVIDUAL  |    | LOUISIANA   |                  |
| COLOR  | B | AGE   | 19 | BIRTHPLACE  | E.D. 44 SHEET 16 |
| COUNTY   |   | Calcasieu   |    | CITY  |                  |
| ENUMERATED WITH  |   | H. Linder   |    |   |                  |
| RELATIONSHIP TO ABOVE  |   | Nelson, Simon   |    |   |                  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |   | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |    | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify) |                  |
|  |   | cousin  |    |   |                  |

FORM 18-627 (4-26-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |              |                |            |            |        |
|-------------------------|--------------|----------------|------------|------------|--------|
| R200                    |              | HEAD OF FAMILY |            | LOUISIANA  |        |
| COLOR                   | W            | AGE            | 36         | BIRTHPLACE | Leadus |
| COUNTY                  |              | Vermillion     |            | CITY       |        |
| OTHER MEMBERS OF FAMILY |              |                |            |            |        |
| NAME                    | RELATIONSHIP | AGE            | BIRTHPLACE |            |        |
| Eliza                   | W            | 35             |            |            |        |
| Antonia                 | S            | 14             |            |            |        |
| Barbara                 | S            | 12             |            |            |        |
| Clara                   | D            | 8              |            |            |        |
| Marion                  | D            | 6              |            |            |        |
| Leon                    | D            | 5              |            |            |        |
| Reed                    | D            | 2              |            |            |        |

Form 16-636 (4-30-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |   |  |                            |
|--|---|--|----------------------------|
| NAME OF INDIVIDUAL<br><i>Rose Leon</i>   |   | LOUISIANA  |                            |
| COLOR<br><i>B</i>  | AGE<br><i>11</i>  | BIRTHPLACE   | E.D. SHEET<br><i>11912</i> |
| COUNTY<br><i>Tensas</i>  |   | CITY   |                            |
| ENUMERATED WITH<br><i>Mr. Carter</i>   |   |  |                            |
| RELATIONSHIP TO ABOVE  |   |  |                            |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> WIFE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>sc</i> |                            |

FORM 16-57 (4-29-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

UNCG-20-10100-001

|                         |     |                |      |            |       |
|-------------------------|-----|----------------|------|------------|-------|
| R200                    |     | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |      | E.D.       | SHEET |
| Wt                      | 38  |                |      | 31         | 19    |
| COUNTY                  |     |                | CITY |            |       |
| Jefferson               |     |                |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Josephine               |     | W              | 28   |            |       |
| Rita                    |     | D              | 7    |            |       |
| Grace                   |     | D              | 6    |            |       |
| John                    |     | S              | 4    |            |       |
| Leo                     |     | S              | 1/2  |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |      |            |       |
|-------------------------|-----|----------------|------|------------|-------|
| R 200                   |     | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |      | E.D.       | SHEET |
| B                       | 24  | Miss           |      | 32         | 13    |
| COUNTY                  |     |                | CITY |            |       |
| Concordia               |     |                |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Living Alone            |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |  |  |                 |                |
|--|--|--|--|-----------------|----------------|
| 1200   |  | NAME OF INDIVIDUAL <i>Rose Lane</i>  |  | LOUISIANA       |                |
| COLOR <i>W</i>   | AGE <i>16</i>  | BIRTHPLACE   |  | E.D. <i>103</i> | SHEET <i>3</i> |
| COUNTY   |  | CITY <i>Monroe</i>   |  |                 |                |
| EMIGRATED WITH   |  | <i>McLain Kate L</i>   |  |                 |                |
| RELATIONSHIP TO ABOVE  |  |  |  |                 |                |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input checked="" type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> IMMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |  |                 |                |

FORM 16-437 (4-22-31)

1930 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18100-P01

|   |  |  |    |            |      |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|----|------------|------|---------------------------------|---------------------------------|----------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R200  |  | NAME OF INDIVIDUAL                       |    | LOUISIANA  |      |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR   | B  | AGE                                      | 13 | BIRTHPLACE | Leon |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY  |  | Bossier                                  |    | CITY       |      |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |  |    |            |      |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |    |            |      |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> BOARDER</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |    |            |      | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> BOARDER | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> BOARDER         |    |            |      |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |    |            |      |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |    |            |      |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |    |            |      |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |    |            |      |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |    |            |      |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |    |            |      |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |    |            |      |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

| COLOR<br><i>W</i>         |                | HEAD OF FAMILY<br><i>Leon Ruiz Leon</i> |           | LOUISIANA<br>E.D.<br><i>4</i>      |  | SHEET<br><i>12</i> |  |
|---------------------------|----------------|---|-----------|------------------------------------|--|--------------------|--|
| AGE<br><i>40</i>          |                | BIRTHPLACE<br>                          |           |                                    |  |                    |  |
| COUNTY<br><i>Asension</i> |                |   |           | CITY<br><i>Donaldville Village</i> |  |                    |  |
| OTHER MEMBERS OF FAMILY   |                |   |           |                                    |  |                    |  |
| NAME                      |                | RELATIONSHIP                            | AGE       | BIRTHPLACE                         |  |                    |  |
|                           | <i>Clemson</i> | <i>W</i>                                | <i>42</i> |                                    |  |                    |  |
|                           | <i>Clemson</i> | <i>D</i>                                | <i>19</i> |                                    |  |                    |  |
|                           | <i>Nita</i>    | <i>D</i>                                | <i>17</i> |                                    |  |                    |  |
|                           | <i>Willie</i>  | <i>S</i>                                | <i>15</i> |                                    |  |                    |  |
|                           | <i>Edward</i>  | <i>S</i>                                | <i>13</i> |                                    |  |                    |  |
|                           | <i>Lula</i>    | <i>D</i>                                | <i>11</i> |                                    |  |                    |  |
|                           | <i>Central</i> | <i>D</i>                                | <i>9</i>  |                                    |  |                    |  |

Form 16-636 (4-20-51)  
 1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS



## HEAD OF FAMILY - CONTINUED

LOUISIANA

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME              | RELATIONSHIP | AGE | BIRTHPLACE |
|-------------------|--------------|-----|------------|
| Agnes             | D            | 7   |            |
| Allan             | S            | 5   |            |
| Harriet           | S            | 3   |            |
| Limmoncaus, Lucia | S-L          | 23  |            |
| Truseller, Eric   | C            | 42  |            |
| Murtle            | C            | 35  |            |
| Lucille           | C            | 5   |            |
| Ruiz, Rosina      | C            | 20  |            |
| John              | B            | 21  |            |

FORM 10-636a (4-20-61)

1970 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-75 10100-P01

|   |  |  |  |             |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|--|-------------|--|-----------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|--|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| A200  |  | NAME OF INDIVIDUAL                       |  | Reese, Leon |  | LOUISIANA |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR   |  | AGE                                      |  | BIRTHPLACE  |  | E.D.      |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| B   |  | 21                                       |  |             |  | 87        |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|   |  |  |  |             |  | SHEET     |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|   |  |  |  |             |  | 16        |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY  |  |  |  | CITY        |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Madison   |  |  |  |             |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |  |  |             |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Bromfield, Ellen  |  |  |  |             |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |  |             |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |             |  |           |  | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |  |             |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |  |             |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |  |             |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |  |             |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |  |             |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |  |             |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |             |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |  |             |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 18-637 (4-30-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18100-P01

|  |                 |   |  |  |                    |
|--|-----------------|---|--|--|--------------------|
| <i>R200</i>  |                 | NAME OF INDIVIDUAL<br><i>Reese, Lerona</i>  |  | LOUISIANA  |                    |
| COLOR<br><i>B</i>  | AGE<br><i>2</i> | BIRTHPLACE  |  | E.D.<br><i>73</i>  | SHEET<br><i>20</i> |
| COUNTY   |                 | CITY<br><i>Pointe Coupee</i>  |  |  |                    |
| ENUMERATED WITH<br><i>Chancy, Shug</i>   |                 |   |  |  |                    |
| RELATIONSHIP TO ABOVE  |                 |   |  |  |                    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                 | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>SD</i> |                    |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |     |   |  |   |       |
|--|-----|---|--|---|-------|
| R 20   |     | NAME OF INDIVIDUAL  |  | LOUISIANA   |       |
|  |     | Riggs, Lemme  |  | E.O.  | SHEET |
| COLOR  | AGE | BIRTHPLACE  |  |   |       |
| B  | 53  |   |  |   |       |
| COUNTY   |     | LA 24th   |  | CITY  |       |
| ENUMERATED WITH  |     |   |  |   |       |
| Bernard Ocean  |     |   |  |   |       |
| RELATIONSHIP TO ABOVE  |     |   |  |   |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |       |

FORM 10-627 (4-22-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1960 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P01

|  |  |   |   |               |  |   |  |           |  |
|--|--|---|---|---------------|--|---|--|-----------|--|
| 9200   |  | NAME OF INDIVIDUAL<br><i>Reiss, Leonard</i> |   | LOUISIANA     |  | E.D.  |  | SHEET     |  |
| COLOR<br><i>B</i>  |  | AGE<br><i>17</i>                            |   | BIRTHPLACE    |  | <i>85</i>   |  | <i>16</i> |  |
| COUNTY   |  |   |   | Pointe Coupee |  | CITY  |  |           |  |
| ENUMERATED WITH<br><i>Reiss, William</i>   |  |   |   |               |  |   |  |           |  |
| RELATIONSHIP TO ABOVE  |  |   |   |               |  |   |  |           |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  |   | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |               |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>B</i> |  |           |  |

FORM 10-637 (4-30-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 1910-P01

|   |  |  |  |                   |                   |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|--|-------------------|-------------------|---------------------------------|---------------------------------|-------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R 200   |  | NAME OF INDIVIDUAL<br><i>Rice, Leonard</i>                       |  | LOUISIANA         |                   |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>W</i>   | AGE<br><i>23</i>                         | BIRTHPLACE<br><i>Tex</i>   |  | S.D.<br><i>31</i> | SHEET<br><i>7</i> |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>Caddo</i>  |  | CITY<br><i>Vivian</i>  |  |                   |                   |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Zedler, James B</i>   |  |  |  |                   |                   |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |  |                   |                   |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIFE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NEECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)<br/><i>be</i></td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |                   |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIFE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NEECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify)<br><i>be</i> | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIFE                                    |  |                   |                   |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NEECE           | <input type="checkbox"/> NURSE                                   |  |                   |                   |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                                 |  |                   |                   |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                                  |  |                   |                   |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                                 |  |                   |                   |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify)<br><i>be</i> |  |                   |                   |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |                   |                   |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |  |                   |                   |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

Form 18-437 (4-29-61)

1918 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |               |            |       |
|-------------------------|--|----------------|---------------|------------|-------|
| R200                    |  | HEAD OF FAMILY |               | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE    | E.D.       | SHEET |
| mn                      |  | 5-2            | Rock, Legeall | 92         | 36    |
| COUNTY                  |  |                | CITY          |            |       |
| Natchitoches            |  |                |               |            |       |
| OTHER MEMBERS OF FAMILY |  |                |               |            |       |
| NAME                    |  | RELATIONSHIP   | AGE           | BIRTHPLACE |       |
| Francis                 |  | H              | 56            |            |       |
| Isadoric                |  | S              | 19            |            |       |
| Josephine               |  | S              | 16            |            |       |
| Harriet                 |  | S              | 14            |            |       |
|                         |  |                |               |            |       |
|                         |  |                |               |            |       |
|                         |  |                |               |            |       |
|                         |  |                |               |            |       |

Form 16-436 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |      |            |  |
|-------------------------|---|----------------|------|------------|--|
| R200                    |   | HEAD OF FAMILY |      | LOUISIANA  |  |
| Bench, Leroy J.         |   | E.O.           |      | SHEET      |  |
| COLOR                   | W | AGE            | 53   | BIRTHPLACE |  |
| Ala.                    |   |                |      |            |  |
| COUNTY                  |   |                | CITY |            |  |
| Bienville               |   |                |      |            |  |
| OTHER MEMBERS OF FAMILY |   |                |      |            |  |
| NAME                    |   | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| Marriet W.              |   | W              | 40   |            |  |
| Mellie - Maud           |   | D              | 50   |            |  |
| Blanche                 |   | D              | 18   |            |  |
| Claude P                |   | S              | 16   |            |  |
| Clarence                |   | S              | 14   |            |  |
| Clara - May             |   | S              | 12   |            |  |
| L. J., Jr.              |   | S              | 9    |            |  |

Form 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME         | RELATIONSHIP | AGE | BIRTHPLACE |
|--------------|--------------|-----|------------|
| 1 Annie Lula | W            | 4   |            |
|              |              |     |            |
|              |              |     |            |
|              |              |     |            |
|              |              |     |            |
|              |              |     |            |
|              |              |     |            |
|              |              |     |            |
|              |              |     |            |
|              |              |     |            |
|              |              |     |            |

FORM 16-436a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 15100-P61

|                         |                     |                          |                   |
|-------------------------|---------------------|--------------------------|-------------------|
| HEAD OF FAMILY          |                     | LOUISIANA                |                   |
| <i>A 200</i>            | <i>Rose Letitia</i> | E.D.<br><i>121</i>       | SHEET<br><i>3</i> |
| COLOR<br><i>B</i>       | AGE<br><i>36</i>    | BIRTHPLACE               |                   |
| COUNTY<br><i>TOWNS</i>  |                     | CITY<br><i>Newellton</i> |                   |
| OTHER MEMBERS OF FAMILY |                     |                          |                   |
| NAME                    | RELATIONSHIP        | AGE                      | BIRTHPLACE        |
| <i>Lyla Henricette</i>  | <i>D</i>            | <i>15</i>                | <i>1</i>          |
|                         |                     |                          |                   |
|                         |                     |                          |                   |
|                         |                     |                          |                   |
|                         |                     |                          |                   |
|                         |                     |                          |                   |
|                         |                     |                          |                   |
|                         |                     |                          |                   |
|                         |                     |                          |                   |

FORM 16-636 (4-20-61)

1916 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

| LOUISIANA  |  |   |                    |
|--|--|---|--------------------|
| NAME OF INDIVIDUAL<br><i>Bzoo</i>  |  | E.D.<br><i>34</i>   | SHEET<br><i>19</i> |
| COLOR<br><i>B</i>  | AGE<br><i>6</i>  | BIRTHPLACE<br><i>Rose, Leveite</i>  |                    |
| COUNTY<br><i>Caddo</i>   | CITY   |   |                    |
| ENUMERATED WITH<br><i>Willy, Prince</i>  |  |   |                    |
| RELATIONSHIP TO ABOVE  |  |   |                    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input checked="" type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> WIDWIFE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                    |

FORM 16-437 (4-25-61)

1970 CENSUS INDEX - INDIVI

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 1819-761

|   |  |  |    |            |     |           |     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|----|------------|-----|-----------|-----|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R200  |  | NAME OF INDIVIDUAL                         |    | Reese Levi |     | LOUISIANA |     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR   | W  | AGE  | 16 | BIRTHPLACE | Tex | E.O.      | 102 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY  |  | Sabine                                     |    | CITY       |     | SHEET     |     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  | Rhodes Daniel                              |    |            |     |           |     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |    |            |     |           |     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |    |            |     |           |     | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE            |    |            |     |           |     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE             |    |            |     |           |     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |    |            |     |           |     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER |    |            |     |           |     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |    |            |     |           |     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |    |            |     |           |     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |    |            |     |           |     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |    |            |     |           |     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-637 (4-30-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |    |              |     |            |  |
|-------------------------|---|----------------|----|--------------|-----|------------|--|
| R200                    |   | HEAD OF FAMILY |    | Rice, Levi   |     | LOUISIANA  |  |
| COLOR                   | B | AGE            | 40 | BIRTHPLACE   |     |            |  |
| COUNTY                  |   |                |    | Webster      |     | CITY       |  |
| OTHER MEMBERS OF FAMILY |   |                |    |              |     |            |  |
| NAME                    |   |                |    | RELATIONSHIP | AGE | BIRTHPLACE |  |
| Annie                   |   |                |    | W            | 40  |            |  |
| Willie                  |   |                |    | S            | 21  |            |  |
| Mary                    |   |                |    | D            | 18  |            |  |
| John                    |   |                |    | S            | 16  |            |  |
| Levi                    |   |                |    | S            | 13  |            |  |
| Annie                   |   |                |    | d            | 9   |            |  |
| Ellis                   |   |                |    | S            | 6   |            |  |

FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

## HEAD OF FAMILY - CONTINUED

LOUISIANA

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME   | RELATIONSHIP | AGE | BIRTHPLACE |
|--------|--------------|-----|------------|
| Rosa   | d            | 5   |            |
| Dellie | s            | 4   |            |
| Mattie | d            | 3   |            |
|        |              |     |            |
|        |              |     |            |
|        |              |     |            |
|        |              |     |            |
|        |              |     |            |
|        |              |     |            |
|        |              |     |            |

FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-66 1818A-P61

|                         |          |                |      |               |       |
|-------------------------|----------|----------------|------|---------------|-------|
| 11-00                   |          | HEAD OF FAMILY |      | LOUISIANA     |       |
| COLOR                   | W        | AGE            | 33   | BIRTHPLACE    | Italy |
| COUNTY                  | Acension |                | CITY | Bancroftville |       |
| OTHER MEMBERS OF FAMILY |          |                |      |               |       |
| NAME                    |          | RELATIONSHIP   | AGE  | BIRTHPLACE    |       |
| Lena B                  |          | W              | 24   |               |       |
| Rose                    |          | L              | 5    |               |       |
| Lucy                    |          | L              | 3    |               |       |
| Joe                     |          | S              | 1    |               |       |
| Chas.                   |          | B              | 30   | Italy         |       |
| Rose P                  |          | M              | 67   | Italy         |       |

FORM 16-436 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| R200   |  | INDIVIDUAL  |  | LOUISIANA   |  |
| NAME <i>Ross</i>   |  | AGE <i>79</i>   |  | E.D. <i>44</i> SHEET <i>16</i>  |  |
| ORDER <i>B</i>   |  | BIRTHPLACE  |  |   |  |
| COUNTY <i>Calcasieu</i>  |  | CITY <i>Abbeville</i>   |  |   |  |
| ENUMERATED WITH <i>Walden, Simon</i>   |  |   |  |   |  |
| RELATIONSHIP TO ABOVE  |  |   |  |   |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>C</i> |  |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 16100-P01



|   |  |   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
|---|--|---|--|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|----------|--------------------------------|--|--|
| <i>Ross</i>   |  | NAME OF INDIVIDUAL                                  |  | LOUISIANA |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <i>Ross</i>   |  | <i>Lennie</i>                                       |  | E.O.      | SHEET |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| COLOR   | AGE                                      | BIRTHPLACE  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <i>B</i>  | <i>17</i>                                |   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| COUNTY  |  | CITY  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <i>Calcasieu</i>  |  | <i>Lake Charles</i>                                 |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| ENUMERATED WITH   |  |   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <i>Winston Charles</i>  |  |   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>S</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>S</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  | <i>S</i>  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |

FORM 10-637 (4-22-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18100-P01

|                         |             |                |            |            |            |
|-------------------------|-------------|----------------|------------|------------|------------|
| R200                    |             | HEAD OF FAMILY |            | LOUISIANA  |            |
| COLOR                   | B           | AGE            | BIRTHPLACE |            | E.D. SHEET |
|                         |             | 48             | Pro.       |            | 40 4       |
| COUNTY                  | East Canton |                |            | CITY       |            |
| OTHER MEMBERS OF FAMILY |             |                |            |            |            |
| NAME                    |             | RELATIONSHIP   | AGE        | BIRTHPLACE |            |
| Virginia                |             | W              | 45         | Tenn.      |            |
| Lebbie Jr.              |             | S              | 12         |            |            |
| Sarah                   |             | D              | 9          |            |            |
|                         |             |                |            |            |            |
|                         |             |                |            |            |            |
|                         |             |                |            |            |            |
|                         |             |                |            |            |            |
|                         |             |                |            |            |            |

FORM 10-436 (4-29-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R200                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| Ruso                    |     | Lewino         |     | E.D.       | SHEET |
| COLOR                   | AGE | BIRTHPLACE     |     |            |       |
| brn                     | 48  |                |     |            |       |
| COUNTY                  |     | CITY           |     |            |       |
| Rapides                 |     | Alexandria     |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Eugli                   |     | S              | 12  |            |       |
| Rudolph                 |     | S              | 1   |            |       |
| Agnes                   |     | D              | 17  |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |     |   |  |  |  |
|--|-----|---|--|--|--|
| K200   |     | NAME OF INDIVIDUAL  |  | LOUISIANA  |  |
| Rosen Lewis  |     | E.O.  |  | SHEET  |  |
| COLOR  | AGE | BIRTHPLACE  |  | 1159   |  |
| B  | 5   |   |  |  |  |
| COUNTY   |     | City  |  |  |  |
| Beltand  |     |   |  |  |  |
| ENumerated with  |     |   |  |  |  |
| William, Mary  |     |   |  |  |  |
| RELATIONSHIP TO ABOVE  |     |   |  |  |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |  |

FORM 10-627 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-PC 16100-P61

|   |  |  |      |                  |                   |
|---|--|--|------|------------------|-------------------|
| R200  |  | NAME OF INDIVIDUAL<br><i>Rocke Lewis</i> |      | LOUISIANA        |                   |
| COLOR<br><i>B</i>   | AGE<br><i>12</i>                         | BIRTHPLACE                               |      | E.B.<br><i>4</i> | SHEET<br><i>7</i> |
| COUNTY  |  |  | CITY |                  |                   |
| ENUMERATED WITH<br><i>Ascribed</i><br><i>Rocke Thomas</i> |  |  |      |                  |                   |
| RELATIONSHIP TO ABOVE                                     |  |  |      |                  |                   |
| <input type="checkbox"/> FATHER                           | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDOW           |      |                  |                   |
| <input type="checkbox"/> MOTHER                           | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |      |                  |                   |
| <input type="checkbox"/> GRANDFATHER                      | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |      |                  |                   |
| <input type="checkbox"/> GRANDMOTHER                      | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |      |                  |                   |
| <input type="checkbox"/> GRANDSON                         | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |      |                  |                   |
| <input type="checkbox"/> GRANDDAUGHTER                    | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |      |                  |                   |
| <input type="checkbox"/> AUNT                             | <input type="checkbox"/> BROTHER-IN-LAW  |  |      |                  |                   |
| <input type="checkbox"/> UNCLE                            | <input type="checkbox"/> SISTER-IN-LAW   |  |      |                  |                   |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 16100-P61

|  |     |  |  |   |       |
|--|-----|--|--|---|-------|
| R200   |     | NAME OF INDIVIDUAL   |  | LOUISIANA   |       |
| COLOR  | AGE | BIRTHPLACE   |  | E.O.  | SHEET |
| B  | 31  |  |  | 38  | 8     |
| COUNTY   |     | CITY   |  |   |       |
| Concordia  |     |  |  |   |       |
| ENUMERATED WITH  |     |  |  |   |       |
| Calhoun Jesse B  |     |  |  |   |       |
| RELATIONSHIP TO ABOVE  |     |  |  |   |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NICE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NUNCE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOPER<br><input checked="" type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |       |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |      |            |  |
|-------------------------|-----|----------------|------|------------|--|
| R200                    |     | HEAD OF FAMILY |      | LOUISIANA  |  |
| Reese, Lewis            |     | E.O.           |      | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |      |            |  |
| B                       | 25  | Miss.          |      |            |  |
| COUNTY                  |     |                | CITY |            |  |
| Concordia               |     |                |      |            |  |
| OTHER MEMBERS OF FAMILY |     |                |      |            |  |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| Clark, Luce, Camp       |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |

FORM 16-436 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

| 8200<br>COLOR <b>B</b>            |               | HEAD OF FAMILY<br><b>Ricks, Lewis</b> |           | LOUISIANA<br>E.D. <b>34</b> SHEET <b>11</b> |  |
|-----------------------------------|---------------|---------------------------------------|-----------|---|--|
| AGE <b>59</b>                     |               | BIRTHPLACE                            |           |   |  |
| COUNTY<br><b>East Baton Rouge</b> |               |                                       | CITY      |   |  |
| OTHER MEMBERS OF FAMILY           |               |                                       |           |   |  |
|                                   | NAME          | RELATION-<br>SHIP                     | AGE       | BIRTHPLACE                                  |  |
|                                   | <b>Bulah</b>  | <b>W</b>                              | <b>53</b> |   |  |
|                                   | <b>Malvin</b> | <b>S</b>                              | <b>25</b> |   |  |
|                                   |               |                                       |           |   |  |
|                                   |               |                                       |           |   |  |
|                                   |               |                                       |           |   |  |
|                                   |               |                                       |           |   |  |
|                                   |               |                                       |           |   |  |
|                                   |               |                                       |           |   |  |
|                                   |               |                                       |           |   |  |

FORM 10-636 (4-20-67)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |                  |                |     |            |  |
|-------------------------|------------------|----------------|-----|------------|--|
| R200                    |                  | HEAD OF FAMILY |     | LOUISIANA  |  |
| Ricks, Lewis            |                  | E.O.           |     | SHEET      |  |
| COLOR                   | AGE              | BIRTHPLACE     |     |            |  |
| 2                       | 30               |                |     |            |  |
| COUNTY                  | East Baton Rouge |                |     | CITY       |  |
|                         |                  |                |     |            |  |
| OTHER MEMBERS OF FAMILY |                  |                |     |            |  |
| NAME                    |                  | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| 1. Lyle                 |                  | W              | 50  |            |  |
| Parker, Tom             |                  | 12             | 25  |            |  |
| Jones, Velia            |                  | 15             | 15  |            |  |
|                         |                  |                |     |            |  |
|                         |                  |                |     |            |  |
|                         |                  |                |     |            |  |
|                         |                  |                |     |            |  |

FORM 16-636 (4-30-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |   |   |    |   |  |
|--|---|---|----|---|--|
| R200   |   | NAME OF INDIVIDUAL  |    | LOUISIANA   |  |
| Riche, Lewis   |   | E.D.  |    | SHEET   |  |
| COLOR  | W | AGE   | 24 | BIRTHPLACE  |  |
| COUNTY   |   | Avoyelles   |    | CITY Moreauville  |  |
| ENUMERATED WITH  |   | Morcan, Oscar   |    |   |  |
| RELATIONSHIP TO ABOVE  |   |   |    |   |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |   | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |    | <input type="checkbox"/> WIFE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br>hr |  |

FORM 18-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 1919b-P61

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R200                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| W                       |  | 21             |            | 109        | 7     |
| COUNTY                  |  |                | Sabine     | CITY       |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| 1 Ben W                 |  | W              | 20         |            |       |
| Irene                   |  | D              | 3 1/2      |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |   |           |                  |  |           |           |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |               |                                |  |  |
|---|--|---|-----------|------------------|--|-----------|-----------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|---------------|--------------------------------|--|--|
| <i>Race</i>   |  | NAME OF INDIVIDUAL                                  |           | <i>Luci, Lee</i> |  | LOUISIANA |           |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |               |                                |  |  |
| COLOR   | <i>B</i>                                 | AGE   | <i>19</i> | BIRTHPLACE       |  | E.D.      | SHEET     |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |               |                                |  |  |
|   |  |   |           |                  |  | <i>44</i> | <i>16</i> |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |               |                                |  |  |
| COUNTY  |  |   |           | CITY             |  |           |           |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |               |                                |  |  |
| <i>Calcasieu</i>  |  |   |           |                  |  |           |           |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |               |                                |  |  |
| ENUMERATED WITH   |  |   |           |                  |  |           |           |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |               |                                |  |  |
| <i>Holden, Simon</i>  |  |   |           |                  |  |           |           |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |               |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |           |                  |  |           |           |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |               |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> HOUSE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>Cousin</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |           |                  |  |           |           | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> HOUSE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>Cousin</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> HOUSE                      |           |                  |  |           |           |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |               |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |           |                  |  |           |           |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |               |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |           |                  |  |           |           |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |               |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |           |                  |  |           |           |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |               |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |           |                  |  |           |           |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |               |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |           |                  |  |           |           |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |               |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  | <i>Cousin</i>                                       |           |                  |  |           |           |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |               |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |           |                  |  |           |           |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |               |                                |  |  |

FORM 10-537 (4-22-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

U2C000-DC 1910-P61

LOUISIANA

|   |                 |   |  |  |                   |
|---|-----------------|---|--|--|-------------------|
| Name of Individual<br><i>Ross</i>   |                 | NAME OF INDIVIDUAL<br><i>Ross Lidga</i>   |  | ED.<br><i>64</i>   | SHEET<br><i>8</i> |
| COLOR<br><i>mu</i>  | AGE<br><i>4</i> | BIRTHPLACE  |  |  |                   |
| COUNTY<br><i>St. Charles</i>  |                 | CITY  |  |  |                   |
| ENUMERATED WITH<br><i>Reed Am</i>   |                 |   |  |  |                   |
| RELATIONSHIP TO ABOVE   |                 |   |  |  |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input checked="" type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                 | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                   |

FORM 16-537 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCENS-DC 16500-701

|                         |                |            |            |
|-------------------------|----------------|------------|------------|
| HEAD OF FAMILY          |                | LOUISIANA  |            |
| 8200                    | Roach Mrs Lila | E.O. 22    | SHEET 8    |
| COLOR<br>a              | AGE<br>34      | BIRTHPLACE |            |
| COUNTY<br>Bossier       |                | CITY       |            |
| OTHER MEMBERS OF FAMILY |                |            |            |
| NAME                    | RELATIONSHIP   | AGE        | BIRTHPLACE |
| Mary                    | D              | 4          |            |
| Willie                  | S              | 12         |            |
| Harvey                  | S              | 9          |            |
| Johnnie                 | S              | 5          |            |
| Matthe                  | D              | 3          |            |
|                         |                |            |            |
|                         |                |            |            |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| B200                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| 8                       |  | 24             |            | 8          | 2     |
| COUNTY                  |  |                | CITY       |            |       |
| Assumption              |  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Joseph                  |  | Husband        | 21         |            |       |
| Celina                  |  | 0              | 3          |            |       |
| Estelle                 |  | 0              | 4 1/2      |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 10-636 (4-20-07)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| R 200  |  | NAME OF INDIVIDUAL   |  | LOUISIANA   |  |
| COLOR  |  | AGE  |  | E.D.  |  |
| B  |  | 17   |  | 26  |  |
| BIRTHPLACE   |  | CITY   |  | SNEY  |  |
| COUNTY   |  | BOONE  |  | 8   |  |
| ENUMERATED WITH  |  |  |  |   |  |
| Roose, Willie B  |  |  |  |   |  |
| RELATIONSHIP TO ABOVE  |  |  |  |   |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NICE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> HUSBAND<br><input type="checkbox"/> WIFE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify) |  |
|  |  |  |  | B   |  |

FORM 18-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18199-P61



|  |  |  |            |   |                            |
|--|--|--|------------|---|----------------------------|
| R 200  |  | NAME OF INDIVIDUAL<br><i>Ricks Lilla</i>   |            | LOUISIANA   |                            |
| COLOR<br><i>B</i>  |  | AGE<br><i>34</i>   | BIRTHPLACE |   | E.D. SHEET<br><i>13 25</i> |
| COUNTY<br><i>Ascension</i>   |  |  | CITY       |   |                            |
| ENUMERATED WITH<br><i>Daigle Ernest S.</i>   |  |  |            |   |                            |
| RELATIONSHIP TO ABOVE  |  |  |            |   |                            |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NICE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |            | <input type="checkbox"/> WIFE<br><input type="checkbox"/> HUSBAND<br><input type="checkbox"/> PARTNER<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> Other (Specify)<br><i>Hired Woman</i> |                            |

FORM 10-637 (4-10-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |   |   |                   |
|--|---|---|-------------------|
| NAME OF INDIVIDUAL<br><i>Loche, Lillie</i>   |   | LOUISIANA   |                   |
| COLOR<br><i>W</i>  | AGE<br><i>26</i>  | BIRTHPLACE  | SHEET<br><i>5</i> |
| COUNTY<br><i>Caddo</i>   |   | CITY<br><i>Vivian</i>   |                   |
| ENUMERATED WITH<br><i>Rogers, Stephen</i>  |   |   |                   |
| RELATIONSHIP TO ABOVE  |   |   |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> WMAITE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> WORKER<br><input checked="" type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                   |

FORM 16-637 (4-25-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |   |   |           |           |  |
|--|---|---|-----------|-----------|--|
| <i>R 200</i>                           |   | NAME OF INDIVIDUAL<br><i>Roche Lillie</i> |           | LOUISIANA |  |
| COLOR                                  | AGE   | BIRTHPLACE                                | R.D.      | SHEET     |  |
| <i>13</i>                              | <i>31</i>   |   | <i>26</i> | <i>9</i>  |  |
| COUNTY<br><i>Jefferson</i>             |   |   | CITY      |           |  |
| ENUMERATED WITH<br><i>Adolph Annie</i> |   |   |           |           |  |
| RELATIONSHIP TO ABOVE                  |   |   |           |           |  |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW                     | <input type="checkbox"/> INMATE           |           |           |  |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NECE                       | <input type="checkbox"/> NURSE            |           |           |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW              | <input type="checkbox"/> PATIENT          |           |           |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW              | <input type="checkbox"/> ROOMER           |           |           |  |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW                 | <input type="checkbox"/> SERVANT          |           |           |  |
| <input type="checkbox"/> GRANDDAUGHTER | <input checked="" type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)  |           |           |  |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW             |   |           |           |  |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW              |   |           |           |  |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |  |
|-------------------------|-----|----------------|-----|------------|--|
| P200                    |     | HEAD OF FAMILY |     | LOUISIANA  |  |
| Riggs Lillie            |     | E.D.           |     | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |     |            |  |
| W                       | 50  |                |     |            |  |
| COUNTY                  |     | CITY           |     |            |  |
| East Baton Rouge        |     | Baton Rouge    |     |            |  |
| OTHER MEMBERS OF FAMILY |     |                |     |            |  |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| Clay                    |     | S              | 22  |            |  |
| William                 |     | S              | 17  |            |  |
| Wynne                   |     | S              | 15  |            |  |
| Ethel                   |     | D              | 27  |            |  |
| Longacre Catherine      |     | M              | 76  |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |  |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|--|-----------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R200   |  | NAME OF INDIVIDUAL                       |  | LOUISIANA |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Rusk, Lillian W.   |  | E.D.                                     |  | SHEET     |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLO   | AGE                                      | BIRTH PLACE                              |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| B  | 2  |  |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY   |  | CITY                                     |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Jackson  |  |  |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH  |  |  |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Rusk, Bessie   |  |  |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |           |  | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 16-537 (4-22-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMB-DC 16100-P61

|  |     |                    |  |            |  |
|--|-----|--------------------|--|------------|--|
| R200   |     | NAME OF INDIVIDUAL |  | LOUISIANA  |  |
| Rosa Lilly   |     | E.D.               |  | SHEET      |  |
| COLOR  | AGE | BIRTHPLACE         |  |            |  |
| B  | 15  |                    |  |            |  |
| COUNTY   |     | Iberia             |  | CITY       |  |
|  |     |                    |  | Jeanerette |  |
| ENUMERATED WITH  |     |                    |  |            |  |
| Bellisior John   |     |                    |  |            |  |
| RELATIONSHIP TO ABOVE  |     |                    |  |            |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE<br><input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW<br><input type="checkbox"/> WIFE<br><input type="checkbox"/> HUSBAND<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> WORKER<br><input checked="" type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |     |                    |  |            |  |

FORM 10-437 (4-30-31)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |  |      |           |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |            |                                |  |  |
|--|--|--|------|-----------|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|------------|--------------------------------|--|--|
| R-200  |  | NAME OF INDIVIDUAL<br><i>Rose, Lily</i>  |      | LOUISIANA | E.D.<br><i>44</i> | SHEET<br><i>19</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |            |                                |  |  |
| COLOR<br><i>B</i>  | AGE<br><i>14</i>                         | BIRTHPLACE                               |      |           |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |            |                                |  |  |
| COUNTY<br><i>East Feliciana</i>  |  |  | CITY |           |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |            |                                |  |  |
| ENUMERATED WITH<br><i>Otto, George</i>   |  |  |      |           |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |            |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |      |           |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |            |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>5-0</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |      |           |                   |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>5-0</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |      |           |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |            |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |      |           |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |            |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |      |           |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |            |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |      |           |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |            |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |      |           |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |            |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |      |           |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |            |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  | <i>5-0</i>                               |      |           |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |            |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |      |           |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |            |                                |  |  |

FORM 18-637 (4-10-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18109-P61

|   |  |   |      |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|---|------|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|-------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R200  |  | NAME OF INDIVIDUAL                        |      | LOUISIANA |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|   |  | Rush Lily                                 |      | E.O.      | SHEET |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR   | AGE                                      | BIRTHPLACE                                |      | 68        | 2     |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| B   | 8  |   |      |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY  |  |   | CITY |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Lincoln   |  |   |      |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |   |      |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Palmer Lott   |  |   |      |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |      |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> IMMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NICE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> OWNER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |      |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> IMMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NICE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> OWNER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> IMMATE           |      |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NICE            | <input type="checkbox"/> NURSE            |      |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT          |      |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> OWNER |      |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT          |      |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)  |      |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |      |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |      |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 18-637 (4-29-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL



LOUISIANA

|  |   |  |                   |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
|--|---|--|-------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|-------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|---|--|-------------------------------|---|--|--------------------------------|--|--|
| R 200  | NAME OF INDIVIDUAL<br><i>Rickey Lily L</i>          |  | E.O.<br><i>48</i> | SHEET<br><i>9</i> |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| COLOR<br><i>W</i>  | AGE<br><i>22</i>                                    | BIRTHPLACE                               |                   |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| COUNTY<br><i>Calcasieu</i>   |   | CITY                                     |                   |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Rickey Daniel</i>  |   |  |                   |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |   |  |                   |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NICE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input checked="" type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |   |  |                   |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NICE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input checked="" type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW                     | <input type="checkbox"/> INMATE          |                   |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NICE                       | <input type="checkbox"/> NURSE           |                   |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW              | <input type="checkbox"/> PATIENT         |                   |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW              | <input type="checkbox"/> ROOMER          |                   |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW                 | <input type="checkbox"/> SERVANT         |                   |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input checked="" type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |                   |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW             |  |                   |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW              |  |                   |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |

FORM 10-637 (4-22-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 19100-P01

|   |  |   |  |           |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
|---|--|---|--|-----------|------------|------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|----------|--------------------------------|--|--|
| R200  |  | NAME OF INDIVIDUAL<br><i>Kelae, Lindsey</i>         |  | LOUISIANA | E.O.<br>45 | SHEET<br>9 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| COLOR<br><i>B</i>   | AGE<br><i>14</i>                         | BIRTHPLACE  |  |           |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| COUNTY<br><i>East Feliciana</i>   | CITY<br><i>Clinton</i>                   |   |  |           |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| ENUMERATED WITH<br><i>Fletcher, Josephine</i>   |  |   |  |           |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |  |           |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>S</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |           |            |            | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>S</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |  |           |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |  |           |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |           |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |           |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |           |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |           |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  | <i>S</i>  |  |           |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |  |           |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |

FORM 10-437 (4-22-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 10100-P01

|   |  |  |  |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
|---|--|--|--|------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|---|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R200  |  | NAME OF INDIVIDUAL<br><i>Rice, Linna</i> |  | E.D.<br><i>6</i> | SHEET<br><i>9</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>B</i>   | AGE<br><i>8</i>                          | BIRTHPLACE                               |  |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>Assumption</i>   |  | CITY                                     |  |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Randolph, Mary</i>  |  |  |  |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |  |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
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| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |  |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |  |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |  |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |  |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |  |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |  |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |  |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |

FORM 10-437 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMB-DC 1910-P-1

LOUISIANA

|  |                 |   |      |  |                    |
|--|-----------------|---|------|--|--------------------|
| R200   |                 | NAME OF INDIVIDUAL<br><i>Rose, Lina</i>   |      | E.O.<br><i>63</i>  | SHEET<br><i>15</i> |
| COLOR<br><i>B</i>  | AGE<br><i>8</i> | BIRTHPLACE  |      |  |                    |
| COUNTY<br><i>De Soto</i>   |                 |   | CITY |  |                    |
| ENUMERATED WITH<br><i>Rose, John</i>   |                 |   |      |  |                    |
| RELATIONSHIP TO ABOVE  |                 |   |      |  |                    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                 | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> INSANE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>ad</i> |                    |

FORM 16-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18199-P61

|  |                    |   |  |  |                   |
|--|--------------------|---|--|--|-------------------|
| R200   |                    | NAME OF INDIVIDUAL<br><i>Rose Lucie</i>   |  | LOUISIANA  |                   |
| COLOR  | AGE<br><i>B 15</i> | BIRTHPLACE  |  | R.D.<br><i>60</i>  | SHEET<br><i>7</i> |
| COUNTY   |                    | St. Bernard   |  | CITY   |                   |
| ENUMERATED WITH<br><i>Garruck John</i>   |                    |   |  |  |                   |
| RELATIONSHIP TO ABOVE  |                    |   |  |  |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                    | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>SD</i> |                   |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P01

|                         |        |                |      |            |     |
|-------------------------|--------|----------------|------|------------|-----|
| R200                    |        | HEAD OF FAMILY |      | LOUISIANA  |     |
| Rosa, Lit               |        | E.O.           |      | SHEET      |     |
| COLOR                   | W      | AGE            | 23   | BIRTHPLACE | Lit |
| COUNTY                  | Vernon |                | CITY | Gulfport   |     |
| OTHER MEMBERS OF FAMILY |        |                |      |            |     |
| NAME                    |        | RELATIONSHIP   | AGE  | BIRTHPLACE |     |
| Amie                    |        | W              | 29   |            |     |
| Henry                   |        | S              | 9    | Lit        |     |
| Jas.                    |        | S              | 7    | Lit        |     |
|                         |        |                |      |            |     |
|                         |        |                |      |            |     |
|                         |        |                |      |            |     |
|                         |        |                |      |            |     |
|                         |        |                |      |            |     |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |            |                |     |            |       |
|-------------------------|------------|----------------|-----|------------|-------|
| R 200                   |            | HEAD OF FAMILY |     | LOUISIANA  |       |
|                         |            | Richa, Lige    |     | E.D.       | SHEET |
| COLOR                   | AGE        | BIRTHPLACE     |     |            |       |
| B                       | 40         |                |     |            |       |
| COUNTY                  | Assumption |                |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |            |                |     |            |       |
| NAME                    |            | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| 1 Eldona                |            | D              | 18  |            |       |
| Olinea                  |            | D              | 12  |            |       |
|                         |            |                |     |            |       |
|                         |            |                |     |            |       |
|                         |            |                |     |            |       |
|                         |            |                |     |            |       |
|                         |            |                |     |            |       |

FORM 16-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|   |  |   |  |             |  |            |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|---|--|---|--|-------------|--|------------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| R200  |  | NAME OF INDIVIDUAL<br>Ross Liza A                   |  | S.D.<br>146 |  | SHEET<br>8 |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR<br>Bru  |  | AGE<br>11   |  | BIRTHPLACE  |  |            |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY<br>West Feliciana  |  |   |  | CITY        |  |            |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| EMERATED WITH<br>Chase James  |  |   |  |             |  |            |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |  |             |  |            |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> INMATE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input checked="" type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input checked="" type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> |  |   |  |             |  |            |  | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |  |             |  |            |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |  |             |  |            |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |             |  |            |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER          |  |             |  |            |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |             |  |            |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |             |  |            |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |             |  |            |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |  |             |  |            |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 10-637 (4-22-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18500-P01



LOUISIANA

|  |  |   |                  |            |             |
|--|--|---|------------------|------------|-------------|
| R200                                   |  | NAME OF INDIVIDUAL<br>Rosen, Lizabeth               |                  | E.O.<br>55 | SHEET<br>27 |
| COLOR<br>B                             | AGE<br>21                                | BIRTHPLACE  |                  |            |             |
| COUNTY                                 |  |   | CITY<br>Bogalusa |            |             |
| ENUMERATED WITH<br>Hudson Moore        |  | Terryville  |                  |            |             |
| RELATIONSHIP TO ABOVE                  |  |   |                  |            |             |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |                  |            |             |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |                  |            |             |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |                  |            |             |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |                  |            |             |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |                  |            |             |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |                  |            |             |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW  |   |                  |            |             |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW   |   |                  |            |             |

FORM 10-637 (4-16-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

LOUISIANA

|  |  |   |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|--|--|---|--|--------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| Q200   |  | NAME OF INDIVIDUAL<br><i>Reese Lizzie</i>           |  | S.D.<br><i>133</i> | SHEET<br><i>5</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR<br><i>A</i>  | AGE<br><i>14</i>                         | BIRTHPLACE  |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY<br><i>Winn</i>  |  | CITY  |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Lee Gus</i>  |  |   |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> INMATE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input checked="" type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> <div><i>510</i></div> |  |   |  |                    |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |   |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 16-637 (4-30-01)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-OC 15100-P01

|  |  |   |      |           |          |       |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
|--|--|---|------|-----------|----------|-------|---------------------------------|---------------------------------|----------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|---|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R 200  |  | NAME OF INDIVIDUAL<br><i>Ross Lizzie</i>    |      | LOUISIANA | E.D.     | SHEET |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>Me</i>   | AGE<br><i>36</i>                         | BIRTHPLACE                                  |      | <i>67</i> | <i>5</i> |       |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>De Soto</i>   |  |   | CITY |           |          |       |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Chapman William</i>  |  |   |      |           |          |       |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   |      |           |          |       |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDWIFE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input checked="" type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |      |           |          |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDWIFE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input checked="" type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDWIFE            |      |           |          |       |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE              |      |           |          |       |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT            |      |           |          |       |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER             |      |           |          |       |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input checked="" type="checkbox"/> SERVANT |      |           |          |       |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)    |      |           |          |       |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |   |      |           |          |       |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |   |      |           |          |       |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |

FORM 18-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18189-P01

|  |  |   |            |   |                           |
|--|--|---|------------|---|---------------------------|
| 1200   |  | NAME OF INDIVIDUAL<br><i>Rock Ligne</i>   |            | LOUISIANA   |                           |
| COLOR<br><i>B</i>  |  | AGE<br><i>30</i>  | BIRTHPLACE |   | E.D. SHEET<br><i>72 9</i> |
| COUNTY<br><i>De Soto</i>   |  |   | CITY       |   |                           |
| ENUMERATED WITH<br><i>Taylor John</i>  |  |   |            |   |                           |
| RELATIONSHIP TO ABOVE  |  |   |            |   |                           |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |            | <input type="checkbox"/> WIFE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>Executive</i> |                           |

FORM 10-637 (4-22-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |              |              |            |           |  |
|-------------------------|--|----------------|--------------|--------------|------------|-----------|--|
| R200                    |  | HEAD OF FAMILY |              | Rizzo Locuto |            | LOUISIANA |  |
| COLOR                   |  | AGE            | BIRTHPLACE   | E.D.         |            | SHEET     |  |
| W                       |  | 21             | Italy        | 96           |            | 2         |  |
| COUNTY                  |  |                | St. Mary     |              | CITY       |           |  |
| OTHER MEMBERS OF FAMILY |  |                |              |              |            |           |  |
| NAME                    |  |                | RELATIONSHIP | AGE          | BIRTHPLACE |           |  |
| / Angelina              |  |                | W            | 13           | Italy      |           |  |
|                         |  |                |              |              |            |           |  |
|                         |  |                |              |              |            |           |  |
|                         |  |                |              |              |            |           |  |
|                         |  |                |              |              |            |           |  |
|                         |  |                |              |              |            |           |  |
|                         |  |                |              |              |            |           |  |
|                         |  |                |              |              |            |           |  |

FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

| R 206                   |     | HEAD OF FAMILY |       | LOUISIANA  |       |
|-------------------------|-----|----------------|-------|------------|-------|
| COLOR                   | AGE | BIRTHPLACE     |       | E.D.       | SHEET |
| B                       | 28  |                |       | 72         | 11    |
| COUNTY                  |     | De Soto        |       | CITY       |       |
| OTHER MEMBERS OF FAMILY |     |                |       |            |       |
| NAME                    |     | RELATIONSHIP   | AGE   | BIRTHPLACE |       |
| Willie                  |     | W              | 25    |            |       |
| Martha                  |     | D              | 10    |            |       |
| Ned                     |     | S              | 8     |            |       |
| Willie                  |     | S              | 4     |            |       |
| Mary                    |     | D              | 1 3/4 |            |       |
| Jackson Francis         |     | W              | 24    |            |       |
| 1 Thaddeus              |     | W              | 8     |            |       |

FORM 10-436 (4-20-21)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME  | RELATION-<br>SHIP | AGE   | BIRTHPLACE |
|-------|-------------------|-------|------------|
| 1 Sam | 7                 | 5 1/2 |            |
|       |                   |       |            |
|       |                   |       |            |
|       |                   |       |            |
|       |                   |       |            |
|       |                   |       |            |
|       |                   |       |            |
|       |                   |       |            |
|       |                   |       |            |
|       |                   |       |            |
|       |                   |       |            |
|       |                   |       |            |

FORM 16-636a (9-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 1910-791

LOUISIANA

|   |  |   |                    |
|---|--|---|--------------------|
| NAME OF INDIVIDUAL<br><i>Koss Lodge</i> |  | E.O.<br><i>119</i>                                  | SHEET<br><i>15</i> |
| REL.<br><i>B</i>                        | AGE<br><i>9</i>                          | BIRTHPLACE  |                    |
| CITY<br><i>TORRE</i>                    |  | CITY  |                    |
| SURVIVOR WITH<br><i>Koss Richard</i>    |  |   |                    |
| RELATIONSHIP TO ABOVE                   |  |   |                    |
| <input type="checkbox"/> FATHER         | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |                    |
| <input type="checkbox"/> MOTHER         | <input type="checkbox"/> NICE            | <input type="checkbox"/> NURSE                      |                    |
| <input type="checkbox"/> GRANDFATHER    | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |                    |
| <input type="checkbox"/> GRANDMOTHER    | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |                    |
| <input type="checkbox"/> GRANDSON       | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |                    |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |                    |
| <input type="checkbox"/> AUNT           | <input type="checkbox"/> BROTHER-IN-LAW  | <i>Scl</i>  |                    |
| <input type="checkbox"/> UNCLE          | <input type="checkbox"/> SISTER-IN-LAW   |   |                    |

FORM 16-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1916 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 15196-P61



|                                |  |                       |                   |                   |              |
|--------------------------------|--|-----------------------|-------------------|-------------------|--------------|
| <b>R200</b>                    |  | <b>HEAD OF FAMILY</b> |                   | <b>LOUISIANA</b>  |              |
| <b>Color</b>                   |  | <b>Age</b>            | <b>Birthplace</b> | <b>E.D.</b>       | <b>SHEET</b> |
| <i>W</i>                       |  | <i>25</i>             |                   | <i>140</i>        | <i>1</i>     |
| <b>COUNTY</b>                  |  |                       | <b>CITY</b>       |                   |              |
| <i>Vermillion</i>              |  |                       | <i>Kaplan</i>     |                   |              |
| <b>OTHER MEMBERS OF FAMILY</b> |  |                       |                   |                   |              |
| <b>NAME</b>                    |  | <b>RELATIONSHIP</b>   | <b>AGE</b>        | <b>BIRTHPLACE</b> |              |
| <i>Living Alone</i>            |  |                       |                   |                   |              |
|                                |  |                       |                   |                   |              |
|                                |  |                       |                   |                   |              |
|                                |  |                       |                   |                   |              |
|                                |  |                       |                   |                   |              |
|                                |  |                       |                   |                   |              |
|                                |  |                       |                   |                   |              |
|                                |  |                       |                   |                   |              |
|                                |  |                       |                   |                   |              |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|                         |   |                |    |              |     |            |       |
|-------------------------|---|----------------|----|--------------|-----|------------|-------|
| H200                    |   | HEAD OF FAMILY |    | Karl Luck    |     | E.O.       | SHEET |
| 92                      |   | 13             |    |              |     |            |       |
| COLOR                   | B | AGE            | 35 | BIRTHPLACE   |     |            |       |
| COUNTY                  |   |                |    | CITY         |     |            |       |
| St. Mary                |   |                |    |              |     |            |       |
| OTHER MEMBERS OF FAMILY |   |                |    |              |     |            |       |
| NAME                    |   |                |    | RELATIONSHIP | AGE | BIRTHPLACE |       |
| 1 Maria                 |   |                |    | W            | 35  |            |       |
| Kellie, Kellie          |   |                |    | N            | 4   |            |       |
|                         |   |                |    |              |     |            |       |
|                         |   |                |    |              |     |            |       |
|                         |   |                |    |              |     |            |       |
|                         |   |                |    |              |     |            |       |
|                         |   |                |    |              |     |            |       |
|                         |   |                |    |              |     |            |       |

FORM 16-536 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |  |  |                 |                |
|--|--|--|-----------------|----------------|
| R200                                   | NAME OF INDIVIDUAL <i>Ross, Lona</i>     |  | E.O. <i>135</i> | SHEET <i>5</i> |
| COLOR <i>B</i>                         | AGE <i>12</i>                            | BIRTHPLACE <i>Miss</i>                   |                 |                |
| COUNTY <i>West Baton Rouge</i>         | CITY                                     |  |                 |                |
| ENUMERATED WITH <i>Jackson, Thomas</i> |  |  |                 |                |
| RELATIONSHIP TO ABOVE                  |  |  |                 |                |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDOW           |                 |                |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |                 |                |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |                 |                |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |                 |                |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |                 |                |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |                 |                |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW  |  |                 |                |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW   |  |                 |                |

FORM 10-437 (4-26-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCENS-DC 1910-201

LOUISIANA

|                         |                |              |                |            |       |
|-------------------------|----------------|--------------|----------------|------------|-------|
| R200                    | HEAD OF FAMILY |              | Richie, Lonnie | E.O.       | SHEET |
| B                       | AGE            | BIRTHPLACE   |                |            |       |
| 23                      | Ark            |              |                |            |       |
| COUNTY                  |                |              | Jackson        | CITY       |       |
| OTHER MEMBERS OF FAMILY |                |              |                |            |       |
| NAME                    |                | RELATIONSHIP | AGE            | BIRTHPLACE |       |
|                         | Adalah         | W            | 38             | S.C        |       |
|                         | Dwight         | S            | 11             | Ark        |       |
|                         | Ray            | AdS          | 2              |            |       |
|                         | "1. Ba"        |              |                |            |       |
|                         |                |              |                |            |       |
|                         |                |              |                |            |       |
|                         |                |              |                |            |       |
|                         |                |              |                |            |       |

FORM 10-436 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|                         |                      |              |      |            |
|-------------------------|----------------------|--------------|------|------------|
| R200                    | HEAD OF FAMILY       |              | E.D. | SHEET      |
|                         | Lissa Louisa         |              | 81   | 12         |
| COLOR                   | AGE                  | BIRTHPLACE   |      |            |
| W                       | 41                   | Italy        |      |            |
| COUNTY                  | St. John the Baptist |              | CITY |            |
| OTHER MEMBERS OF FAMILY |                      |              |      |            |
| NAME                    |                      | RELATIONSHIP | AGE  | BIRTHPLACE |
| / Jacques               |                      | W            | 40   | Italy      |
| Rose                    |                      | D            | 16   |            |
| Bertie                  |                      | D            | 12   |            |
|                         |                      |              |      |            |
|                         |                      |              |      |            |
|                         |                      |              |      |            |
|                         |                      |              |      |            |
|                         |                      |              |      |            |

FORM 16-636 (4-29-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |  |   |      |                   |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|---|------|-------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|-------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| <i>K 200</i>   |  | NAME OF INDIVIDUAL<br><i>Roussseau Lornia</i> |      | E.D.<br><i>43</i> | SHEET<br><i>4</i> |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>W</i>  | AGE<br><i>12</i>                                   | BIRTHPLACE                                    |      |                   |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>Lafourche</i>   |  |   | CITY |                   |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Perle Wilfrid</i>  |  |   |      |                   |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   |      |                   |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> WIDATE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NICE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input checked="" type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr></tbody></table> |  |   |      |                   |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NICE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input checked="" type="checkbox"/> BROTHER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW                    | <input type="checkbox"/> WIDATE               |      |                   |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NICE                      | <input type="checkbox"/> NURSE                |      |                   |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW             | <input type="checkbox"/> PATIENT              |      |                   |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW             | <input type="checkbox"/> ROOMER               |      |                   |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW                | <input type="checkbox"/> SERVANT              |      |                   |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW           | <input type="checkbox"/> OTHER (Specify)      |      |                   |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW            |   |      |                   |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input checked="" type="checkbox"/> BROTHER-IN-LAW |   |      |                   |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-637 (4-22-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USC99-DC 18106-P01

| HEAD OF FAMILY          |                   | LOUISIANA      |            |
|-------------------------|-------------------|----------------|------------|
| COLOR                   | AGE               | BIRTHPLACE     | SHEET      |
| R 200                   | 41                | Ricks Larrison | 64 21      |
| B                       |                   |                |            |
| COUNTY                  | Livingston        |                | CITY       |
| OTHER MEMBERS OF FAMILY |                   |                |            |
| NAME                    | RELATION-<br>SHIP | AGE            | BIRTHPLACE |
| Annie                   | W                 | 37             |            |
| (Cooper)                | S                 | 19             |            |
| Marta                   | D                 | 17             |            |
| Walter                  | S                 | 15             |            |
| Beatrice                | D                 | 11             |            |
| Bertha                  | D                 | 9              |            |
| Hanna                   | S                 | 8              |            |

FORM 18-436 (4-20-21)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS





LOUISIANA

|  |   |  |                    |
|--|---|--|--------------------|
| NAME OF INDIVIDUAL<br><i>Louis</i>   |   | E. D.<br><i>11</i>   | SHEET<br><i>22</i> |
| COLOR<br><i>W</i>  | AGE<br><i>20</i>  | BIRTHPLACE<br><i>St. Tangipahoa</i>  |                    |
| CITY<br><i>Tangipahoa</i>  |   | CITY   |                    |
| ENUMERATED WITH<br><i>Louis, John</i>  |   |  |                    |
| RELATIONSHIP TO ABOVE  |   |  |                    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>51</i> |                    |

FORM 19-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1930 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 1953-P81

|  |  |   |            |  |       |
|--|--|---|------------|--|-------|
| R <sup>270</sup> <del>270</del>  |  | NAME OF INDIVIDUAL  |            | LOUISIANA  |       |
| COLOR  |  | AGE   | BIRTHPLACE | E.D.   | SHEET |
| B  |  | 2   |            | 18   | 12    |
| COUNTY   |  |   | CITY       |  |       |
| Bossier  |  |   |            |  |       |
| ENUMERATED WITH  |  |   |            |  |       |
| Farmer Mary Ann  |  |   |            |  |       |
| RELATIONSHIP TO ABOVE  |  |   |            |  |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |            | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> Other (Specify)<br>S |       |

FORM 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 1910-P01

LOUISIANA

|   |   |   |      |                    |                    |
|---|---|---|------|--------------------|--------------------|
| A200  |   | NAME OF INDIVIDUAL<br><i>Rice, Lottie</i> |      | E.O.<br><i>124</i> | SHEET<br><i>15</i> |
| COLOR<br><i>W</i>                           | AGE<br><i>76</i>                                  | BIRTHPLACE<br><i>Winn</i>                 |      |                    |                    |
| COUNTY                                      |   |   | CITY |                    |                    |
| ENUMERATED WITH<br><i>Collier, Jesse C.</i> |   |   |      |                    |                    |
| RELATIONSHIP TO ABOVE                       |   |   |      |                    |                    |
| <input type="checkbox"/> FATHER             | <input type="checkbox"/> NEPHEW                   | <input type="checkbox"/> WIMATE           |      |                    |                    |
| <input type="checkbox"/> MOTHER             | <input type="checkbox"/> NICE                     | <input type="checkbox"/> NURSE            |      |                    |                    |
| <input type="checkbox"/> GRANDFATHER        | <input checked="" type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT          |      |                    |                    |
| <input type="checkbox"/> GRANDMOTHER        | <input type="checkbox"/> MOTHER-IN-LAW            | <input type="checkbox"/> ROOMER           |      |                    |                    |
| <input type="checkbox"/> GRANDSON           | <input type="checkbox"/> SON-IN-LAW               | <input type="checkbox"/> SERVANT          |      |                    |                    |
| <input type="checkbox"/> GRANDDAUGHTER      | <input type="checkbox"/> DAUGHTER-IN-LAW          | <input type="checkbox"/> OTHER (Specify)  |      |                    |                    |
| <input type="checkbox"/> AUNT               | <input type="checkbox"/> BROTHER-IN-LAW           |   |      |                    |                    |
| <input type="checkbox"/> UNCLE              | <input type="checkbox"/> SISTER-IN-LAW            |   |      |                    |                    |

FORM 16-537 (4-20-51)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMB-DC 1910-501

LOUISIANA

|  |           |   |  |   |             |
|--|-----------|---|--|---|-------------|
| R200   |           | NAME OF INDIVIDUAL<br><i>Lucy Lee</i>   |  | E.D.<br>27  | SHEET<br>14 |
| COLOR<br>B   | AGE<br>28 | BIRTHPLACE  |  |   |             |
| COUNTY<br>Caddo  |           | CITY  |  |   |             |
| ENUMERATED WITH<br><i>Northcut, George</i>   |           |   |  |   |             |
| RELATIONSHIP TO ABOVE  |           |   |  |   |             |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |           | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>Servant</i> |             |

FORM 18-637 (4-30-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18108-P41

LOUISIANA

|  |           |   |  |   |             |
|--|-----------|---|--|---|-------------|
| R200   |           | NAME OF INDIVIDUAL<br>Rose Louis  |  | E.D.<br>23  | SHEET<br>14 |
| COLOR<br>B   | AGE<br>24 | BIRTHPLACE<br>Miss  |  |   |             |
| COUNTY<br>Iberia   |           | CITY  |  |   |             |
| ENUMERATED WITH<br>Washington Lewis  |           |   |  |   |             |
| RELATIONSHIP TO ABOVE  |           |   |  |   |             |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |           | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> Niece<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> WORKER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |             |

Form 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMB-DC 18102-P01

| HEAD OF FAMILY          |              | LOUISIANA  |            |
|-------------------------|--------------|------------|------------|
| NAME                    |              | E.O.       | SHEET      |
| R200 Ross Louis         |              | 51         | 28         |
| COLOR                   | AGE          | BIRTHPLACE |            |
| B                       | 40           |            |            |
| COUNTY                  | City         |            |            |
| Iberville               |              |            |            |
| OTHER MEMBERS OF FAMILY |              |            |            |
| NAME                    | RELATIONSHIP | AGE        | BIRTHPLACE |
| 1 Lulu                  | w            | 38         |            |
| Prisco Baby             | f            | 65         |            |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |

## LOUISIANA

|  |                  |   |      |   |                    |
|--|------------------|---|------|---|--------------------|
| R200   |                  | NAME OF INDIVIDUAL<br><i>Pier Louis</i>   |      | E.D.<br><i>114</i>  | SHEET<br><i>38</i> |
| COLOR<br><i>W</i>  | AGE<br><i>19</i> | BIRTHPLACE<br><i>Miss</i>   |      |   |                    |
| COUNTY<br><i>Tangipahoa</i>  |                  |   | CITY |   |                    |
| ENUMERATED WITH<br><i>Crawford, William L</i>  |                  |   |      |   |                    |
| RELATIONSHIP TO ABOVE  |                  |   |      |   |                    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> WORKER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                    |

FORM 10-437 10-20-511

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1930 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18108-P01

LOUISIANA

|                         |                      |              |      |            |
|-------------------------|----------------------|--------------|------|------------|
| R200                    | HEAD OF FAMILY       |              | E.O. | SHEET      |
|                         | Nice Louis           |              | 82   | 19         |
| COLOR                   | AGE                  | BIRTHPLACE   |      |            |
| B                       | 22                   |              |      |            |
| COUNTY                  | St. John the Baptist |              | CITY |            |
| OTHER MEMBERS OF FAMILY |                      |              |      |            |
| NAME                    |                      | RELATIONSHIP | AGE  | BIRTHPLACE |
| Edna                    |                      | w            | 20   |            |
| Ella                    |                      | D            | 2    |            |
| Lissal                  |                      | S            | 1    |            |
|                         |                      |              |      |            |
|                         |                      |              |      |            |
|                         |                      |              |      |            |
|                         |                      |              |      |            |
|                         |                      |              |      |            |

FORM 16-636 (4-22-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



LOUISIANA

|                         |                |              |      |            |
|-------------------------|----------------|--------------|------|------------|
| R200                    | HEAD OF FAMILY |              | E.D. | SHEET      |
|                         | Rasch, Louis   |              | 73   | 8          |
| COLOR                   | AGE            | BIRTHPLACE   |      |            |
| B                       | 39             |              |      |            |
| COUNTY                  |                | V. James     | CITY |            |
| OTHER MEMBERS OF FAMILY |                |              |      |            |
| NAME                    |                | RELATIONSHIP | AGE  | BIRTHPLACE |
| Mary                    |                | W            | 43   |            |
| Ernest                  |                | S            | 13   |            |
| Alma                    |                | D            | 8    |            |
|                         |                |              |      |            |
|                         |                |              |      |            |
|                         |                |              |      |            |
|                         |                |              |      |            |
|                         |                |              |      |            |

LOUISIANA

|                         |  |                |  |                |  |      |  |            |  |
|-------------------------|--|----------------|--|----------------|--|------|--|------------|--|
| R 200                   |  | HEAD OF FAMILY |  | R. L. L. L. L. |  | E.D. |  | SHEET      |  |
|                         |  |                |  |                |  | 89   |  | 18         |  |
| COLOR                   |  | AGE            |  | BIRTHPLACE     |  |      |  |            |  |
| W                       |  | 27             |  |                |  |      |  |            |  |
| COUNTY                  |  |                |  | Natchitoches   |  | CITY |  |            |  |
| OTHER MEMBERS OF FAMILY |  |                |  |                |  |      |  |            |  |
| NAME                    |  |                |  | RELATIONSHIP   |  | AGE  |  | BIRTHPLACE |  |
| 1 L. L. L.              |  |                |  | W              |  | 23   |  |            |  |
| O. L. L.                |  |                |  | S              |  | 1    |  |            |  |
|                         |  |                |  |                |  |      |  |            |  |
|                         |  |                |  |                |  |      |  |            |  |
|                         |  |                |  |                |  |      |  |            |  |
|                         |  |                |  |                |  |      |  |            |  |
|                         |  |                |  |                |  |      |  |            |  |
|                         |  |                |  |                |  |      |  |            |  |
|                         |  |                |  |                |  |      |  |            |  |

FORM 16-436 (4-20-31)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|                         |                |              |          |            |       |
|-------------------------|----------------|--------------|----------|------------|-------|
| B 200                   | HEAD OF FAMILY |              | Louis Jr | E.D.       | SHEET |
| COLOR                   | AGE            | BIRTHPLACE   |          |            |       |
| W                       | 37             |              |          |            |       |
| COUNTY                  | Assumption     |              | CITY     |            |       |
| OTHER MEMBERS OF FAMILY |                |              |          |            |       |
| NAME                    |                | RELATIONSHIP | AGE      | BIRTHPLACE |       |
| Ada                     |                | W            | 33       |            |       |
| Mary                    |                | S            | 12       |            |       |
| Louis Jr                |                | S            | 10       |            |       |
| Paul                    |                | S            | 8        |            |       |
| Jessie                  |                | S            | 3        |            |       |
| Henny                   |                | S            | 1 1/2    |            |       |

FORM 16-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|                         |     |                |  |              |     |            |       |
|-------------------------|-----|----------------|--|--------------|-----|------------|-------|
| R 200                   |     | HEAD OF FAMILY |  | Look, Louis  |     | E.O.       | SHEET |
| 638                     |     |                |  |              |     |            |       |
| COLOR                   | AGE | BIRTHPLACE     |  |              |     |            |       |
| B                       | 38  |                |  |              |     |            |       |
| COUNTY                  |     |                |  | CITY         |     |            |       |
| De Soto                 |     |                |  |              |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |  |              |     |            |       |
| NAME                    |     |                |  | RELATIONSHIP | AGE | BIRTHPLACE |       |
| Zulla                   |     |                |  | W            | 32  | Tex        |       |
| Calman                  |     |                |  | S            | 19  |            |       |
| Lola                    |     |                |  | P            | 18  |            |       |
| Lillie                  |     |                |  | D            | 14  |            |       |
| Marie                   |     |                |  | D            | 10  |            |       |
| Jerry                   |     |                |  | S            | 12  |            |       |
| Hester                  |     |                |  | D            | 8   |            |       |

FORM 16-536 (4-20-41)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME     | RELATIONSHIP | AGE | BIRTHPLACE |
|----------|--------------|-----|------------|
| 1. Rufus | S            | 5   |            |
| Bertie   | D            | 3   |            |
|          |              |     |            |
|          |              |     |            |
|          |              |     |            |
|          |              |     |            |
|          |              |     |            |
|          |              |     |            |
|          |              |     |            |
|          |              |     |            |

FORM 10-636a (4-22-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMB-DC 18100-P61

LOUISIANA

|                                 |                                       |              |                    |                   |
|---------------------------------|---------------------------------------|--------------|--------------------|-------------------|
| <i>R222</i>                     | HEAD OF FAMILY<br><i>Roach, Louis</i> |              | E.O.<br><i>152</i> | SHEET<br><i>8</i> |
| COLOR<br><i>B</i>               | AGE<br><i>41</i>                      | BIRTHPLACE   |                    |                   |
| COUNTY<br><i>West Feliciana</i> |                                       | CITY         |                    |                   |
| OTHER MEMBERS OF FAMILY         |                                       |              |                    |                   |
| NAME                            |                                       | RELATIONSHIP | AGE                | BIRTHPLACE        |
| <i>Virginia</i>                 |                                       | <i>W</i>     | <i>38</i>          |                   |
| <i>Esther</i>                   |                                       | <i>M</i>     | <i>75</i>          |                   |
| <i>Martin, Mary</i>             |                                       | <i>C</i>     | <i>13</i>          |                   |
| <i>Hardy, Louis</i>             |                                       | <i>CS</i>    | <i>4</i>           |                   |
| <i>Frank, Stella</i>            |                                       | <i>C</i>     | <i>5</i>           |                   |
|                                 |                                       |              |                    |                   |
|                                 |                                       |              |                    |                   |

LOUISIANA

|                         |                |                   |             |            |       |
|-------------------------|----------------|-------------------|-------------|------------|-------|
| R200                    | HEAD OF FAMILY |                   | Ricks Louis | E. S.      | SHEET |
| COLOR                   | AGE            | BIRTHPLACE        |             |            |       |
| B                       | 38             |                   |             |            |       |
| COUNTY                  |                | St. Charles       |             | CITY       |       |
| OTHER MEMBERS OF FAMILY |                |                   |             |            |       |
| NAME                    |                | RELATION-<br>SHIP | AGE         | BIRTHPLACE |       |
| Christy                 |                | W                 | 26          | Miss       |       |
| Johnny                  |                | S                 | 9           |            |       |
|                         |                |                   |             |            |       |
|                         |                |                   |             |            |       |
|                         |                |                   |             |            |       |
|                         |                |                   |             |            |       |
|                         |                |                   |             |            |       |
|                         |                |                   |             |            |       |

LOUISIANA

|   |  |  |                    |                   |
|---|--|--|--------------------|-------------------|
| <i>R200</i>                                   | NAME OF INDIVIDUAL<br><i>Loas, Louis</i> |  | E.O.<br><i>114</i> | SHEET<br><i>5</i> |
| COLOR<br><i>B</i>                             | AGE<br><i>7 1/2</i>                      | BIRTHPLACE                               |                    |                   |
| COUNTY<br><i>St. Landry</i>                   |  | CITY                                     |                    |                   |
| ENUMERATED WITH<br><i>Loas, Julia J. Mrs.</i> |  |  |                    |                   |
| RELATIONSHIP TO ABOVE                         |  |  |                    |                   |
| <input type="checkbox"/> FATHER               | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |                    |                   |
| <input type="checkbox"/> MOTHER               | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |                    |                   |
| <input type="checkbox"/> GRANDFATHER          | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |                    |                   |
| <input type="checkbox"/> GRANDMOTHER          | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |                    |                   |
| <input checked="" type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |                    |                   |
| <input type="checkbox"/> GRANDDAUGHTER        | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |                    |                   |
| <input type="checkbox"/> AUNT                 | <input type="checkbox"/> BROTHER-IN-LAW  |  |                    |                   |
| <input type="checkbox"/> UNCLE                | <input type="checkbox"/> SISTER-IN-LAW   |  |                    |                   |

FORM 10-637 (4-26-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 18100-P-61



|                         |           |                |      |            |  |
|-------------------------|-----------|----------------|------|------------|--|
| R20.                    |           | HEAD OF FAMILY |      | LOUISIANA  |  |
| Kigga Louis             |           | B.O.           |      | SHEET      |  |
| COLOR                   | AGE       | BIRTHPLACE     |      |            |  |
| B                       | 40        |                |      |            |  |
| COUNTY                  |           |                | CITY |            |  |
| Acadia                  |           |                |      |            |  |
| OTHER MEMBERS OF FAMILY |           |                |      |            |  |
|                         | NAME      | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
|                         | Julia     | W              | 33   |            |  |
|                         | Hanora    | D              | 18   |            |  |
|                         | Edmond    | D              | 16   |            |  |
|                         | Nailee    | D              | 13   |            |  |
|                         | Joseph E. | S              | 12   |            |  |
|                         | Ertia     | D              | 3    |            |  |
|                         | Angell    | D              | 2    |            |  |

|                         |  |                |  |            |  |
|-------------------------|--|----------------|--|------------|--|
| R 200                   |  | HEAD OF FAMILY |  | LOUISIANA  |  |
| Kouss Louis             |  | S.O.           |  | 29         |  |
| COLOR                   |  | AGE            |  | SHEET      |  |
| W                       |  | 43             |  | 1          |  |
| BIRTHPLACE              |  | COUNTY         |  | CITY       |  |
|                         |  | Jefferson      |  |            |  |
| OTHER MEMBERS OF FAMILY |  |                |  |            |  |
| NAME                    |  | RELATIONSHIP   |  | AGE        |  |
|                         |  |                |  | BIRTHPLACE |  |
| Iragie                  |  | W              |  | 41         |  |
| Frank                   |  | S              |  | 22         |  |
| Clifton                 |  | S              |  | 18         |  |
| Liquine                 |  | D              |  | 16         |  |
| Lucy                    |  | D              |  | 13         |  |
| Ope Marie               |  | S              |  | 91         |  |
| Ernestine               |  | D              |  | 9          |  |

| HEAD OF FAMILY          |              | LOUISIANA  |            |
|-------------------------|--------------|------------|------------|
| NAME                    |              | E.D.       | SHEET      |
| Rosa Roca, Louis        |              | 56         | 8          |
| COLOR                   | AGE          | BIRTHPLACE |            |
| W                       | 33           |            |            |
| COUNTY                  | CITY         |            |            |
| Cameron                 |              |            |            |
| OTHER MEMBERS OF FAMILY |              |            |            |
| NAME                    | RELATIONSHIP | AGE        | BIRTHPLACE |
| Melena                  | W            | 34         |            |
| Joseph C                | S            | 14         |            |
| Melinda                 | D            | 13         |            |
| Henry                   | S            | 12         |            |
| Alfred                  | S            | 10         |            |
| Eller                   | D            | 7          |            |
| Napoleon                | S            | 5          |            |

FORM 10-436 (4-22-31)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME   | RELATIONSHIP | AGE  | BIRTHPLACE |
|--------|--------------|------|------------|
| Mylene | D            | 4    |            |
| Louise | S            | 3    |            |
| Edmond | D            | 7/12 |            |
|        |              |      |            |
|        |              |      |            |
|        |              |      |            |
|        |              |      |            |
|        |              |      |            |
|        |              |      |            |
|        |              |      |            |

FORM 16-634a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMB-OF 16168-P61

LOUISIANA

|                         |   |                |    |              |     |            |       |
|-------------------------|---|----------------|----|--------------|-----|------------|-------|
| R200                    |   | HEAD OF FAMILY |    | Rose, Louis  |     | E.D.       | SHEET |
| 127                     |   | 7              |    |              |     |            |       |
| COLOR                   | B | AGE            | 31 | BIRTHPLACE   |     |            |       |
| COUNTY                  |   |                |    | Tensas       |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |   |                |    |              |     |            |       |
| NAME                    |   |                |    | RELATIONSHIP | AGE | BIRTHPLACE |       |
| Henrietta               |   |                |    | W            | 33  |            |       |
| Robert                  |   |                |    | S            | 13  |            |       |
| Elizabeth               |   |                |    | D            | 12  |            |       |
|                         |   |                |    |              |     |            |       |
|                         |   |                |    |              |     |            |       |
|                         |   |                |    |              |     |            |       |
|                         |   |                |    |              |     |            |       |
|                         |   |                |    |              |     |            |       |

FORM 10-436 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|   |  |  |                   |                    |  |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|-------------------|--------------------|--|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| <i>R203</i>   | NAME OF INDIVIDUAL<br><i>Rouse Louis</i> |  | E.D.<br><i>48</i> | SHEET<br><i>18</i> |  |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>W</i>   | AGE<br><i>80</i>                         | BIRTHPLACE                               |                   |                    |  |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>Lafourche</i>  |  | CITY                                     |                   |                    |  |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Rouse Etienne</i>   |  |  |                   |                    |  |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |                   |                    |  |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input checked="" type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |                   |                    | <input checked="" type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input checked="" type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |                   |                    |  |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |                   |                    |  |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |                   |                    |  |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |                   |                    |  |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |                   |                    |  |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |                   |                    |  |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |                   |                    |  |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |                   |                    |  |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-437 (4-22-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18109-P61

LOUISIANA

|                         |                               |                   |            |             |
|-------------------------|-------------------------------|-------------------|------------|-------------|
| R 200                   | HEAD OF FAMILY<br>Rosen Louis |                   | E.D.<br>48 | SHEET<br>13 |
| COLOR<br>W              | AGE<br>48                     | BIRTHPLACE        |            |             |
| COUNTY<br>Lafourche     |                               | CITY              |            |             |
| OTHER MEMBERS OF FAMILY |                               |                   |            |             |
| NAME                    |                               | RELATION-<br>SHIP | AGE        | BIRTHPLACE  |
| Adolph                  |                               | W                 | 40         |             |
| Alma                    |                               | S                 | 21         |             |
| Bessie                  |                               | S                 | 18         |             |
| Bernice                 |                               | D                 | 16         |             |
| Thomas                  |                               | S                 | 13         |             |
| Arthur                  |                               | S                 | 10         |             |
| Alicia                  |                               | S                 | 8          |             |

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME             | RELATION-<br>SHIP | AGE          | BIRTHPLACE |
|------------------|-------------------|--------------|------------|
| <i>Artimus</i>   | <i>D</i>          | <i>6</i>     |            |
| <i>Armistice</i> | <i>D L</i>        | <i>1 1/2</i> |            |
| <i>Everett</i>   | <i>S</i>          | <i>3 1/2</i> |            |
|                  |                   |              |            |
|                  |                   |              |            |
|                  |                   |              |            |
|                  |                   |              |            |
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FORM 10-436a (4-20-01)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMDA-DC 18100-P01



|   |   |  |  |
|---|---|--|--|
| 7   |   | LOUISIANA  |  |
| R 202   |   | NAME OF INDIVIDUAL <i>Rose Louis</i>   |  |
| E.D. 19   |   | SHEET 4  |  |
| COLOR <i>B</i>  | AGE <i>15</i>   | BIRTHPLACE   |  |
| COUNTY <i>East Baton Rouge</i>  | CITY <i>Baton Rouge</i>   |  |  |
| ENUMERATED WITH <i>King Delphine</i>  |   |  |  |
| RELATIONSHIP TO ABOVE   |   |  |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input checked="" type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> Niece<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |  |

FORM 16-57 (4-22-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1960 CENSUS INDEX - INDIVIDUAL

USC&A-DC 18199-P61

|                         |                    | LOUISIANA  |            |
|-------------------------|--------------------|------------|------------|
| HEAD OF FAMILY          |                    | E.O.       | SHEET      |
| <i>P2</i>               | <i>Reece Louis</i> | <i>108</i> | <i>13</i>  |
| COLOR                   | AGE                | BIRTHPLACE |            |
| <i>Mu</i>               | <i>59</i>          |            |            |
| COUNTY                  | CITY               |            |            |
| <i>St Landry</i>        |                    |            |            |
| OTHER MEMBERS OF FAMILY |                    |            |            |
| NAME                    | RELATIONSHIP       | AGE        | BIRTHPLACE |
| <i>Melinda</i>          | <i>W</i>           | <i>38</i>  |            |
| <i>Lela</i>             | <i>D</i>           | <i>14</i>  |            |
| <i>George</i>           | <i>S</i>           | <i>8</i>   |            |
| <i>William</i>          | <i>S</i>           | <i>6</i>   |            |
| <i>Louisa</i>           | <i>D</i>           | <i>2</i>   |            |
| <i>Murphy, Levi</i>     | <i>SL</i>          | <i>21</i>  |            |
| <i>J. Mattis</i>        | <i>D</i>           | <i>19</i>  |            |

LOUISIANA

HEAD OF FAMILY - CONTINUED

*Reese, Louis*

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME                | RELATIONSHIP | AGE       | BIRTHPLACE |
|---------------------|--------------|-----------|------------|
| <i>Morris, Emma</i> | <i>S. L.</i> | <i>21</i> |            |
|                     |              |           |            |
|                     |              |           |            |
|                     |              |           |            |
|                     |              |           |            |
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FORM 10-6360 (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18100-P61

|                         |  |                |             |            |       |
|-------------------------|--|----------------|-------------|------------|-------|
| K200                    |  | HEAD OF FAMILY |             | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE  | E.O.       | SHEET |
| B                       |  | 40             | Rigg, Louis | 104        | 1     |
| COUNTY                  |  |                | CITY        |            |       |
| St. Landry              |  |                |             |            |       |
| OTHER MEMBERS OF FAMILY |  |                |             |            |       |
| NAME                    |  | RELATIONSHIP   | AGE         | BIRTHPLACE |       |
| E. L. Mose              |  | W              | 35          |            |       |
| F. L. Mose              |  | S              | 16          |            |       |
| J. Mose                 |  | S              | 14          |            |       |
| Louis, Jr.              |  | S              | 11          |            |       |
| John                    |  | S              | 9           |            |       |
| Agnes                   |  | S              | 5           |            |       |
| Melvin                  |  | S              | 3           |            |       |

Form 10-536 (4-25-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME     | RELATIONSHIP | AGE   | BIRTHPLACE |
|----------|--------------|-------|------------|
| 1 Joseph | S            | 2 1/2 |            |
|          |              |       |            |
|          |              |       |            |
|          |              |       |            |
|          |              |       |            |
|          |              |       |            |
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|          |              |       |            |
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|          |              |       |            |

FORM 18-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 1910-P61

LOUISIANA

|                         |                              |                  |                |             |
|-------------------------|------------------------------|------------------|----------------|-------------|
| R200                    | HEAD OF FAMILY<br>Russ Louis |                  | E.O.<br>99     | SHEET<br>11 |
| COLOR<br>W              | AGE<br>32                    | BIRTHPLACE<br>St |                |             |
| COUNTY<br>St. Mary      |                              | CITY<br>Berwick  |                |             |
| OTHER MEMBERS OF FAMILY |                              |                  |                |             |
| NAME                    |                              | RELATIONSHIP     | AGE            | BIRTHPLACE  |
| Dioggie                 |                              | W                | 25             |             |
| Mary                    |                              | D                | 6              |             |
| Josephine               |                              | D                | 3              |             |
| Frank                   |                              | S                | 2              |             |
| Berita                  |                              | D                | $\frac{2}{12}$ |             |
|                         |                              |                  |                |             |
|                         |                              |                  |                |             |

FORM 16-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|                         |                |              |      |            |
|-------------------------|----------------|--------------|------|------------|
| R200                    | HEAD OF FAMILY |              | E.D. | SHEET      |
|                         | Ross Louis     |              | 121  | 19         |
| COLOR                   | AGE            | BIRTHPLACE   |      |            |
| B                       | 19             |              |      |            |
| COUNTY                  | Tensas         |              | CITY |            |
| OTHER MEMBERS OF FAMILY |                |              |      |            |
| NAME                    |                | RELATIONSHIP | AGE  | BIRTHPLACE |
| Taylor, Annie           |                | M            | 40   | Miss       |
| Ross, Dinah             |                | GM           | 6.5  | Miss       |
| Fruddy, Nancy           |                | SI           | 15   |            |
|                         |                |              |      |            |
|                         |                |              |      |            |
|                         |                |              |      |            |
|                         |                |              |      |            |

FORM 16-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|                         |     |              |     |            |  |
|-------------------------|-----|--------------|-----|------------|--|
| HEAD OF FAMILY          |     | E.O.         |     | SHEET      |  |
| P200 Hicks Louis L      |     | 112          |     | 28         |  |
| COLOR                   | AGE | BIRTHPLACE   |     |            |  |
| W                       | 34  |              |     |            |  |
| COUNTY                  |     | Tangipahoa   |     | CITY       |  |
| OTHER MEMBERS OF FAMILY |     |              |     |            |  |
| NAME                    |     | RELATIONSHIP | AGE | BIRTHPLACE |  |
| Rosa                    |     | W            | 21  |            |  |
| Nelson                  |     | S            | 13  |            |  |
| Louis Jr.               |     | S            | 11  |            |  |
|                         |     |              |     |            |  |
|                         |     |              |     |            |  |
|                         |     |              |     |            |  |
|                         |     |              |     |            |  |
|                         |     |              |     |            |  |



| B200                    |   | HEAD OF FAMILY |     | LOUISIANA  |       |
|-------------------------|---|----------------|-----|------------|-------|
| Rose                    |   | Louis N        |     | E.D.       | SHEET |
| 56                      |   | 14             |     |            |       |
| COLOR                   | W | AGE            | 47  | BIRTHPLACE |       |
|                         |   | Males          |     |            |       |
| COUNTY                  |   | Iberville      |     | CITY       |       |
|                         |   |                |     | Plaquemine |       |
| OTHER MEMBERS OF FAMILY |   |                |     |            |       |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Laura                   |   | W              | 3   | Ohio       |       |
| Solomon, Rachel         |   | M L            | 73  | Germany    |       |
| Alexander               |   | B L            | 46  | Ohio       |       |
|                         |   |                |     |            |       |
|                         |   |                |     |            |       |
|                         |   |                |     |            |       |
|                         |   |                |     |            |       |
|                         |   |                |     |            |       |

| HEAD OF FAMILY          |              | LOUISIANA  |            |
|-------------------------|--------------|------------|------------|
| E.O.                    | SHEET        |            |            |
| Color                   | Age          | Birthplace |            |
| B                       | 62           |            |            |
| County                  | Iberia       |            | City       |
| OTHER MEMBERS OF FAMILY |              |            |            |
| NAME                    | RELATIONSHIP | AGE        | BIRTHPLACE |
| Dwight Love             |              |            |            |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |

Form 10-436 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |  |  |                    |                    |
|--|--|--|--------------------|--------------------|
| R200                                       | NAME OF INDIVIDUAL<br><i>Orin Louise</i> |  | E.O.<br><i>104</i> | SHEET<br><i>28</i> |
| COLOR<br><i>B</i>                          | AGE<br><i>66</i>                         | BIRTHPLACE                               |                    |                    |
| COUNTY<br><i>Ouachita</i>                  |  | CITY<br><i>Monroe</i>                    |                    |                    |
| MARRIED WITH<br><i>Baitley, James W</i>    |  |  |                    |                    |
| RELATIONSHIP TO ABOVE                      |  |  |                    |                    |
| <input type="checkbox"/> FATHER            | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> IMMATE          |                    |                    |
| <input checked="" type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |                    |                    |
| <input type="checkbox"/> GRANDFATHER       | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |                    |                    |
| <input type="checkbox"/> GRANDMOTHER       | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |                    |                    |
| <input type="checkbox"/> GRANDSON          | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |                    |                    |
| <input type="checkbox"/> GRANDDAUGHTER     | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |                    |                    |
| <input type="checkbox"/> AUNT              | <input type="checkbox"/> BROTHER-IN-LAW  |  |                    |                    |
| <input type="checkbox"/> UNCLE             | <input type="checkbox"/> SISTER-IN-LAW   |  |                    |                    |

FORM 16-637 (4-30-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 16199-P61

|   |  |   |      |            |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|---|--|---|------|------------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| 9200  |  | NAME OF INDIVIDUAL                                  |      | LOUISIANA  |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|   |  | Russ, Louis   |      | E.D.       | SHEET |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| 112   |  | 3   |      |            |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR   | B  | AGE   | 4    | BIRTHPLACE |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY  | Telford                                  |   | CITY |            |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENDEAVORED WITH   |  |   |      |            |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| Miller, Cassy   |  |   |      |            |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |      |            |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |      |            |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |      |            |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |      |            |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |      |            |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |      |            |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |      |            |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |      |            |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |      |            |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |      |            |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 18-637 (4-28-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1930 CENSUS INDEX - INDIVIDUAL

USCOM-DC 18188-P61

LOUISIANA

|   |   |  |                    |                   |
|---|---|--|--------------------|-------------------|
| <i>R200</i>   | NAME OF INDIVIDUAL<br><i>Loce, Louisa</i>   |  | E.D.<br><i>114</i> | SHEET<br><i>5</i> |
| COLOR<br><i>B</i>   | AGE<br><i>9</i>   | BIRTHPLACE   |                    |                   |
| COUNTY<br><i>St. Landry</i>   |   | CITY   |                    |                   |
| ENUMERATED WITH<br><i>Loce, Zelia J. Man.</i>   |   |  |                    |                   |
| RELATIONSHIP TO ABOVE   |   |  |                    |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input checked="" type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) _____ |                    |                   |

FORM 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 18198-P01

LOUISIANA

|   |  |  |      |                     |       |
|---|--|--|------|---------------------|-------|
| R200                                      |  | NAME OF INDIVIDUAL<br><i>Riggs, Louise</i> |      | E.O.<br><i>1044</i> | SHEET |
| COLOR<br><i>W</i>                         | AGE<br><i>17</i>                         | BIRTHPLACE<br><i>Miss</i>                  |      |                     |       |
| COUNTY<br><i>Jeunechita</i>               |  |  | CITY |                     |       |
| ENUMERATED WITH<br><i>M. Guste, W. R.</i> |  |  |      |                     |       |
| RELATIONSHIP TO ABOVE                     |  |  |      |                     |       |
| <input type="checkbox"/> FATHER           | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDOW             |      |                     |       |
| <input type="checkbox"/> MOTHER           | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE             |      |                     |       |
| <input type="checkbox"/> GRANDFATHER      | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |      |                     |       |
| <input type="checkbox"/> GRANDMOTHER      | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER |      |                     |       |
| <input type="checkbox"/> GRANDSON         | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |      |                     |       |
| <input type="checkbox"/> GRANDDAUGHTER    | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |      |                     |       |
| <input type="checkbox"/> AUNT             | <input type="checkbox"/> BROTHER-IN-LAW  |  |      |                     |       |
| <input type="checkbox"/> UNCLE            | <input type="checkbox"/> SISTER-IN-LAW   |  |      |                     |       |

FORM 16-437 (4-26-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18196-P01

|                         |     |                |       |            |       |
|-------------------------|-----|----------------|-------|------------|-------|
| R 200                   |     | HEAD OF FAMILY |       | LOUISIANA  |       |
|                         |     | Bass Louise    |       | E.D.       | SHEET |
| COLOR                   | AGE | BIRTHPLACE     |       |            |       |
| B                       | 27  |                |       |            |       |
| COUNTY                  |     |                | CITY  |            |       |
| Rapides                 |     |                | Boyer |            |       |
| OTHER MEMBERS OF FAMILY |     |                |       |            |       |
| NAME                    |     | RELATIONSHIP   | AGE   | BIRTHPLACE |       |
| Henry                   |     | S              | 10    |            |       |
| Thomas                  |     | S              | 8     |            |       |
| Lee Anna                |     | D              | 6     |            |       |
| And 3 Bo.               |     |                |       |            |       |
|                         |     |                |       |            |       |
|                         |     |                |       |            |       |
|                         |     |                |       |            |       |
|                         |     |                |       |            |       |

FORM 16-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |      |            |  |
|-------------------------|-----|----------------|------|------------|--|
| B-200                   |     | HEAD OF FAMILY |      | LOUISIANA  |  |
| Kigge, Louise           |     | E.D.           |      | SHEET      |  |
| 131                     |     | 28             |      |            |  |
| COLOR                   | AGE | BIRTHPLACE     |      |            |  |
| mu                      | 66  |                |      |            |  |
| COUNTY                  |     |                | CITY |            |  |
| St. Martin              |     |                |      |            |  |
| OTHER MEMBERS OF FAMILY |     |                |      |            |  |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| Living alone            |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |

FORM 16-636 (4-28-61)

1916 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|  |     |   |  |   |       |
|--|-----|---|--|---|-------|
| R200   |     | NAME OF INDIVIDUAL  |  | LOUISIANA   |       |
|  |     | Bass Mrs Louise   |  | E.O.  | SHEET |
| COLOR  | AGE | BIRTHPLACE  |  |   |       |
| W  | 35  |   |  |   |       |
| COUNTY   |     | CITY  |  |   |       |
|  |     | Lafourche   |  |   |       |
| ENUMERATED WITH  |     |   |  |   |       |
|  |     | Suzanne Leonard   |  |   |       |
| RELATIONSHIP TO ABOVE  |     |   |  |   |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br>HK |       |

Form 10-637 (4-20-61)

1930 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18190-P01

|  |  |  |        |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
|--|--|--|--------|-----------|-------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|---|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R200   |  | NAME OF INDIVIDUAL                       |        | LOUISIANA |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
|  |  | Bess Louise                              |        | E.D.      | SHEET |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| COLOR  | AGE                                      | BIRTH                                    |        |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| 7/11   | 3 1/2                                    |  | 104 28 |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| COUNTY   |  | CITY                                     |        |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| St. Landry   |  | Grand Coteau                             |        |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH  |  |  |        |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| Thompson Marie   |  |  |        |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |        |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDOW</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |        |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDOW           |        |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |        |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |        |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |        |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |        |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |        |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |        |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |        |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |

FORM 18-437 (4-20-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18190-P01

|                         |     |                |  |           |  |            |       |
|-------------------------|-----|----------------|--|-----------|--|------------|-------|
| R200                    |     | HEAD OF FAMILY |  | LOUISIANA |  | E.O.       | SHEET |
| Rock                    |     | Louisiana      |  | 38        |  | 38         |       |
| COLOR                   | AGE | BIRTHPLACE     |  |           |  |            |       |
| B                       | 70  | Miss           |  |           |  |            |       |
| COUNTY                  |     |                |  | CITY      |  |            |       |
| Lafourche               |     |                |  | Thibodaux |  |            |       |
| OTHER MEMBERS OF FAMILY |     |                |  |           |  |            |       |
| NAME                    |     | RELATIONSHIP   |  | AGE       |  | BIRTHPLACE |       |
| Living alone            |     |                |  |           |  |            |       |
|                         |     |                |  |           |  |            |       |
|                         |     |                |  |           |  |            |       |
|                         |     |                |  |           |  |            |       |
|                         |     |                |  |           |  |            |       |
|                         |     |                |  |           |  |            |       |
|                         |     |                |  |           |  |            |       |
|                         |     |                |  |           |  |            |       |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

| R 200                   |     | HEAD OF FAMILY |      | LOUISIANA  |  |
|-------------------------|-----|----------------|------|------------|--|
| COLOR                   | AGE | BIRTHPLACE     | E.O. | SHEET      |  |
| W                       | 29  | Italy          | 96   | 2          |  |
| COUNTY                  |     | St. Mary       | CITY |            |  |
| OTHER MEMBERS OF FAMILY |     |                |      |            |  |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| Lucy                    |     | W              | 20   | Italy      |  |
| Lena                    |     | D              | 3    | Italy      |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |   |   |                    |
|--|---|---|--------------------|
| NAME OF INDIVIDUAL<br><i>Lucia Lucian</i>  |   | 2.D.<br><i>108</i>  | SHEET<br><i>20</i> |
| COLOR<br><i>Mu</i>   | AGE<br><i>8</i>   | BIRTH PLACE   |                    |
| COUNTY<br><i>St. Landry</i>  |   | CITY  |                    |
| ENUMERATED WITH<br><i>Thomas, Burton</i>   |   |   |                    |
| RELATIONSHIP TO ABOVE  |   |   |                    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>Ad. Son</i> |                    |

FORM 16-637 (4-25-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18100-P61

|                         |   |                |      |            |       |
|-------------------------|---|----------------|------|------------|-------|
|                         |   | HEAD OF FAMILY |      | LOUISIANA  |       |
| Broo                    |   | Rusk, Lucile   |      | E.D.       | SHEET |
| COLOR                   | W | AGE            | 65   | 20         | 7     |
|                         |   | BIRTHPLACE     |      |            |       |
| COUNTY                  |   |                | CITY |            |       |
| Avoyelles               |   |                |      |            |       |
| OTHER MEMBERS OF FAMILY |   |                |      |            |       |
| NAME                    |   | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| 1 Willie                |   | S              | 40   |            |       |
| Lemmon, Byron           |   | S              | 21   |            |       |
| 1 Latham                |   | S              | 19   |            |       |
|                         |   |                |      |            |       |
|                         |   |                |      |            |       |
|                         |   |                |      |            |       |
|                         |   |                |      |            |       |
|                         |   |                |      |            |       |

FORM 16-636 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |                    |            |           |       |
|---|--|--------------------|------------|-----------|-------|
| R 200   |  | NAME OF INDIVIDUAL |            | LOUISIANA |       |
| COLOR   |  | AGE                | BIRTHPLACE | E.D.      | SHEET |
| B   |  | 22                 | Miss       | 129       | 2     |
| COUNTY  |  |                    | CITY       |           |       |
| Tensas  |  |                    |            |           |       |
| ENUMERATED WITH   |  |                    |            |           |       |
| RELATIONSHIP TO ABOVE   |  |                    |            |           |       |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER<br/> <input type="checkbox"/> MOTHER<br/> <input type="checkbox"/> GRANDFATHER<br/> <input type="checkbox"/> GRANDMOTHER<br/> <input type="checkbox"/> GRANDSON<br/> <input type="checkbox"/> GRANDDAUGHTER<br/> <input type="checkbox"/> AUNT<br/> <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW<br/> <input type="checkbox"/> NIECE<br/> <input type="checkbox"/> FATHER-IN-LAW<br/> <input type="checkbox"/> MOTHER-IN-LAW<br/> <input type="checkbox"/> SON-IN-LAW<br/> <input type="checkbox"/> DAUGHTER-IN-LAW<br/> <input type="checkbox"/> BROTHER-IN-LAW<br/> <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE<br/> <input type="checkbox"/> NURSE<br/> <input type="checkbox"/> PATIENT<br/> <input type="checkbox"/> ROOMER<br/> <input checked="" type="checkbox"/> SERVANT<br/> <input type="checkbox"/> OTHER (Specify) </div> </div> |  |                    |            |           |       |

FORM 10-637 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 10100-P01

|  |                  |   |  |  |                    |
|--|------------------|---|--|--|--------------------|
| R 200  |                  | NAME OF INDIVIDUAL<br><i>Riggs, Lucille</i>   |  | E.D.<br><i>70</i>  | SHEET<br><i>11</i> |
| COLOR<br><i>B</i>  | AGE<br><i>10</i> | BIRTHPLACE<br><i>Louisiana</i>  |  |  |                    |
| COUNTY   |                  | CITY<br><i>Lafayette</i>  |  |  |                    |
| ENUMERATED WITH<br><i>Riggs, Robert</i>  |                  |   |  |  |                    |
| RELATIONSHIP TO ABOVE  |                  |   |  |  |                    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>G-C1</i> |                    |

FORM 10-437 (4-22-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL



|  |  |  |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
|--|--|--|--------------------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|---|--|--|-------------------------------|---|--|--------------------------------|--|--|
|  |  | LOUISIANA                                |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <b>P200</b>  | NAME OF INDIVIDUAL<br><i>Rice Lucile</i> |  | E.D.<br><i>104</i> |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
|  |  |  | SHEET<br><i>28</i> |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>Imm</i>  | AGE<br><i>18 1/2</i>                     | BIRTHPLACE                               |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>St. Landry</i>  | CITY<br><i>Grand Coteau</i>              |  |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Thompson Marie</i>   |  |  |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WMAVE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WMAVE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WMAVE           |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |

FORM 10-637 (4-30-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 19109-P01

|                         |            |                |       |            |       |
|-------------------------|------------|----------------|-------|------------|-------|
| R200                    |            | HEAD OF FAMILY |       | LOUISIANA  |       |
| Ruze                    |            | Lucien         |       | S.D.       | SHEET |
| COLOR                   | AGE        | BIRTHPLACE     |       |            |       |
| W                       | 45         |                |       |            |       |
| COUNTY                  | Assumption |                | CITY  |            |       |
| OTHER MEMBERS OF FAMILY |            |                |       |            |       |
| NAME                    |            | RELATIONSHIP   | AGE   | BIRTHPLACE |       |
| Mary                    |            | W              | 38    |            |       |
| John                    |            | S              | 5     |            |       |
| Jeanne                  |            | D              | 6 1/2 |            |       |
|                         |            |                |       |            |       |
|                         |            |                |       |            |       |
|                         |            |                |       |            |       |
|                         |            |                |       |            |       |
|                         |            |                |       |            |       |

FORM 16-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |  |   |  |             |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|--|--|---|--|-------------|-------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| R200   |  | NAME OF INDIVIDUAL<br>Rooks Lucinda                 |  | E.D.<br>719 | SHEET<br>18 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR<br>B   | AGE<br>45                                | BIRTHPLACE<br>Miss                                  |  |             |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY<br>JONES  |  | CITY  |  |             |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| EMIGRATED BY<br>Shaw Esca  |  |   |  |             |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   |  |             |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> INMATE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input checked="" type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> <p style="text-align: right;"><u>CO</u></p> |  |   |  |             |             | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |  |             |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |  |             |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |             |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |             |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |             |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |             |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |             |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |   |  |             |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

Form 10-437 (4-22-31)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 1512-P61

LOUISIANA

|  |                  |  |  |   |                   |
|--|------------------|--|--|---|-------------------|
| R200   |                  | NAME OF INDIVIDUAL<br><i>Ross Lucresia</i>   |  | E.O.<br><i>92</i>   | SHEET<br><i>1</i> |
| COLOR<br><i>B</i>  | AGE<br><i>19</i> | BIRTHPLACE   |  |   |                   |
| COUNTY<br><i>Rapides</i>   |                  | CITY   |  |   |                   |
| ENUMERATED WITH<br><i>Ross Johnson</i>   |                  |  |  |   |                   |
| RELATIONSHIP TO ABOVE  |                  |  |  |   |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input checked="" type="checkbox"/> <del>WIFE</del><br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify)<br><hr/> |                   |

FORM 10-457 (4-20-51)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P01

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| N 200                   |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| B                       |  | 43             | Lucas      | 79         | 22    |
| COUNTY                  |  |                | CITY       |            |       |
| Natchitoches            |  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Camilla                 |  | D              | 22         |            |       |
| Elych                   |  | S              | 18         |            |       |
| Murray                  |  | S              | 17         |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 19-636 (4-26-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |  |  |                  |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|--|------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| A200   |  | NAME OF INDIVIDUAL<br><i>Ross Lucian</i>                     |  | ED<br><i>719</i> | SHEET<br><i>25</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>B</i>  | AGE<br><i>14</i>                         | BIRTHPLACE   |  |                  |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>100000</i>  |  | CITY   |  |                  |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Ross Richard</i>   |  |  |  |                  |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |  |                  |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (<i>brother</i>)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |                  |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER ( <i>brother</i> ) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                              |  |                  |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                               |  |                  |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                             |  |                  |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                              |  |                  |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                             |  |                  |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER ( <i>brother</i> ) |  |                  |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |                  |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |  |                  |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-PC 10100-P-01

|                         |     |                |      |            |       |
|-------------------------|-----|----------------|------|------------|-------|
| 1200                    |     | HEAD OF FAMILY |      | LOUISIANA  |       |
| Riggs                   |     | Lucy           |      | E.D.       | SHEET |
| 66                      |     | 13             |      |            |       |
| COLOR                   | AGE | BIRTHPLACE     |      |            |       |
| B                       | 38  |                |      |            |       |
| COUNTY                  |     |                | CITY |            |       |
| De Soto                 |     |                |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Liza                    |     | D              | 15   |            |       |
| Eddie                   |     | S              | 14   |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |
|--|--|
| LOUISIANA  |  |
| R 700  | NAME OF INDIVIDUAL<br><i>Ross, Lucy</i>  |
| E.O.<br>76   | SHEET<br>6   |
| COLOR<br>B   | AGE<br>74  |
| BIRTHPLACE<br><i>Pointe Coupee</i>   |  |
| COUNTY<br><i>Pointe Coupee</i>   |  |
| CITY   |  |
| ENUMERATED WITH<br><i>Jackson, Major</i>   |  |
| RELATIONSHIP TO ABOVE  |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input checked="" type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> IMMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) _____   |  |

FORM 18-537 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 1818B-P61



|  |  |  | LOUISIANA        |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |           |                                |  |  |
|--|--|--|------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|-----------|--------------------------------|--|--|
| <i>R200</i>  | NAME OF INDIVIDUAL<br><i>Roach Lucy S.</i> |  | ED.<br><i>69</i> | SHEET<br><i>2</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |           |                                |  |  |
| COLOR<br><i>W</i>  | AGE<br><i>60</i>                           | BIRTHPLACE<br><i>Ala</i>                 |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |           |                                |  |  |
| COUNTY<br><i>To 800</i>  |  | CITY<br><i>Memphis</i>                   |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |           |                                |  |  |
| ENUMERATED WITH<br><i>Roach Ward V.</i>  |  |  |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |           |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |           |                                |  |  |
| <table border="0"> <tbody> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WMA TE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>di</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </tbody> </table> |  |  |                  |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WMA TE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>di</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW            | <input type="checkbox"/> WMA TE          |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |           |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE             | <input type="checkbox"/> NURSE           |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW     | <input type="checkbox"/> PATIENT         |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW     | <input type="checkbox"/> ROOMER          |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW        | <input type="checkbox"/> SERVANT         |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW   | <input type="checkbox"/> OTHER (Specify) |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |           |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW    | <i>di</i>                                |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |           |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW     |  |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |           |                                |  |  |

FORM 10-637 (4-30-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIV

|  |  |  |                                |
|--|--|--|--------------------------------|
|  |  | LOUISIANA  |                                |
| <i>R 200</i>   | NAME OF INDIVIDUAL<br><i>Roche Ludovic</i>   |  | E.D. <i>68</i> SHEET <i>16</i> |
| COLOR<br><i>N</i>  | AGE<br><i>17</i>   | BIRTHPLACE   |                                |
| COUNTY<br><i>St. James</i>   |  | CITY   |                                |
| ENUMERATED WITH<br><i>Roche Agnes</i>  |  |  |                                |
| RELATIONSHIP TO ABOVE  |  |  |                                |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input checked="" type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                                |

FORM 15-537 (4-22-51)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMB-DC 15155-P01

|   |          |   |  |  |             |
|---|----------|---|--|--|-------------|
| R 200   |          | NAME OF INDIVIDUAL<br><i>Reese Luella</i>   |  | E.D.<br>43   | SHEET<br>11 |
| COLOR<br><i>mw</i>  | AGE<br>9 | BIRTHPLACE  |  |  |             |
| COUNTY  |          | CITY  |  |  |             |
| ENUMERATED WITH<br><i>Spikes Abraham</i>  |          |   |  |  |             |
| RELATIONSHIP TO ABOVE   |          |   |  |  |             |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input checked="" type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |          | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> WEAVER<br><input type="checkbox"/> NUNCE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |             |

FORM 10-437 (4-10-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

|   |  |  |    |             |  |           |    |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
|---|--|--|----|-------------|--|-----------|----|---------------------------------|---------------------------------|-------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|---|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R 202   |  | NAME OF INDIVIDUAL                       |    | Rock Eugene |  | LOUISIANA |    |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| COLOR   | B  | AGE                                      | 13 | BIRTHPLACE  |  | E.D.      | 76 |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
|   |  |  |    |             |  | SHEET     |    |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
|   |  |  |    |             |  | 2         |    |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| COUNTY  |  |  |    | Do Soto     |  | CITY      |    |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |  |    |             |  |           |    |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| Rock, Martha  |  |  |    |             |  |           |    |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |    |             |  |           |    |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIFE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |    |             |  |           |    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIFE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIFE            |    |             |  |           |    |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |    |             |  |           |    |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |    |             |  |           |    |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |    |             |  |           |    |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |    |             |  |           |    |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |    |             |  |           |    |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |    |             |  |           |    |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |    |             |  |           |    |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |

FORM 10-517 (4-30-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 10100-P01

|                         |  |                |              |           |            |
|-------------------------|--|----------------|--------------|-----------|------------|
| P200                    |  | HEAD OF FAMILY |              | Louisiana |            |
| COLOR                   |  | AGE            | BIRTHPLACE   | E.D.      | SHEET      |
| W                       |  | 17             | Italy        | 28        | 25         |
| COUNTY                  |  |                | Jefferson    | CITY      |            |
| OTHER MEMBERS OF FAMILY |  |                |              |           |            |
| NAME                    |  |                | RELATIONSHIP | AGE       | BIRTHPLACE |
| L Bo                    |  |                |              |           |            |
|                         |  |                |              |           |            |
|                         |  |                |              |           |            |
|                         |  |                |              |           |            |
|                         |  |                |              |           |            |
|                         |  |                |              |           |            |
|                         |  |                |              |           |            |
|                         |  |                |              |           |            |
|                         |  |                |              |           |            |

FORM 18-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |                  |   |  |   |  |
|--|------------------|---|--|---|--|
| R 20   |                  | NAME OF INDIVIDUAL<br><i>Rose Lujania</i>   |  | LOUISIANA   |  |
| E.D.   |                  | SHEET   |  |   |  |
| COLOR<br><i>B</i>  | AGE<br><i>32</i> | BIRTHPLACE<br><i>Ala.</i>   |  |   |  |
| COUNTY<br><i>Madison</i>   |                  | CITY  |  |   |  |
| ENUMERATED WITH<br><i>Carroll, Henry</i>   |                  |   |  |   |  |
| RELATIONSHIP TO ABOVE  |                  |   |  |   |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>D</i> |  |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMB-DC 18100-P61

|   |  |   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|---|--|---|--|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| R200  |  | NAME OF INDIVIDUAL                                  |  | LOUISIANA |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|   |  | Russo, Luke   |  | E.O.      | SHEET |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR   | AGE                                      | BIRTHPLACE  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| W   | 24                                       |   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY  |  | St. Mary  |  | CITY      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|   |  |   |  | Morgan    |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| Russo, Samuel   |  |   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

Form 10-437 (4-28-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 1919-P-61

|  |   |   |  |                   |                   |
|--|---|---|--|-------------------|-------------------|
| R202   |   | NAME OF INDIVIDUAL<br><i>Rose Luke</i>  |  | E.D.<br><i>83</i> | SHEET<br><i>9</i> |
| COLOR<br><i>B</i>  | AGE<br><i>18</i>  | BIRTHPLACE  |  |                   |                   |
| COUNTY<br><i>St. Mary</i>  |   | CITY  |  |                   |                   |
| ENUMERATED WITH<br><i>Washing Antony</i>   |   |   |  |                   |                   |
| RELATIONSHIP TO ABOVE  |   |   |  |                   |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input checked="" type="checkbox"/> NEPHEW<br><input type="checkbox"/> NECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> IMMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify)<br><hr/> |  |                   |                   |

FORM 16-437 (4-26-51)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCENS-DC 16199-P61



|   |  |  |    |            |     |           |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|----|------------|-----|-----------|----|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R 200   |  | NAME OF INDIVIDUAL                         |    | Rice, Lula |     | LOUISIANA |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR   | W  | AGE  | 27 | BIRTHPLACE | Tex | E.D.      | 44 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|   |  |  |    |            |     | SHEET     |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|   |  |  |    |            |     | 13        |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY  |  |  |    | CITY       |     |           |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Calcasieu   |  |  |    | De Ridder  |     |           |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |  |    |            |     |           |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Whits, Columbus   |  |  |    |            |     |           |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |    |            |     |           |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |    |            |     |           |    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE            |    |            |     |           |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE             |    |            |     |           |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |    |            |     |           |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER |    |            |     |           |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |    |            |     |           |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |    |            |     |           |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |    |            |     |           |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |    |            |     |           |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 18-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1930 CENSUS INDEX - INDIVIDUAL

USCOMB-DC 18108-P61

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R 200                   |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| 100                     |  | 34             |            | 100        | 1     |
| COUNTY                  |  |                | CITY       |            |       |
| Tangipahoa              |  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Lulu                    |  |                | 12         |            |       |
| Marta                   |  |                | 10         |            |       |
| Lillian                 |  |                | 8          |            |       |
| Charles                 |  |                | 5          |            |       |
| + 3                     |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 10-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |      |            |  |
|-------------------------|-----|----------------|------|------------|--|
| B200                    |     | HEAD OF FAMILY |      | LOUISIANA  |  |
| ROSS LULA               |     | E.D.           |      | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |      |            |  |
| Wm                      | 31  |                |      |            |  |
| COUNTY                  |     |                | CITY |            |  |
| Webster                 |     |                |      |            |  |
| OTHER MEMBERS OF FAMILY |     |                |      |            |  |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| Lula Ross               |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |

FORM 18-636 (4-20-51)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |   |  |                   |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|--|--|---|--|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|-------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| R200   |  | NAME OF INDIVIDUAL<br><i>Rice, Lula</i>             |  | LOUISIANA         |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR<br><i>W</i>  | AGE<br><i>27</i>                         | BIRTH PLACE<br><i>Tex</i>                           |  | E.O.<br><i>44</i> | SHEET<br><i>13</i> |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY<br><i>Calcasieu</i>   |  | CITY  |  |                   |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Hails, Columbus</i>  |  |   |  |                   |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   |  |                   |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> MRS. Y</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NICE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |                   |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> MRS. Y | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NICE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> MRS. Y                     |  |                   |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NICE            | <input type="checkbox"/> NURSE                      |  |                   |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |                   |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |                   |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |                   |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |                   |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |                   |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |   |  |                   |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 16-537 (4-20-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

U60000-10 1000-911

|                         |           |                    |           |            |       |
|-------------------------|-----------|--------------------|-----------|------------|-------|
| <i>R200</i>             |           | HEAD OF FAMILY     |           | LOUISIANA  |       |
|                         |           | <i>Paul Lusley</i> |           | E.D.       | SHEET |
| COLOR                   | AGE       | BIRTHPLACE         |           |            |       |
| <i>B</i>                | <i>54</i> |                    |           |            |       |
| COUNTY                  |           | CITY               |           |            |       |
| <i>Jefferson</i>        |           | <i></i>            |           |            |       |
| OTHER MEMBERS OF FAMILY |           |                    |           |            |       |
| NAME                    |           | RELATIONSHIP       | AGE       | BIRTHPLACE |       |
| <i>Marcel</i>           |           | <i>W</i>           | <i>50</i> |            |       |
|                         |           |                    |           |            |       |
|                         |           |                    |           |            |       |
|                         |           |                    |           |            |       |
|                         |           |                    |           |            |       |
|                         |           |                    |           |            |       |
|                         |           |                    |           |            |       |
|                         |           |                    |           |            |       |
|                         |           |                    |           |            |       |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |   |  |             |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|---|--|---|--|-------------|--|-----------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| 1200  |  | NAME OF INDIVIDUAL                                  |  | Rice Luther |  | LOUISIANA |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR   |  | AGE   |  | BIRTHPLACE  |  | E.D.      |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| B   |  | 6   |  |             |  | 20        |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY  |  | CITY  |  | CITY        |  | SHEET     |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|   |  | Clerborne   |  |             |  | 6         |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |   |  |             |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| Rice Clark  |  |   |  |             |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |  |             |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |             |  |           |  | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |  |             |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |  |             |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |             |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |             |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |             |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |             |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |             |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |  |             |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <div style="text-align: right;"> <u>Lo</u> </div>   |  |   |  |             |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 16-637 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18129-P61

|                         |            |                |     |            |  |
|-------------------------|------------|----------------|-----|------------|--|
| R200                    |            | HEAD OF FAMILY |     | LOUISIANA  |  |
| Rosa Luvenia            |            | E.D.           |     | SHEET      |  |
| COLOR                   | AGE        | BIRTHPLACE     |     |            |  |
| B                       | 28         |                |     |            |  |
| COUNTY                  | Assumption | CITY           |     |            |  |
|                         |            | Napoleonville  |     |            |  |
| OTHER MEMBERS OF FAMILY |            |                |     |            |  |
| NAME                    |            | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| Marris, Louisa          |            | D              | 14  |            |  |
| Ella                    |            | D              | 12  |            |  |
| James                   |            | S              | 6   |            |  |
| David                   |            | S              | 4   |            |  |
| William                 |            | S              | 2   |            |  |
| Fredrick                |            | S              | 2   |            |  |

FORM 16-636 (4-25-61)

1919 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |      |
|-------------------------|--|----------------|------------|------------|------|
| R200                    |  | HEAD OF FAMILY |            | LOUISIANA  |      |
| COLOR                   |  | AGE            | BIRTHPLACE |            | E.D. |
| W                       |  | 27             |            |            | 121  |
|                         |  |                |            | SHEET      |      |
|                         |  |                |            | 11         |      |
| COUNTY                  |  |                | CITY       |            |      |
| St Landry               |  |                | Eunice     |            |      |
| OTHER MEMBERS OF FAMILY |  |                |            |            |      |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |      |
| 1 Lavan                 |  | s              | 7          |            |      |
|                         |  |                |            |            |      |
|                         |  |                |            |            |      |
|                         |  |                |            |            |      |
|                         |  |                |            |            |      |
|                         |  |                |            |            |      |
|                         |  |                |            |            |      |
|                         |  |                |            |            |      |
|                         |  |                |            |            |      |

FORM 18-636 (4-26-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|  |     |   |  |   |       |
|--|-----|---|--|---|-------|
| R 200  |     | STATE OF INDIVIDUAL   |  | LOUISIANA   |       |
| NAME OF INDIVIDUAL   |     | Rosa Lydia  |  | E.O.  | SHEET |
| COLOR  | AGE | BIRTHPLACE  |  | 125   | 17    |
| NEW  | 22  |   |  |   |       |
| COUNTY   |     | Tensas  |  | CITY  |       |
|  |     |   |  |   |       |
| ENUMERATED WITH  |     | Anders Jacob  |  |   |       |
| RELATIONSHIP TO ABOVE  |     |   |  |   |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> WIFE<br><input type="checkbox"/> HUSBAND<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br>Si |       |

FORM 25-637 (4-22-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18105-P01

|  |  |   |  |  |  |                 |  |
|--|--|---|--|--|--|-----------------|--|
| R200<br>COLOR <i>W</i>   |  | NAME OF INDIVIDUAL<br><i>Rouse Lydia</i>  |  | LOUISIANA<br>E.D. <i>55</i>  |  | SHEET <i>21</i> |  |
| AGE <i>16</i>  |  | BIRTHPLACE  |  |  |  |                 |  |
| COUNTY<br><i>Iberville</i>   |  |   |  | CITY<br><i>Plaquemine</i>  |  |                 |  |
| ENUMERATED WITH<br><i>Rouse William J</i>  |  |   |  |  |  |                 |  |
| RELATIONSHIP TO ABOVE  |  |   |  |  |  |                 |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> DEBATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>Si</i> |  |                 |  |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |               |                   |      |            |  |
|-------------------------|---------------|-------------------|------|------------|--|
| R200                    |               | HEAD OF FAMILY    |      | LOUISIANA  |  |
| Ricks, M.               |               | E.O.              |      | SHEET      |  |
| COLOR                   | AGE           | BIRTHPLACE        |      |            |  |
| W                       | 82            | Blk               |      |            |  |
| COUNTY                  |               |                   | CITY |            |  |
| Do Soto                 |               |                   |      |            |  |
| OTHER MEMBERS OF FAMILY |               |                   |      |            |  |
| NAME                    |               | RELATION-<br>SHIP | AGE  | BIRTHPLACE |  |
| /                       | Laura J.      | W                 | 68   | Dean       |  |
|                         | Willie E.     | D                 | 45   | Dean       |  |
|                         | Thelma Matthe | D                 | 31   |            |  |
| /                       | Therese       | B-S               | 10   |            |  |
| /                       | Agile         | G-D               | 8    |            |  |
|                         | James         | B-D               | 4    |            |  |
| x 1 Cook                |               |                   |      |            |  |

FORM 10-636 (4-20-31)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |         |                   |      |            |      |
|-------------------------|---------|-------------------|------|------------|------|
| R200                    |         | HEAD OF FAMILY    |      | LOUISIANA  |      |
| Rocoe M                 |         | E.O.              |      | SHEET      |      |
| COLOR                   | W       | AGE               | 49   | BIRTHPLACE | Ala. |
| COUNTY                  | De Soto |                   | CITY |            |      |
| OTHER MEMBERS OF FAMILY |         |                   |      |            |      |
|                         | NAME    | RELATION-<br>SHIP | AGE  | BIRTHPLACE |      |
| /                       | Willie  | W                 | 46   | Ala        |      |
|                         | Sarah   | D                 | 27   |            |      |
|                         | Irene   | D                 | 25   |            |      |
|                         | Russle  | S                 | 22   |            |      |
|                         | Lizzie  | D                 | 18   |            |      |
|                         | Aubrey  | D                 | 16   |            |      |
|                         | May     | D                 | 11   |            |      |

FORM 16-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUE

Rocel M

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME         | RELATIONSHIP | AGE | BIRTHPLACE |
|--------------|--------------|-----|------------|
| Paul         | S            | 7   |            |
| Inez         | D            | 5   |            |
| Hanson Egmon | Sis          | 50  | Ala        |
|              |              |     |            |
|              |              |     |            |
|              |              |     |            |
|              |              |     |            |
|              |              |     |            |
|              |              |     |            |
|              |              |     |            |

FORM 16-436a (4-29-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 15199-P61

|  |  |   |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|--|--|---|-------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
|  |  | LOUISIANA   |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| NAME OF INDIVIDUAL   |  | E.D.  | SHEET |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| Rockaway, M  |  | 16  | 3     |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR  | AGE                                      | BIRTHPLACE  |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| B  | 34                                       |   |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY   | CITY                                     |   |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|  | Bossier                                  |   |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH  |  |   |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| Patterson, Arthur  |  |   |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
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| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDOW                      |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |   |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |   |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 10-437 (4-30-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 1510a-P61

|  |  |   |                |   |       |
|--|--|---|----------------|---|-------|
| 1202   |  | NAME OF INDIVIDUAL  |                | LOUISIANA   |       |
| COLOR  |  | AGE   | BIRTHPLACE     | E.O.  | SHEET |
| W  |  | 46  | Rougeaux, M E, | 60  | 5     |
| COUNTY   |  |   | CITY           |   |       |
| Grant  |  |   | Pollock        |   |       |
| ENUMERATED WITH  |  |   |                |   |       |
| M & Ghee, W. J.  |  |   |                |   |       |
| RELATIONSHIP TO ABOVE  |  |   |                |   |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |                | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |       |

FORM 18-437 (4-20-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                                |            |                       |            |                   |  |
|--------------------------------|------------|-----------------------|------------|-------------------|--|
| <b>R200</b>                    |            | <b>HEAD OF FAMILY</b> |            | <b>LOUISIANA</b>  |  |
| <b>Rice, M. L.</b>             |            | <b>E.D.</b>           |            | <b>SHEET</b>      |  |
| <b>COLOR</b>                   | <b>AGE</b> | <b>BIRTHPLACE</b>     |            |                   |  |
| <b>W</b>                       | <b>70</b>  |                       |            |                   |  |
| <b>COUNTY</b>                  |            | <b>CITY</b>           |            |                   |  |
| <b>GRANT</b>                   |            |                       |            |                   |  |
| <b>OTHER MEMBERS OF FAMILY</b> |            |                       |            |                   |  |
| <b>NAME</b>                    |            | <b>RELATIONSHIP</b>   | <b>AGE</b> | <b>BIRTHPLACE</b> |  |
| <b>1 Fannie</b>                |            | <b>W</b>              | <b>63</b>  |                   |  |
|                                |            |                       |            |                   |  |
|                                |            |                       |            |                   |  |
|                                |            |                       |            |                   |  |
|                                |            |                       |            |                   |  |
|                                |            |                       |            |                   |  |
|                                |            |                       |            |                   |  |
|                                |            |                       |            |                   |  |
|                                |            |                       |            |                   |  |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



| R200   |  | LOUISIANA   |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|--|--|---|-------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| NAME OF INDIVIDUAL   |  | E.D.  | SHEET |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| Ryder Mabel  |  | 136   | 19    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR  | AGE                                      | BIRTHPLACE  |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| B  | 12                                       |   |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY   | St. Martin                               | St. Martin  |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH  | Lennie                                   | Martineville  |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  | Lennie                                   | Felicie   |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDOW</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDOW                      |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |   |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |   |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 16-437 (4-20-01)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCENS-DC 13105-P01

|  |  |  |  |             |  |            |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|--|-------------|--|------------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R200   |  | NAME OF INDIVIDUAL                       |  | Rice, Mable |  | LOUISIANA  |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR  |  | AGE                                      |  | BIRTHPLACE  |  | S.D. SHEET |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| B  |  | 2  |  |             |  | 142 7      |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY   |  |  |  | CITY        |  |            |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| West Feliciana   |  |  |  |             |  |            |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH  |  |  |  |             |  |            |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Sterling, Joseph   |  |  |  |             |  |            |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |  |             |  |            |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |             |  |            |  | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |  |             |  |            |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |  |             |  |            |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |  |             |  |            |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |  |             |  |            |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |  |             |  |            |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |  |             |  |            |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |             |  |            |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |  |             |  |            |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 19-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMB-NC 18100-P01

|  |               |   |  |   |                 |
|--|---------------|---|--|---|-----------------|
| R200   |               | NAME OF INDIVIDUAL <i>Raines Mac</i>  |  | E.D. <i>89</i>  | SHEET <i>15</i> |
| COLOR  | AGE <i>24</i> | BIRTHPLACE  |  |   |                 |
| COUNTY   |               | <i>Morehouse</i>  |  | CITY  |                 |
| ENUMERATED WITH <i>Banks Haller</i>  |               |   |  |   |                 |
| RELATIONSHIP TO ABOVE  |               |   |  |   |                 |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |               | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> TENANT<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) _____ |                 |

FORM 16-627 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18189-P01

|  |           |   |      |   |             |
|--|-----------|---|------|---|-------------|
| R20c   |           | NAME OF INDIVIDUAL<br>Reese Madison B   |      | LOUISIANA   |             |
| COLOR<br>W   | AGE<br>32 | BIRTHPLACE  |      | E.D.<br>27  | SHEET<br>13 |
| COUNTY<br>Natchitoches   |           |   | CITY |   |             |
| ENUMERATED WITH<br>Presley Crofford A  |           |   |      |   |             |
| RELATIONSHIP TO ABOVE  |           |   |      |   |             |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |           | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br>HM |             |

FORM 18-437 (4-29-31)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18129-P61

|                         |     |                |      |            |       |
|-------------------------|-----|----------------|------|------------|-------|
| R 200                   |     | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |      | E.D.       | SHEET |
| B                       | 45  |                |      | 39         | 2     |
| COUNTY                  |     |                | CITY |            |       |
| East Feliciana          |     |                |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| William Oats            |     | 3              | 24   |            |       |
| Thomas, Sam             |     | 5              | 23   |            |       |
| Arney Asah              |     | E.D.           | 18   |            |       |
| Turner, Ada B           |     | Old            | 17   |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |

FORM 18-636 (4-26-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |            |                |        |            |                  |
|-------------------------|------------|----------------|--------|------------|------------------|
| R 200                   |            | HEAD OF FAMILY |        | LOUISIANA  |                  |
| COLOR                   | W          | AGE            | 49     | BIRTHPLACE | Smith, Maggie E. |
| COUNTY                  | Tangipahoa |                |        | CITY       | Assite           |
| OTHER MEMBERS OF FAMILY |            |                |        |            |                  |
| NAME                    |            | RELATIONSHIP   | AGE    | BIRTHPLACE |                  |
| Smith, Lusine R.        |            | D              | 18     |            |                  |
| Ricks, Jack D.          |            | S              | 17     |            |                  |
| Edwards, Morgan         |            | B              | 42     |            |                  |
| Smith, Charlotte        |            | D              | 1 2/12 |            |                  |
| * 1, Carr               |            |                |        |            |                  |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |  |  |            |             |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|--|------------|-------------|---------------------------------|---------------------------------|---------------------------------|--|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R200  |  | NAME OF INDIVIDUAL<br>Ross Maholy        |  | E.O.<br>10 | SHEET<br>26 |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br>B  | AGE<br>76                                | BIRTHPLACE                               |  |            |             |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br>Assumption  |  | CITY                                     |  |            |             |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br>Ross Demas   |  |  |  |            |             |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |  |            |             |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input checked="" type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |            |             | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input checked="" type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |  |            |             |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |  |            |             |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |  |            |             |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |  |            |             |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |  |            |             |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |  |            |             |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |            |             |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |  |            |             |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-637 (4-20-61)

1930 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 19199-P-61

|                         |  |                |  |              |  |
|-------------------------|--|----------------|--|--------------|--|
| R200                    |  | HEAD OF FAMILY |  | LOUISIANA    |  |
| B                       |  | 24             |  | Biggs, Major |  |
| E.D.                    |  | SHEET          |  | 101 5        |  |
| COUNTRY                 |  | St. Landry     |  | CITY         |  |
| OTHER MEMBERS OF FAMILY |  |                |  |              |  |
| NAME                    |  | RELATIONSHIP   |  | AGE          |  |
|                         |  | W              |  | 24           |  |
|                         |  | D              |  | 6            |  |
|                         |  | D              |  | 3            |  |
|                         |  | B              |  | 16           |  |
| Kimp                    |  | S              |  | 18           |  |
| 1                       |  | B              |  | 13           |  |
|                         |  |                |  |              |  |
|                         |  |                |  |              |  |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |          |                |     |             |     |           |    |
|-------------------------|----------|----------------|-----|-------------|-----|-----------|----|
| R200                    |          | HEAD OF FAMILY |     | Reese Maker |     | LOUISIANA |    |
| COLOR                   | B        | AGE            | 55  | BIRTHPLACE  | Ge. | E.D.      | 99 |
| COUNTY                  | Ouachita |                |     | CITY        |     |           |    |
| OTHER MEMBERS OF FAMILY |          |                |     |             |     |           |    |
| NAME                    |          | RELATIONSHIP   | AGE | BIRTHPLACE  |     |           |    |
| Louise                  |          | W              | 50  | Miss.       |     |           |    |
| Maggie                  |          | D              | 36  |             |     |           |    |
| Bowling                 |          | SS             | 19  |             |     |           |    |
| Anna                    |          | SS             | 18  |             |     |           |    |
| Reese                   |          | SS             | 13  |             |     |           |    |
| John Henry              |          | SS             | 11  |             |     |           |    |
| Lena                    |          | SS             | 10  |             |     |           |    |

FORM 18-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

HEAD OF FAMILY - CONTINUED

LOUISIANA

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME              | RELATIONSHIP | AGE | BIRTHPLACE |
|-------------------|--------------|-----|------------|
| Isabel            | GS           | 8   |            |
| Rosie             | GS           | 5   |            |
| Riley Mathie Bell | GS           | 15  |            |
| Borsley Eddie     | GS           | 2   |            |
| Raven             | GS           | 15  |            |
|                   |              |     |            |
|                   |              |     |            |
|                   |              |     |            |
|                   |              |     |            |
|                   |              |     |            |
|                   |              |     |            |

FORM 10-5360 (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18100-P01

|  |  |  |           |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|-----------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|-------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|--|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| <b>R200</b>  |  | <b>LOUISIANA</b>                         |           |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| NAME OF INDIVIDUAL   |  | S.D.                                     | SHEET     |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <i>Ross Malishii</i>   |  | <i>128</i>                               | <i>24</i> |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR  | AGE                                      | BIRTHPLACE                               |           |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <i>B</i>   | <i>2</i>                                 |  |           |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY   | CITY                                     |  |           |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <i>TORRES</i>  |  |  |           |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH  |  |  |           |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <i>Walter William</i>  |  |  |           |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |           |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NICE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> WINTER-IN-LAW</td> <td></td> </tr> </table> |  |  |           | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NICE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> WINTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |           |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NICE            | <input type="checkbox"/> NURSE           |           |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |           |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |           |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |           |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |           |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |           |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> WINTER-IN-LAW   |  |           |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-437 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |            |            |  |
|-------------------------|-----|----------------|------------|------------|--|
| A200                    |     | HEAD OF FAMILY |            | LOUISIANA  |  |
| Rosa Marie              |     | E.O.           |            | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |            |            |  |
| 73                      | 39  |                |            |            |  |
| COUNTY                  |     |                | CITY       |            |  |
| Iberia                  |     |                | Jeanerette |            |  |
| OTHER MEMBERS OF FAMILY |     |                |            |            |  |
| NAME                    |     | RELATIONSHIP   | AGE        | BIRTHPLACE |  |
| 1 Adeline               |     | D              | 14         |            |  |
| King Allen              |     | Li             | 15         |            |  |
|                         |     |                |            |            |  |
|                         |     |                |            |            |  |
|                         |     |                |            |            |  |
|                         |     |                |            |            |  |
|                         |     |                |            |            |  |
|                         |     |                |            |            |  |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |  |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|--|-----------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R200   |  | NAME OF INDIVIDUAL                       |  | LOUISIANA |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Rose Madeline  |  | E.D.                                     |  | SHEET     |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR  | AGE                                      | BIRTHPLACE                               |  | 114 25    |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| B  | 41                                       |  |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY   |  | CITY                                     |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Richland   |  |  |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH  |  |  |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Rose James E   |  |  |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |           |  | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-437 (4-29-51)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCENS-DC 18100-P61

|                                |            |                       |             |                   |              |
|--------------------------------|------------|-----------------------|-------------|-------------------|--------------|
| <b>R 200</b>                   |            | <b>HEAD OF FAMILY</b> |             | <b>LOUISIANA</b>  |              |
| <b>COLOR</b>                   | <b>AGE</b> | <b>BIRTHPLACE</b>     |             | <b>E.D.</b>       | <b>SHEET</b> |
| <b>B</b>                       | <b>66</b>  |                       |             | <b>129</b>        | <b>1</b>     |
| <b>COUNTY</b>                  |            |                       | <b>CITY</b> |                   |              |
| <b>Tensas</b>                  |            |                       |             |                   |              |
| <b>OTHER MEMBERS OF FAMILY</b> |            |                       |             |                   |              |
| <b>NAME</b>                    |            | <b>RELATIONSHIP</b>   | <b>AGE</b>  | <b>BIRTHPLACE</b> |              |
| <b>/ Patsy</b>                 |            | <b>W</b>              | <b>50</b>   |                   |              |
| <b>Sam</b>                     |            | <b>S</b>              | <b>32</b>   |                   |              |
|                                |            |                       |             |                   |              |
|                                |            |                       |             |                   |              |
|                                |            |                       |             |                   |              |
|                                |            |                       |             |                   |              |
|                                |            |                       |             |                   |              |
|                                |            |                       |             |                   |              |
|                                |            |                       |             |                   |              |

FORM 10-436 (4-20-61)  
 1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

|  |  |  |  |                              |  |                 |  |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
|--|--|--|--|------------------------------|--|-----------------|--|---------------------------------|---------------------------------|----------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|---|--|--|-------------------------------|---|--|--------------------------------|--|--|
| <i>R200</i><br>COLOR <i>W</i>  |  | NAME OF HEAD OF HOUSEHOLD<br><i>Rose Mamie</i> |  | LOUISIANA<br>T.P. <i>136</i> |  | SHEET <i>18</i> |  |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| AGE <i>10</i>  |  | BIRTHPLACE                                     |  |                              |  |                 |  |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| COUNTY   |  | <i>Vermillion</i>                              |  | CITY <i>Abbeville</i>        |  |                 |  |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH <i>Mary Nicholas</i>   |  |  |  |                              |  |                 |  |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |  |                              |  |                 |  |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> BOARDER</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> Niece</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |                              |  |                 |  | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> BOARDER | <input type="checkbox"/> MOTHER | <input type="checkbox"/> Niece | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> BOARDER               |  |                              |  |                 |  |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> Niece           | <input type="checkbox"/> NURSE                 |  |                              |  |                 |  |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT               |  |                              |  |                 |  |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                |  |                              |  |                 |  |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT               |  |                              |  |                 |  |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)       |  |                              |  |                 |  |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |                              |  |                 |  |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |  |                              |  |                 |  |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |

FORM 10-427 (4-22-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1182040-00 10100-P01

|   |  |  |  |                    |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|--|--------------------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R200<br>COLOR NR  |  | NAME OF INDIVIDUAL                         |  | LOUISIANA          |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|   |  | Rognes<br>AGE 33                           |  | R.D. 31<br>SHEET 9 |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|   |  | BIRTHPLACE                                 |  | Mannville          |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY  |  | Jefferson                                  |  | CITY               |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |  |  |                    |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Relationship to Above<br>Doug Henry   |  |  |  |                    |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |                    |  | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE            |  |                    |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE             |  |                    |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |  |                    |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER |  |                    |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |  |                    |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |  |                    |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |                    |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |  |                    |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-437 (4-22-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|  |  |   |            |  |       |
|--|--|---|------------|--|-------|
| R 210  |  | NAME OF INDIVIDUAL  |            | LOUISIANA  |       |
| COLOR  |  | AGE   | BIRTHPLACE | E.D.   | SHEET |
|  |  | 7   |            | 18   | 12    |
| COUNTY   |  |   | CITY       |  |       |
| ENUMERATED WITH  |  |   |            |  |       |
| Barner Mary Ann  |  |   |            |  |       |
| RELATIONSHIP TO ABOVE  |  |   |            |  |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |            | <input type="checkbox"/> IMMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br>8 |       |

Form 10-437 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |         |                  |      |            |       |
|-------------------------|---------|------------------|------|------------|-------|
| R-200                   |         | HEAD OF FAMILY   |      | LOUISIANA  |       |
| R-200                   |         | Ruggie Mansfield |      | E.O.       | SHEET |
| COLOR                   | AGE     | BIRTHPLACE       |      | 137        | 21    |
| W                       | 24      |                  |      |            |       |
| COUNTY                  |         | Union            |      | CITY       |       |
| OTHER MEMBERS OF FAMILY |         |                  |      |            |       |
| NAME                    |         | RELATIONSHIP     | AGE  | BIRTHPLACE |       |
| 1                       | Emma    | W                | 21   |            |       |
| 1                       | Charles | S                | 4    |            |       |
| 1                       | Darrel  | S                | 2    |            |       |
| 1                       | Emmie   | S                | 3/12 |            |       |
|                         |         |                  |      |            |       |
|                         |         |                  |      |            |       |
|                         |         |                  |      |            |       |

FORM 10-436 (4-20-61)  
1970 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |                  |   |  |  |                   |
|--|------------------|---|--|--|-------------------|
| <i>R200</i>  |                  | NAME OF INDIVIDUAL<br><i>Rocke Manual</i>   |  | LOUISIANA  |                   |
| COLOR<br><i>B</i>  | AGE<br><i>39</i> | BIRTHPLACE  |  | F.D.<br><i>26</i>  | SHEET<br><i>9</i> |
| COUNTY<br><i>Jefferson</i>   |                  | CITY  |  |  |                   |
| ENUMERATED WITH<br><i>Adolph Annie</i>   |                  |   |  |  |                   |
| RELATIONSHIP TO ABOVE  |                  |   |  |  |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><div style="text-align: center;"><i>S</i></div> |                   |

FORM 10-637 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 15100-P-91

|                         |     |                |     |              |       |           |  |
|-------------------------|-----|----------------|-----|--------------|-------|-----------|--|
| P200                    |     | HEAD OF FAMILY |     | ROSS, Manual |       | LOUISIANA |  |
| COLOR                   | AGE | BIRTHPLACE     |     | E.O.         | SHEET |           |  |
| Wm                      | 73  |                |     | 151          | 5     |           |  |
| COUNTY                  |     |                |     | CITY         |       |           |  |
| West Feliciana          |     |                |     |              |       |           |  |
| OTHER MEMBERS OF FAMILY |     |                |     |              |       |           |  |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE   |       |           |  |
| Jane                    |     | W              | 59  | Wm.          |       |           |  |
| Mehaily                 |     | d              | 29  | Wm.          |       |           |  |
| Lucy                    |     | d              | 19  | Wm.          |       |           |  |
| Follins, Stafford       |     | gs             | 14  |              |       |           |  |
| Pate, Vining            |     | gs             | 5   |              |       |           |  |
| Eliza                   |     | gd             | 3/2 |              |       |           |  |
| Otis California         |     | gd             | 4/2 |              |       |           |  |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |     |            |       |
|-------------------------|--|----------------|-----|------------|-------|
| 1200                    |  | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   |  | AGE            |     | E.O.       | SHEET |
| W                       |  | 58             |     | 5          | 21    |
| COUNTY                  |  | CITY           |     |            |       |
| Ascension               |  |                |     |            |       |
| OTHER MEMBERS OF FAMILY |  |                |     |            |       |
| NAME                    |  | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Azedlia                 |  | d              | 33  |            |       |
| Walter                  |  | s              | 21  |            |       |
| Anita                   |  | d              | 19  |            |       |
| Wilfred                 |  | s              | 17  |            |       |
| Lilbah                  |  | d              | 13  |            |       |
| Linda                   |  | d              | 12  |            |       |
|                         |  |                |     |            |       |

Form 16-636 (4-22-61)

1970 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R 200                   |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| W                       |  | 22             | It         | 131        | 20    |
| COUNTY                  |  |                | CITY       |            |       |
| Washington              |  |                | Bogalusa   |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| 1 Louise                |  | W              | 15         | It         |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 10-636 (10-20-31)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |            |  |
|-------------------------|---|----------------|-----|------------|--|
| R200                    |   | HEAD OF FAMILY |     | LOUISIANA  |  |
| Rosie Manuel            |   | E.D.           |     | SHEET      |  |
| COLOR                   | W | AGE            | 33  | BIRTHPLACE |  |
| Portugal                |   | Jefferson      |     | CITY       |  |
| OTHER MEMBERS OF FAMILY |   |                |     |            |  |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| Cassie                  |   | W              | 26  |            |  |
| Manuel                  |   | S              | 13  |            |  |
| Annie                   |   | D              | 10  |            |  |
| Gary                    |   | D              | 8   |            |  |
| Clara                   |   | D              | 8   |            |  |
| Ariesser                |   | S              | 3   |            |  |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                |              |           |            |
|-------------------------|----------------|--------------|-----------|------------|
| R 200                   | HEAD OF FAMILY |              | LOUISIANA |            |
| COLOR                   | AGE            | BIRTHPLACE   |           | E.O. 14    |
| MW                      | 40             |              |           | SHEET 10   |
| COUNTY                  |                | CITY         |           |            |
| Rossier                 |                |              |           |            |
| OTHER MEMBERS OF FAMILY |                |              |           |            |
| NAME                    |                | RELATIONSHIP | AGE       | BIRTHPLACE |
| Sarah                   |                | W            | 40        |            |
| Jimmy                   |                | S            | 15        |            |
| Luelle                  |                | D            | 14        |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |     |                      |     |            |       |
|-------------------------|-----|----------------------|-----|------------|-------|
| R 200                   |     | HEAD OF FAMILY       |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE           |     | E.O.       | SHEET |
| B                       | 25  |                      |     | 81         | 10    |
| COUNTY                  |     | St. John the Baptist |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |     |                      |     |            |       |
| NAME                    |     | RELATIONSHIP         | AGE | BIRTHPLACE |       |
| 1 Annie                 |     | W                    | 22  |            |       |
|                         |     |                      |     |            |       |
|                         |     |                      |     |            |       |
|                         |     |                      |     |            |       |
|                         |     |                      |     |            |       |
|                         |     |                      |     |            |       |
|                         |     |                      |     |            |       |
|                         |     |                      |     |            |       |
|                         |     |                      |     |            |       |

FORM 16-636 (4-30-61)

1916 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |  | LOUISIANA |            |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|-----------|------------|---------------------------------|---------------------------------|-------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|--|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| NAME OF INDIVIDUAL<br><i>Rosa Mary</i>   |  | U.S.                                     |           | SHEET      |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COAST<br><i>B</i>  | AGE<br><i>5</i>                          | BIRTHPLACE                               |           | <i>102</i> |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| CITY<br><i>Quachita</i>  |  | CITY<br><i>Merice</i>                    |           |            |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| REGISTRATION WITH<br><i>Nelson Oscar</i>   |  |  |           |            |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |           |            |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tbody> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIFE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> Niece</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </tbody> </table> |  |  |           |            | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIFE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> Niece | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIFE            |           |            |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> Niece           | <input type="checkbox"/> NURSE           |           |            |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |           |            |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |           |            |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |           |            |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |           |            |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |           |            |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |           |            |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

Form 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 16163-761

| R200                    |     | HEAD OF FAMILY      |       | LOUISIANA  |       |
|-------------------------|-----|---------------------|-------|------------|-------|
| COLOR                   | AGE | BIRTHPLACE          |       | E.D.       | SHEET |
| W                       | 32  | Rousseau, Marceline |       | 10         | 4     |
| COUNTY                  |     | Assumption          |       | CITY       |       |
| OTHER MEMBERS OF FAMILY |     |                     |       |            |       |
| NAME                    |     | RELATIONSHIP        | AGE   | BIRTHPLACE |       |
| Adèle                   |     | W                   | 22    |            |       |
| Roy                     |     | S                   | 8     |            |       |
| Alvin                   |     | S                   | 6     |            |       |
| Francine                |     | D                   | 4     |            |       |
| Hazel                   |     | D                   | 3     |            |       |
| Addie                   |     | S                   | 1 1/2 |            |       |
| Alma                    |     | D                   | 1 1/2 |            |       |

FORM 18-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R200                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| W                       | 28  |                |     | 98         | 19    |
| COUNTY                  |     | CITY           |     |            |       |
| St. Tammany             |     |                |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Leone M                 |     | W              | 23  |            |       |
| Marcello                |     | 2              | 3   |            |       |
| Clara                   |     | 2              | 1/2 |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 10-426 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |  |      |           |  |                                 |                                 |                                |  |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|------|-----------|--|---------------------------------|---------------------------------|--------------------------------|--|-------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R 200   |  | NAME OF INDIVIDUAL                       |      | LOUISIANA |  |                                 |                                 |                                |  |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Rousseau Marcelite  |  | E.D.                                     |      | SHEET     |  |                                 |                                 |                                |  |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR   | AGE                                      | BIRTHPLACE                               |      |           |  |                                 |                                 |                                |  |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| W   | 81                                       |  |      |           |  |                                 |                                 |                                |  |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY  |  |  | CITY |           |  |                                 |                                 |                                |  |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Lafourche   |  |  |      |           |  |                                 |                                 |                                |  |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |  |      |           |  |                                 |                                 |                                |  |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Rousseau Etienne  |  |  |      |           |  |                                 |                                 |                                |  |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |      |           |  |                                 |                                 |                                |  |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> EMATE</td> </tr> <tr> <td><input checked="" type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NICE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |      |           |  | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> EMATE | <input checked="" type="checkbox"/> MOTHER | <input type="checkbox"/> NICE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> EMATE           |      |           |  |                                 |                                 |                                |  |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> MOTHER  | <input type="checkbox"/> NICE            | <input type="checkbox"/> NURSE           |      |           |  |                                 |                                 |                                |  |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |      |           |  |                                 |                                 |                                |  |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |      |           |  |                                 |                                 |                                |  |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |      |           |  |                                 |                                 |                                |  |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |      |           |  |                                 |                                 |                                |  |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |      |           |  |                                 |                                 |                                |  |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |      |           |  |                                 |                                 |                                |  |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 19-637 (4-22-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMB-DC 1910-761

|  |     |  |  |  |       |
|--|-----|--|--|--|-------|
| R200   |     | NAME OF INDIVIDUAL   |  | LOUISIANA  |       |
| COLOR  | AGE | BIRTHPLACE   |  | E.D.   | SHEET |
| B  | 52  | Lower Marcello 9   |  | 114  | 5     |
| COUNTY   |     | CITY   |  |  |       |
| St. Landry   |     |  |  |  |       |
| ENUMERATED WITH  |     |  |  |  |       |
| Frank, L. Brown  |     |  |  |  |       |
| RELATIONSHIP TO ABOVE  |     |  |  |  |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NICE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> WIFE<br><input type="checkbox"/> MURDER<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |       |

FORM 10-427 (4-22-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 1910-P-1

|                         |                |            |            |       |
|-------------------------|----------------|------------|------------|-------|
| R 200                   | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   | AGE            | BIRTHPLACE | E.O.       | SHEET |
| B                       | 65             | Ark        | 56         | 11    |
| COUNTY                  |                | CITY       |            |       |
| Cameron                 |                |            |            |       |
| OTHER MEMBERS OF FAMILY |                |            |            |       |
| NAME                    | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Bell                    | W              | 65         | Md.        |       |
| Johnston                | S              | 28         |            |       |
| Berry                   | G-S            | 12         |            |       |
| Vanice, Joe             | N              | 8          |            |       |
| 1 hr                    |                |            |            |       |
|                         |                |            |            |       |
|                         |                |            |            |       |



| R 200                   |     | HEAD OF FAMILY |     | LOUISIANA  |       |
|-------------------------|-----|----------------|-----|------------|-------|
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| H                       | 60  | Italy          |     | 78         | 4     |
| COUNTY                  |     | RAPIDS         |     | CITY       |       |
|                         |     |                |     | ALEXANDRIA |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Living alone            |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
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|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 16-436 (4-26-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |  |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
|---|--|--|--|-------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|---|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R 202   |  | NAME OF INDIVIDUAL<br><i>Kiss Margaret</i> |  | LOUISIANA         |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>B</i>   | AGE<br><i>6</i>                          | BIRTHPLACE                                 |  | E.D.<br><i>25</i> | SHEET<br><i>8</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>East Baton Rouge</i>   |  | CITY<br><i>Baton Rouge</i>                 |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Shammas, Theodor</i>  |  |  |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHER</td> <td><input type="checkbox"/> UNDADE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |                   |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHER | <input type="checkbox"/> UNDADE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHER          | <input type="checkbox"/> UNDADE            |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE             |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER            |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |

FORM 18-637 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18168-P62

|   |   |  |  |             |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
|---|---|--|--|-------------|-------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|---|--|
| R200  |   | NAME OF INDIVIDUAL<br>Ross Margaret      |  | LOUISIANA   |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| SEX<br>B  | AGE<br>26   | BIRTHPLACE                               |  | E.D.<br>110 | SHEET<br>12 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| COUNTY<br>Tangipahoa  |   | CITY                                     |  |             |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| ENUMERATED WITH<br>Washington George  |   |  |  |             |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| RELATIONSHIP TO ABOVE   |   |  |  |             |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input checked="" type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |   |  |  |             |             | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input checked="" type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW                   | <input type="checkbox"/> INMATE          |  |             |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE                    | <input type="checkbox"/> NURSE           |  |             |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW            | <input type="checkbox"/> PATIENT         |  |             |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW            | <input type="checkbox"/> ROOMER          |  |             |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW               | <input type="checkbox"/> SERVANT         |  |             |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW          | <input type="checkbox"/> OTHER (Specify) |  |             |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW           |  |  |             |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <input type="checkbox"/> UNCLE  | <input checked="" type="checkbox"/> SISTER-IN-LAW |  |  |             |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |

FORM 10-637 (4-25-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |   |            |  |       |
|---|--|---|------------|--|-------|
| R200  |  | NAME OF INDIVIDUAL  |            | LOUISIANA  |       |
| COLOR   |  | AGE   | BIRTHPLACE | E.O.   | SHEET |
| W   |  | 63  | Ala        | 102  | 24    |
| COUNTY  |  | SABINO CITY   |            |  |       |
| ENUMERATED WITH   |  |   |            |  |       |
| Ricks William   |  |   |            |  |       |
| RELATIONSHIP TO ABOVE   |  |   |            |  |       |
| <input type="checkbox"/> FATHER<br><input checked="" type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |            | <input type="checkbox"/> IMMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |       |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |           |                          |           |            |          |
|-------------------------|-----------|--------------------------|-----------|------------|----------|
| <i>R200</i>             |           | HEAD OF FAMILY           |           | LOUISIANA  |          |
| COLOR                   | AGE       | BIRTHPLACE               |           | E.D.       | SHEET    |
| <i>W</i>                | <i>68</i> | <i>Rosy Margaret</i>     |           | <i>85</i>  | <i>2</i> |
| COUNTY                  |           | CITY                     |           |            |          |
| <i>Natchitoches</i>     |           | <i>Comptche Comptche</i> |           |            |          |
| OTHER MEMBERS OF FAMILY |           |                          |           |            |          |
| NAME                    |           | RELATIONSHIP             | AGE       | BIRTHPLACE |          |
| <i>Ellie Mrs Julia</i>  |           | <i>Sis</i>               | <i>56</i> |            |          |
|                         |           |                          |           |            |          |
|                         |           |                          |           |            |          |
|                         |           |                          |           |            |          |
|                         |           |                          |           |            |          |
|                         |           |                          |           |            |          |
|                         |           |                          |           |            |          |
|                         |           |                          |           |            |          |

FORM 10-636 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |  |              |  |             |  |
|-------------------------|--|----------------|--|--------------|--|-------------|--|
| <i>Leo</i>              |  | HEAD OF FAMILY |  | <i>Kuch</i>  |  | LOUISIANA   |  |
| COLOR                   |  | AGE            |  | BIRTHPLACE   |  | E.D. SHEET  |  |
| <i>B</i>                |  | <i>27</i>      |  | <i>Miss.</i> |  | <i>9 12</i> |  |
| COUNTY                  |  |                |  | CITY         |  |             |  |
| <i>Ascension</i>        |  |                |  |              |  |             |  |
| OTHER MEMBERS OF FAMILY |  |                |  |              |  |             |  |
| NAME                    |  |                |  | RELATIONSHIP |  | AGE         |  |
| <i>Living alone</i>     |  |                |  |              |  |             |  |
|                         |  |                |  |              |  |             |  |
|                         |  |                |  |              |  |             |  |
|                         |  |                |  |              |  |             |  |
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|                         |  |                |  |              |  |             |  |
|                         |  |                |  |              |  |             |  |

FORM 16-636 (4-22-67)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |                  |   |  |   |                   |
|--|------------------|---|--|---|-------------------|
| 200  |                  | NAME OF INDIVIDUAL<br><i>Rose Margaret</i>  |  | LOUISIANA   |                   |
| COLOR<br><i>MW</i>   | AGE<br><i>23</i> | BIRTHPLACE  |  | E.D.<br><i>7</i>  | SHEET<br><i>5</i> |
| COUNTY<br><i>Ascension</i>   |                  | CITY  |  |   |                   |
| ENUMERATED WITH<br><i>Joseph Mary</i>  |                  |   |  |   |                   |
| RELATIONSHIP TO ABOVE  |                  |   |  |   |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>7</i> |                   |

FORM 16-527 (4-22-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 10100-P01

|  |  |  |                  |
|--|--|--|------------------|
| NAME OF INDIVIDUAL<br><i>Leo Rossi</i> |  | LOUISIANA                                  |                  |
| COLOR<br><i>W</i>                      | AGE<br><i>2</i>                          | BIRTHPLACE<br><i>Margrite</i>              | E.O.<br><i>4</i> |
| COUNTY<br><i>Acadian</i>               |  | CITY<br><i>Donaldville Village</i>         |                  |
| GENERATED WITH<br><i>Eager, Ellis</i>  |  |  |                  |
| RELATIONSHIP TO ABOVE                  |  |  |                  |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE            |                  |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> WIFE            | <input type="checkbox"/> NURSE             |                  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |                  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER |                  |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |                  |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |                  |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW  |  |                  |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW   |  |                  |

FORM 10-437 (4-22-31)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|  |  |   |             |           |  |
|--|--|---|-------------|-----------|--|
| P200                                   |  | NAME OF INDIVIDUAL                        |             | LOUISIANA |  |
| COLOR                                  | AGE                                      | BIRTHPLACE                                | E.D.        | SHEET     |  |
| W                                      | 12                                       | Ind.                                      | 21          | 4         |  |
| COUNTY                                 |  |   | CITY        |           |  |
| East Baton Rouge                       |  |   | Baton Rouge |           |  |
| ENUMERATED WITH                        |  |   |             |           |  |
| Randolph John                          |  |   |             |           |  |
| RELATIONSHIP TO ABOVE                  |  |   |             |           |  |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE           |             |           |  |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE            |             |           |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT          |             |           |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> MODER |             |           |  |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT          |             |           |  |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)  |             |           |  |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW  |   |             |           |  |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW   |   |             |           |  |

FORM 16-637 (4-22-61)

1919 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |   |  |                              |  |                |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |                   |                                |  |  |
|--|--|---|--|------------------------------|--|----------------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|-------------------|--------------------------------|--|--|
| R220<br>COLOR <b>W</b>   |  | NAME OF INDIVIDUAL<br><b>Reiss, Marguerite</b>      |  | LOUISIANA<br>E.O. <b>106</b> |  | SHEET <b>3</b> |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |                   |                                |  |  |
| AGE <b>72</b>  |  | BIRTHPLACE<br><b>Germany</b>                        |  |                              |  |                |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |                   |                                |  |  |
| COUNTY<br><b>St. Landry</b>  |  | CITY<br><b>Amandville</b>                           |  |                              |  |                |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |                   |                                |  |  |
| ENUMERATED WITH<br><b>Morie, Ben Jean B.</b>   |  |   |  |                              |  |                |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |                   |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   |  |                              |  |                |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |                   |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> IMMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><b>Hauskayser</b></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |                              |  |                |  | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> IMMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <b>Hauskayser</b> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> IMMATE                     |  |                              |  |                |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |                   |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |  |                              |  |                |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |                   |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |                              |  |                |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |                   |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |                              |  |                |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |                   |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |                              |  |                |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |                   |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |                              |  |                |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |                   |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  | <b>Hauskayser</b>                                   |  |                              |  |                |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |                   |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |   |  |                              |  |                |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |                   |                                |  |  |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |     |  |  |  |       |
|---|-----|--|--|--|-------|
| R 200   |     | NAME OF INDIVIDUAL   |  | LOUISIANA  |       |
| COLOR   | AGE | BIRTHPLACE   |  | E.D.   | SHEET |
| W   | 34  |  |  | 40   | 7     |
| COUNTY  |     | CITY   |  |  |       |
| Lafourche   |     |  |  |  |       |
| ENUMERATED WITH   |     |  |  |  |       |
| Mayer, Augustin   |     |  |  |  |       |
| RELATIONSHIP TO ABOVE   |     |  |  |  |       |
| <input type="checkbox"/> FATHER<br><input checked="" type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input checked="" type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> NEBATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |       |

FORM 10-437 (4-30-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |  |    |            |          |           |     |                                 |                                 |                               |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|----|------------|----------|-----------|-----|---------------------------------|---------------------------------|-------------------------------|---------------------------------|-------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R260   |  | NAME OF INDIVIDUAL                         |    | Rice, Mana |          | LOUISIANA |     |                                 |                                 |                               |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR  | B  | AGE  | 60 | BIRTHPLACE | Miss     | E.D.      | 107 |                                 |                                 |                               |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY   | Tangipahoa                               |  |    | CITY       | Kentwood |           |     |                                 |                                 |                               |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENumerated WITH  |  |  |    |            |          |           |     |                                 |                                 |                               |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Banks, John  |  |  |    |            |          |           |     |                                 |                                 |                               |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |    |            |          |           |     |                                 |                                 |                               |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> MATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> WIFE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> MISTRESS-IN-LAW</td> <td></td> </tr> </table> |  |  |    |            |          |           |     | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> MATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> WIFE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> MISTRESS-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> MATE              |    |            |          |           |     |                                 |                                 |                               |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> WIFE            | <input type="checkbox"/> NURSE             |    |            |          |           |     |                                 |                                 |                               |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |    |            |          |           |     |                                 |                                 |                               |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER |    |            |          |           |     |                                 |                                 |                               |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |    |            |          |           |     |                                 |                                 |                               |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |    |            |          |           |     |                                 |                                 |                               |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |    |            |          |           |     |                                 |                                 |                               |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> MISTRESS-IN-LAW |  |    |            |          |           |     |                                 |                                 |                               |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-637 (10-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |   |                |      |            |    |
|--|---|----------------|------|------------|----|
| R200   |   | HEAD OF FAMILY |      | LOUISIANA  |    |
| COLOR  | B | AGE            | 66   | BIRTHPLACE | MD |
| COUNTY   |   |                | CITY |            |    |
| <div style="text-align: center;"> <i>Extension</i><br/>           OTHER MEMBERS OF FAMILY         </div> |   |                |      |            |    |
| NAME   |   | RELATIONSHIP   | AGE  | BIRTHPLACE |    |
| McCall, Morgan   |   | 5              | 39   |            |    |
| 1 Helhe  |   | 2              | 30   | Tex        |    |
|  |   |                |      |            |    |
|  |   |                |      |            |    |
|  |   |                |      |            |    |
|  |   |                |      |            |    |
|  |   |                |      |            |    |
|  |   |                |      |            |    |

FORM 16-636 (4-22-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |   |  |  |                   |                   |                                 |                                 |                                |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|---|--|--|-------------------|-------------------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|---|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R290  |   | NAME OF INDIVIDUAL<br><i>Ruth Meriah</i> |  | LOUISIANA         |                   |                                 |                                 |                                |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>B</i>   | AGE<br><i>16</i>                          | BIRTHPLACE                               |  | T.O.<br><i>33</i> | SHEET<br><i>4</i> |                                 |                                 |                                |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>Cade</i>   |   | CITY                                     |  |                   |                   |                                 |                                 |                                |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| EMIGRATED WITH<br><i>Thompson Guine</i>   |   |  |  |                   |                   |                                 |                                 |                                |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |   |  |  |                   |                   |                                 |                                 |                                |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> WIDOW</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input checked="" type="checkbox"/> Niece</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></table> |   |  |  |                   |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | <input type="checkbox"/> MOTHER | <input checked="" type="checkbox"/> Niece | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW           | <input type="checkbox"/> WIDOW           |  |                   |                   |                                 |                                 |                                |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input checked="" type="checkbox"/> Niece | <input type="checkbox"/> NURSE           |  |                   |                   |                                 |                                 |                                |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW    | <input type="checkbox"/> PATIENT         |  |                   |                   |                                 |                                 |                                |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW    | <input type="checkbox"/> ROOMER          |  |                   |                   |                                 |                                 |                                |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW       | <input type="checkbox"/> SERVANT         |  |                   |                   |                                 |                                 |                                |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW  | <input type="checkbox"/> OTHER (Specify) |  |                   |                   |                                 |                                 |                                |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW   |  |  |                   |                   |                                 |                                 |                                |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW    |  |  |                   |                   |                                 |                                 |                                |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

Form 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |     |                    |  |           |       |
|--|-----|--------------------|--|-----------|-------|
| R 200  |     | NAME OF INDIVIDUAL |  | LOUISIANA |       |
| COLOR  | AGE | BIRTHPLACE         |  | E.D.      | SHEET |
| B  | 62  | Berit              |  | 11        | 8     |
| COUNTY   |     | CITY               |  |           |       |
| ENUMERATED WITH  |     |                    |  |           |       |
| Cala Ely   |     |                    |  |           |       |
| RELATIONSHIP TO ABOVE  |     |                    |  |           |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE<br><input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input checked="" type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW<br><input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |     |                    |  |           |       |

FORM 18-637 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |   |          |            |        |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|---|--|---|----------|------------|--------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| R200  |  | NAME OF INDIVIDUAL                                  |          | LOUISIANA  |        |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR   | W  | AGE   | 50       | BIRTHPLACE | France |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY  |  |   | St. Mary | CITY       |        |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |   |          |            |        |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |          |            |        |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |          |            |        | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |          |            |        |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |          |            |        |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |          |            |        |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |          |            |        |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |          |            |        |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |          |            |        |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |          |            |        |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |          |            |        |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

*Roblet Marie*

*Si of Charity*

FORM 10-437 (4-20-61)

1916 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| P300                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| B                       | 45  |                |     | 149        | 14    |
| COUNTY                  |     | West Feliciana |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| 1 Celert                |     | W              | 48  |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 16-436 (6-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |            |           |
|-------------------------|---|----------------|-----|------------|-----------|
| R200                    |   | HEAD OF FAMILY |     | LOUISIANA  |           |
| COLOR                   | W | AGE            | 30  | BIRTHPLACE | Red River |
| COUNTY                  |   | CITY           |     |            |           |
| OTHER MEMBERS OF FAMILY |   |                |     |            |           |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |           |
| Living alone            |   |                |     |            |           |
|                         |   |                |     |            |           |
|                         |   |                |     |            |           |
|                         |   |                |     |            |           |
|                         |   |                |     |            |           |
|                         |   |                |     |            |           |
|                         |   |                |     |            |           |
|                         |   |                |     |            |           |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |       |            |       |
|-------------------------|-----|----------------|-------|------------|-------|
| R200                    |     | HEAD OF FAMILY |       | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |       | E.D.       | SHEET |
| w                       | 21  | Ala            |       | 71         | 17    |
| COUNTY                  |     | CITY           |       |            |       |
| Lincoln                 |     |                |       |            |       |
| OTHER MEMBERS OF FAMILY |     |                |       |            |       |
| NAME                    |     | RELATIONSHIP   | AGE   | BIRTHPLACE |       |
| / Lottie R              |     | w              | 19    |            |       |
| Willie C                |     | D              | 1 1/2 |            |       |
|                         |     |                |       |            |       |
|                         |     |                |       |            |       |
|                         |     |                |       |            |       |
|                         |     |                |       |            |       |
|                         |     |                |       |            |       |
|                         |     |                |       |            |       |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |                 |   |      |  |                   |
|---|-----------------|---|------|--|-------------------|
| R 200   |                 | NAME OF INDIVIDUAL<br><i>Rose Marck</i>   |      | LOUISIANA  |                   |
| COLOR<br><i>B</i>   | AGE<br><i>5</i> | BIRTHPLACE  |      | E.D.<br><i>43</i>  | SHEET<br><i>8</i> |
| COUNTY<br><i>East Carroll</i>   |                 |   | CITY |  |                   |
| ENUMERATED WITH<br><i>Rose William</i>  |                 |   |      |  |                   |
| RELATIONSHIP TO ABOVE   |                 |   |      |  |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input checked="" type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                 | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                   |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

15COMM-DC 15150-P61

|                         |   |                |     |              |  |           |    |
|-------------------------|---|----------------|-----|--------------|--|-----------|----|
| R200                    |   | HEAD OF FAMILY |     | Rocks Martha |  | LOUISIANA |    |
| COLOR                   | B | AGE            | 59  | BIRTHPLACE   |  | E.D.      | 93 |
|                         |   |                |     |              |  | SHEET     | 5  |
| COUNTY                  |   |                |     | CITY         |  |           |    |
| Rapides                 |   |                |     |              |  |           |    |
| OTHER MEMBERS OF FAMILY |   |                |     |              |  |           |    |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE   |  |           |    |
| Samuel Ross             |   | GD             | 10  |              |  |           |    |
| 1 Alberta               |   | GD             | 5   |              |  |           |    |
| Valerius Henry          |   | GS             | 3   |              |  |           |    |
|                         |   |                |     |              |  |           |    |
|                         |   |                |     |              |  |           |    |
|                         |   |                |     |              |  |           |    |
|                         |   |                |     |              |  |           |    |
|                         |   |                |     |              |  |           |    |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |            |     |
|-------------------------|---|----------------|-----|------------|-----|
| R200                    |   | HEAD OF FAMILY |     | LOUISIANA  |     |
| COLOR                   | B | AGE            | 70  | BIRTHPLACE | La. |
| COUNTY                  |   | De Soto        |     | CITY       |     |
| OTHER MEMBERS OF FAMILY |   |                |     |            |     |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |     |
| Comina                  |   | D              | 38  |            |     |
| Luzine                  |   | GS             | 13  |            |     |
| Roland                  |   | GS             | 7   |            |     |
|                         |   |                |     |            |     |
|                         |   |                |     |            |     |
|                         |   |                |     |            |     |
|                         |   |                |     |            |     |
|                         |   |                |     |            |     |
|                         |   |                |     |            |     |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |   |   |                                 |
|--|---|---|---------------------------------|
| NAME <i>Rose Martha</i>  |   | LOUISIANA   |                                 |
| COLOR <i>B</i>   | AGE <i>18</i>   | BIRTHPLACE  | 2.9. <i>119</i> SHEET <i>10</i> |
| COUNTY   |   | CITY  |                                 |
| COOPERATED WITH <i>Baker, Helena</i>   |   |   |                                 |
| RELATIONSHIP TO ABOVE  |   |   |                                 |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> WIDOW<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) <i>He</i> |                                 |

FORM 10-637 (4-20-61)

1960 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 10700-P01

|  |   |  |    |   |                 |
|--|---|--|----|---|-----------------|
| 8200   |   | NAME OF INDIVIDUAL   |    | LOUISIANA   |                 |
| COLOR  | W | AGE  | 89 | BIRTHPLACE  | E.D. 89 SHEET 1 |
| COUNTY   |   | CITY   |    |   |                 |
| ENUMERATED WITH  |   | Natchitoches   |    |   |                 |
| RELATIONSHIP TO ABOVE  |   | Provencal  |    |   |                 |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |   | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input checked="" type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |    | <input type="checkbox"/> WIDWIFE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                 |

FORM 16-637 (4-10-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|  |     |   |      |   |  |
|--|-----|---|------|---|--|
| R200   |     | NAME OF INDIVIDUAL  |      | LOUISIANA   |  |
| COLOR  | AGE | BIRTHPLACE  | E.D. | SHEET   |  |
| B  | 7   |   | 80   | 25  |  |
| COUNTY   |     |   | CITY |   |  |
| St. John the Baptist   |     |   |      |   |  |
| ENUMERATED WITH  |     |   |      |   |  |
| Brown Jhe  |     |   |      |   |  |
| RELATIONSHIP TO ABOVE  |     |   |      |   |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> HOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br>Ad Cl |  |

FORM 16-537 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

| LOUISIANA  |   |
|--|---|
| 9250   | NAME OF INDIVIDUAL<br>Rogers, Martha  |
| E.O.<br>92   | SHEET<br>14   |
| COLOR<br>W   | AGE<br>21   |
| BIRTHPLACE   |   |
| COUNTY<br>St. Tammany  | CITY  |
| ENUMERATED WITH<br>Rubeis John   |   |
| RELATIONSHIP TO ABOVE  |   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br>SD  |   |

FORM 10-637 (4-20-61)

1930 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |     |                    |  |           |  |
|---|-----|--------------------|--|-----------|--|
| 1200  |     | NAME OF INDIVIDUAL |  | LOUISIANA |  |
| Riggs, Martha   |     | E.D.               |  | SHEET     |  |
| COLOR   | AGE | BIRTH PLACE        |  | 81 / 1    |  |
| Q   | 15  |                    |  |           |  |
| COUNTY  |     | CITY               |  |           |  |
| Madison   |     | Madison            |  |           |  |
| ENUMERATED WITH   |     |                    |  |           |  |
| Riggs, Emmet  |     |                    |  |           |  |
| RELATIONSHIP TO ABOVE   |     |                    |  |           |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE<br><input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW<br><input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>li</i> |     |                    |  |           |  |

FORM 10-437 (4-22-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |   |                                |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|---|--|---|--------------------------------|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| R 200   |  | NAME OF INDIVIDUAL<br><i>Rice, Martin</i>             |                                | LOUISIANA         |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| SEX<br><i>M</i>   |  | AGE<br><i>6</i>                                       | BIRTHPLACE<br><i>La. Jones</i> | E.D.<br><i>71</i> | SHEET<br><i>24</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY  |  |   | CITY                           |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| GENERATED WITH<br><i>Smith Lee</i>  |  |   |                                |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |                                |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> BROTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |                                |                   |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> BROTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                       |                                |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                        |                                |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                      |                                |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                       |                                |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                      |                                |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> BROTHER (Specify) |                                |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |                                |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |                                |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

445

FORM 10-657 (4-22-57)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |   |                    |    |            |               |
|--|---|--------------------|----|------------|---------------|
| R 200  |   | NAME OF INDIVIDUAL |    | LOUISIANA  |               |
| COLOR  | B | AGE                | 18 | BIRTHPLACE | Riggs, Martin |
| COUNTY   |   | Lafayette          |    | CITY       |               |
| ENUMERATED WITH  |   |                    |    |            |               |
| RELATIONSHIP TO ABOVE  |   |                    |    |            |               |
| <div><div><input type="checkbox"/> FATHER<br/><input type="checkbox"/> MOTHER<br/><input type="checkbox"/> GRANDFATHER<br/><input type="checkbox"/> GRANDMOTHER<br/><input type="checkbox"/> GRANDSON<br/><input type="checkbox"/> GRANDDAUGHTER<br/><input type="checkbox"/> AUNT<br/><input type="checkbox"/> UNCLE</div><div><input type="checkbox"/> NEPHEW<br/><input type="checkbox"/> NIECE<br/><input type="checkbox"/> FATHER-IN-LAW<br/><input type="checkbox"/> MOTHER-IN-LAW<br/><input type="checkbox"/> SON-IN-LAW<br/><input type="checkbox"/> DAUGHTER-IN-LAW<br/><input type="checkbox"/> BROTHER-IN-LAW<br/><input type="checkbox"/> SISTER-IN-LAW</div><div><input type="checkbox"/> INMATE<br/><input type="checkbox"/> NURSE<br/><input type="checkbox"/> PATIENT<br/><input type="checkbox"/> ROOMER<br/><input type="checkbox"/> SERVANT<br/><input checked="" type="checkbox"/> OTHER (Specify)<br/><i>Hired man</i></div></div> |   |                    |    |            |               |

FORM 18-437 (4-29-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18198-P61

|                         |              |                |            |            |           |
|-------------------------|--------------|----------------|------------|------------|-----------|
| R200                    |              | HEAD OF FAMILY |            | LOUISIANA  |           |
| COLOR                   | W            | AGE            | 55         | BIRTHPLACE | Calcasieu |
| COUNTY                  |              | CITY           |            |            |           |
| OTHER MEMBERS OF FAMILY |              |                |            |            |           |
| NAME                    | RELATIONSHIP | AGE            | BIRTHPLACE |            |           |
| Salustine               | W            | 36             |            |            |           |
| Laverne                 | S            | 14             |            |            |           |
| Eva                     | D            | 9              |            |            |           |
| Adam                    | S            | 5              |            |            |           |
| Joseph                  | S            | 2              |            |            |           |
|                         |              |                |            |            |           |
|                         |              |                |            |            |           |

FORM 10-436 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |           |   |      |   |             |
|--|-----------|---|------|---|-------------|
| R210   |           | NAME OF INDIVIDUAL<br>Richie Mason  |      | LOUISIANA   |             |
| COLOR<br>W   | AGE<br>10 | BIRTHPLACE<br>Miss  |      | E.D.<br>84  | SHEET<br>11 |
| COUNTY   |           |   | CITY |   |             |
| ENUMERATED WITH<br>Madison<br>Richie Ramsey  |           |   |      |   |             |
| RELATIONSHIP TO ABOVE  |           |   |      |   |             |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |           | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> WIFE<br><input type="checkbox"/> MURDER<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br>B |             |

FORM 10-437 (4-22-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 10100-P01

|   |   |  |   |            |             |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|---|--|---|------------|-------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R200  |   | NAME OF INDIVIDUAL                       |   | LOUISIANA  |             |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR   | W   | AGE                                      | 4 | BIRTHPLACE | Rizzo, Mary |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY  |   | Tiberville                               |   | CITY       |             |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH   |   |  |   |            |             |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Gulotta Carlo   |   |  |   |            |             |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |   |  |   |            |             |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> IMMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input checked="" type="checkbox"/> Niece</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |   |  |   |            |             | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> IMMATE | <input type="checkbox"/> MOTHER | <input checked="" type="checkbox"/> Niece | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW           | <input type="checkbox"/> IMMATE          |   |            |             |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input checked="" type="checkbox"/> Niece | <input type="checkbox"/> NURSE           |   |            |             |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW    | <input type="checkbox"/> PATIENT         |   |            |             |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW    | <input type="checkbox"/> ROOMER          |   |            |             |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW       | <input type="checkbox"/> SERVANT         |   |            |             |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW  | <input type="checkbox"/> OTHER (Specify) |   |            |             |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW   |  |   |            |             |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW    |  |   |            |             |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 16-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |   |                |           |            |       |
|-------------------------|---|----------------|-----------|------------|-------|
| A200                    |   | HEAD OF FAMILY |           | LOUISIANA  |       |
| COLOR                   | B | AGE            | 21        | BIRTHPLACE |       |
|                         |   |                |           | E.D.       | SHEET |
|                         |   |                |           | 58         | 1     |
| COUNTY                  |   |                | Iberville | CITY       |       |
| OTHER MEMBERS OF FAMILY |   |                |           |            |       |
| NAME                    |   | RELATIONSHIP   | AGE       | BIRTHPLACE |       |
| Living alone            |   |                |           |            |       |
|                         |   |                |           |            |       |
|                         |   |                |           |            |       |
|                         |   |                |           |            |       |
|                         |   |                |           |            |       |
|                         |   |                |           |            |       |
|                         |   |                |           |            |       |
|                         |   |                |           |            |       |

FORM 18-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |  |  |           |                   |                    |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|--|-----------|-------------------|--------------------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R200   |  | NAME OF INDIVIDUAL<br><i>Mrs. Mary</i>   |  | LOUISIANA | E.O.<br><i>12</i> | SHEET<br><i>16</i> |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>B</i>  | AGE<br><i>19</i>                         | BIRTHPLACE                               |  |           |                   |                    |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY   |  | <i>Port</i>                              |  | CITY      |                   |                    |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Brown John</i>   |  |  |  |           |                   |                    |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |  |           |                   |                    |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDOW</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> Niece</td> <td><input type="checkbox"/> MURDER</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |           |                   |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | <input type="checkbox"/> MOTHER | <input type="checkbox"/> Niece | <input type="checkbox"/> MURDER | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDOW           |  |           |                   |                    |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> Niece           | <input type="checkbox"/> MURDER          |  |           |                   |                    |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |  |           |                   |                    |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |  |           |                   |                    |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |  |           |                   |                    |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |  |           |                   |                    |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |           |                   |                    |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |  |           |                   |                    |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 16-427 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCENSUS-DC 10100-P01

|                         |                |                     |            |            |
|-------------------------|----------------|---------------------|------------|------------|
| R 200                   | HEAD OF FAMILY |                     | LOUISIANA  |            |
| COLOR<br>B              | AGE<br>35      | NAME<br>Riggs, Mary |            | S.D.<br>66 |
| BIRTHPLACE              |                | SHEET<br>2          |            |            |
| COUNTY<br>Lafayette     |                | CITY                |            |            |
| OTHER MEMBERS OF FAMILY |                |                     |            |            |
| NAME                    | RELATIONSHIP   | AGE                 | BIRTHPLACE |            |
| Abraham                 | s              | 19                  |            |            |
| Dora                    | d              | 17                  |            |            |
| Martin                  | s              | 15                  |            |            |
| Alton                   | s              | 13                  |            |            |
|                         |                |                     |            |            |
|                         |                |                     |            |            |
|                         |                |                     |            |            |

FORM 18-638 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                   |     |            |       |
|-------------------------|-----|-------------------|-----|------------|-------|
| 7200                    |     | HEAD OF FAMILY    |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE        |     | E.O.       | SHEET |
| Mrs                     | 55  | Roach, Mary       |     | 25         | 14    |
| COUNTY                  |     | CITY              |     |            |       |
| Jefferson               |     | The Longville     |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                   |     |            |       |
| NAME                    |     | RELATION-<br>SHIP | AGE | BIRTHPLACE |       |
| 1 Edgar                 |     | 5                 | 32  |            |       |
|                         |     |                   |     |            |       |
|                         |     |                   |     |            |       |
|                         |     |                   |     |            |       |
|                         |     |                   |     |            |       |
|                         |     |                   |     |            |       |
|                         |     |                   |     |            |       |
|                         |     |                   |     |            |       |

FORM 19-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |      |            |       |
|-------------------------|-----|----------------|------|------------|-------|
| R200                    |     | HEAD OF FAMILY |      | LOUISIANA  |       |
| Kooch                   |     | Mary           |      | E.O.       | SHEET |
| COLOR                   | AGE | BIRTHPLACE     |      | 53         | 12    |
| B                       | 40  |                |      |            |       |
| COUNTY                  |     |                | CITY |            |       |
| Cade                    |     |                |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Wilson, Frank           |     | 5              | 14   |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |

FORM 18-636 (4-29-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |              |   |
|-------------------------|---|----------------|-----|--------------|---|
| R 200                   |   | HEAD OF FAMILY |     | LOUISIANA    |   |
| COLOR                   | B | AGE            | 50  | BIRTHPLACE   |   |
|                         |   |                |     | Rose, Mary   |   |
|                         |   |                |     | E.D.         | 6 |
|                         |   |                |     | SHEET        | 7 |
| COUNTY                  |   | Assension      |     | CITY         |   |
|                         |   |                |     | Donaldsville |   |
| OTHER MEMBERS OF FAMILY |   |                |     |              |   |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE   |   |
| Teleslaw, Louisianus    |   | hd             | 69  |              |   |
| Alvane                  |   | hd             | 16  |              |   |
| Oyster                  |   | hd             | 8   |              |   |
| Lessa                   |   | hd             | 6   |              |   |
| Joseph                  |   | hd             | 1   |              |   |
|                         |   |                |     |              |   |
|                         |   |                |     |              |   |
|                         |   |                |     |              |   |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |                  |   |  |   |                   |
|--|------------------|---|--|---|-------------------|
| 2200   |                  | NAME OF INDIVIDUAL<br><i>Rose Mary</i>  |  | LOUISIANA   |                   |
| COLOR<br><i>Mul</i>  | AGE<br><i>18</i> | BIRTHPLACE  |  | E.D.<br><i>7</i>  | SHEET<br><i>5</i> |
| COUNTY   |                  | CITY  |  |   |                   |
| Ascension  |                  |   |  |   |                   |
| ENUMERATED WITH  |                  |   |  |   |                   |
| <i>Joseph Mary</i>   |                  |   |  |   |                   |
| RELATIONSHIP TO ABOVE  |                  |   |  |   |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> Niece<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NUN<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify) |                   |

FORM 10-437 (4-22-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-OC 1910-P-61

|  |     |   |  |  |       |
|--|-----|---|--|--|-------|
| R 200  |     | NAME OF INDIVIDUAL  |  | LOUISIANA  |       |
| COLOR  | AGE | BIRTHPLACE  |  | E.D.   | SHEET |
| mul  | 31  |   |  | 18   | 12    |
| COUNTY   |     | CITY  |  |  |       |
| ENUMERATED WITH  |     |   |  |  |       |
| RELATIONSHIP TO ABOVE  |     | Barner Mary Ann   |  |  |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br>D |       |

FORM 18-637 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18180-P01



|  |  |  |                    |
|--|--|--|--------------------|
| NAME OF INDIVIDUAL<br><i>Ross Mary</i>   |  | LOUISIANA  |                    |
| COLOR<br><i>W</i>  | AGE<br><i>6</i>  | BIRTH-PLACE<br><i>Orleans</i>  | E.O.<br><i>101</i> |
| COUNTY   |  | CITY<br><i>Monroe</i>  |                    |
| ENumerated WITH<br><i>Silman George</i>  |  |  |                    |
| RELATIONSHIP TO ABOVE  |  |  |                    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input checked="" type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                    |

Form 16-637 (4-25-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                |            |            |      |
|-------------------------|----------------|------------|------------|------|
| R200                    | HEAD OF FAMILY |            | LOUISIANA  |      |
| COLOR                   | AGE            | BIRTHPLACE |            | E.O. |
| B                       | 42             |            |            | 17   |
| COUNTY                  |                | CITY       |            |      |
| OTHER MEMBERS OF FAMILY |                |            |            |      |
| NAME                    | RELATIONSHIP   | AGE        | BIRTHPLACE |      |
| Hardy                   | S              | 16         |            |      |
| Joseph                  | S              | 10         |            |      |
| Pearl                   | S              | 13         |            |      |
| Wick                    | S              | 7          |            |      |
| Nessie                  | S              | 4          |            |      |
| Cora                    | D              | 5          |            |      |

FORM 18-636 (4-26-61)

1918 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |        |                |         |            |      |
|-------------------------|--------|----------------|---------|------------|------|
| R 200                   |        | HEAD OF FAMILY |         | LOUISIANA  |      |
| COLOR                   | W      | AGE            | 45      | BIRTHPLACE |      |
| COUNTY                  |        |                | Do Soto |            | CITY |
| OTHER MEMBERS OF FAMILY |        |                |         |            |      |
|                         | NAME   | RELATIONSHIP   | AGE     | BIRTHPLACE |      |
|                         | Tom    | S              | 25      |            |      |
|                         | Roddy  | S              | 20      |            |      |
|                         | Maggie | D              | 13      | Tex        |      |
|                         | Maryne | D              | 13      | Tex        |      |
|                         |        |                |         |            |      |
|                         |        |                |         |            |      |
|                         |        |                |         |            |      |

FORM 16-636 (4-20-21)  
1918 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |  |  |           |       |                                 |                                 |                                 |  |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|--|-----------|-------|---------------------------------|---------------------------------|---------------------------------|--|-------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R 200  |  | NAME OF INDIVIDUAL                       |  | LOUISIANA |       |                                 |                                 |                                 |  |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR  | AGE                                      | BIRTHPLACE                               |  | E.O.      | SHEET |                                 |                                 |                                 |  |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| B  | 80                                       | Miss                                     |  | 116       | 17    |                                 |                                 |                                 |  |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY   |  | CITY                                     |  |           |       |                                 |                                 |                                 |  |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Richland   |  |  |  |           |       |                                 |                                 |                                 |  |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH  |  |  |  |           |       |                                 |                                 |                                 |  |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Miss John  |  |  |  |           |       |                                 |                                 |                                 |  |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |  |           |       |                                 |                                 |                                 |  |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input checked="" type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NICE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input checked="" type="checkbox"/> MOTHER | <input type="checkbox"/> NICE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |  |           |       |                                 |                                 |                                 |  |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> MOTHER   | <input type="checkbox"/> NICE            | <input type="checkbox"/> NURSE           |  |           |       |                                 |                                 |                                 |  |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |  |           |       |                                 |                                 |                                 |  |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |  |           |       |                                 |                                 |                                 |  |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |  |           |       |                                 |                                 |                                 |  |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |  |           |       |                                 |                                 |                                 |  |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |           |       |                                 |                                 |                                 |  |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |  |           |       |                                 |                                 |                                 |  |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-437 (4-22-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 1910-P01

|                         |   |                |      |            |     |
|-------------------------|---|----------------|------|------------|-----|
| R 200                   |   | HEAD OF FAMILY |      | LOUISIANA  |     |
| COLOR                   | W | AGE            | 15   | BIRTHPLACE | 100 |
| COUNTY                  |   |                | CITY |            |     |
| Tangipahoa              |   |                |      |            |     |
| OTHER MEMBERS OF FAMILY |   |                |      |            |     |
| NAME                    |   | RELATIONSHIP   | AGE  | BIRTHPLACE |     |
| Wife                    |   | 5              | 19   |            |     |
| Child                   |   | 5              | 19   |            |     |
| Child                   |   | 2              | 14   |            |     |
|                         |   |                |      |            |     |
|                         |   |                |      |            |     |
|                         |   |                |      |            |     |
|                         |   |                |      |            |     |
|                         |   |                |      |            |     |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |    |                |    |               |     |            |  |
|-------------------------|----|----------------|----|---------------|-----|------------|--|
| R 200                   |    | HEAD OF FAMILY |    | Rice, Mary    |     | LOUISIANA  |  |
| COLOR                   | mu | AGE            | 50 | BIRTHPLACE    |     |            |  |
| COUNTY                  |    | St. Tammany    |    | CITY          |     |            |  |
|                         |    |                |    | Abita Springs |     |            |  |
| OTHER MEMBERS OF FAMILY |    |                |    |               |     |            |  |
| NAME                    |    |                |    | RELATIONSHIP  | AGE | BIRTHPLACE |  |
| Lynigal, Lucien C.      |    |                |    | 25            | 5   |            |  |
|                         |    |                |    |               |     |            |  |
|                         |    |                |    |               |     |            |  |
|                         |    |                |    |               |     |            |  |
|                         |    |                |    |               |     |            |  |
|                         |    |                |    |               |     |            |  |
|                         |    |                |    |               |     |            |  |
|                         |    |                |    |               |     |            |  |

FORM 16-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |   |   |                 |   |    |
|--|---|---|-----------------|---|----|
| A200   |   | NAME OF INDIVIDUAL  |                 | LOUISIANA   |    |
| COLOR  | W | AGE   | 5               | E.D.  | 55 |
|  |   | BIRTHPLACE  | SHEET 27        |   |    |
| COUNTY   |   | Barville  | CITY Plaquemine |   |    |
| ENUMERATED BY Bonner Joseph  |   |   |                 |   |    |
| RELATIONSHIP TO ABOVE  |   |   |                 |   |    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |   | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |                 | <input type="checkbox"/> WIDATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> HOUSEW<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |    |

Form 10-437 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

UNCOM-DC 10100-201

|  |   |  |   |   |           |
|--|---|--|---|---|-----------|
| R200   |   | NAME OF INDIVIDUAL   |   | LOUISIANA   |           |
| COLOR  | B | AGE  | 5 | BIRTHPLACE  | Russ Mary |
| COUNTY   |   | Concordia  |   | CITY  |           |
| ENUMERATED WITH  |   |  |   |   |           |
| Lewis Lewis  |   |  |   |   |           |
| RELATIONSHIP TO ABOVE  |   |  |   |   |           |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |   | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input checked="" type="checkbox"/> SISTER-IN-LAW |   | <input type="checkbox"/> MAGATE<br><input type="checkbox"/> WARD<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |           |

FORM 16-57 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|  |     |   |  |   |  |
|--|-----|---|--|---|--|
| P200   |     | NAME OF INDIVIDUAL  |  | LOUISIANA   |  |
| Rouse Mary   |     | E.D.  |  | SHEET   |  |
| COLOR  | AGE | BIRTHPLACE  |  |   |  |
| B  | 25  |   |  |   |  |
| COUNTY   |     | CITY  |  |   |  |
| Webster  |     | Miner   |  |   |  |
| ENUMERATED WITH  |     |   |  |   |  |
| Moring, Samuel   |     |   |  |   |  |
| RELATIONSHIP TO ABOVE  |     |   |  |   |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> WIFE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> DRIVER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |  |

FORM 10-437 (4-30-61)

1960 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

R200

COLOR *B* NAME OF INDIVIDUAL *Paisi Dray* E.O. *35* SHEET *6*

AGE *19* BIRTHPLACE

COUNTY *Jefferson* CITY

ENUMERATED WITH

RELATIONSHIP TO ABOVE *Cousin*

|  |  |   |
|--|--|---|
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW  | <i>S.</i>   |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW   |   |

FORM 10-437 (4-22-47)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18100-P-61

|                         |              |            |            |
|-------------------------|--------------|------------|------------|
| HEAD OF FAMILY          |              | LOUISIANA  |            |
| COLOR                   | AGE          | BIRTHPLACE | E.O. SHEET |
| Black                   | 59           |            | 55 26      |
| COUNTY                  |              | CITY       |            |
| Bertrille               |              | Plaquemine |            |
| OTHER MEMBERS OF FAMILY |              |            |            |
| NAME                    | RELATIONSHIP | AGE        | BIRTHPLACE |
| Olivia                  | S            | 32         |            |
| Lamar                   | S            | 30         |            |
| Quasman Oral            | G C          | 8          |            |
| Johnston Vivian         | G C          | 5          |            |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |

FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| A 200                   |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.O.       | SHEET |
| B                       | 37  |                |     | 14         | 11    |
| COUNTY                  |     | CITY           |     |            |       |
| East Baton Rouge        |     | Baton Rouge    |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Living alone            |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 10-436 (4-30-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |   |  |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |               |                                |  |  |
|---|--|---|--|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|-------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|---------------|--------------------------------|--|--|
| R 206   |  | NAME OF INDIVIDUAL<br><i>Russo Mary</i>               |  | LOUISIANA         |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |               |                                |  |  |
| COLOR<br><i>N</i>   | AGE<br><i>10</i>                         | BIRTHPLACE  |  | E.D.<br><i>10</i> |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |               |                                |  |  |
| COUNTY<br><i>Assumption</i>   |  | CITY  |  |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |               |                                |  |  |
| ENUMERATED WITH<br><i>Russo Tony</i>  |  |   |  |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |               |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |  |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |               |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NICE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> BROTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>Sister</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NICE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> BROTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>Sister</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                       |  |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |               |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NICE            | <input type="checkbox"/> NURSE                        |  |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |               |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                      |  |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |               |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                       |  |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |               |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                      |  |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |               |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> BROTHER (Specify) |  |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |               |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  | <i>Sister</i>   |  |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |               |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |  |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |               |                                |  |  |

FORM 10-637 (4-30-61)

1930 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 10100-P01

|  |     |  |  |   |  |
|--|-----|--|--|---|--|
| R 200  |     | NAME OF INDIVIDUAL   |  | LOUISIANA   |  |
| E.O.   |     | SHEET  |  |   |  |
| COLOR  | AGE | BIRTHPLACE   |  |   |  |
| W  | 39  |  |  |   |  |
| COUNTY   |     | CITY   |  |   |  |
| ENUMERATED WITH  |     | Russo Tony   |  |   |  |
| RELATIONSHIP TO ABOVE  |     | Russo Tony   |  |   |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NICE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> IMMIGRANT<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br>Step Mother |  |

FORM 10-637 (4-55-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |                  |   |  |   |                   |
|---|------------------|---|--|---|-------------------|
| R 200   |                  | NAME OF INDIVIDUAL<br><i>Lia, Mary</i>  |  | LOUISIANA   |                   |
| COLOR<br><i>B</i>   | AGE<br><i>29</i> | BIRTHPLACE  |  | S.D.<br><i>6</i>  | SHEET<br><i>9</i> |
| COUNTY<br><i>Assumption</i>   |                  | CITY  |  |   |                   |
| ENUMERATED WITH<br><i>Bardorf, Mary</i>   |                  |   |  |   |                   |
| RELATIONSHIP TO ABOVE   |                  |   |  |   |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input checked="" type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> WILATE<br><input type="checkbox"/> WIFE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                   |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCENS-DC 1910-P-1

|  |  |   |      |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|--|--|---|------|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|-------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| R200   |  | NAME OF INDIVIDUAL                                  |      | LOUISIANA |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| Ricker   |  | Mary  |      | E.O.      | SHEET |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR  | W  | AGE   | 43   | 28        | 34    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| BIRTHPLACE   |  |   |      |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY   |  | Calcasieu   | CITY |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH  |  |   |      |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| Cutto, Eualema   |  |   |      |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   |      |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> WIFE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |      |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> WIFE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |      |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> WIFE            | <input type="checkbox"/> NURSE                      |      |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |      |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |      |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |      |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |      |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |   |      |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |   |      |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 16-437 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 16106-P01



|  |  |  |             |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|-------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
|  |  | LOUISIANA                                |             |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| R200   | NAME OF INDIVIDUAL<br>Reese, Mary        |  | E.D.<br>111 |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br>B   | AGE<br>16                                | BIRTHPLACE                               |             |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY   | St. Landry                               | CITY                                     |             |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br>Reese, Allie  |  |  |             |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |             |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input checked="" type="checkbox"/> WIFE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> WISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |             | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input checked="" type="checkbox"/> WIFE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> WISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |             |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input checked="" type="checkbox"/> WIFE | <input type="checkbox"/> NURSE           |             |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |             |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |             |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |             |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |             |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |             |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> WISTER-IN-LAW   |  |             |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 18-637 (4-26-61)

1910 CENSUS INDEX - INDIVIDUAL

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |   |              |           |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |    |                                |  |  |
|---|--|---|--------------|-----------|------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|----|--------------------------------|--|--|
| B 200   |  | NAME OF INDIVIDUAL                                  |              | LOUISIANA |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |    |                                |  |  |
| COLOR   |  | AGE   | BIRTHPLACE   |           | E.O. SHEET |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |    |                                |  |  |
| 13  |  | 13  | Reese Mary   |           | 44 18      |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |    |                                |  |  |
| COUNTY  |  |   | CITY         |           |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |    |                                |  |  |
| Enumerated with   |  |   | Pratt Joseph |           |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |    |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |              |           |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |    |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td>10</td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |              |           |            | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | 10 | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |              |           |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |    |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |              |           |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |    |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |              |           |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |    |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |              |           |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |    |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |              |           |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |    |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |              |           |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |    |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  | 10  |              |           |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |    |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |              |           |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |    |                                |  |  |

FORM 10-637 (4-28-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |  |  |           |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|--|-----------|--------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R 20   |  | NAME OF INDIVIDUAL<br><i>Lice Mary</i>   |  | LOUISIANA | E.D.<br><i>108</i> | SHEET<br><i>20</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>Mu</i>   | AGE<br><i>10</i>                         | BIRTHPLACE                               |  |           |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>St. Landry</i>  |  | CITY                                     |  |           |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Thomas Burton</i>  |  |  |  |           |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |  |           |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
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| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |  |           |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |  |           |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |  |           |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |  |           |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |  |           |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |  |           |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |           |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |  |           |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

*Ad-Hause*

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |  |  |                   |                   |
|---|--|--|--|-------------------|-------------------|
| R200                                    |  | NAME OF INDIVIDUAL<br><i>Ross Mary</i>   |  | E.D.<br><i>25</i> | SHEET<br><i>8</i> |
| COLOR<br><i>B</i>                       | AGE<br><i>26</i>                         | BIRTHPLACE                               |  |                   |                   |
| COUNTY<br><i>East Baton Rouge</i>       |  | CITY<br><i>Baton Rouge</i>               |  |                   |                   |
| ENUMERATED WITH<br><i>Thomas Hunter</i> |  |  |  |                   |                   |
| RELATIONSHIP TO ABOVE                   |  |  |  |                   |                   |
| <input type="checkbox"/> FATHER         | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |  |                   |                   |
| <input type="checkbox"/> MOTHER         | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |  |                   |                   |
| <input type="checkbox"/> GRANDFATHER    | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |  |                   |                   |
| <input type="checkbox"/> GRANDMOTHER    | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |  |                   |                   |
| <input type="checkbox"/> GRANDSON       | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |  |                   |                   |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |  |                   |                   |
| <input type="checkbox"/> AUNT           | <input type="checkbox"/> BROTHER-IN-LAW  | <i>R</i>                                 |  |                   |                   |
| <input type="checkbox"/> UNCLE          | <input type="checkbox"/> SISTER-IN-LAW   |  |  |                   |                   |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |        |            |  |
|-------------------------|-----|----------------|--------|------------|--|
| R200                    |     | HEAD OF FAMILY |        | LOUISIANA  |  |
| Roach, Mrs. Mary        |     | E.D.           |        | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |        |            |  |
| W                       | 50  | Ireland        |        |            |  |
| COUNTY                  |     |                | CITY   |            |  |
| Calcasieu               |     |                | Yenton |            |  |
| OTHER MEMBERS OF FAMILY |     |                |        |            |  |
| NAME                    |     | RELATIONSHIP   | AGE    | BIRTHPLACE |  |
| — Margarette Mip        |     | D              | 17     | Texas      |  |
| + 5 brothers            |     |                |        |            |  |
|                         |     |                |        |            |  |
|                         |     |                |        |            |  |
|                         |     |                |        |            |  |
|                         |     |                |        |            |  |
|                         |     |                |        |            |  |
|                         |     |                |        |            |  |

FORM 10-636 (4-30-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|   |   |  |                   |
|---|---|--|-------------------|
| NAME OF INDIVIDUAL<br><i>Rack, Mary</i>   |   | E.D.<br><i>83</i>                        | SHEET<br><i>2</i> |
| COLOR<br><i>B</i>                         | AGE<br><i>12</i>                                    | BIRTHPLACE                               |                   |
| COUNTY<br><i>Pointe Coupee</i>            |   | CITY                                     |                   |
| ENUMERATED WITH<br><i>Gabriel Perkins</i> |   |  |                   |
| RELATIONSHIP TO ABOVE                     |   |  |                   |
| <input type="checkbox"/> FATHER           | <input type="checkbox"/> NEPHEW                     | <input type="checkbox"/> INMATE          |                   |
| <input type="checkbox"/> MOTHER           | <input type="checkbox"/> NIECE                      | <input type="checkbox"/> WIFE            |                   |
| <input type="checkbox"/> GRANDFATHER      | <input type="checkbox"/> FATHER-IN-LAW              | <input type="checkbox"/> PATIENT         |                   |
| <input type="checkbox"/> GRANDMOTHER      | <input type="checkbox"/> MOTHER-IN-LAW              | <input type="checkbox"/> ROOMER          |                   |
| <input type="checkbox"/> GRANDSON         | <input type="checkbox"/> SON-IN-LAW                 | <input type="checkbox"/> SERVANT         |                   |
| <input type="checkbox"/> GRANDDAUGHTER    | <input checked="" type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |                   |
| <input type="checkbox"/> AUNT             | <input type="checkbox"/> BROTHER-IN-LAW             |  |                   |
| <input type="checkbox"/> UNCLE            | <input type="checkbox"/> SISTER-IN-LAW              |  |                   |

FORM 10-437 (4-30-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1930 CENSUS INDEX - INDIV

USCOMM-DC 18100-P01

|   |     |                                     |   |           |      |  |  |
|---|-----|-------------------------------------|---|-----------|------|--|--|
| R200  |     | NAME OF INDIVIDUAL <i>Ref. Mary</i> |   | LOUISIANA | E.D. | SHEET  |  |
| COLOR   | AGE | BIRTHPLACE                          |   |           | 93   | 14   |  |
| COUNTY  |     |                                     |   |           |      |  |  |
| EMERGED WITH  |     |                                     |   |           |      |  |  |
| RELATIONSHIP TO ABOVE   |     |                                     | <i>Patterson, Eliza</i>   |           |      |  |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input checked="" type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     |                                     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |           |      | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |  |

FORM 18-437 (4-22-51)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P01

|  |  |                    |  |              |  |  |  |       |  |
|--|--|--------------------|--|--------------|--|--|--|-------|--|
| R200   |  | NAME OF INDIVIDUAL |  | Richey, Mary |  | E.O.   |  | SHEET |  |
| COLOR  |  | AGE                |  | BIRTHPLACE   |  | 89   |  | 13    |  |
| W  |  | 17                 |  |              |  |  |  |       |  |
| COUNTY   |  |                    |  | CITY         |  |  |  |       |  |
| Resides  |  |                    |  |              |  |  |  |       |  |
| ENUMERATED WITH  |  |                    |  | Blair, Ried  |  |  |  |       |  |
| RELATIONSHIP TO ABOVE  |  |                    |  |              |  |  |  |       |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  |                    | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input checked="" type="checkbox"/> SISTER-IN-LAW |              |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br>[Signature] |  |       |  |

FORM 10-637 (4-30-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P81



|                         |                 |              |           |            |
|-------------------------|-----------------|--------------|-----------|------------|
| R200                    | HEAD OF FAMILY  |              | LOUISIANA |            |
|                         | Ross Mary       |              | E.O.      | SHEET      |
| COLOR                   | AGE             | BIRTHPLACE   | 99        | 25         |
| Mu                      | 59              | Miss         |           |            |
| COUNTY                  | St. Mary        |              | CITY      |            |
| OTHER MEMBERS OF FAMILY |                 |              |           |            |
| NAME                    |                 | RELATIONSHIP | AGE       | BIRTHPLACE |
| 1                       | Essie           | Wife         | 12        |            |
|                         | Smith Carolina  | Wife         | 24        |            |
|                         | Wallis Frank    | Wife         | 8         |            |
|                         | Phillips, Isaac | Wife         | 1 1/2     |            |
| 1                       | Elizabeth       | Wife         | 5         |            |
|                         |                 |              |           |            |
|                         |                 |              |           |            |

FORM 16-636 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|   |  |  |                    |                    |
|---|--|--|--------------------|--------------------|
| B 200   | NAME OF INDIVIDUAL<br><i>Leel Mary</i>   |  | E.O.<br><i>111</i> | SHEET<br><i>14</i> |
| COLOR<br><i>B</i>                                 | AGE<br><i>5</i>                          | BIRTHPLACE                               |                    |                    |
| COUNTY<br><i>St. Landry</i>                       | CITY                                     |  |                    |                    |
| ENUMERATED WITH<br><i>Pollock Joseph</i>          |  |  |                    |                    |
| RELATIONSHIP TO ABOVE                             |  |  |                    |                    |
| <input type="checkbox"/> FATHER                   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |                    |                    |
| <input type="checkbox"/> MOTHER                   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |                    |                    |
| <input type="checkbox"/> GRANDFATHER              | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |                    |                    |
| <input type="checkbox"/> GRANDMOTHER              | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |                    |                    |
| <input type="checkbox"/> GRANDSON                 | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |                    |                    |
| <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |                    |                    |
| <input type="checkbox"/> AUNT                     | <input type="checkbox"/> BROTHER-IN-LAW  |  |                    |                    |
| <input type="checkbox"/> UNCLE                    | <input type="checkbox"/> SISTER-IN-LAW   |  |                    |                    |

FORM 16-637 (4-26-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USC1634-DC 16106-P61

LOUISIANA

|  |  |  |  |                    |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
|--|--|--|--|--------------------|--------------------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|---|--|--|-------------------------------|---|--|--------------------------------|--|--|
| P300   |  | NAME OF INDIVIDUAL<br><i>Reese, Mary</i> |  | E.D.<br><i>111</i> | SHEET<br><i>14</i> |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>B</i>  | AGE<br><i>5</i>                          | BIRTHPLACE                               |  |                    |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>St. Landry</i>  |  | CITY                                     |  |                    |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Pollock, Joseph</i>  |  |  |  |                    |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |  |                    |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDOW</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |                    |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDOW           |  |                    |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |  |                    |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |  |                    |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |  |                    |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |  |                    |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |  |                    |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |                    |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |  |                    |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |

FORM 10-637 (4-20-61)

1918 CENSUS INDEX - INDIVIDUAL

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |  |  |           |       |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|--|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| <b>R200</b>  |  | NAME OF INDIVIDUAL                       |  | LOUISIANA |       |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|  |  | <b>Russ Mary</b>                         |  | E.D.      | SHEET |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR  | AGE                                      | BIRTHPLACE                               |  |           |       |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <b>B</b>   | <b>16</b>                                |  |  |           |       |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY   |  | CITY                                     |  |           |       |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|  |  | <b>W. Landry</b>                         |  |           |       |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH  |  |  |  |           |       |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <b>Reads Alvin</b>   |  |  |  |           |       |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |  |           |       |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHER</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input checked="" type="checkbox"/> WIFE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHER | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input checked="" type="checkbox"/> WIFE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHER          | <input type="checkbox"/> INMATE          |  |           |       |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input checked="" type="checkbox"/> WIFE | <input type="checkbox"/> NURSE           |  |           |       |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |  |           |       |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |  |           |       |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |  |           |       |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |  |           |       |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |           |       |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |  |           |       |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-437 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |      |            |  |
|-------------------------|-----|----------------|------|------------|--|
| R 200                   |     | HEAD OF FAMILY |      | LOUISIANA  |  |
| Rose Mary Ann           |     | E.D.           |      | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |      |            |  |
| B                       | 60  |                |      |            |  |
| COUNTY                  |     |                | CITY |            |  |
| Terrebonne              |     |                |      |            |  |
| OTHER MEMBERS OF FAMILY |     |                |      |            |  |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| Bertha                  |     | D              | 18   |            |  |
| Jill                    |     | S              | 21   |            |  |
| Fogerson Adam           |     | SL             | 26   |            |  |
| 1 Leona                 |     | D              | 20   |            |  |
| Ethel                   |     | GP             | 1    |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |

FORM 16-436 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |           |  |  |   |            |
|--|-----------|--|--|---|------------|
| R 200  |           | NAME OF INDIVIDUAL<br>Ricks Mary C   |  | E.D.<br>16  | SHEET<br>7 |
| COLOR<br>W   | AGE<br>13 | BIRTHPLACE   |  |   |            |
| COUNTY<br>East Baton Rouge   |           | CITY<br>Baton Rouge  |  |   |            |
| ENUMERATED WITH<br>Marrion Louis A.  |           |  |  |   |            |
| RELATIONSHIP TO ABOVE  |           |  |  |   |            |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |           | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input checked="" type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> WIDOW<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |            |

FORM 16-637 (4-22-67)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1970 CENSUS INDEX - INDIVIDUAL

USCIB-DC 1970-P61

|  |                 |   |  |  |  |
|--|-----------------|---|--|--|--|
| 1200   |                 | NAME OF INDIVIDUAL<br><i>Rice Mary Lee</i>  |  | LOUISIANA  |  |
| E.D. 20  |                 | SHEET 6   |  |  |  |
| COLOR<br><i>B</i>  | AGE<br><i>2</i> | BIRTHPLACE  |  |  |  |
| COUNTY<br><i>Clai borne</i>  |                 | CITY  |  |  |  |
| ENUMERATED WITH<br><i>Rice Clark</i>   |                 |   |  |  |  |
| RELATIONSHIP TO ABOVE  |                 |   |  |  |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                 | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>20</i> |  |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1930 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P01

|  |  |                               | LOUISIANA         |                   |
|--|--|-------------------------------|-------------------|-------------------|
| <i>R 100</i>   | NAME OF INDIVIDUAL<br><i>Rouse, Mary M</i> |                               | E.D.<br><i>55</i> | SHEET<br><i>2</i> |
| COLOR<br><i>W</i>  | AGE<br><i>59</i>                           | BIRTHPLACE                    |                   |                   |
| COUNTY<br><i>Iberville</i>   |  | CITY<br><i>Bayou La Batre</i> |                   |                   |
| ENUMERATED WITH<br><i>Rouse, William J.</i>  |  |                               |                   |                   |
| RELATIONSHIP TO ABOVE  |  |                               |                   |                   |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> FATHER<br/> <input checked="" type="checkbox"/> MOTHER<br/> <input type="checkbox"/> GRANDFATHER<br/> <input type="checkbox"/> GRANDMOTHER<br/> <input type="checkbox"/> GRANDSON<br/> <input type="checkbox"/> GRANDDAUGHTER<br/> <input type="checkbox"/> AUNT<br/> <input type="checkbox"/> UNCLE </div> <div style="width: 30%;"> <input type="checkbox"/> NEPHER<br/> <input type="checkbox"/> NIECE<br/> <input type="checkbox"/> FATHER-IN-LAW<br/> <input type="checkbox"/> MOTHER-IN-LAW<br/> <input type="checkbox"/> SON-IN-LAW<br/> <input type="checkbox"/> DAUGHTER-IN-LAW<br/> <input type="checkbox"/> BROTHER-IN-LAW<br/> <input type="checkbox"/> SISTER-IN-LAW </div> <div style="width: 30%;"> <input type="checkbox"/> WIDOW<br/> <input type="checkbox"/> NURSE<br/> <input type="checkbox"/> PATIENT<br/> <input type="checkbox"/> ROOMER<br/> <input type="checkbox"/> SERVANT<br/> <input type="checkbox"/> OTHER (Specify) </div> </div> |  |                               |                   |                   |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCIB-DC 1910-P-01



|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R208                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| Koss                    |     | Mason          |     | E.D.       | SHEET |
| COLOR                   | AGE | BIRTHPLACE     |     |            |       |
| B                       | 37  |                |     |            |       |
| COUNTY                  |     | Lafourche      |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Josephine               |     | w              | 34  |            |       |
| Rebecca                 |     | d              | 16  |            |       |
| Alfred                  |     | s              | 8   |            |       |
| Clarence                |     | s              | 6   |            |       |
| Frankie                 |     | d              | 3   |            |       |
| Conine                  |     | d              | 2   |            |       |

Form 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                | LOUISIANA  |            |
|-------------------------|----------------|------------|------------|
| R 200                   | HEAD OF FAMILY | Roach, Met | E.D. 54    |
| COLOR B                 | AGE 71         | BIRTHPLACE | SHEET 8    |
| COUNTY Caddo            |                | CITY       |            |
| OTHER MEMBERS OF FAMILY |                |            |            |
| NAME                    | RELATIONSHIP   | AGE        | BIRTHPLACE |
| Annie                   | W              | 57         | Georgia    |
| Neta                    | D              | 18         |            |
| Nathaniel               | S              | 17         |            |
| Fannie                  | D              | 16         |            |
| Sue                     | D              | 12         |            |
| Billie                  | S              | 11         |            |
| Arthur                  | S              | 8          |            |

FORM 19-636 (6-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| P200                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| W                       |  | 62             | Tenn       | 131        | 19    |
| COUNTY                  |  |                | CITY       |            |       |
| Washington              |  |                | Bogalusa   |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Cassius Allen           |  | Pa             | 28         | Ala        |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 10-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                  |                |      |            |  |
|-------------------------|------------------|----------------|------|------------|--|
| R200                    |                  | HEAD OF FAMILY |      | LOUISIANA  |  |
| Kress Mathews           |                  | E.D.           |      | SHEET      |  |
| COLOR                   | AGE              | BIRTHPLACE     |      |            |  |
| B                       | 34               |                |      |            |  |
| COUNTY                  | East Baton Rouge |                | CITY |            |  |
| OTHER MEMBERS OF FAMILY |                  |                |      |            |  |
| NAME                    |                  | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| Alexander               |                  | S              | 10   |            |  |
| Kesslie                 |                  | D              | 7    |            |  |
| Leola                   |                  | D              | 6    |            |  |
|                         |                  |                |      |            |  |
|                         |                  |                |      |            |  |
|                         |                  |                |      |            |  |
|                         |                  |                |      |            |  |

Form 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|   |   |  |              |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|---|--|--------------|------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|---|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R200  | NAME OF INDIVIDUAL                                |  | Rios Matilda | E.O. | SHEET |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR   | AGE   | BIRTHPLACE                               |              |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| W   | 70  | Miss                                     |              |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY  |   | CITY                                     |              |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Sabine  |   |  |              |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| MARRIED WITH  |   |  |              |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Graham Walter   |   |  |              |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |   |  |              |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input checked="" type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |   |  |              |      |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input checked="" type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW                   | <input type="checkbox"/> INMATE          |              |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE                    | <input type="checkbox"/> NURSE           |              |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW            | <input type="checkbox"/> PATIENT         |              |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input checked="" type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER          |              |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW               | <input type="checkbox"/> SERVANT         |              |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW          | <input type="checkbox"/> OTHER (Specify) |              |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW           |  |              |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW            |  |              |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 18-637 10-29-61

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1970 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18106-P01

| LOUISIANA  |   |   |                   |
|--|---|---|-------------------|
| NAME OF INDIVIDUAL<br><i>Riley Matilda L.</i>  |   | E.D.<br><i>149</i>  | SHEET<br><i>8</i> |
| COLOR<br><i>W</i>  | AGE<br><i>37</i>  | BIRTHPLACE  |                   |
| COUNTY<br><i>Vernon</i>  |   | CITY  |                   |
| ENUMERATED WITH<br><i>Johnson Abraham</i>  |   |   |                   |
| RELATIONSHIP TO ABOVE  |   |   |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>Servant</i> |                   |

FORM 10-427 (4-22-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

LOUISIANA

|  |   |  |             |
|--|---|--|-------------|
| R200                                   | NAME OF INDIVIDUAL<br>Rome Match                    | E.D.<br>14                               | SHEET<br>18 |
| COLOR<br>W                             | AGE<br>21   | BIRTHPLACE                               |             |
| COUNTY<br>Lafourche                    | CITY  |  |             |
| ENUMERATED WITH<br>Rome Joseph         |   |  |             |
| RELATIONSHIP TO ABOVE                  |   |  |             |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW                     | <input type="checkbox"/> IMMATE          |             |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NIECE                      | <input type="checkbox"/> NURSE           |             |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW              | <input type="checkbox"/> PATIENT         |             |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW              | <input type="checkbox"/> ROOMER          |             |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW                 | <input type="checkbox"/> SERVANT         |             |
| <input type="checkbox"/> GRANDDAUGHTER | <input checked="" type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |             |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW             |  |             |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW              |  |             |

FORM 18-637 (4-20-01)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P01

LOUISIANA

|  |           |   |                    |   |             |
|--|-----------|---|--------------------|---|-------------|
| 1200   |           | NAME OF INDIVIDUAL<br>Rise, Mathie  |                    | E.D.<br>81  | SHEET<br>17 |
| COLOR<br>B   | AGE<br>20 | BIRTHPLACE  |                    |   |             |
| COUNTY   |           | Rapides   | CITY<br>Alexandria |   |             |
| ENUMERATED WITH<br>Brown, Margaret   |           |   |                    |   |             |
| RELATIONSHIP TO ABOVE  |           |   |                    |   |             |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |           | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |                    | <input type="checkbox"/> WIDOW<br><input type="checkbox"/> NUN<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br>D |             |

FORM 16-637 (4-26-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 1910-P-61



LOUISIANA

|  |   |   |            |             |
|--|---|---|------------|-------------|
| R 200  | NAME OF INDIVIDUAL<br><i>Ross Mattie</i>  |   | E.O.<br>45 | SHEET<br>14 |
| COLOR<br><i>B</i>  | AGE<br><i>29</i>  | BIRTHPLACE  |            |             |
| COUNTY<br><i>East Feliciana</i>  | CITY  |   |            |             |
| ENUMERATED WITH<br><i>Nelson, Edmund J C</i>   |   |   |            |             |
| RELATIONSHIP TO ABOVE  |   |   |            |             |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> WIMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input checked="" type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) _____ |            |             |

FORM 16-637 (4-22-51)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USC&amp;A-DC 16169-P61

|  |  |  |  |                   |                    |
|--|--|--|--|-------------------|--------------------|
| R200                                   |  | NAME OF INDIVIDUAL<br><i>Nice Mattie</i> |  | E.O.<br><i>81</i> | SHEET<br><i>24</i> |
| COLOR<br><i>B</i>                      | AGE<br><i>12</i>                         | BIRTHPLACE<br><i>Ala</i>                 |  |                   |                    |
| COUNTY<br><i>Madison</i>               |  | CITY                                     |  |                   |                    |
| ENUMERATED WITH<br><i>Miss Charles</i> |  |  |  |                   |                    |
| RELATIONSHIP TO ABOVE                  |  |  |  |                   |                    |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |  |                   |                    |
| <input type="checkbox"/> MOTHER        | <input checked="" type="checkbox"/> WIFE | <input type="checkbox"/> NURSE           |  |                   |                    |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |  |                   |                    |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |  |                   |                    |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |  |                   |                    |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |  |                   |                    |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |                   |                    |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW   |  |  |                   |                    |

Form 16-637 (4-30-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

LOUISIANA

|  |              |   |      |  |             |
|--|--------------|---|------|--|-------------|
| R-200                                  |              | NAME OF INDIVIDUAL<br>Rose Mathis         |      | E.D.<br>142                              | SHEET<br>10 |
| COLOR                                  | AGE<br>W 22  | BIRTHPLACE<br>Texas                       |      |  |             |
| COUNTY                                 | West Carroll |   | CITY |  |             |
| ENUMERATED WITH<br>Green Pete          |              |   |      |  |             |
| RELATIONSHIP TO ABOVE                  |              |   |      |  |             |
| <input type="checkbox"/> FATHER        |              | <input type="checkbox"/> NEPHEW           |      | <input type="checkbox"/> WIDOW           |             |
| <input type="checkbox"/> MOTHER        |              | <input checked="" type="checkbox"/> NIECE |      | <input type="checkbox"/> NURSE           |             |
| <input type="checkbox"/> GRANDFATHER   |              | <input type="checkbox"/> FATHER-IN-LAW    |      | <input type="checkbox"/> PATIENT         |             |
| <input type="checkbox"/> GRANDMOTHER   |              | <input type="checkbox"/> MOTHER-IN-LAW    |      | <input type="checkbox"/> ROOMER          |             |
| <input type="checkbox"/> GRANDSON      |              | <input type="checkbox"/> SON-IN-LAW       |      | <input type="checkbox"/> SERVANT         |             |
| <input type="checkbox"/> GRANDDAUGHTER |              | <input type="checkbox"/> DAUGHTER-IN-LAW  |      | <input type="checkbox"/> OTHER (Specify) |             |
| <input type="checkbox"/> AUNT          |              | <input type="checkbox"/> BROTHER-IN-LAW   |      |  |             |
| <input type="checkbox"/> UNCLE         |              | <input type="checkbox"/> SISTER-IN-LAW    |      |  |             |

FORM 16-537 (4-26-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMA-DC 18100-P61

| LOUISIANA               |                                   |            |            |
|-------------------------|-----------------------------------|------------|------------|
| R200                    | HEAD OF FAMILY <i>Bass Mattie</i> | E.D. 103   | SHEET 21   |
| COLOR <i>B</i>          | AGE <i>40</i>                     | BIRTHPLACE |            |
| COUNTY <i>Ouachita</i>  | CITY <i>Monroe</i>                |            |            |
| OTHER MEMBERS OF FAMILY |                                   |            |            |
| NAME                    | RELATIONSHIP                      | AGE        | BIRTHPLACE |
| <i>1 Son</i>            | <i>S</i>                          | <i>13</i>  |            |
| <i>1 Baby</i>           | <i>S</i>                          | <i>11</i>  |            |
|                         |                                   |            |            |
|                         |                                   |            |            |
|                         |                                   |            |            |
|                         |                                   |            |            |
|                         |                                   |            |            |
|                         |                                   |            |            |
|                         |                                   |            |            |

FORM 10-636 (4-30-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|   |  |  |            |            |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
|---|--|--|------------|------------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|---|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R200  | NAME OF INDIVIDUAL<br>Reese Matthe Bell  |  | E.D.<br>99 | SHEET<br>5 |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| COLOR<br>B  | AGE<br>15                                | BIRTHPLACE                               |            |            |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| COUNTY<br>Ouachita  |  | CITY                                     |            |            |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br>Reese Matthe   |  |  |            |            |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |            |            |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> WMAVE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PAYIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input checked="" type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> |  |  |            |            | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WMAVE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PAYIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WMAVE           |            |            |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |            |            |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PAYIENT         |            |            |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |            |            |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |            |            |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |            |            |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |            |            |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |            |            |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |

FORM 10-42 10-20-41

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18199-P41

LOUISIANA

|  |          |   |  |  |             |
|--|----------|---|--|--|-------------|
| R100   |          | NAME OF INDIVIDUAL<br>Rose, M. M. M.  |  | E.D.<br>10   | SHEET<br>19 |
| COLOR<br>B   | AGE<br>6 | BIRTHPLACE  |  |  |             |
| COUNTY<br>Assumption   |          | CITY  |  |  |             |
| ENUMERATED WITH<br>Narcisse, C. Harley   |          |   |  |  |             |
| RELATIONSHIP TO ABOVE  |          |   |  |  |             |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |          | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> NEGRO<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br>Step-Son |             |

FORM 19-637 (4-20-91)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 1919-P61

|   |   |  |             |
|---|---|--|-------------|
|   |   | LOUISIANA  |             |
| R200  | NAME OF INDIVIDUAL<br>Riggs May   |  | R.O.<br>132 |
| COLOR<br>mul  | AGE<br>7  | SHEET<br>47  |             |
| COUNTY<br>St. Martin  |   | CITY   |             |
| ENUMERATED WITH<br>Lassure Cuche  |   |  |             |
| RELATIONSHIP TO ABOVE   |   |  |             |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input checked="" type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> WIDATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |             |

FORM 10-57 (4-20-51)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1950 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 10100-P01

LOUISIANA

|  |   |  |  |         |          |
|--|---|--|--|---------|----------|
| R200                                   |   | NAME OF INDIVIDUAL <i>Book Media</i>     |  | E.O. 86 | SHEET 13 |
| COLOR <i>N</i>                         | AGE <i>16</i>                                     | BIRTHPLACE                               |  |         |          |
| COUNTY                                 |   | Madison                                  |  | CITY    |          |
| ENUMERATED WITH <i>Lee Robert</i>      |   |  |  |         |          |
| RELATIONSHIP TO ABOVE                  |   |  |  |         |          |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW                   | <input type="checkbox"/> ORGATE          |  |         |          |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NIECE                    | <input type="checkbox"/> NURSE           |  |         |          |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW            | <input type="checkbox"/> PATIENT         |  |         |          |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW            | <input type="checkbox"/> ROOMER          |  |         |          |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW               | <input type="checkbox"/> SERVANT         |  |         |          |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW          | <input type="checkbox"/> OTHER (Specify) |  |         |          |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW           |  |  |         |          |
| <input type="checkbox"/> UNCLE         | <input checked="" type="checkbox"/> SISTER-IN-LAW |  |  |         |          |

FORM 10-637 (4-30-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 15100-P01



|                         |     | HEAD OF FAMILY |     | LOUISIANA  |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R200                    |     | Rice           |     | E.D.       | SHEET |
| COLOR                   | AGE | BIRTHPLACE     |     | 124        | 18    |
| W                       | 39  |                |     |            |       |
| COUNTY                  | 4   | Winn           |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Francis E.              |     | W              | 40  |            |       |
| Mina L.                 |     | D              | 20  |            |       |
| Cannie G.               |     | D              | 17  |            |       |
| Iron J.                 |     | S              | 15  |            |       |
| Magliside L.            |     | D              | 9   |            |       |
| Lloyd J.                |     | S              | 7   |            |       |
| Phoebe L.               |     | S              | 5   |            |       |

FORM 16-436 (4-22-67)

1976 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



LOUISIANA

|  |  |   |  |           |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |                                       |  |
|--|--|---|--|-----------|------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|---------------------------------------|--|
| R 200  |  | NAME OF INDIVIDUAL<br>Riggs Melvin                  |  | E.O.<br>6 | SHEET<br>4 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |                                       |  |
| COLOR<br>W   | AGE<br>12                                | BIRTHPLACE<br>Miss                                  |  |           |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |                                       |  |
| COUNTY<br>Catahoula  |  | CITY  |  |           |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |                                       |  |
| ENUMERATED WITH<br>Kemp Thonas W.  |  |   |  |           |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |                                       |  |
| RELATIONSHIP TO ABOVE  |  |   |  |           |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |                                       |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WMA TE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> WSTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |           |            | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WMA TE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> WSTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WMA TE                     |  |           |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |                                       |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |  |           |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |                                       |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |           |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |                                       |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |           |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |                                       |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |           |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |                                       |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |           |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |                                       |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |           |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |                                       |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> WSTER-IN-LAW    |   |  |           |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |                                       |  |

FORM 16-537 (6-22-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCMM-DC 16390-P01

LOUISIANA

|   |  |   |  |             |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|---|--|---|--|-------------|-------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| R200  |  | NAME OF INDIVIDUAL<br><i>Frank Meschino</i>                 |  | E.D.<br>133 | SHEET<br>33 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR<br><i>W</i>   | AGE<br><i>14</i>                         | BIRTHPLACE  |  |             |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY  |  | Vermillion  |  | CITY        |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Victor Mary</i>   |  |   |  |             |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |  |             |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (<i>Spouse</i>)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |             |             | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER ( <i>Spouse</i> ) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                             |  |             |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                              |  |             |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                            |  |             |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                             |  |             |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                            |  |             |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER ( <i>Spouse</i> ) |  |             |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |             |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |  |             |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 16-637 (4-30-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 16106-PH

LOUISIANA

|  |  |  |  |                |                 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|--|----------------|-----------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R202   |  | NAME OF INDIVIDUAL <i>Brouse, Michael</i>  |  | E.D. <i>28</i> | SHEET <i>37</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR  | AGE                                      | BIRTHPLACE                                 |  |                |                 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <i>H</i>   | <i>50</i>                                |  |  |                |                 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY   |  | CITY                                       |  |                |                 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|  |  | <i>Jefferson</i>                           |  |                |                 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH  |  |  |  |                |                 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <i>Ludine Joseph</i>   |  |  |  |                |                 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |  |                |                 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> INMATE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input checked="" type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> |  |  |  |                |                 | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE            |  |                |                 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE             |  |                |                 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |  |                |                 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER |  |                |                 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |  |                |                 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |  |                |                 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |                |                 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |  |                |                 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 16-537 (4-22-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 16100-P01

LOUISIANA

|  |  |                    |  |                  |  |  |  |       |  |
|--|--|--------------------|--|------------------|--|--|--|-------|--|
| 1200   |  | NAME OF INDIVIDUAL |  | Ressie, Michel   |  | E.D.   |  | SHEET |  |
| COLOR  |  | AGE                |  | BIRTHPLACE       |  | 4  |  | 6     |  |
| W  |  | 3                  |  |                  |  |  |  |       |  |
| COUNTY   |  |                    |  | Acconson         |  | CITY   |  |       |  |
|  |  |                    |  | Donaldsonville   |  |  |  |       |  |
| ENumerated WITH  |  |                    |  | Ressie, Abachain |  |  |  |       |  |
| RELATIONSHIP TO ABOVE  |  |                    |  |                  |  |  |  |       |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  |                    | <input checked="" type="checkbox"/> STEPMOTHER<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |                  |  | <input type="checkbox"/> IMMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |  |       |  |

FORM 10-437 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18108-P01

| HEAD OF FAMILY          |                 | LOUISIANA  |            |
|-------------------------|-----------------|------------|------------|
| NAME                    | AGE             | E.D.       | SHEET      |
| <i>R 200</i>            | <i>Resident</i> | <i>72</i>  | <i>20</i>  |
| COLOR                   | AGE             | BIRTHPLACE |            |
| <i>Mr</i>               | <i>49</i>       |            |            |
| COUNTY                  | CITY            |            |            |
| <i>Lafayette</i>        |                 |            |            |
| OTHER MEMBERS OF FAMILY |                 |            |            |
| NAME                    | RELATIONSHIP    | AGE        | BIRTHPLACE |
| <i>Louse</i>            | <i>W</i>        | <i>44</i>  |            |
| <i>Louis</i>            | <i>S</i>        | <i>16</i>  |            |
| <i>Bernadette</i>       | <i>D</i>        | <i>19</i>  |            |
| <i>Laura</i>            | <i>D</i>        | <i>14</i>  |            |
| <i>Marie</i>            | <i>D</i>        | <i>12</i>  |            |
| <i>Maurice</i>          | <i>S</i>        | <i>10</i>  |            |
| <i>Pierre</i>           | <i>S</i>        | <i>8</i>   |            |

FORM 10-636 (4-30-61)

U.S. CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUE

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME           | RELATION-<br>SHIP | AGE      | BIRTHPLACE |
|----------------|-------------------|----------|------------|
| <i>Norma</i>   | <i>D</i>          | <i>7</i> |            |
| <i>Eugenie</i> | <i>D</i>          | <i>5</i> |            |
| <i>Agnes</i>   | <i>D</i>          | <i>4</i> |            |
|                |                   |          |            |
|                |                   |          |            |
|                |                   |          |            |
|                |                   |          |            |
|                |                   |          |            |
|                |                   |          |            |

FORM 16-638a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18198-P61



|                              |  |            |                   |
|------------------------------|--|------------|-------------------|
|                              |  | LOUISIANA  |                   |
| <i>R 200</i>                 | HEAD OF FAMILY<br><i>Rocha, Michel</i> |            | E.D.<br><i>52</i> |
|                              |  |            | SHEET<br><i>3</i> |
| COLOR<br><i>W</i>            | AGE<br><i>52</i>                       | BIRTHPLACE |                   |
| COUNTY<br><i>Plaquemines</i> | CITY                                   |            |                   |
| OTHER MEMBERS OF FAMILY      |  |            |                   |
| NAME                         | RELATIONSHIP                           | AGE        | BIRTHPLACE        |
| <i>1 Chas</i>                | <i>S</i>                               | <i>23</i>  |                   |
|                              |  |            |                   |
|                              |  |            |                   |
|                              |  |            |                   |
|                              |  |            |                   |
|                              |  |            |                   |
|                              |  |            |                   |
|                              |  |            |                   |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |                       |                   |                 |           |  |
|-------------------------|--|----------------|-----------------------|-------------------|-----------------|-----------|--|
| <i>Leo</i>              |  | HEAD OF FAMILY |                       | <i>Rice, Mike</i> |                 | LOUISIANA |  |
| COLOR                   |  | AGE            | BIRTHPLACE            |                   | E.D.            | SHEET     |  |
| <i>W</i>                |  | <i>50</i>      | <i>Poland</i>         |                   | <i>4</i>        | <i>4</i>  |  |
| COUNTY                  |  |                | CITY                  |                   |                 |           |  |
| <i>Assessing</i>        |  |                | <i>Donaldsonville</i> |                   |                 |           |  |
| OTHER MEMBERS OF FAMILY |  |                |                       |                   |                 |           |  |
| NAME                    |  |                | RELATIONSHIP          | AGE               | BIRTHPLACE      |           |  |
| <i>Hanna</i>            |  |                | <i>W</i>              | <i>50</i>         | <i>Poland</i>   |           |  |
| <i>Charlie</i>          |  |                | <i>S</i>              | <i>19</i>         | <i>New York</i> |           |  |
| <i>Ida</i>              |  |                | <i>D</i>              | <i>14</i>         | <i>New York</i> |           |  |
| <i>Frances</i>          |  |                | <i>D</i>              | <i>11</i>         | <i>New York</i> |           |  |
|                         |  |                |                       |                   |                 |           |  |
|                         |  |                |                       |                   |                 |           |  |
|                         |  |                |                       |                   |                 |           |  |

FORM 16-636 (4-20-61)  
1960 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |     |              |            |           |                  |
|-------------------------|--|----------------|-----|--------------|------------|-----------|------------------|
| R200                    |  | HEAD OF FAMILY |     | Roussos Mike |            | LOUISIANA |                  |
| COLOR                   |  | W              | AGE | 39           | BIRTHPLACE | Italy     | E.D. 138 SHEET 8 |
| COUNTY                  |  | Vermillion     |     | CITY         |            | Abbeville |                  |
| OTHER MEMBERS OF FAMILY |  |                |     |              |            |           |                  |
| NAME                    |  | RELATIONSHIP   |     | AGE          | BIRTHPLACE |           |                  |
| Carmile                 |  | W              |     | 32           | Italy      |           |                  |
| Jessie                  |  | D              |     | 6            |            |           |                  |
| Mary                    |  | D              |     | 2            |            |           |                  |
|                         |  |                |     |              |            |           |                  |
|                         |  |                |     |              |            |           |                  |
|                         |  |                |     |              |            |           |                  |
|                         |  |                |     |              |            |           |                  |

FORM 18-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |      |            |  |
|-------------------------|-----|----------------|------|------------|--|
| R200                    |     | HEAD OF FAMILY |      | LOUISIANA  |  |
| Kieck Mike              |     | E.D.           |      | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |      |            |  |
| W                       | 30  | St.            |      |            |  |
| COUNTY                  |     |                | CITY |            |  |
| St. Mary                |     |                |      |            |  |
| OTHER MEMBERS OF FAMILY |     |                |      |            |  |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| Lea                     |     | W              | 28   | St.        |  |
| Joseph                  |     | D              | 4    |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| R210   |  | NAME OF INDIVIDUAL  |  | LOUISIANA   |  |
| RICHIE, MILDRED  |  | AGE   |  | E.S. SHEET  |  |
| W  |  | 74  |  | 27 1  |  |
| COUNTY   |  | BIRTHPLACE  |  | CITY  |  |
| W  |  | Rapid   |  | Rush, Better  |  |
| RELATIONSHIP TO ABOVE  |  |   |  |   |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> WIFE<br><input type="checkbox"/> MURDER<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> RIDER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify) |  |
|  |  |   |  | Bo  |  |

FORM 10-57 (4-22-51)

1950 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCENS-DC 1950-P01

LOUISIANA

|                         |                   |              |                     |            |          |
|-------------------------|-------------------|--------------|---------------------|------------|----------|
| <i>R200</i>             | HEAD OF FAMILY    |              | <i>Keso M ilcor</i> | E.D.       | SHEET    |
|                         |                   |              |                     | <i>110</i> | <i>4</i> |
| COLOR                   | AGE               | BIRTHPLACE   |                     |            |          |
| <i>mu</i>               | <i>29</i>         |              |                     |            |          |
| COUNTY                  |                   |              | CITY                |            |          |
| <i>St. Landry</i>       |                   |              |                     |            |          |
| OTHER MEMBERS OF FAMILY |                   |              |                     |            |          |
| NAME                    |                   | RELATIONSHIP | AGE                 | BIRTHPLACE |          |
|                         | <i>Mary</i>       | <i>w</i>     | <i>31</i>           |            |          |
|                         | <i>austin</i>     | <i>S</i>     | <i>8</i>            |            |          |
|                         | <i>Ella</i>       | <i>D</i>     | <i>12</i>           |            |          |
|                         | <i>Adolph</i>     | <i>S</i>     | <i>6</i>            |            |          |
|                         | <i>Melcor</i>     | <i>S</i>     | <i>4</i>            |            |          |
|                         | <i>Loveska D.</i> | <i>D</i>     | <i>3</i>            |            |          |
|                         | <i>James</i>      | <i>S</i>     | <i>4 1/2</i>        |            |          |

FORM 10-436 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

*Ress Milnor*

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME                   | RELATION-<br>SHIP | AGE       | BIRTHPLACE |
|------------------------|-------------------|-----------|------------|
| <i>Deaton Butchane</i> | <i>B-L</i>        | <i>22</i> |            |
|                        |                   |           |            |
|                        |                   |           |            |
|                        |                   |           |            |
|                        |                   |           |            |
|                        |                   |           |            |
|                        |                   |           |            |
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FORM 16-436a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18108-P01

|                         |              |            |            |
|-------------------------|--------------|------------|------------|
| 142-211-1-2             |              | LOUISIANA  |            |
| HEAD OF FAMILY          |              | E.O.       | SHEET      |
| R-200 Ross Millard      |              | 133        | 29         |
| COLOR                   | AGE          | BIRTHPLACE |            |
| B                       | 25           | Ark        |            |
| COUNTY                  |              | CITY       |            |
| Union                   |              |            |            |
| OTHER MEMBERS OF FAMILY |              |            |            |
| NAME                    | RELATIONSHIP | AGE        | BIRTHPLACE |
| Fannie                  | W            | 19         | Ark        |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |

FORM 16-436 (4-26-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



LOUISIANA

|                         |                |            |              |      |            |  |
|-------------------------|----------------|------------|--------------|------|------------|--|
| R200                    | HEAD OF FAMILY |            | E.D.         |      | SHEET      |  |
|                         | Rose Miller    |            | 43           |      | 11         |  |
| COLOR                   | AGE            | BIRTHPLACE |              |      |            |  |
| B                       | 100            |            |              |      |            |  |
| COUNTY                  | East Carroll   |            |              | CITY |            |  |
| OTHER MEMBERS OF FAMILY |                |            |              |      |            |  |
| NAME                    |                |            | RELATIONSHIP | AGE  | BIRTHPLACE |  |
| Living alone            |                |            |              |      |            |  |
|                         |                |            |              |      |            |  |
|                         |                |            |              |      |            |  |
|                         |                |            |              |      |            |  |
|                         |                |            |              |      |            |  |
|                         |                |            |              |      |            |  |
|                         |                |            |              |      |            |  |
|                         |                |            |              |      |            |  |

FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|                           |                                |              |           |            |
|---------------------------|--------------------------------|--------------|-----------|------------|
| R 200                     | HEAD OF FAMILY<br>Ricks, Milly |              | E.D.<br>8 | SHEET<br>9 |
| COLOR<br>B                | AGE<br>60                      | BIRTHPLACE   |           |            |
| COUNTY Assumption Assumpt |                                | CITY         |           |            |
| OTHER MEMBERS OF FAMILY   |                                |              |           |            |
| NAME                      |                                | RELATIONSHIP | AGE       | BIRTHPLACE |
| 1 Earnest                 |                                | S            | 23        |            |
| Collins, Viola            |                                | DL           | 20        |            |
| 1 Willie                  |                                | GC           | 3         |            |
| Ricks, Earnest            |                                | GC           | 5         |            |
|                           |                                |              |           |            |
|                           |                                |              |           |            |
|                           |                                |              |           |            |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|                         |                |              |            |              |    |       |   |
|-------------------------|----------------|--------------|------------|--------------|----|-------|---|
| R200                    | HEAD OF FAMILY |              | Rick, Mine | E.O.         | 26 | SHEET | 8 |
| COLOR                   | AGE            | BIRTHPLACE   |            |              |    |       |   |
| W                       | 46             |              |            |              |    |       |   |
| COUNTY                  |                | Avoyelles    |            | CITY         |    |       |   |
|                         |                |              |            | Buckeye Town |    |       |   |
| OTHER MEMBERS OF FAMILY |                |              |            |              |    |       |   |
| NAME                    |                | RELATIONSHIP | AGE        | BIRTHPLACE   |    |       |   |
| Mary                    |                | 0            | 22         |              |    |       |   |
| Benny                   |                | 5            | 21         |              |    |       |   |
| Joseph                  |                | 5            | 19         |              |    |       |   |
| Leticia                 |                | 0            | 16         |              |    |       |   |
| Rachel                  |                | 0            | 14         |              |    |       |   |
| Aaron                   |                | 5            | 12         |              |    |       |   |
|                         |                |              |            |              |    |       |   |

FORM 16-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|   |   |  |             |             |
|---|---|--|-------------|-------------|
| R200  | NAME OF INDIVIDUAL<br><i>Riggs Minerva</i>        |  | E.O.<br>132 | SHEET<br>60 |
| COLOR<br><i>W</i>                                 | AGE<br><i>80</i>                                  | BIRTHPLACE                               |             |             |
| COUNTY<br><i>St. Martin</i>                       |   | CITY                                     |             |             |
| ENUMERATED WITH<br><i>Singleton George L. Sr.</i> |   |  |             |             |
| RELATIONSHIP TO ABOVE                             |   |  |             |             |
| <input type="checkbox"/> FATHER                   | <input type="checkbox"/> NEPHEW                   | <input type="checkbox"/> INMATE          |             |             |
| <input type="checkbox"/> MOTHER                   | <input type="checkbox"/> NIECE                    | <input type="checkbox"/> NURSE           |             |             |
| <input type="checkbox"/> GRANDFATHER              | <input type="checkbox"/> FATHER-IN-LAW            | <input type="checkbox"/> PATIENT         |             |             |
| <input type="checkbox"/> GRANDMOTHER              | <input checked="" type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER          |             |             |
| <input type="checkbox"/> GRANDSON                 | <input type="checkbox"/> SON-IN-LAW               | <input type="checkbox"/> SERVANT         |             |             |
| <input type="checkbox"/> GRANDDAUGHTER            | <input type="checkbox"/> DAUGHTER-IN-LAW          | <input type="checkbox"/> OTHER (Specify) |             |             |
| <input type="checkbox"/> AUNT                     | <input type="checkbox"/> BROTHER-IN-LAW           |  |             |             |
| <input type="checkbox"/> UNCLE                    | <input type="checkbox"/> SISTER-IN-LAW            |  |             |             |

FORM 10-627 (4-22-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1970 CENSUS INDEX - INDIVIDUAL

USCOM-DC 10105-P01

| HEAD OF FAMILY          |              |            | LOUISIANA  |       |
|-------------------------|--------------|------------|------------|-------|
| COLOR                   | AGE          | BIRTHPLACE | E.D.       | SHEET |
| R200                    | Ross         | Minnie     | 128        | 6     |
| 13                      | 56           | Miss       |            |       |
| COUNTY                  | TERRE        | CITY       | Waterproof |       |
| OTHER MEMBERS OF FAMILY |              |            |            |       |
| NAME                    | RELATIONSHIP | AGE        | BIRTHPLACE |       |
| Living Alone            |              |            |            |       |
|                         |              |            |            |       |
|                         |              |            |            |       |
|                         |              |            |            |       |
|                         |              |            |            |       |
|                         |              |            |            |       |
|                         |              |            |            |       |
|                         |              |            |            |       |
|                         |              |            |            |       |

FORM 18-436 (4-29-07)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|   |           |   |                      |   |            |
|---|-----------|---|----------------------|---|------------|
| R-200   |           | NAME OF INDIVIDUAL<br>Rose, Minnie  |                      | E.D.<br>131   | SHEET<br>6 |
| COLOR<br>B  | AGE<br>13 | BIRTHPLACE  |                      |   |            |
| COUNTY<br>Union   |           |   | CITY<br>Farmersville |   |            |
| REGISTERED WITH<br>Rose, Amanda   |           |   |                      |   |            |
| RELATIONSHIP TO ABOVE   |           |   |                      |   |            |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input checked="" type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |           | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |                      | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify)<br><hr/> |            |

Form 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P01

LOUISIANA

|   |  |   |  |                   |                    |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |            |                                |  |  |
|---|--|---|--|-------------------|--------------------|---------------------------------|---------------------------------|-------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|------------|--------------------------------|--|--|
| 8300  |  | NAME OF INDIVIDUAL<br><i>Russel Mason</i>           |  | E.O.<br><i>44</i> | SHEET<br><i>18</i> |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |            |                                |  |  |
| COLOR<br><i>10</i>  | AGE<br><i>14</i>                         | BIRTHPLACE  |  |                   |                    |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |            |                                |  |  |
| COUNTY<br><i>East Feliciana</i>   |  | CITY  |  |                   |                    |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |            |                                |  |  |
| ENUMERATED WITH<br><i>Pratt Jough</i>   |  |   |  |                   |                    |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |            |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |  |                   |                    |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |            |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIFE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>1st</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |                   |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIFE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>1st</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIFE                       |  |                   |                    |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |            |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |  |                   |                    |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |            |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |                   |                    |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |            |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |                   |                    |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |            |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |                   |                    |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |            |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |                   |                    |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |            |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  | <i>1st</i>  |  |                   |                    |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |            |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |  |                   |                    |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |            |                                |  |  |

FORM 10-537 (6-22-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 10100-P01

LOUISIANA

|                         |                |              |            |            |      |    |       |   |
|-------------------------|----------------|--------------|------------|------------|------|----|-------|---|
| R 200                   | HEAD OF FAMILY |              | Roos, Mitt |            | E.D. | 41 | SHEET | 7 |
| COLOR                   | B              | AGE          | 34         | BIRTHPLACE |      |    |       |   |
| COUNTY                  | East Feliciana |              |            | CITY       |      |    |       |   |
| OTHER MEMBERS OF FAMILY |                |              |            |            |      |    |       |   |
| NAME                    |                | RELATIONSHIP | AGE        | BIRTHPLACE |      |    |       |   |
| Hatfield Annie          |                | LD           | 19         |            |      |    |       |   |
|                         |                |              |            |            |      |    |       |   |
|                         |                |              |            |            |      |    |       |   |
|                         |                |              |            |            |      |    |       |   |
|                         |                |              |            |            |      |    |       |   |
|                         |                |              |            |            |      |    |       |   |
|                         |                |              |            |            |      |    |       |   |

FORM 16-636 (4-29-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |                | LOUISIANA  |            |
|-------------------------|----------------|------------|------------|
| HEAD OF FAMILY          |                | E.O.       | SHEET      |
| R 210                   | Reussan Mollie | 97         | 15         |
| COLOR<br>B              | AGE<br>54      | BIRTHPLACE |            |
| COUNTY                  | Morehouse      | CITY       |            |
| OTHER MEMBERS OF FAMILY |                |            |            |
| NAME                    | RELATIONSHIP   | AGE        | BIRTHPLACE |
| Ray                     | S              | 23         |            |
| Chyde                   | S              | 17         |            |
| Ells 121212             | D              | 14         |            |
|                         |                |            |            |
|                         |                |            |            |
|                         |                |            |            |
|                         |                |            |            |
|                         |                |            |            |

LOUISIANA

|  |   |  |       |
|--|---|--|-------|
| NAME OF INDIVIDUAL   |   | E.D.   | SHEET |
| Rosa Mollie  |   | 130  | 2     |
| COLOR  | AGE   | BIRTHPLACE   |       |
| Mu   | 27  |  |       |
| COUNTY   | WIND  | CITY   |       |
| ENUMERATED WITH  |   |  |       |
| Rabils, Albino   |   |  |       |
| RELATIONSHIP TO ABOVE  |   |  |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> Niece<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> IMMIGRANT<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> BOILER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |       |

FORM 10-637 (2-28-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 18105-P81

LOUISIANA

|   |   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|---|--|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 1000  | NAME OF INDIVIDUAL<br><i>Lucas Melvin</i> |  | E.O.<br><i>79</i> | SHEET<br><i>16</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| SEX<br><i>W</i>   | AGE<br><i>32</i>                          | BIRTHPLACE<br><i>Ind</i>                   |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY  | CITY                                      |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|   | <i>Rapides</i>                            |  | <i>Alexandria</i> |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Hubert, John H</i>  |   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |   |  |                   |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW           | <input type="checkbox"/> INMATE            |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE            | <input type="checkbox"/> NURSE             |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW    | <input type="checkbox"/> PATIENT           |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW    | <input checked="" type="checkbox"/> ROOMER |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW       | <input type="checkbox"/> SERVANT           |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW  | <input type="checkbox"/> OTHER (Specify)   |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW    |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P61

LOUISIANA

|  |  |   |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
|--|--|---|--|-------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|-----------|--------------------------------|--|--|
| R200   |  | NAME OF INDIVIDUAL<br><i>Ross Mollie</i>            |  | E.O.<br><i>41</i> | SHEET<br><i>4</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| COLOR<br><i>W</i>  | AGE<br><i>73</i>                         | BIRTHPLACE<br><i>Ind</i>                            |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| COUNTY<br><i>East Carroll</i>  |  | CITY<br><i>Lake Providence</i>                      |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| ENUMERATED WITH<br><i>Ross William</i>   |  |   |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>Si</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |                   |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>Si</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  | <i>Si</i>   |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |   |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |

FORM 18-637 (4-30-51)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1918 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18106-P61

LOUISIANA

|   |                 |   |  |  |                    |
|---|-----------------|---|--|--|--------------------|
| R-200   |                 | NAME OF INDIVIDUAL<br><i>Riggs Monette</i>  |  | E.O.<br><i>120</i>   | SHEET<br><i>28</i> |
| COLOR<br><i>W</i>   | AGE<br><i>6</i> | BIRTHPLACE<br><i>Tex</i>  |  |  |                    |
| COUNTY<br><i>Webster</i>  |                 | CITY<br><i>Minden</i>   |  |  |                    |
| ENUMERATED WITH<br><i>Alexander, John N</i>   |                 |   |  |  |                    |
| RELATIONSHIP TO ABOVE   |                 |   |  |  |                    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input checked="" type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                 | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NEECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) _____ |                    |

FORM 16-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1918 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 19186-P61

LOUISIANA

|  |  |  |  |      |       |
|--|--|--|--|------|-------|
| R200                                   |  | NAME OF INDIVIDUAL                         |  | E.O. | SHEET |
|  |  | Ross Monroe                                |  | 107  | 22    |
| COLOR                                  | AGE                                      | BIRTHPLACE                                 |  |      |       |
| B                                      | 23                                       | Miss                                       |  |      |       |
| COUNTY                                 |  | CITY                                       |  |      |       |
| Tangipahoa                             |  | Kentwood                                   |  |      |       |
| ENUMERATED WITH                        |  |  |  |      |       |
| Washington Joseph                      |  |  |  |      |       |
| RELATIONSHIP TO ABOVE                  |  |  |  |      |       |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE            |  |      |       |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE             |  |      |       |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |  |      |       |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER |  |      |       |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |  |      |       |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |  |      |       |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |      |       |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW   |  |  |      |       |

FORM 16-537 (4-20-41)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USE GPO-DC 16100-P-61

LOUISIANA

|  |  |   |            |               |
|--|--|---|------------|---------------|
| R 200                                  | NAME OF INDIVIDUAL<br>Russ, Monson       |   | U.S.<br>28 | SHEET<br>4617 |
| COLOR<br>B                             | AGE<br>13                                | BIRTHPLACE  |            |               |
| COUNTY<br>Calcasieu                    |  | CITY  |            |               |
| ENUMERATED WITH<br>Owens, Frank        |  |   |            |               |
| RELATIONSHIP TO ABOVE                  |  |   |            |               |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> HOUSE                      |            |               |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |            |               |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |            |               |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |            |               |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |            |               |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |            |               |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW  | C.  |            |               |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW   |   |            |               |

FORM 10-637 (4-20-51)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18105-P01

LOUISIANA

|  |  |  |                    |
|--|--|--|--------------------|
| NAME OF INDIVIDUAL<br><i>Ross</i>            |  | E.O.<br><i>128</i>                       | SHEET<br><i>24</i> |
| COLOR<br><i>B</i>                            | AGE<br><i>4</i>                          | BIRTHPLACE                               |                    |
| COUNTY<br><i>Tensas</i>                      |  | CITY                                     |                    |
| GENERATED WITH<br><i>Walton Wilson</i>       |  |  |                    |
| RELATIONSHIP TO ABOVE                        |  |  |                    |
| <input type="checkbox"/> FATHER              | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |                    |
| <input type="checkbox"/> MOTHER              | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |                    |
| <input type="checkbox"/> GRANDFATHER         | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |                    |
| <input type="checkbox"/> GRANDMOTHER         | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |                    |
| <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |                    |
| <input type="checkbox"/> GRANDDAUGHTER       | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |                    |
| <input type="checkbox"/> AUNT                | <input type="checkbox"/> BROTHER-IN-LAW  |  |                    |
| <input type="checkbox"/> UNCLE               | <input type="checkbox"/> SISTER-IN-LAW   |  |                    |

FORM 10-437 (4-30-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1930 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 10195-P01



LOUISIANA

|                         |                  |              |                      |            |           |
|-------------------------|------------------|--------------|----------------------|------------|-----------|
| <i>R200</i>             | HEAD OF FAMILY   |              | <i>Reese, Morris</i> | S.O.       | SHEET     |
|                         |                  |              |                      | <i>61</i>  | <i>13</i> |
| COLOR                   | AGE              | BIRTHPLACE   |                      |            |           |
| <i>W</i>                | <i>24</i>        |              |                      |            |           |
| COUNTY                  | <i>Iberville</i> |              | CITY                 |            |           |
| OTHER MEMBERS OF FAMILY |                  |              |                      |            |           |
| NAME                    |                  | RELATIONSHIP | AGE                  | BIRTHPLACE |           |
| <i>Mary</i>             |                  | <i>W</i>     | <i>20</i>            |            |           |
| <i>Armaline</i>         |                  | <i>D</i>     | <i>1</i>             |            |           |
|                         |                  |              |                      |            |           |
|                         |                  |              |                      |            |           |
|                         |                  |              |                      |            |           |
|                         |                  |              |                      |            |           |
|                         |                  |              |                      |            |           |
|                         |                  |              |                      |            |           |

FORM 16-636 (4-35-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|   |  |   |      |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|---|--|---|------|------------|-------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| R200  |  | NAME OF INDIVIDUAL<br>Rose Marie                    |      | E.O.<br>48 | SHEET<br>18 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR<br>W  | AGE<br>3 1/2                             | BIRTHPLACE  |      |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY<br>Lafourche   |  |   | CITY |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH<br>Rose Joseph  |  |   |      |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |      |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHER</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |      |            |             | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHER | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHER          | <input type="checkbox"/> INMATE                     |      |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |      |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |      |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |      |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |      |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |      |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |      |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |      |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 10-637 (4-29-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCENS-DC 1910-P61

LOUISIANA

|                         |  |                |  |      |  |            |  |
|-------------------------|--|----------------|--|------|--|------------|--|
| 200                     |  | HEAD OF FAMILY |  | E.O. |  | SHEET      |  |
| B                       |  | 35             |  | 88   |  | 4          |  |
| COUNTY                  |  | Morehouse      |  | CITY |  |            |  |
| OTHER MEMBERS OF FAMILY |  |                |  |      |  |            |  |
| NAME                    |  | RELATIONSHIP   |  | AGE  |  | BIRTHPLACE |  |
| Bessie                  |  | W              |  | 34   |  |            |  |
| Lou                     |  | S              |  | 11   |  |            |  |
| Morris                  |  | S              |  | 10   |  |            |  |
| Harris                  |  | S              |  | 9    |  |            |  |
| Mildred                 |  | D              |  | 8    |  |            |  |
| Eveline                 |  | D              |  | 7    |  |            |  |
| Howard                  |  | S              |  | 5    |  |            |  |

Form 16-636 (4-26-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME     | RELATIONSHIP | AGE | BIRTHPLACE |
|----------|--------------|-----|------------|
| 1 Minnie | D            | 3   |            |
|          |              |     |            |
|          |              |     |            |
|          |              |     |            |
|          |              |     |            |
|          |              |     |            |
|          |              |     |            |
|          |              |     |            |
|          |              |     |            |
|          |              |     |            |
|          |              |     |            |

FORM 18-638a 14-20-611

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 1910-P61

|                         |   |                |      |            |       |
|-------------------------|---|----------------|------|------------|-------|
| R200                    |   | HEAD OF FAMILY |      | LOUISIANA  |       |
|                         |   | Ross Mouton A  |      | E.D.       | SHEET |
| COLOR                   | W | AGE            | 40   | BIRTHPLACE |       |
| COUNTY                  |   |                | CITY |            |       |
| Sabine                  |   |                |      |            |       |
| OTHER MEMBERS OF FAMILY |   |                |      |            |       |
| NAME                    |   | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Ella                    |   | W              | 37   |            |       |
| Maggie                  |   | D              | 14   |            |       |
| Harris                  |   | S              | 11   |            |       |
| Ida                     |   | D              | 9    |            |       |
| Ada                     |   | D              | 5    |            |       |
| Odie                    |   | S              | 3    |            |       |
| Ross B                  |   | S              | 13   |            |       |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |  |   |  |            |  |        |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|--|--|---|--|------------|--|--------|--|---------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| R200   |  | NAME OF INDIVIDUAL                                  |  | C.D.       |  | SHEET  |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| NICK   |  | AGE   |  | BIRTHPLACE |  | 109 19 |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| W  |  | 62  |  |            |  |        |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY   |  |   |  | CITY       |  |        |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| Tangipahoa   |  |   |  |            |  |        |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED BY  |  |   |  |            |  |        |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| Hobson Francis   |  |   |  |            |  |        |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   |  |            |  |        |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDOW</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |            |  |        |  | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDOW                      |  |            |  |        |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |  |            |  |        |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |            |  |        |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |            |  |        |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |            |  |        |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |            |  |        |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |            |  |        |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |   |  |            |  |        |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 10-527 (4-20-51)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 15125-P51

LOUISIANA

|   |  |  |             |             |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|-------------|-------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|-------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R200  | NAME OF INDIVIDUAL<br>Rosa Murray        |  | E.D.<br>117 | SHEET<br>13 |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br>B  | AGE<br>40                                | BIRTHPLACE                                 |             |             |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br>Richland  |  | CITY                                       |             |             |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br>Anderson, Clara  |  |  |             |             |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |             |             |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> INMATE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NICE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input checked="" type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> |  |  |             |             | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NICE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE            |             |             |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NICE            | <input type="checkbox"/> NURSE             |             |             |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |             |             |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER |             |             |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |             |             |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |             |             |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |             |             |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |             |             |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-437 (4-22-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 1910-PC-1

|                         |                |            | LOUISIANA  |       |
|-------------------------|----------------|------------|------------|-------|
| R200                    | HEAD OF FAMILY |            | E.D.       | SHEET |
|                         | Rose, Mummy    |            | 69         | 16    |
| COLOR                   | AGE            | BIRTHPLACE |            |       |
| B                       | 40             | Miss.      |            |       |
| COUNTY                  |                | CITY       |            |       |
| St. James               |                |            |            |       |
| OTHER MEMBERS OF FAMILY |                |            |            |       |
| NAME                    | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| 1 Mary                  | W              | 36         |            |       |
|                         |                |            |            |       |
|                         |                |            |            |       |
|                         |                |            |            |       |
|                         |                |            |            |       |
|                         |                |            |            |       |
|                         |                |            |            |       |
|                         |                |            |            |       |
|                         |                |            |            |       |
|                         |                |            |            |       |

FORM 10-636 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA



| LOUISIANA                     |   |            |            |
|-------------------------------|---|------------|------------|
| R200                          | HEAD OF FAMILY<br><i>James Murray E</i> |            | E.O. 87    |
| COLOR<br><i>W</i>             | AGE<br><i>27</i>                        | BIRTHPLACE |            |
| COUNTY<br><i>Natchitoches</i> | CITY                                    |            |            |
| OTHER MEMBERS OF FAMILY       |   |            |            |
| NAME                          | RELATIONSHIP                            | AGE        | BIRTHPLACE |
| <i>1 Lillian</i>              | <i>W</i>                                | <i>22</i>  |            |
| <i>1 Lo</i>                   |   |            |            |
|                               |   |            |            |
|                               |   |            |            |
|                               |   |            |            |
|                               |   |            |            |
|                               |   |            |            |
|                               |   |            |            |

FORM 10-634 (4-20-31)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|                         |     |                |              |                 |            |      |       |
|-------------------------|-----|----------------|--------------|-----------------|------------|------|-------|
| R200                    |     | HEAD OF FAMILY |              | Beachshaw Myers |            | E.D. | SHEET |
| 66                      |     | 66             |              | 1               |            |      |       |
| COLOR                   | AGE | BIRTHPLACE     |              |                 |            |      |       |
| B                       | 65  |                |              |                 |            |      |       |
| COUNTY                  |     |                |              | CITY            |            |      |       |
| Do Soto                 |     |                |              |                 |            |      |       |
| OTHER MEMBERS OF FAMILY |     |                |              |                 |            |      |       |
| NAME                    |     |                | RELATIONSHIP | AGE             | BIRTHPLACE |      |       |
| 1 Ochia                 |     |                | W            | 45              |            |      |       |
|                         |     |                |              |                 |            |      |       |
|                         |     |                |              |                 |            |      |       |
|                         |     |                |              |                 |            |      |       |
|                         |     |                |              |                 |            |      |       |
|                         |     |                |              |                 |            |      |       |
|                         |     |                |              |                 |            |      |       |
|                         |     |                |              |                 |            |      |       |
|                         |     |                |              |                 |            |      |       |

FORM 16-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|   |  |  |  |                    |                    |
|---|--|--|--|--------------------|--------------------|
| R200                                      |  | NAME OF INDIVIDUAL<br><i>Rice, Myles</i> |  | E.O.<br><i>102</i> | SHEET<br><i>22</i> |
| COLOR<br><i>B</i>                         | AGE<br><i>70</i>                         | BIRTHPLACE<br><i>NC.</i>                 |  |                    |                    |
| COUNTY<br><i>Ouchit</i>                   |  | CITY<br><i>Monroe</i>                    |  |                    |                    |
| ENUMERATED WITH<br><i>Lawson William</i>  |  |  |  |                    |                    |
| RELATIONSHIP TO ABOVE                     |  |  |  |                    |                    |
| <input type="checkbox"/> FATHER           | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> BOARDER         |  |                    |                    |
| <input type="checkbox"/> MOTHER           | <input type="checkbox"/> Niece           | <input type="checkbox"/> NURSE           |  |                    |                    |
| <input type="checkbox"/> GRANDFATHER      | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |  |                    |                    |
| <input type="checkbox"/> GRANDMOTHER      | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |  |                    |                    |
| <input type="checkbox"/> GRANDSON         | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |  |                    |                    |
| <input type="checkbox"/> GRANDDAUGHTER    | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |  |                    |                    |
| <input type="checkbox"/> AUNT             | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |                    |                    |
| <input checked="" type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW   |  |  |                    |                    |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P61

LOUISIANA

|  |   |  |            |             |
|--|---|--|------------|-------------|
| 1200                                   | NAME OF INDIVIDUAL<br>Ricks Myrtle        |  | E.O.<br>69 | SHEET<br>25 |
| COLOR<br>W                             | AGE<br>3                                  | BIRTHPLACE                               |            |             |
| COUNTY<br>De Soto                      |   | CITY                                     |            |             |
| ENUMERATED WITH<br>Lutz Herman J.      |   |  |            |             |
| RELATIONSHIP TO ABOVE                  |   |  |            |             |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW           | <input type="checkbox"/> INMATE          |            |             |
| <input type="checkbox"/> MOTHER        | <input checked="" type="checkbox"/> Niece | <input type="checkbox"/> NURSE           |            |             |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW    | <input type="checkbox"/> PATIENT         |            |             |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW    | <input type="checkbox"/> ROOMER          |            |             |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW       | <input type="checkbox"/> SERVANT         |            |             |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW  | <input type="checkbox"/> OTHER (Specify) |            |             |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW   |  |            |             |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW    |  |            |             |

FORM 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCENS-DC 18100-P01

LOUISIANA

|  |  |  |  |                |                 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|--|----------------|-----------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| B200   |  | NAME OF INDIVIDUAL: <i>Richie Myrtle</i>                       |  | E.D. <i>84</i> | SHEET <i>11</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR <i>W</i>   | AGE <i>13</i>                            | BIRTHPLACE <i>Miss.</i>  |  |                |                 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY <i>Madison</i>  |  | CITY   |  |                |                 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH <i>Richie Nancy</i>  |  |  |  |                |                 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |  |                |                 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify) <i>Si.</i></td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |                |                 | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) <i>Si.</i> | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                                |  |                |                 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                                 |  |                |                 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                               |  |                |                 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                                |  |                |                 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                               |  |                |                 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) <i>Si.</i> |  |                |                 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |                |                 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |  |                |                 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-637 (4-26-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1970 CENSUS INDEX - INDIVIDUAL

USC6000-DC 10100-P01

N

|                         |         |                |        |               |       |           |    |
|-------------------------|---------|----------------|--------|---------------|-------|-----------|----|
| R 200                   |         | HEAD OF FAMILY |        | Richie Massey |       | LOUISIANA |    |
| COLOR                   | W       | AGE            | 30     | BIRTHPLACE    | Miss. | E.D.      | 84 |
| COUNTY                  | Madison |                |        | CITY          | 11    |           |    |
| OTHER MEMBERS OF FAMILY |         |                |        |               |       |           |    |
| NAME                    |         | RELATIONSHIP   | AGE    | BIRTHPLACE    |       |           |    |
| Katie                   |         | W              | 23     | Miss.         |       |           |    |
| Louise                  |         | D              | 17 1/2 |               |       |           |    |
| Myrtle                  |         | Si             | 13     | Miss          |       |           |    |
| Marion                  |         | B              | 10     | Miss          |       |           |    |
|                         |         |                |        |               |       |           |    |
|                         |         |                |        |               |       |           |    |
|                         |         |                |        |               |       |           |    |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |       |                |     |            |       |
|-------------------------|-------|----------------|-----|------------|-------|
| 9200                    |       | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | B     | AGE            | 36  | BIRTHPLACE | Nancy |
| COUNTY                  |       | TREVILLE       |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |       |                |     |            |       |
| NAME                    |       | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Bertha                  |       | D              | 19  |            |       |
| Alice                   |       | O              | 16  |            |       |
| Susan                   |       | D              | 15  |            |       |
| Clara                   |       | D              | 12  |            |       |
| Calvin                  | Nancy | n              | 65  |            |       |
|                         |       |                |     |            |       |
|                         |       |                |     |            |       |

FORM 16-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| B200                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.O.       | SHEET |
| B                       | 40  |                |     | 91         | 24    |
| COUNTY                  |     | CITY           |     |            |       |
| Natchitoches            |     |                |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Lendaine                |     | D              | 18  |            |       |
| Jumion                  |     | D              | 6   |            |       |
| Hawley                  |     | D              | 4   |            |       |
| Chaplin                 |     | S              | 10  |            |       |
| Carter                  |     | D              | 2   |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |     |                    |   |           |       |
|---|-----|--------------------|---|-----------|-------|
| R200  |     | NAME OF INDIVIDUAL |   | LOUISIANA |       |
| COLOR   | AGE | BIRTHPLACE         |   | S.D.      | SHEET |
| W   | 61  | Miss               |   | 4         | 50    |
| COUNTY  |     |                    | CITY  |           |       |
| ENUMERATED WITH   |     |                    | 1000000000  |           |       |
| RELATIONSHIP TO ABOVE   |     |                    | Ross, William V.  |           |       |
| <input type="checkbox"/> FATHER<br><input checked="" type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     |                    | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |           |       |
|   |     |                    | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify)  |           |       |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCIB-DC 18195-P61

|  |  |   |            |  |       |
|--|--|---|------------|--|-------|
| 1920   |  | NAME OF INDIVIDUAL  |            | LOUISIANA  |       |
| COLOR  |  | AGE   | BIRTHPLACE | E.O.   | SHEET |
| B  |  | 1   |            | 101  | 32    |
| COUNTY   |  |   | CITY       |  |       |
| Quachita   |  |   | Monroe     |  |       |
| ENUMERATED WITH  |  |   |            |  |       |
| Jefferson Thomas   |  |   |            |  |       |
| RELATIONSHIP TO ABOVE  |  |   |            |  |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |            | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> HOOPER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br>SMD |       |

FORM 18-637 (4-20-67)

1920 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|---|--|---|--|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| R200  |  | NAME OF INDIVIDUAL<br><i>Rose Naomi</i>             |  | LOUISIANA         |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR<br><i>B</i>   | AGE<br><i>58</i>                         | BIRTHPLACE  |  | E.D.<br><i>79</i> | SHEET<br><i>34</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY  |  | Pointe Coupee                                       |  | CITY              |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Baptiste Rosalie</i>  |  |   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> ORNATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |                   |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> ORNATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> ORNATE                     |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 10-637 (4-20-61)

1970 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R200                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | S.D.       | SHEET |
| P                       | 52  |                |     | 87         | 12    |
| COUNTY                  |     | CITY           |     |            |       |
| Iberville               |     |                |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Clara                   |     | W              | 42  |            |       |
| Ellen                   |     | D              | 19  |            |       |
| Emma                    |     | D              | 16  |            |       |
| Allygial                |     | D              | 14  |            |       |
| White Ella              |     | D              | 26  |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 16-436 (4-25-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |  |  |                             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|--|-----------------------------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R200   |  | NAME OF INDIVIDUAL<br><i>Reese Nathaniel</i> |  | LOUISIANA                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>B</i>  | AGE<br><i>38</i>                         | BIRTHPLACE                                   |  | E.D. SHEET<br><i>118 10</i> |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>Tangipahoa</i>  |  | CITY   |  |                             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| GENERATED WITH<br><i>Price Sydney</i>  |  |  |  |                             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |  |                             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDOW</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |                             | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDOW               |  |                             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE               |  |                             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT             |  |                             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER   |  |                             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT             |  |                             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)     |  |                             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |                             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |  |                             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 16-437 (4-20-61)

1936 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCON-DC 16100-P61

|                         |   |                  |     |            |     |
|-------------------------|---|------------------|-----|------------|-----|
| R 200                   |   | HEAD OF FAMILY   |     | LOUISIANA  |     |
| COLOR                   | W | AGE              | 62  | BIRTHPLACE | La. |
| COUNTY                  |   | East Baton Rouge |     | CITY       |     |
| OTHER MEMBERS OF FAMILY |   |                  |     |            |     |
| NAME                    |   | RELATIONSHIP     | AGE | BIRTHPLACE |     |
| / Delia                 |   | W                | 51  | La.        |     |
| Samuel                  |   | S                | 13  |            |     |
| Long                    |   | S                | 11  |            |     |
|                         |   |                  |     |            |     |
|                         |   |                  |     |            |     |
|                         |   |                  |     |            |     |
|                         |   |                  |     |            |     |
|                         |   |                  |     |            |     |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

| R 200                   |     | HEAD OF FAMILY |     | LOUISIANA  |       |
|-------------------------|-----|----------------|-----|------------|-------|
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| B                       | 36  | Miss           |     | 38         | 13    |
| COUNTY                  |     | East Feliciana |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| 1 Josephine             |     | w              | 37  |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 16-636 (4-20-67)  
1910 CENSUS INDEX - FAMILYU.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |  |                                |     |                      |  |          |  |
|-------------------------|--|--------------------------------|-----|----------------------|--|----------|--|
| PROO<br>COLOR B         |  | HEAD OF FAMILY<br>Ricks Nathan |     | LOUISIANA<br>E.D. 13 |  | SHEET 19 |  |
| AGE 30                  |  | BIRTHPLACE                     |     |                      |  |          |  |
| COUNTY Ascension        |  |                                |     | CITY                 |  |          |  |
| OTHER MEMBERS OF FAMILY |  |                                |     |                      |  |          |  |
| NAME                    |  | RELATIONSHIP                   | AGE | BIRTHPLACE           |  |          |  |
| Bella                   |  | W                              | 37  |                      |  |          |  |
| Israel G.               |  | S                              | 16  |                      |  |          |  |
| Norvie                  |  | D                              | 15  |                      |  |          |  |
| James A.                |  | S                              | 14  |                      |  |          |  |
| Fuana                   |  | S                              | 12  |                      |  |          |  |
| Hattie                  |  | D                              | 10  |                      |  |          |  |
| Mercer J.               |  | D                              | 6   |                      |  |          |  |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |           |                |     |              |                |           |   |
|-------------------------|-----------|----------------|-----|--------------|----------------|-----------|---|
| 2200                    |           | HEAD OF FAMILY |     | Rosa, Nathan |                | LOUISIANA |   |
| COLOR                   | B         | AGE            | 82  | BIRTHPLACE   | Virginia       | E.O.      | 4 |
| COUNTY                  | Ascension |                |     | CITY         | Donaldsonville |           |   |
| OTHER MEMBERS OF FAMILY |           |                |     |              |                |           |   |
| NAME                    |           | RELATIONSHIP   | AGE | BIRTHPLACE   |                |           |   |
| Burke, Evelyn           |           | D              | 34  |              |                |           |   |
| Hampton, Mattie         |           | D              | 31  |              |                |           |   |
| Collins, Willie         |           | LL             | 37  |              |                |           |   |
|                         |           |                |     |              |                |           |   |
|                         |           |                |     |              |                |           |   |
|                         |           |                |     |              |                |           |   |
|                         |           |                |     |              |                |           |   |

FORM 18-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                |     |             |              |           |            |       |
|-------------------------|----------------|-----|-------------|--------------|-----------|------------|-------|
| 10200                   | HEAD OF FAMILY |     | ROSS Nathan |              | LOUISIANA | E.D.       | SHEET |
| COLOR                   | B              | AGE | 40          | BIRTHPLACE   | Wla.      | 113        | 14    |
| COUNTY                  | Richland       |     |             | CITY         |           |            |       |
| OTHER MEMBERS OF FAMILY |                |     |             |              |           |            |       |
| NAME                    |                |     |             | RELATIONSHIP | AGE       | BIRTHPLACE |       |
| 1 Virginia              |                |     |             | W            | 30        |            |       |
| Washington              |                |     |             | SS           | 10        |            |       |
| Mary                    |                |     |             | SS           | 6         |            |       |
| Lena                    |                |     |             | SS           | 5         |            |       |
| Ed.                     |                |     |             | SS           | 15        |            |       |
| Non Pearly              |                |     |             | A            | 22        |            |       |

FORM 10-436 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |            |         |
|-------------------------|---|----------------|-----|------------|---------|
| 18200                   |   | HEAD OF FAMILY |     | LOUISIANA  |         |
| COLOR                   | B | AGE            | 34  | BIRTHPLACE | Laurens |
| COUNTY                  |   | Bienville      |     | CITY       |         |
| OTHER MEMBERS OF FAMILY |   |                |     |            |         |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |         |
| Melaney                 |   | W              | 28  |            |         |
| Ethel                   |   | d              | 12  |            |         |
| Cynthia                 |   | S              | 10  |            |         |
| P. C.                   |   | S              | 8   |            |         |
| Ardena                  |   | d              | 7   |            |         |
| Bessie                  |   | d              | 4   |            |         |
| Annie                   |   | d              | 2   |            |         |

FORM 19-436 (4-20-21)

1920 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

HEAD OF FAMILY - CONTINUED

LOUISIANA

CARD 2 OF 2

**OTHER MEMBERS OF FAMILY**

[illegible]

FORM 10-636b (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCDA# 16100-001

|                         |   |                |     |            |          |
|-------------------------|---|----------------|-----|------------|----------|
| P200                    |   | HEAD OF FAMILY |     | LOUISIANA  |          |
| COLOR                   | B | AGE            | 71  | BIRTHPLACE | Ross Neb |
| COUNTY                  |   | Rapides        |     | CITY       |          |
| OTHER MEMBERS OF FAMILY |   |                |     |            |          |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |          |
| 1 Hagler                |   | W              | 60  |            |          |
| Woods, Virginia         |   | A              | 81  |            |          |
|                         |   |                |     |            |          |
|                         |   |                |     |            |          |
|                         |   |                |     |            |          |
|                         |   |                |     |            |          |
|                         |   |                |     |            |          |
|                         |   |                |     |            |          |

FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |     |   |  |  |       |
|---|-----|---|--|--|-------|
| 1920  |     | NAME OF INDIVIDUAL  |  | LOUISIANA  |       |
| Rush  |     | Nellie  |  | E.O.   | SHEET |
| COLOR   | AGE | BIRTHPLACE  |  | 54   | 48    |
| B   | 13  |   |  |  |       |
| COUNTY  |     | CITY  |  |  |       |
| JACKSON   |     |   |  |  |       |
| ENUMERATED WITH   |     | JACKSON   |  |  |       |
| Bradley   |     | Lindy   |  |  |       |
| RELATIONSHIP TO ABOVE   |     |   |  |  |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input checked="" type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> WIDOW<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br>Li |       |

Form 16-427 (4-26-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 1816D-P61

|   |         |   |      |  |     |
|---|---------|---|------|--|-----|
| R200  |         | NAME OF INDIVIDUAL  |      | LOUISIANA  |     |
| COLOR   | B       | AGE   | 20   | BIRTHPLACE   | 5 3 |
| COUNTY  | Madison |   | CITY | Donaldville  |     |
| ENUMERATED WITH   |         |   |      |  |     |
| Adams, Mary   |         |   |      |  |     |
| RELATIONSHIP TO ABOVE   |         |   |      |  |     |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input checked="" type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |         | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> WIDATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |     |

FORM 10-637 (4-30-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |     |                |      |            |       |
|-------------------------|-----|----------------|------|------------|-------|
| R 200                   |     | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |      | E.O.       | SHEET |
| B                       | 40  |                |      | 125        | 21    |
| COUNTY                  |     |                | CITY |            |       |
| Jensas                  |     |                |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Rose                    |     | FD             | 15   |            |       |
| Joshua                  |     | DS             | 13   |            |       |
| Dorian                  |     | D              | 6    |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |

FORM 18-636 (4-26-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                                |                       |                   |                   |              |
|--------------------------------|-----------------------|-------------------|-------------------|--------------|
| <b>R 200</b>                   | <b>HEAD OF FAMILY</b> |                   | <b>LOUISIANA</b>  |              |
| <b>COLOR</b>                   | <b>AGE</b>            | <b>BIRTHPLACE</b> | <b>E.O.</b>       | <b>SHEET</b> |
| <i>W</i>                       | <i>38</i>             |                   | <i>81</i>         | <i>7</i>     |
| <b>COUNTY</b>                  |                       | <b>CITY</b>       |                   |              |
| <i>Natchitoches</i>            |                       |                   |                   |              |
| <b>OTHER MEMBERS OF FAMILY</b> |                       |                   |                   |              |
| <b>NAME</b>                    | <b>RELATIONSHIP</b>   | <b>AGE</b>        | <b>BIRTHPLACE</b> |              |
| <i>Nancy M</i>                 | <i>W</i>              | <i>28</i>         |                   |              |
| <i>Richard L.</i>              | <i>S</i>              | <i>6</i>          |                   |              |
| <i>James M</i>                 | <i>S</i>              | <i>4</i>          |                   |              |
| <i>Lawrence L</i>              | <i>S</i>              | <i>5 1/2</i>      |                   |              |
| <i>Neloy D.</i>                | <i>D</i>              | <i>5 1/2</i>      |                   |              |
|                                |                       |                   |                   |              |
|                                |                       |                   |                   |              |

FORM 16-436 (4-30-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |     |                    |  |           |       |
|--|-----|--------------------|--|-----------|-------|
| R200   |     | NAME OF INDIVIDUAL |  | LOUISIANA |       |
| COLOR  | AGE | BIRTHPLACE         |  | S.D.      | SHEET |
| W  | 3   | Iberia             |  | 16        | 1     |
| RELATIONSHIP TO ABOVE  |     |                    |  |           |       |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER<br/> <input type="checkbox"/> MOTHER<br/> <input type="checkbox"/> GRANDFATHER<br/> <input type="checkbox"/> GRANDMOTHER<br/> <input type="checkbox"/> GRANDSON<br/> <input type="checkbox"/> GRANDDAUGHTER<br/> <input type="checkbox"/> AUNT<br/> <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW<br/> <input type="checkbox"/> NIECE<br/> <input type="checkbox"/> FATHER-IN-LAW<br/> <input type="checkbox"/> MOTHER-IN-LAW<br/> <input type="checkbox"/> SON-IN-LAW<br/> <input type="checkbox"/> DAUGHTER-IN-LAW<br/> <input type="checkbox"/> BROTHER-IN-LAW<br/> <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE<br/> <input type="checkbox"/> NUN<br/> <input type="checkbox"/> PATIENT<br/> <input type="checkbox"/> ROOMER<br/> <input type="checkbox"/> SERVANT<br/> <input type="checkbox"/> OTHER (Specify) </div> </div> |     |                    |  |           |       |

FORM 10-57 (4-22-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

16500-10-57 DC 1910-57

USCOMM-DC 1910-PC1

|                         |   |                   |     |            |          |
|-------------------------|---|-------------------|-----|------------|----------|
| R200                    |   | HEAD OF FAMILY    |     | LOUISIANA  |          |
| COLOR                   | W | AGE               | 23  | BIRTHPLACE | Nepalain |
| COUNTY                  |   | Tangipahoa        |     | CITY       |          |
| OTHER MEMBERS OF FAMILY |   |                   |     |            |          |
| NAME                    |   | RELATION-<br>SHIP | AGE | BIRTHPLACE |          |
| Eula D.                 |   | W                 | 18  |            |          |
| Winnie D.               |   | D                 | 12  |            |          |
|                         |   |                   |     |            |          |
|                         |   |                   |     |            |          |
|                         |   |                   |     |            |          |
|                         |   |                   |     |            |          |
|                         |   |                   |     |            |          |
|                         |   |                   |     |            |          |
|                         |   |                   |     |            |          |

FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |          |            |        |
|-------------------------|---|----------------|----------|------------|--------|
| R200                    |   | HEAD OF FAMILY |          | LOUISIANA  |        |
| COLOR                   | W | AGE            | 54       | BIRTHPLACE | Nettie |
| COUNTY                  |   |                | Rapides, | CITY       |        |
| OTHER MEMBERS OF FAMILY |   |                |          |            |        |
| NAME                    |   | RELATIONSHIP   | AGE      | BIRTHPLACE |        |
| Edward                  |   | S              | 31       |            |        |
| Ward                    |   | S              | 21       |            |        |
|                         |   |                |          |            |        |
|                         |   |                |          |            |        |
|                         |   |                |          |            |        |
|                         |   |                |          |            |        |
|                         |   |                |          |            |        |
|                         |   |                |          |            |        |

FORM 16-636 (4-25-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |            |              |
|-------------------------|---|----------------|-----|------------|--------------|
| R 200                   |   | HEAD OF FAMILY |     | LOUISIANA  |              |
| COLOR                   | B | AGE            | 35  | BIRTHPLACE | Rose, Nettie |
| COUNTY                  |   | Caddo          |     | CITY       |              |
| OTHER MEMBERS OF FAMILY |   |                |     |            |              |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |              |
| Tom                     |   | S              | 18  |            |              |
| Laura                   |   | D              | 16  |            |              |
| Georgia                 |   | D              | 15  |            |              |
| Logan                   |   | S              | 14  |            |              |
|                         |   |                |     |            |              |
|                         |   |                |     |            |              |
|                         |   |                |     |            |              |

FORM 18-436 (4-20-57)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |                  |   |                        |   |                    |
|--|------------------|---|------------------------|---|--------------------|
| R-200  |                  | NAME OF INDIVIDUAL<br><i>Riggs</i>  |                        | LOUISIANA   |                    |
| COLOR<br><i>W</i>  | AGE<br><i>38</i> | PLACE<br><i>Webster</i>   |                        | E.D.<br><i>120</i>  | SHEET<br><i>28</i> |
| COUNTY   |                  |   |                        |   |                    |
| ENUMERATED WITH<br><i>Alexander, John N</i>  |                  |   | CITY<br><i>Meriden</i> |   |                    |
| RELATIONSHIP TO ABOVE  |                  |   |                        |   |                    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |                        | <input type="checkbox"/> WIDWIFE<br><input type="checkbox"/> WIFE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>2</i> |                    |

FORM 10-637 (4-20-67)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18190-P01

|                         |            |                |    |              |         |            |  |
|-------------------------|------------|----------------|----|--------------|---------|------------|--|
| P200                    |            | HEAD OF FAMILY |    | Roach Newton |         | LOUISIANA  |  |
| COLOR                   | W          | AGE            | 43 | BIRTHPLACE   |         |            |  |
| COUNTY                  | St Tammany |                |    | CITY         | Blidell |            |  |
| OTHER MEMBERS OF FAMILY |            |                |    |              |         |            |  |
| NAME                    |            |                |    | RELATIONSHIP | AGE     | BIRTHPLACE |  |
| 1 Eliza                 |            |                |    | W            | 42      |            |  |
| Ulrich Louise           |            |                |    | M L          | 77      | Germany    |  |
|                         |            |                |    |              |         |            |  |
|                         |            |                |    |              |         |            |  |
|                         |            |                |    |              |         |            |  |
|                         |            |                |    |              |         |            |  |
|                         |            |                |    |              |         |            |  |

FORM 16-636 (4-22-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |                |                   |           |            |
|-------------------------|----------------|-------------------|-----------|------------|
| R700                    | HEAD OF FAMILY |                   | LOUISIANA |            |
| COLOR                   | AGE            | BIRTHPLACE        | E.D.      | SHEET      |
| B                       | 41             |                   | 52        | 13         |
| COUNTY                  |                | CITY              |           |            |
| OTHER MEMBERS OF FAMILY |                |                   |           |            |
| NAME                    |                | RELATION-<br>SHIP | AGE       | BIRTHPLACE |
| Lucy                    |                | W                 | 39        |            |
| Noretha                 |                | D                 | 9         |            |
| Pauline                 |                | D                 | 6         |            |
| Ross                    | Ollie          | S                 | 18        |            |
|                         |                |                   |           |            |
|                         |                |                   |           |            |
|                         |                |                   |           |            |
|                         |                |                   |           |            |

FORM 18-626 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |              |                |            |            |     |
|-------------------------|--------------|----------------|------------|------------|-----|
| 9200                    |              | HEAD OF FAMILY |            | LOUISIANA  |     |
| COLOR                   | W            | AGE            | 44         | BIRTHPLACE |     |
|                         |              |                |            | E.O.       | 112 |
|                         |              |                |            | SHEET      | 3   |
| COUNTY                  |              | Tangipahoa     |            | CITY       |     |
| OTHER MEMBERS OF FAMILY |              |                |            |            |     |
| NAME                    | RELATIONSHIP | AGE            | BIRTHPLACE |            |     |
| Nora                    | W            | 38             |            |            |     |
| Helen W.                | S            | 18             |            |            |     |
| May O.                  | S            | 16             |            |            |     |
| Charlie                 | S            | 13             |            |            |     |
| Lilitha L.              | D            | 10             |            |            |     |
| Ellie O.                | D            | 7              |            |            |     |
| Adwell                  | S            | 4              |            |            |     |

FORM 10-636 (4-30-61)

1960 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |              |            |            |
|-------------------------|--------------|------------|------------|
| HEAD OF FAMILY          |              | LOUISIANA  |            |
| NAME                    | AGE          | BIRTHPLACE | SHEET      |
| KEENE, Joe              | 25           |            | 72 20      |
| COUNTY                  |              | CITY       |            |
| Lafayette               |              |            |            |
| OTHER MEMBERS OF FAMILY |              |            |            |
| NAME                    | RELATIONSHIP | AGE        | BIRTHPLACE |
| Alice                   | W            | 20         |            |
| Ellen                   | S            | 4 1/2      |            |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |                  |   |  |   |                   |
|--|------------------|---|--|---|-------------------|
| R 200  |                  | NAME OF INDIVIDUAL<br><i>Ross Nora</i>  |  | LOUISIANA   |                   |
| SEX<br><i>B</i>  | AGE<br><i>17</i> | BIRTHPLACE  |  | ED<br><i>97</i>   | SHEET<br><i>9</i> |
| CITY<br><i>Red River</i>   |                  | CITY  |  |   |                   |
| ENumerated WITH<br><i>Williams John</i>  |                  |   |  |   |                   |
| RELATIONSHIP TO ABOVE  |                  |   |  |   |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> Niece<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> NEARTE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PAINTER<br><input checked="" type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                   |

Form 13-657 (4-22-61)

1936 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

136000-02 10100-P01

|                         |              |            |            |
|-------------------------|--------------|------------|------------|
| HEAD OF FAMILY          |              | LOUISIANA  |            |
| COLOR                   | AGE          | BIRTHPLACE | E.D. SHEET |
| W                       | 31           | MOBILE     | 109 16     |
| COUNTY                  |              | CITY       |            |
| Tangipahoa              |              |            |            |
| OTHER MEMBERS OF FAMILY |              |            |            |
| NAME                    | RELATIONSHIP | AGE        | BIRTHPLACE |
| Thurgo                  | M.           | 64         | MOBILE     |
| \$120                   |              |            |            |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |

FORM 18-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |     |            |  |
|-------------------------|--|----------------|-----|------------|--|
| B20                     |  | HEAD OF FAMILY |     | LOUISIANA  |  |
| COLOR                   |  | AGE            |     | E.D.       |  |
| W                       |  | 57             |     | 72         |  |
| COUNTY                  |  | BIRTHPLACE     |     | SHEET      |  |
| Lafayette               |  |                |     | 22         |  |
| CITY                    |  |                |     |            |  |
| OTHER MEMBERS OF FAMILY |  |                |     |            |  |
| NAME                    |  | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| Eugenie                 |  | W              | 56  |            |  |
| Charles                 |  | S              | 26  |            |  |
| Paul                    |  | S              | 23  |            |  |
| Frank                   |  | S              | 20  |            |  |
| Daniel                  |  | S              | 16  |            |  |
|                         |  |                |     |            |  |
|                         |  |                |     |            |  |

FORM 16-636 (4-26-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |      |            |  |
|-------------------------|-----|----------------|------|------------|--|
| R 200                   |     | HEAD OF FAMILY |      | LOUISIANA  |  |
| COLOR                   | AGE | BIRTHPLACE     | E.O. | SHEET      |  |
| W                       | 33  | Lafayette      | 26   | 8          |  |
| COUNTY                  |     |                | CITY |            |  |
| OTHER MEMBERS OF FAMILY |     |                |      |            |  |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| Aphelia                 |     | W              | 27   |            |  |
| Sidney                  |     | S              | 10   |            |  |
| Ethel                   |     | D              | 4    |            |  |
| Martha                  |     | D              | 1    |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |       |                |       |            |         |           |       |
|-------------------------|-------|----------------|-------|------------|---------|-----------|-------|
| B200                    |       | HEAD OF FAMILY |       | ROSS O. J. |         | LOUISIANA |       |
| COLOR                   | W     | AGE            | 31    | BIRTHPLACE | Ark     | E.D.      | SHEET |
| COUNTY                  | Grant |                |       | CITY       | Pollock |           |       |
| OTHER MEMBERS OF FAMILY |       |                |       |            |         |           |       |
| NAME                    |       | RELATIONSHIP   | AGE   | BIRTHPLACE |         |           |       |
| Stella                  |       | W              | 29    |            |         |           |       |
| Lester                  |       | S              | 4     |            |         |           |       |
| Lillian                 |       | D              | 1 3/4 |            |         |           |       |
|                         |       |                |       |            |         |           |       |
|                         |       |                |       |            |         |           |       |
|                         |       |                |       |            |         |           |       |
|                         |       |                |       |            |         |           |       |
|                         |       |                |       |            |         |           |       |
|                         |       |                |       |            |         |           |       |

FORM 16-536 (4-22-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |               |                                    |           |                 |                |
|-------------------------|---------------|------------------------------------|-----------|-----------------|----------------|
| R200                    |               | HEAD OF FAMILY <i>Richer, G.B.</i> |           | LOUISIANA       |                |
| COLOR <i>N</i>          | AGE <i>27</i> | BIRTHPLACE                         |           | E.O. <i>131</i> | SHEET <i>8</i> |
| COUNTY                  |               | St. Martin                         |           | CITY            |                |
| OTHER MEMBERS OF FAMILY |               |                                    |           |                 |                |
| NAME                    |               | RELATIONSHIP                       | AGE       | BIRTHPLACE      |                |
| <i>Lucile</i>           |               | <i>N</i>                           | <i>19</i> |                 |                |
| <i>Cecil</i>            |               | <i>S</i>                           | <i>1</i>  |                 |                |
|                         |               |                                    |           |                 |                |
|                         |               |                                    |           |                 |                |
|                         |               |                                    |           |                 |                |
|                         |               |                                    |           |                 |                |
|                         |               |                                    |           |                 |                |
|                         |               |                                    |           |                 |                |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |  |                             |                                 |                                 |                               |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|-----------------------------|---------------------------------|---------------------------------|-------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| NAME OF INDIVIDUAL<br><i>Read Tucker Shel</i>   |  | LOUISIANA                                |                             |                                 |                                 |                               |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| SEX<br><i>W</i>   | AGE<br><i>44</i>                         | BIRTHPLACE                               | E.D. SHEET<br><i>109 17</i> |                                 |                                 |                               |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| CITY<br><i>Jangipahoa</i>   |  | CITY                                     |                             |                                 |                                 |                               |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE<br><i>Tucker Farmer</i>   |  |  |                             |                                 |                                 |                               |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIFE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> Niece</td> <td><input type="checkbox"/> MURDER</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |                             | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIFE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> Niece | <input type="checkbox"/> MURDER | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIFE            |                             |                                 |                                 |                               |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> Niece           | <input type="checkbox"/> MURDER          |                             |                                 |                                 |                               |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |                             |                                 |                                 |                               |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |                             |                                 |                                 |                               |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |                             |                                 |                                 |                               |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |                             |                                 |                                 |                               |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |                             |                                 |                                 |                               |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |                             |                                 |                                 |                               |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-537 (10-20-51)

1950 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCENS-DC 15100-P01

|  |   |  |  |           |           |           |                                 |                                 |                               |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
|--|---|--|--|-----------|-----------|-----------|---------------------------------|---------------------------------|-------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|---|--|-------------------------------|---|--|--------------------------------|--|--|
| R200   |   | NAME OF INDIVIDUAL<br><i>Richard Octavia</i> |  | LOUISIANA | E.D.      | SHEET     |                                 |                                 |                               |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| COLOR<br><i>Yan</i>  | AGE<br><i>16</i>                                    | BIRTHPLACE                                   |  |           | <i>36</i> | <i>87</i> |                                 |                                 |                               |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| COUNTY<br><i>East Baton Rouge</i>  |   | CITY   |  |           |           |           |                                 |                                 |                               |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| EMERGED WITH<br><i>Richard</i>   |   |  |  |           |           |           |                                 |                                 |                               |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |   |  |  |           |           |           |                                 |                                 |                               |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIFE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> MURDER</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input checked="" type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |   |  |  |           |           |           | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIFE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> MURDER | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input checked="" type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW                     | <input type="checkbox"/> WIFE                |  |           |           |           |                                 |                                 |                               |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE                      | <input type="checkbox"/> MURDER              |  |           |           |           |                                 |                                 |                               |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW              | <input type="checkbox"/> PATIENT             |  |           |           |           |                                 |                                 |                               |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW              | <input type="checkbox"/> ROOMER              |  |           |           |           |                                 |                                 |                               |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW                 | <input type="checkbox"/> SERVANT             |  |           |           |           |                                 |                                 |                               |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input checked="" type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)     |  |           |           |           |                                 |                                 |                               |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW             |  |  |           |           |           |                                 |                                 |                               |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW              |  |  |           |           |           |                                 |                                 |                               |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |

FORM 10-617 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |           |                |      |            |  |
|-------------------------|-----------|----------------|------|------------|--|
| R200                    |           | HEAD OF FAMILY |      | LOUISIANA  |  |
| Rouse, Octavie          |           | E.D.           |      | SHEET      |  |
| COLOR                   | W         | AGE            | 54   | BIRTHPLACE |  |
| COUNTY                  | Lafayette |                | CITY |            |  |
| Lafayette               |           |                |      |            |  |
| OTHER MEMBERS OF FAMILY |           |                |      |            |  |
| NAME                    |           | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| Mouton, Arthur B        |           | L & D          | 25   |            |  |
| 1 Clotilde              |           | D              | 27   |            |  |
| Thelma                  |           | L & D          | 3    |            |  |
| Arthman, Mary           |           | L & D          | 4    |            |  |
|                         |           |                |      |            |  |
|                         |           |                |      |            |  |
|                         |           |                |      |            |  |

FORM 16-536 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |   |   | LOUISIANA |  |
|--|---|---|-----------|--|
| NAME OF INDIVIDUAL<br><i>RACCA</i>   | E.D.<br><i>66</i>   | SHEET<br><i>13</i>  |           |  |
| COLOR<br><i>W</i>  | AGE<br><i>14</i>  | BIRTHPLACE  |           |  |
| COUNTY<br><i>Lafayette</i>   | CITY  |   |           |  |
| ENUMERATED WITH<br><i>Simon, John Duplex</i>   |   |   |           |  |
| RELATIONSHIP TO ABOVE  |   |   |           |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> DEBATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>C</i> |           |  |

FORM 10-457 (4-30-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 1910-561

|                         |     |                |      |            |       |
|-------------------------|-----|----------------|------|------------|-------|
| R 200                   |     | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |      | S.D.       | SHEET |
| W                       | 35  | Riggs, Odia A. |      | 3          | 8     |
| COUNTY                  |     | Caldwell       |      | CITY       |       |
|                         |     |                |      | Columbia   |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Gertrude                |     | W              | 28   |            |       |
| Kemp                    |     | S              | 6    |            |       |
| Ethel                   |     | D              | 3    |            |       |
| O. A.                   |     | S              | 8/12 |            |       |
| and 1 Boarder           |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |

FORM 16-436 (4-20-31)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |  |
|-------------------------|-----|----------------|-----|------------|--|
| R200                    |     | HEAD OF FAMILY |     | LOUISIANA  |  |
| Ressing Ouellet         |     | E.D.           |     | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |     |            |  |
| W                       | 54  |                |     |            |  |
| COUNTY                  |     | CITY           |     |            |  |
| Vermillion              |     |                |     |            |  |
| OTHER MEMBERS OF FAMILY |     |                |     |            |  |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| Louise                  |     | W              | 52  |            |  |
| Fadina                  |     | S              | 29  |            |  |
| Lawrence                |     | S              | 21  |            |  |
| Reneys                  |     | S              | 18  |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |

FORM 16-436 (4-20-31)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                       |     |   |  |           |       |
|-----------------------|-----|---|--|-----------|-------|
| R200                  |     | NAME OF INDIVIDUAL  |  | LOUISIANA |       |
| COLOR                 | AGE | BIRTHPLACE  |  | C.S.      | SHEET |
| B                     | 6   | Rutledge Ohio   |  | 35        | 2     |
| COUNTY                |     | CITY  |  |           |       |
|                       |     | Concordia Ferriday Village  |  |           |       |
| ENUMERATED WITH       |     | Lucas Beverly   |  |           |       |
| RELATIONSHIP TO ABOVE |     | <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER<br/> <input type="checkbox"/> MOTHER<br/> <input type="checkbox"/> GRANDFATHER<br/> <input type="checkbox"/> GRANDMOTHER<br/> <input type="checkbox"/> GRANDSON<br/> <input type="checkbox"/> GRANDDAUGHTER<br/> <input type="checkbox"/> AUNT<br/> <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW<br/> <input type="checkbox"/> NIECE<br/> <input type="checkbox"/> FATHER-IN-LAW<br/> <input type="checkbox"/> MOTHER-IN-LAW<br/> <input type="checkbox"/> SON-IN-LAW<br/> <input type="checkbox"/> DAUGHTER-IN-LAW<br/> <input type="checkbox"/> BROTHER-IN-LAW<br/> <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> WIDOW<br/> <input type="checkbox"/> WIFE<br/> <input type="checkbox"/> PARTNER<br/> <input type="checkbox"/> ROOMER<br/> <input type="checkbox"/> SERVANT<br/> <input checked="" type="checkbox"/> OTHER (Specify) </div> </div> |  |           |       |
|                       |     | SS  |  |           |       |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 1910-437

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R207                    |  | HEAD OF FAMILY |            | Louisiana  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | S.D.       | SHEET |
| Mm                      |  | 47             | Miss       | 04         | 7     |
| COUNTY                  |  |                | CITY       |            |       |
| St. Charles             |  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Margaret                |  | W              | 34         |            |       |
| Peter                   |  | S              | 15         |            |       |
| Ed                      |  | S              | 12         |            |       |
| Isabel                  |  | S              | 11         |            |       |
| Andrew                  |  | S              | 8          |            |       |
| Phoebe                  |  | D              | 1/12       |            |       |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |              |            |       |
|-------------------------|--|----------------|--------------|------------|-------|
| R202                    |  | HEAD OF FAMILY |              | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE   | E.D.       | SHEET |
| B                       |  | 26             | Ross, Olivia | 73         | 11    |
| COUNTY                  |  |                | CITY         |            |       |
| Pointe Coupee           |  |                |              |            |       |
| OTHER MEMBERS OF FAMILY |  |                |              |            |       |
| NAME                    |  | RELATIONSHIP   | AGE          | BIRTHPLACE |       |
| 1 Allen                 |  | S              | 8            |            |       |
|                         |  |                |              |            |       |
|                         |  |                |              |            |       |
|                         |  |                |              |            |       |
|                         |  |                |              |            |       |
|                         |  |                |              |            |       |
|                         |  |                |              |            |       |
|                         |  |                |              |            |       |

FORM 18-436 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |        |               |  |           |    |
|-------------------------|---|----------------|--------|---------------|--|-----------|----|
| R200                    |   | HEAD OF FAMILY |        | Rache Olivier |  | LOUISIANA |    |
| COLOR                   | W | AGE            | 23     | BIRTHPLACE    |  | E.D.      | 2  |
|                         |   |                |        |               |  | SHEET     | 22 |
| COUNTY                  |   |                |        | Acadia        |  | CITY      |    |
| OTHER MEMBERS OF FAMILY |   |                |        |               |  |           |    |
| NAME                    |   | RELATIONSHIP   | AGE    | BIRTHPLACE    |  |           |    |
| Aneal                   |   | W              | 25     |               |  |           |    |
| Olivia                  |   | d              | 19 1/2 |               |  |           |    |
| Connier                 |   | W              | 22     |               |  |           |    |
|                         |   |                |        |               |  |           |    |
|                         |   |                |        |               |  |           |    |
|                         |   |                |        |               |  |           |    |
|                         |   |                |        |               |  |           |    |
|                         |   |                |        |               |  |           |    |

FORM 16-536 (4-26-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |                  |                   | LOUISIANA |                    |
|---|------------------|-------------------|-----------|--------------------|
| NAME OF INDIVIDUAL<br><i>Ross</i>   |                  | E.O.<br><i>92</i> |           | SHEET<br><i>12</i> |
| COLOR<br><i>B</i>   | AGE<br><i>27</i> | BIRTHPLACE        |           |                    |
| COUNTY<br><i>Rapides</i>  |                  | CITY              |           |                    |
| ENUMERATED WITH<br><i>Jones Oscar</i>   |                  |                   |           |                    |
| RELATIONSHIP TO ABOVE   |                  |                   |           |                    |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> FATHER<br/> <input type="checkbox"/> MOTHER<br/> <input type="checkbox"/> GRANDFATHER<br/> <input type="checkbox"/> GRANDMOTHER<br/> <input type="checkbox"/> GRANDSON<br/> <input type="checkbox"/> GRANDDAUGHTER<br/> <input type="checkbox"/> AUNT<br/> <input type="checkbox"/> UNCLE </div> <div style="width: 30%;"> <input type="checkbox"/> NEPHEW<br/> <input type="checkbox"/> NIECE<br/> <input type="checkbox"/> FATHER-IN-LAW<br/> <input type="checkbox"/> MOTHER-IN-LAW<br/> <input type="checkbox"/> SON-IN-LAW<br/> <input type="checkbox"/> DAUGHTER-IN-LAW<br/> <input type="checkbox"/> BROTHER-IN-LAW<br/> <input type="checkbox"/> SISTER-IN-LAW </div> <div style="width: 30%;"> <input type="checkbox"/> IMMIGRANT<br/> <input type="checkbox"/> NURSE<br/> <input type="checkbox"/> PATIENT<br/> <input type="checkbox"/> ROOMER<br/> <input type="checkbox"/> SERVANT<br/> <input checked="" type="checkbox"/> OTHER (Specify)<br/> <div style="text-align: center; border-top: 1px solid black; width: 100px; margin: 0 auto;"><i>SI</i></div> </div> </div> |                  |                   |           |                    |

FORM 10-437 (4-25-61)

1930 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18100-P61

|   |  |   | LOUISIANA |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
|---|--|---|-----------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|-----------|--------------------------------|--|--|
| NAME OF HEAD OF HOUSEHOLD<br><i>Ricks Ollie</i>   |  | E.D.<br><i>102</i>                                  |           | SHEET<br><i>20</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| SEX<br><i>W</i>   | AGE<br><i>14</i>                         | BIRTHPLACE  |           |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| COUNTY<br><i>Babine</i>   |  | CITY  |           |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| ENUMERATED WITH<br><i>Mildon Oscar</i>  |  |   |           |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |           |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <table border="0"> <tbody> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>SD</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </tbody> </table> |  |   |           |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>SD</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |           |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |           |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |           |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |           |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |           |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |           |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  | <i>SD</i>   |           |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |           |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |

FORM 18-437 (4-30-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                    |                   |           |            |
|-------------------------|--------------------|-------------------|-----------|------------|
| <i>R200</i>             | HEAD OF FAMILY     |                   | LOUISIANA |            |
|                         | <i>Kassan Owen</i> |                   | E.O.      | SHEET      |
| COLOR                   | AGE                | BIRTHPLACE        |           |            |
| <i>W</i>                | <i>38</i>          |                   |           |            |
| COUNTY                  |                    | CITY              |           |            |
| <i>Rapides</i>          |                    | <i>Alexandria</i> |           |            |
| OTHER MEMBERS OF FAMILY |                    |                   |           |            |
| NAME                    |                    | RELATIONSHIP      | AGE       | BIRTHPLACE |
| <i>Amelie</i>           |                    | <i>W</i>          | <i>40</i> |            |
| <i>Clifton</i>          |                    | <i>S</i>          | <i>11</i> |            |
|                         |                    |                   |           |            |
|                         |                    |                   |           |            |
|                         |                    |                   |           |            |
|                         |                    |                   |           |            |
|                         |                    |                   |           |            |
|                         |                    |                   |           |            |
|                         |                    |                   |           |            |

Form 18-636 (4-29-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |   |  |           |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|---|--|-----------|------------|------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| A200   |  | NAME OF INDIVIDUAL<br><i>Riches Ona C</i> |  | LOUISIANA | E.D.<br>23 | SHEET<br>2 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>W</i>  | AGE<br>7                                 | BIRTHPLACE                                |  |           |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY   |  | CITY                                      |  |           |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|  |  | <i>Avovelles</i> <i>Plancherville</i>     |  |           |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Morgan Baner T</i>   |  |   |  |           |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   |  |           |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> IMMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |           |            |            | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> IMMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> IMMATE           |  |           |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE            |  |           |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT          |  |           |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER           |  |           |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT          |  |           |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)  |  |           |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |           |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |   |  |           |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <i>Step Daughter</i>   |  |   |  |           |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIV

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-OC 1910-P61



|                         |   |                |    |              |      |            |    |
|-------------------------|---|----------------|----|--------------|------|------------|----|
| R200                    |   | HEAD OF FAMILY |    | ROSS, O'neil |      | LOUISIANA  |    |
| COLOR                   | B | AGE            | 26 | BIRTHPLACE   |      | E.O.       | 57 |
|                         |   |                |    |              |      | SHEET      | 23 |
| COUNTY                  |   |                |    | Theraville   | CITY |            |    |
| OTHER MEMBERS OF FAMILY |   |                |    |              |      |            |    |
| NAME                    |   |                |    | RELATIONSHIP | AGE  | BIRTHPLACE |    |
| Celestine               |   |                |    | W            | 25   |            |    |
| and one Bo              |   |                |    |              |      |            |    |
|                         |   |                |    |              |      |            |    |
|                         |   |                |    |              |      |            |    |
|                         |   |                |    |              |      |            |    |
|                         |   |                |    |              |      |            |    |
|                         |   |                |    |              |      |            |    |
|                         |   |                |    |              |      |            |    |
|                         |   |                |    |              |      |            |    |

FORM 18-636 (4-30-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|---|--|---|--|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| P200  |  | NAME OF INDIVIDUAL                                  |  | LOUISIANA |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|   |  | Rutkey Ophelia                                      |  | E.S.      | SHEET |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR   | AGE                                      | BIRTHPLACE  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| B   | 7  |   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY  | Concordia                                | CITY  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|   |  | Friday Village                                      |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| Tucker Beverly  |  |   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 10-637 (4-22-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 1910-P-81

|  |  |   |  |           |                   |                   |                                 |                                 |                                |                                 |                                |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|---|--|-----------|-------------------|-------------------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------|-------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| A 200  |  | NAME OF INDIVIDUAL<br><i>Rose Ophelia</i> |  | LOUISIANA | E.D.<br><i>51</i> | SHEET<br><i>2</i> |                                 |                                 |                                |                                 |                                |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>B</i>  | AGE<br><i>35</i>                         | BIRTHPLACE                                |  |           |                   |                   |                                 |                                 |                                |                                 |                                |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY   |  | Plaquemines                               |  |           | CITY              |                   |                                 |                                 |                                |                                 |                                |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Picquet John</i>   |  |   |  |           |                   |                   |                                 |                                 |                                |                                 |                                |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   |  |           |                   |                   |                                 |                                 |                                |                                 |                                |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDOW</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> WIFE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |           |                   |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> WIFE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDOW            |  |           |                   |                   |                                 |                                 |                                |                                 |                                |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> WIFE             |  |           |                   |                   |                                 |                                 |                                |                                 |                                |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT          |  |           |                   |                   |                                 |                                 |                                |                                 |                                |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER           |  |           |                   |                   |                                 |                                 |                                |                                 |                                |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT          |  |           |                   |                   |                                 |                                 |                                |                                 |                                |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)  |  |           |                   |                   |                                 |                                 |                                |                                 |                                |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |           |                   |                   |                                 |                                 |                                |                                 |                                |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |   |  |           |                   |                   |                                 |                                 |                                |                                 |                                |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-437 (4-29-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R200                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| R                       |     | Rosa Oscar     |     | E.D.       | SHEET |
| COLOR                   | AGE | BIRTHPLACE     |     | 91         | 8     |
| 26                      |     |                |     |            |       |
| COUNTY                  |     | CITY           |     |            |       |
| Rapides                 |     | Boyer          |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| 1 Fannie                |     | W              | 21  |            |       |
| McKinney Miley          |     | W              | 11  |            |       |
| Rosa Oscar              |     | M              | 64  |            |       |
| and 3 Bo                |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 16-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R200                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| Kice                    |     | Cecar          |     | E.D.       | SHEET |
| COLOR                   | AGE | BIRTHPLACE     |     |            |       |
| Mu                      | 40  |                |     |            |       |
| COUNTY                  |     | CITY           |     |            |       |
| St. Landry              |     | Cypreus        |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| 1. Emf                  |     | W              | 25  |            |       |
| F. Leman                |     | S              | 9   |            |       |
| Redean Mary             |     | Sis            | 13  |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                                |                   |                          |                 |
|--------------------------------|-------------------|--------------------------|-----------------|
| <b>HEAD OF FAMILY</b>          |                   | <b>LOUISIANA</b>         |                 |
| <i>Rose</i>                    | <i>Rose Oscar</i> | E.D. <i>36</i>           | SHEET <i>40</i> |
| COLOR <i>B</i>                 | AGE <i>23</i>     | BIRTHPLACE <i>Miss</i>   |                 |
| COUNTY <i>Calcasieu</i>        |                   | CITY <i>Lake Charles</i> |                 |
| <b>OTHER MEMBERS OF FAMILY</b> |                   |                          |                 |
| NAME                           |                   | RELATIONSHIP             | AGE             |
| <i>Emma</i>                    |                   | <i>W</i>                 | <i>19</i>       |
|                                |                   |                          |                 |
|                                |                   |                          |                 |
|                                |                   |                          |                 |
|                                |                   |                          |                 |
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Form 16-634 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |      |            |  |
|-------------------------|-----|----------------|------|------------|--|
| R200                    |     | HEAD OF FAMILY |      | LOUISIANA  |  |
| Ricky Oscar             |     | E.D.           |      | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |      |            |  |
| 13                      | 34  |                |      |            |  |
| COUNTY                  |     |                | CITY |            |  |
| Terrebonne              |     |                |      |            |  |
| OTHER MEMBERS OF FAMILY |     |                |      |            |  |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| 1 Cassin                |     | w              | 28   |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
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|                         |     |                |      |            |  |
|                         |     |                |      |            |  |

FORM 16-536 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |   |                        |           |          |       |
|---|--|---|------------------------|-----------|----------|-------|
| B 200   |  | NAME OF INDIVIDUAL<br><i>Reese, Oscar Jr</i>        |                        | LOUISIANA | E.O.     | SHEET |
| COLOR<br><i>B</i>                             | AGE<br><i>17</i>                         | BIRTHPLACE  |                        | <i>45</i> | <i>9</i> |       |
| COUNTY<br><i>East Feliciana</i>               |  |   | CITY<br><i>Clinton</i> |           |          |       |
| ENUMERATED WITH<br><i>Fletcher, Josephine</i> |  |   |                        |           |          |       |
| RELATIONSHIP TO ABOVE                         |  |   |                        |           |          |       |
| <input type="checkbox"/> FATHER               | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDATE                     |                        |           |          |       |
| <input type="checkbox"/> MOTHER               | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |                        |           |          |       |
| <input type="checkbox"/> GRANDFATHER          | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |                        |           |          |       |
| <input type="checkbox"/> GRANDMOTHER          | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |                        |           |          |       |
| <input type="checkbox"/> GRANDSON             | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |                        |           |          |       |
| <input type="checkbox"/> GRANDDAUGHTER        | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |                        |           |          |       |
| <input type="checkbox"/> AUNT                 | <input type="checkbox"/> BROTHER-IN-LAW  | <i>5</i>  |                        |           |          |       |
| <input type="checkbox"/> UNCLE                | <input type="checkbox"/> SISTER-IN-LAW   |   |                        |           |          |       |

Form 10-57 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCENS-DC 1910-501



|                         |   |                |         |            |    |
|-------------------------|---|----------------|---------|------------|----|
| R 200                   |   | HEAD OF FAMILY |         | LOUISIANA  |    |
| COLOR                   | B | AGE            | 41      | E.O.       | 45 |
|                         |   | BIRTHPLACE     |         | SHEET 2    |    |
| COUNTY                  |   |                | CITY    |            |    |
| East Feliciana          |   |                | Clinton |            |    |
| OTHER MEMBERS OF FAMILY |   |                |         |            |    |
| NAME                    |   | RELATIONSHIP   | AGE     | BIRTHPLACE |    |
| 1 Mary                  |   | 41             | 36      |            |    |
|                         |   |                |         |            |    |
|                         |   |                |         |            |    |
|                         |   |                |         |            |    |
|                         |   |                |         |            |    |
|                         |   |                |         |            |    |
|                         |   |                |         |            |    |
|                         |   |                |         |            |    |

FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

| HEAD OF FAMILY          |              | LOUISIANA  |            |
|-------------------------|--------------|------------|------------|
| COLOR                   | AGE          | BIRTHPLACE | E.D. SHEET |
| B200                    | Rice, Oscar  |            | 8 7        |
| W                       | 28           | Ala.       |            |
| COUNTY                  | CITY         |            |            |
| OTHER MEMBERS OF FAMILY |              |            |            |
| NAME                    | RELATIONSHIP | AGE        | BIRTHPLACE |
| 1 Virgie                | W            | 26         | Ark.       |
| Edgar                   | S            | 6          | Ark.       |
| Pickett, William        | FZ           | 41         | Ark.       |
| 1 Mary A                | MZ           | 62         | Ark.       |
| Robert E.               | SZ           | 35         | Ark.       |
| Douglass                | BZ           | 21         | Ark.       |
| Ward, Anil              | W            | 10         | Ark.       |

FORM 16-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
|                         |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.O.       | SHEET |
| COUNTY                  |  |                | CITY       |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| <i>and two boarders</i> |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 16-536 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R200                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.O.       | SHEET |
| B                       |  | 34             |            | 70         | 6     |
| COUNTY                  |  |                | St. James  | CITY       |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| 1. Susan                |  | w              | 32         |            |       |
| Robert, Joseph          |  | n              | 3          |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |     |   |  |   |  |
|--|-----|---|--|---|--|
| R200   |     | NAME OF INDIVIDUAL  |  | LOUISIANA   |  |
| Rocher Oscar M   |     | E.D.  |  | SHEET   |  |
| COLOR  | AGE | BIRTHPLACE  |  |   |  |
| W  | 23  |   |  |   |  |
| COUNTY   |     | CITY  |  |   |  |
| St. James  |     |   |  |   |  |
| ENUMERATED WITH  |     |   |  |   |  |
| Austin James M.  |     |   |  |   |  |
| RELATIONSHIP TO ABOVE  |     |   |  |   |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> IMMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |  |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 1910-P61

|   |                    |   |      | LOUISIANA   |       |
|---|--------------------|---|------|---|-------|
| P200  | NAME OF INDIVIDUAL |   |      | S.O.  | SHEET |
|   | Reich Otis         |   |      | 126   | 9     |
| COLOR   | AGE                | BIRTHPLACE  |      |   |       |
| mul   | 1 1/2              |   |      |   |       |
| COUNTY  |                    |   | CITY |   |       |
| Winn  |                    |   |      |   |       |
| ENumerated WITH   |                    |   |      |   |       |
| Reich John W  |                    |   |      |   |       |
| RELATIONSHIP TO ABOVE   |                    |   |      |   |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input checked="" type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                    | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> WIDATE<br><input type="checkbox"/> MURDER<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |       |

Form 10-637 (2-22-61)

1930 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18100-P01

|                         |                |            |            |       |
|-------------------------|----------------|------------|------------|-------|
| B200                    | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   | AGE            | BIRTHPLACE | E.O.       | SHEET |
| W                       | 25             |            | 75         | 13    |
| COUNTY                  |                | CITY       |            |       |
| Lafayette               |                |            |            |       |
| OTHER MEMBERS OF FAMILY |                |            |            |       |
| NAME                    | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Jeanne                  | W              | 24         |            |       |
| Bernette                | P              | 5          |            |       |
| Daisy                   | D              | 3          |            |       |
| Rinal                   | D              | 3          |            |       |
|                         |                |            |            |       |
|                         |                |            |            |       |
|                         |                |            |            |       |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| 19200  |  | NAME OF INDIVIDUAL<br><i>Russaw Ozene</i>   |  | LOUISIANA   |  |
| COLOR<br><i>W</i>  |  | AGE<br><i>52</i>  |  | E.B. SHEET<br><i>45 7</i>   |  |
| COUNTY<br><i>Lafourche</i>   |  | CITY  |  |   |  |
| ENUMERATED WITH<br><i>Nelson Horace</i>  |  |   |  |   |  |
| RELATIONSHIP TO ABOVE  |  |   |  |   |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> WIFE<br><input type="checkbox"/> NURSE<br><input checked="" type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |  |

FORM 16-637 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 18100-P01



|                         |   |                |       |            |  |           |    |
|-------------------------|---|----------------|-------|------------|--|-----------|----|
| R 200                   |   | HEAD OF FAMILY |       | Rosa Ozema |  | LOUISIANA |    |
| COLOR                   | W | AGE            | 37    | BIRTHPLACE |  | E.D.      | 71 |
|                         |   |                |       |            |  | SHEET 18  |    |
| COUNTY                  |   |                |       | Lafayette  |  | CITY      |    |
| OTHER MEMBERS OF FAMILY |   |                |       |            |  |           |    |
| NAME                    |   | RELATIONSHIP   | AGE   | BIRTHPLACE |  |           |    |
| Ozema                   |   | W              | 30    |            |  |           |    |
| Rosa                    |   | D              | 5     |            |  |           |    |
| Epita                   |   | D              | 6     |            |  |           |    |
| Kozema                  |   | D              | 2     |            |  |           |    |
| Rosita Ozema            |   | D              | 4 1/2 |            |  |           |    |
|                         |   |                |       |            |  |           |    |
|                         |   |                |       |            |  |           |    |
|                         |   |                |       |            |  |           |    |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                |              |           |            |
|-------------------------|----------------|--------------|-----------|------------|
| R200                    | HEAD OF FAMILY |              | LOUISIANA |            |
| COLOR                   | AGE            | BIRTHPLACE   |           | E.D. SHEET |
| W                       | 29             | Mexico       |           | 149 25     |
| COUNTY                  |                | CITY         |           |            |
| Vernon                  |                | Fullerton    |           |            |
| OTHER MEMBERS OF FAMILY |                |              |           |            |
| NAME                    |                | RELATIONSHIP | AGE       | BIRTHPLACE |
| Lula                    |                | W            | 18        | Mexico     |
| Antonio                 |                | D            | 6         |            |
| Lemon                   |                | S            | 4         |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |

FORM 19-436 (4-20-31)  
1910 CENSUS INDEX - FAMILY

Vernon

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |            |      |           |  |
|-------------------------|---|----------------|-----|------------|------|-----------|--|
| R200                    |   | HEAD OF FAMILY |     | ROSS P.H.  |      | LOUISIANA |  |
| COLOR                   | W | AGE            | 35  | BIRTHPLACE | Tenn |           |  |
| COUNTY                  |   | Lafourche      |     | CITY       |      |           |  |
| OTHER MEMBERS OF FAMILY |   |                |     |            |      |           |  |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |      |           |  |
| 1 Myrtle                |   | NR             | 26  | Tenn       |      |           |  |
|                         |   |                |     |            |      |           |  |
|                         |   |                |     |            |      |           |  |
|                         |   |                |     |            |      |           |  |
|                         |   |                |     |            |      |           |  |
|                         |   |                |     |            |      |           |  |
|                         |   |                |     |            |      |           |  |
|                         |   |                |     |            |      |           |  |

FORM 16-536 (4-29-51)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |   |    |             |  |           |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |   |                                |  |  |
|--|--|---|----|-------------|--|-----------|----|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|---|--------------------------------|--|--|
| R200   |  | NAME OF INDIVIDUAL                                  |    | Rousseau PO |  | LOUISIANA |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |   |                                |  |  |
| COLOR  | W  | AGE   | 54 | BIRTHPLACE  |  | E.B.      | 28 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |   |                                |  |  |
| COUNTY   |  |   |    | SHEET       |  |           |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |   |                                |  |  |
|  |  |   |    | 23          |  |           |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |   |                                |  |  |
| CITY   |  |   |    | Jefferson   |  |           |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |   |                                |  |  |
| ENUMERATED WITH  |  |   |    |             |  |           |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |   |                                |  |  |
| Rousseau Joseph C.   |  |   |    |             |  |           |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |   |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   |    |             |  |           |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |   |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> NERATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> WURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td>B</td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |    |             |  |           |    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> NERATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> WURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | B | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> NERATE                     |    |             |  |           |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |   |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> WURSE                      |    |             |  |           |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |   |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |    |             |  |           |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |   |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |    |             |  |           |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |   |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |    |             |  |           |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |   |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |    |             |  |           |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |   |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  | B   |    |             |  |           |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |   |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |   |    |             |  |           |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |   |                                |  |  |

FORM 10-437 (4-30-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18100-P01

|                         |                  |                |           |                     |              |           |  |
|-------------------------|------------------|----------------|-----------|---------------------|--------------|-----------|--|
| <i>Russo</i>            |                  | HEAD OF FAMILY |           | <i>Russo Pascal</i> |              | LOUISIANA |  |
| COLOR                   | <i>W</i>         | AGE            | <i>32</i> | BIRTHPLACE          | <i>Italy</i> |           |  |
| COUNTY                  | <i>Jefferson</i> |                |           | CITY                |              |           |  |
| OTHER MEMBERS OF FAMILY |                  |                |           |                     |              |           |  |
| NAME                    |                  | RELATIONSHIP   | AGE       | BIRTHPLACE          |              |           |  |
| <i>1 Russo</i>          |                  | <i>W</i>       | <i>17</i> | <i>Italy</i>        |              |           |  |
|                         |                  |                |           |                     |              |           |  |
|                         |                  |                |           |                     |              |           |  |
|                         |                  |                |           |                     |              |           |  |
|                         |                  |                |           |                     |              |           |  |
|                         |                  |                |           |                     |              |           |  |
|                         |                  |                |           |                     |              |           |  |
|                         |                  |                |           |                     |              |           |  |

FORM 18-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |     |   |      |   |       |
|--|-----|---|------|---|-------|
| R200   |     | NAME OF INDIVIDUAL  |      | LOUISIANA   |       |
| COLOR  | AGE | BIRTHPLACE  |      | E.O.  | SHEET |
| B  | 24  | Rose, Patsey  |      | 137   | 5     |
| COUNTY   |     |   | CITY |   |       |
| West Baton Rouge   |     |   |      |   |       |
| ENUMERATED WITH  |     |   |      |   |       |
| Hamilton, Carly  |     |   |      |   |       |
| RELATIONSHIP TO ABOVE  |     |   |      |   |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> POWDER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |       |

FORM 10-437 (4-22-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18125-P61

| LOUISIANA  |   |   |                   |
|--|---|---|-------------------|
| NAME OF INDIVIDUAL<br><i>Race</i>  | NAME OF INDIVIDUAL<br><i>Kiel Patey</i>   |   | E.D.<br><i>18</i> |
| COLOR<br><i>B</i>  | AGE<br><i>5</i>   | BIRTHPLACE  |                   |
| COUNTY<br><i>Bossier</i>   | CITY  |   |                   |
| ENUMERATED WITH<br><i>Garner Mary Ann</i>  |   |   |                   |
| RELATIONSHIP TO ABOVE  |   |   |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>D</i> |                   |

FORM 16-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 1919-P-1

|  |  |   |  |  |  |             |  |
|--|--|---|--|--|--|-------------|--|
| 1920<br>COLOR<br>W   |  | NAME OF INDIVIDUAL<br>Rossi Paul  |  | LOUISIANA<br>E.D.<br>55  |  | SHEET<br>29 |  |
| AGE<br>16  |  | BIRTHPLACE  |  |  |  |             |  |
| COUNTY<br>Iberville  |  |   |  | CITY<br>Bogalusa   |  |             |  |
| ENUMERATED WITH<br>Bonnie Joseph   |  |   |  |  |  |             |  |
| RELATIONSHIP TO ABOVE  |  |   |  |  |  |             |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> WIDOW<br><input type="checkbox"/> NUN<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> WORKER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |  |             |  |

FORM 10-437 (4-30-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |   |                |     |               |            |
|-------------------------|---|----------------|-----|---------------|------------|
| R200                    |   | HEAD OF FAMILY |     | LOUISIANA     |            |
| COLOR                   | W | AGE            | 39  | BIRTHPLACE    | St. Martin |
|                         |   |                |     | E.D.          | 130        |
|                         |   |                |     | SHEET         | 3          |
| COUNTY                  |   | CITY           |     | Breaux Bridge |            |
| OTHER MEMBERS OF FAMILY |   |                |     |               |            |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE    |            |
| Azena                   |   | W              | 36  |               |            |
| William                 |   | S              | 17  |               |            |
| George                  |   | S              | 14  |               |            |
| May                     |   | D              | 8   |               |            |
|                         |   |                |     |               |            |
|                         |   |                |     |               |            |
|                         |   |                |     |               |            |
|                         |   |                |     |               |            |

FORM 18-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |
|--|--|
| <b>LOUISIANA</b>   |  |
| <b>NAME OF INDIVIDUAL</b><br><i>Rock, Paul</i>   | <b>E.O.</b><br><i>92</i>   |
| <b>COLOR</b><br><i>mu</i>  | <b>SHEET</b><br><i>31</i>  |
| <b>AGE</b><br><i>14</i>  | <b>BIRTHPLACE</b>  |
| <b>COUNTY</b><br><i>Natchitoches</i>   | <b>CITY</b>  |
| <b>ENUMERATED WITH</b><br><i>Roberts, Willie</i>   |  |
| <b>RELATIONSHIP TO ABOVE</b>   |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input checked="" type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> IMMATE<br><input type="checkbox"/> NUNCE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify)   |  |

FORM 10-437 (10-20-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 10100-P-61

|                         |  |                |      |                 |  |
|-------------------------|--|----------------|------|-----------------|--|
| R200                    |  | HEAD OF FAMILY |      | LOUISIANA       |  |
| COLOR 3                 |  | AGE 23         |      | E.D. 92 SHEET 9 |  |
| BIRTHPLACE              |  | Raggio, Paul   |      |                 |  |
| COUNTY                  |  |                | CITY |                 |  |
| Natchitoches            |  |                |      |                 |  |
| OTHER MEMBERS OF FAMILY |  |                |      |                 |  |
| NAME                    |  | RELATIONSHIP   | AGE  | BIRTHPLACE      |  |
| 1 Carles                |  | 26             | 19   |                 |  |
| and 130                 |  |                |      |                 |  |
|                         |  |                |      |                 |  |
|                         |  |                |      |                 |  |
|                         |  |                |      |                 |  |
|                         |  |                |      |                 |  |
|                         |  |                |      |                 |  |
|                         |  |                |      |                 |  |
|                         |  |                |      |                 |  |

Form 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |   |  |           |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|---|--|-----------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|-------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| A200  |  | NAME OF INDIVIDUAL                          |  | LOUISIANA |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Rosa Paul J.  |  | E.O.  |  | SHEET     |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR   | AGE                                      | BIRTHPLACE                                  |  |           |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| W   | 2  |   |  |           |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY  |  | CITY  |  |           |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Jackson   |  |   |  |           |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |   |  |           |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Adams, W. B.  |  |   |  |           |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |  |           |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> IMMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NICE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> BROTHER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |           |  | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> IMMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NICE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> BROTHER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> IMMATE             |  |           |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NICE            | <input type="checkbox"/> NURSE              |  |           |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT            |  |           |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> BROTHER |  |           |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT            |  |           |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)    |  |           |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |           |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |  |           |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-637 (4-28-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18100-P01

|  |                  |   |  |   |                   |
|--|------------------|---|--|---|-------------------|
| 120  |                  | NAME OF INDIVIDUAL<br><i>Rose Parbuis</i>   |  | LOUISIANA   |                   |
| COLOR<br><i>W</i>  | AGE<br><i>21</i> | BIRTHPLACE  |  | E.D.<br><i>5</i>  | SHEET<br><i>8</i> |
| COUNTY   |                  | CITY  |  |   |                   |
|  |                  | <i>Ascension</i>  |  | <i>Donaldsonville</i>   |                   |
| ENUMERATED WITH  |                  | <i>Vonhoff Mrs L.P.</i>   |  |   |                   |
| RELATIONSHIP TO ABOVE  |                  |   |  |   |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> WRAITH<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>D</i> |                   |

Form 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |     |   |  |   |  |
|--|-----|---|--|---|--|
| B200   |     | NAME OF INDIVIDUAL  |  | LOUISIANA   |  |
| Rouse, Pauline   |     | E.D.  |  | SHEET   |  |
| COLOR  | AGE | BIRTHPLACE  |  |   |  |
| W  | 19  |   |  |   |  |
| COUNTY   |     | CITY  |  |   |  |
| Iberville  |     | Piquemine   |  |   |  |
| ENUMERATED WITH  |     |   |  |   |  |
| Rouse, William J   |     |   |  |   |  |
| RELATIONSHIP TO ABOVE  |     |   |  |   |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> MISTRESS-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br>Si |  |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |   |            |  |       |
|---|--|---|------------|--|-------|
| R200  |  | NAME OF INDIVIDUAL  |            | LOUISIANA  |       |
| COLOR   |  | AGE   | BIRTHPLACE | E.D.   | SHEET |
| W   |  | 25  | Red River  | 95   | 27    |
| COUNTY  |  |   | CITY       |  |       |
| Red River   |  |   |            |  |       |
| ENUMERATED WITH   |  |   |            |  |       |
| Rosa, Joan  |  |   |            |  |       |
| RELATIONSHIP TO ABOVE   |  |   |            |  |       |
| <input type="checkbox"/> FATHER<br><input checked="" type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |            | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |       |

FORM 10-637 (4-28-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1920 CENSUS INDEX - INDIVIDUAL

|                         |     |                |      |            |  |
|-------------------------|-----|----------------|------|------------|--|
| R202                    |     | HEAD OF FAMILY |      | LOUISIANA  |  |
| T. Ross Pauline         |     | E.D.           |      | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |      |            |  |
| B                       | 45  |                |      |            |  |
| COUNTY                  |     |                | CITY |            |  |
| St. John the Baptist    |     |                |      |            |  |
| OTHER MEMBERS OF FAMILY |     |                |      |            |  |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| Living alone            |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |

Form 18-436 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|   |  |  |   |             |        |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
|---|--|--|---|-------------|--------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|---|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R-200   |  | NAME OF INDIVIDUAL                       |   | LOUISIANA   |        |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| Riggs, Pauline  |  | E.O.                                     |   | SHEET       |        |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| COLOR   | W  | AGE                                      | 4 | BIRTH PLACE | 120 28 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| COUNTY  |  | Webster                                  |   | CITY        |        |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
|   |  |  |   | Minden      |        |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |  |   |             |        |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| Alexander, John H   |  |  |   |             |        |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |   |             |        |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WMA TE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |   |             |        | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WMA TE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WMA TE          |   |             |        |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |   |             |        |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |   |             |        |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |   |             |        |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |   |             |        |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |   |             |        |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |   |             |        |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |   |             |        |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |

Form 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-PC 10595-P61

|  |   |  |             |
|--|---|--|-------------|
|  |   | LOUISIANA  |             |
| 1200   | NAME OF INDIVIDUAL<br><i>Roscoe Pearl</i>   |  | E.D.<br>102 |
| COLOR<br><i>W</i>  | AGE<br><i>11</i>  | BIRTHPLACE   |             |
| COUNTY<br><i>Ouachita</i>  |   | CITY<br><i>Monroe</i>  |             |
| ENUMERATED WITH  |   |  |             |
| RELATIONSHIP TO ABOVE  |   |  |             |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input checked="" type="checkbox"/> NEPHEW<br><input checked="" type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |             |

FORM 16-537 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |   |  |  |                                  |  |
|--|---|--|--|----------------------------------|--|
| R-200                                    |   | NAME OF INDIVIDUAL<br><i>Isa Pearl</i> |  | LOUISIANA                        |  |
| COLOR<br><i>B</i>                        | AGE<br><i>6</i>                           | BIRTHPLACE                             |  | E.O.<br><i>132</i>               | SHEET<br><i>19</i>                       |
| COUNTY<br><i>Union</i>                   |   | CITY                                   |  |                                  |  |
| ENUMERATED WITH<br><i>Jameson, Silas</i> |   |  |  |                                  |  |
| RELATIONSHIP TO ABOVE                    |   |  |  |                                  |  |
| <input type="checkbox"/> FATHER          | <input type="checkbox"/> NEPHEW           | <input type="checkbox"/> WIFE          | <input type="checkbox"/> WIDOW           | <input type="checkbox"/> PATIENT | <input type="checkbox"/> ROOMER          |
| <input type="checkbox"/> MOTHER          | <input checked="" type="checkbox"/> UNCLE | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> OTHER (Specify) |
| <input type="checkbox"/> GRANDFATHER     | <input type="checkbox"/> MOTHER-IN-LAW    | <input type="checkbox"/> SON-IN-LAW    | <input type="checkbox"/> BROTHER-IN-LAW  |                                  |  |
| <input type="checkbox"/> GRANDMOTHER     | <input type="checkbox"/> DAUGHTER-IN-LAW  | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> MOTHER-IN-LAW   |                                  |  |
| <input type="checkbox"/> GRANDSON        | <input type="checkbox"/> BROTHER-IN-LAW   |  |  |                                  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> MOTHER-IN-LAW    |  |  |                                  |  |
| <input type="checkbox"/> AUNT            |   |  |  |                                  |  |
| <input type="checkbox"/> UNCLE           |   |  |  |                                  |  |

Form 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-OC 10100-P01

LOUISIANA

|  |                 |   |  |   |            |
|--|-----------------|---|--|---|------------|
| R200   |                 | NAME OF INDIVIDUAL<br>Rose Pearl  |  | E.O.<br>99  | SHEET<br>9 |
| COLOR<br>Mex   | AGE<br>17       | BIRTHPLACE  |  |   |            |
| COUNTY<br>St. Mary   | CITY<br>Berwick |   |  |   |            |
| ENUMERATED WITH<br>James Limer   |                 |   |  |   |            |
| RELATIONSHIP TO ABOVE  |                 |   |  |   |            |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                 | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br>5d |            |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 16100-P01

|  |           |   |  |  |             |
|--|-----------|---|--|--|-------------|
| R200   |           | NAME OF INDIVIDUAL<br>Richard Pearl   |  | LOUISIANA  |             |
| COLOR<br>B   | AGE<br>30 | BIRTHPLACE<br>NR  |  | E.D.<br>44   | SHEET<br>18 |
| COUNTY<br>Calcasieu  |           | CITY  |  |  |             |
| ENUMERATED WITH<br>Payson Chas A   |           |   |  |  |             |
| RELATIONSHIP TO ABOVE  |           |   |  |  |             |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |           | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> WIDOW<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input checked="" type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |             |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 10100-P01

LOUISIANA

|   |  |  |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|--|------------|-------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 13200   |  | NAME OF INDIVIDUAL<br>Rose Pearl         |  | E.O.<br>36 | SHEET<br>35 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br>B  | AGE<br>5                                 | BIRTHPLACE                               |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br>Calcasieu   |  | CITY<br>Lake Charles                     |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br>Guidry Margarette  |  |  |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> INMATE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> MISTRESS-IN-LAW</td><td></td></tr></tbody></table> |  |  |  |            |             | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> MISTRESS-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> MISTRESS-IN-LAW |  |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 16-627 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

16500-10-1810-2-1

|  |     |   |  |   |  |
|--|-----|---|--|---|--|
| R 200  |     | NAME OF INDIVIDUAL  |  | LOUISIANA   |  |
| Rosa Pearl P.  |     | E.O.  |  | SHEET   |  |
| COLOR  | AGE | BIRTHPLACE  |  |   |  |
| B  | 6   |   |  |   |  |
| COUNTY   |     | CITY  |  |   |  |
| Concordia  |     |   |  |   |  |
| ENUMERATED WITH  |     |   |  |   |  |
| Bell Maria   |     |   |  |   |  |
| RELATIONSHIP TO ABOVE  |     |   |  |   |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> WIDOW<br><input type="checkbox"/> MARRIED<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br>Servant |  |

FORM 10-637 (4-20-61)

1970 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18109-P-91

|   |             |   |  |  |             |
|---|-------------|---|--|--|-------------|
| R 200   |             | NAME OF INDIVIDUAL<br>Rose, Perry   |  | LOUISIANA  |             |
| COLOR<br>M  | AGE<br>8/12 | BIRTHPLACE  |  | E.D.<br>56   | SHEET<br>11 |
| COUNTY<br>Cameron   |             | CITY  |  |  |             |
| ENUMERATED WITH<br>Rose, Maud   |             |   |  |  |             |
| RELATIONSHIP TO ABOVE   |             |   |  |  |             |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input checked="" type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |             | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |             |

FORM 10-437 (4-30-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|   |  |   |  |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |             |                                |  |  |
|---|--|---|--|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|-------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|-------------|--------------------------------|--|--|
| <b>R200</b>   |  | NAME OF INDIVIDUAL<br><i>Lee Peter</i>              |  | LOUISIANA         |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |             |                                |  |  |
| COLOR<br><i>B</i>   | AGE<br><i>2</i>                          | BIRTHPLACE  |  | S.D.<br><i>97</i> |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |             |                                |  |  |
| COUNTY<br><i>Rapides</i>  |  | CITY  |  |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |             |                                |  |  |
| ENUMERATED WITH   |  |   |  |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |             |                                |  |  |
| RELATIONSHIP TO ABOVE<br><i>Biggie, Robert</i>  |  |   |  |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |             |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WMA TE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NICE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>G.C.</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WMA TE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NICE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>G.C.</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WMA TE                     |  |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |             |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NICE            | <input type="checkbox"/> NURSE                      |  |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |             |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |             |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |             |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |             |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |             |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  | <i>G.C.</i>   |  |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |             |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |  |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |             |                                |  |  |

FORM 19-637 (4-20-61)

1919 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R 200                   |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| W                       |  | 60             | Italy      | 96         | 4     |
| COUNTY                  |  |                | ST. MARY   | CITY       |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Josephine               |  | W              | 55         | Italy      |       |
| Frank                   |  | S              | 20         | Italy      |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 10-436 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |              |            |            |
|-------------------------|--------------|------------|------------|
| HEAD OF FAMILY          |              | LOUISIANA  |            |
| NAME                    | AGE          | BIRTHPLACE |            |
| Riggs, Peter            | 30           |            |            |
| COLOR                   | AGE          | BIRTHPLACE |            |
| B                       | 30           |            |            |
| COUNTY                  | Tensas       |            | CITY       |
|                         |              |            |            |
| OTHER MEMBERS OF FAMILY |              |            |            |
| NAME                    | RELATIONSHIP | AGE        | BIRTHPLACE |
| / Hattie                | W            | 28         |            |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |

FORM 18-636 (4-26-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

| LOUISIANA               |   | E.D.           |      | SHEET       |  |
|-------------------------|---|----------------|------|-------------|--|
| 8200                    |   | HEAD OF FAMILY |      | Laché Peter |  |
| COLOR                   | W | AGE            | 50   | BIRTHPLACE  |  |
| COUNTY                  |   |                | CITY |             |  |
| Plaquemine              |   |                |      |             |  |
| OTHER MEMBERS OF FAMILY |   |                |      |             |  |
| NAME                    |   | RELATIONSHIP   | AGE  | BIRTHPLACE  |  |
| / Florence              |   | W              | 46   |             |  |
| / William               |   | S              | 15   |             |  |
| / Carmelite             |   | D              | 13   |             |  |
|                         |   |                |      |             |  |
|                         |   |                |      |             |  |
|                         |   |                |      |             |  |
|                         |   |                |      |             |  |
|                         |   |                |      |             |  |

FORM 10-636 (4-20-51)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                  |                |      |            |  |
|-------------------------|------------------|----------------|------|------------|--|
| R200                    |                  | HEAD OF FAMILY |      | Louisiana  |  |
| Missa Peter             |                  | E.D.           |      | SHEET      |  |
| COLOR                   | AGE              | BIRTHPLACE     |      |            |  |
| W                       | 40               | Italy          |      |            |  |
| COUNTY                  | East Baton Rouge |                | CITY |            |  |
| OTHER MEMBERS OF FAMILY |                  |                |      |            |  |
| NAME                    |                  | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| Clara                   |                  | w              | 30   |            |  |
| Annie                   |                  | d              | 1/2  |            |  |
| Angela                  |                  | s              | 14   |            |  |
| Mike                    |                  | s              | 12   |            |  |
| Frank                   |                  | s              | 8    |            |  |
|                         |                  |                |      |            |  |
|                         |                  |                |      |            |  |
|                         |                  |                |      |            |  |

FORM 16-436 (4-22-31)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|                            |                                     |                   |                   |                    |
|----------------------------|-------------------------------------|-------------------|-------------------|--------------------|
| <i>Ross</i>                | HEAD OF FAMILY<br><i>Ross Peter</i> |                   | E.D.<br><i>31</i> | SHEET<br><i>11</i> |
| COLOR<br><i>B</i>          | AGE<br><i>32</i>                    | BIRTHPLACE        |                   |                    |
| COUNTY<br><i>Concordia</i> |                                     | CITY              |                   |                    |
| OTHER MEMBERS OF FAMILY    |                                     |                   |                   |                    |
| NAME                       |                                     | RELATION-<br>SHIP | AGE               | BIRTHPLACE         |
| <i>1 Enira</i>             |                                     | <i>d</i>          | <i>32</i>         |                    |
| <i>Stamper Dora</i>        |                                     | <i>c</i>          | <i>21</i>         |                    |
|                            |                                     |                   |                   |                    |
|                            |                                     |                   |                   |                    |
|                            |                                     |                   |                   |                    |
|                            |                                     |                   |                   |                    |
|                            |                                     |                   |                   |                    |
|                            |                                     |                   |                   |                    |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |        |                |              |             |            |            |  |
|-------------------------|--------|----------------|--------------|-------------|------------|------------|--|
| R 200                   |        | HEAD OF FAMILY |              | Rouze Peter |            | LOUISIANA  |  |
| COLOR                   |        | AGE            |              | BIRTHPLACE  |            | E.D. SHEET |  |
| B                       |        | 46             |              |             |            | 44 15      |  |
| COUNTY                  |        |                |              | St. Charles |            | CITY       |  |
| OTHER MEMBERS OF FAMILY |        |                |              |             |            |            |  |
|                         | NAME   |                | RELATIONSHIP | AGE         | BIRTHPLACE |            |  |
|                         | Minnie |                | W            | 44          |            |            |  |
|                         | Hester |                | S            | 10          |            |            |  |
|                         | Joseph |                | S            | 8           |            |            |  |
|                         | HBo    |                |              |             |            |            |  |
|                         |        |                |              |             |            |            |  |
|                         |        |                |              |             |            |            |  |
|                         |        |                |              |             |            |            |  |

FORM 10-636 (4-20-07)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |  |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
|---|--|--|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|--|--|--------------------------------|--|--|
| 1200  |  | LOUISIANA                                |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| NAME OF INDIVIDUAL  |  | E.O.                                     | SHEET |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| Miss Peter  |  | 138                                      | 8     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| SEX   | AGE  | BIRTHPLACE                               |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| W   | 18   |  |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| COUNTY  | CITY   |  |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| West Baton Rouge  |  |  |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| RESIDENT WITH   |  |  |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| Corona Luca   |  |  |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input checked="" type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input checked="" type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW                    | <input type="checkbox"/> INMATE          |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE                     | <input type="checkbox"/> NURSE           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW             | <input type="checkbox"/> PATIENT         |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW             | <input type="checkbox"/> ROOMER          |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW                | <input type="checkbox"/> SERVANT         |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW           | <input type="checkbox"/> OTHER (Specify) |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input checked="" type="checkbox"/> BROTHER-IN-LAW |  |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW             |  |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |

FORM 10-437 (4-22-57)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 1910-P01



|                         |        |                |       |            |  |           |  |
|-------------------------|--------|----------------|-------|------------|--|-----------|--|
| R 200                   |        | HEAD OF FAMILY |       | Rose Peter |  | LOUISIANA |  |
| COLOR                   | B      | AGE            | 21    | BIRTHPLACE |  |           |  |
| COUNTY                  | Sabine |                |       | CITY       |  |           |  |
| OTHER MEMBERS OF FAMILY |        |                |       |            |  |           |  |
| NAME                    |        | RELATIONSHIP   | AGE   | BIRTHPLACE |  |           |  |
| Mary                    |        | W              | 18    |            |  |           |  |
| Percy                   |        | S              | 4 1/2 |            |  |           |  |
| and 2 Bo                |        |                |       |            |  |           |  |
|                         |        |                |       |            |  |           |  |
|                         |        |                |       |            |  |           |  |
|                         |        |                |       |            |  |           |  |
|                         |        |                |       |            |  |           |  |

FORM 10-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |       |                |              |              |            |           |  |
|-------------------------|-------|----------------|--------------|--------------|------------|-----------|--|
| R200                    |       | HEAD OF FAMILY |              | Russo, Peter |            | LOUISIANA |  |
| COLOR                   |       | AGE            | BIRTHPLACE   |              | E.O.       | SHEET     |  |
| W                       |       | 44             | It.          |              | 116        | 6         |  |
| COUNTY                  |       |                |              | CITY         |            |           |  |
| Tangipahoa              |       |                |              | Independence |            |           |  |
| OTHER MEMBERS OF FAMILY |       |                |              |              |            |           |  |
|                         | NAME  |                | RELATIONSHIP | AGE          | BIRTHPLACE |           |  |
|                         | Annie |                | W            | 34           | It         |           |  |
|                         | Frank |                | S            | 11           | It         |           |  |
|                         | Mike  |                | S            | 1/12         |            |           |  |
|                         |       |                |              |              |            |           |  |
|                         |       |                |              |              |            |           |  |
|                         |       |                |              |              |            |           |  |
|                         |       |                |              |              |            |           |  |
|                         |       |                |              |              |            |           |  |

Form 18-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

| HEAD OF FAMILY            |                       | LOUISIANA      |                |
|---------------------------|-----------------------|----------------|----------------|
| <i>R200</i>               | <i>Russ, Peter S.</i> | S.D. <i>61</i> | SHEET <i>3</i> |
| COLOR <i>W</i>            | AGE <i>55</i>         | BIRTHPLACE     |                |
| COUNTY <i>St. Bernard</i> | CITY                  |                |                |
| OTHER MEMBERS OF FAMILY   |                       |                |                |
| NAME                      | RELATIONSHIP          | AGE            | BIRTHPLACE     |
| <i>Cassius</i>            | <i>W</i>              | <i>45</i>      |                |
| <i>Alfred</i>             | <i>S</i>              | <i>21</i>      |                |
| <i>Julia</i>              | <i>D</i>              | <i>22</i>      |                |
| <i>Amey</i>               | <i>D</i>              | <i>20</i>      |                |
| <i>Bayen</i>              | <i>S</i>              | <i>18</i>      |                |
| <i>Robert</i>             | <i>S</i>              | <i>14</i>      |                |
| <i>Madeline</i>           | <i>S</i>              | <i>13</i>      |                |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |     |   |  |  |       |
|--|-----|---|--|--|-------|
| R200   |     | NAME OF INDIVIDUAL  |  | LOUISIANA  |       |
|  |     | Rosa Peter  |  | E.D.   | SHEET |
| COLOR  | AGE | BIRTHPLACE  |  |  |       |
| W  | 24  | Hervilla  |  |  |       |
| COUNTY   |     | CITY  |  |  |       |
|  |     | Plaquemine  |  |  |       |
| ENUMERATED WITH  |     |   |  |  |       |
| Bessie Joseph  |     |   |  |  |       |
| RELATIONSHIP TO ABOVE  |     |   |  |  |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> WIFE<br><input type="checkbox"/> HUSBAND<br><input checked="" type="checkbox"/> MARRIED<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |       |

FORM 10-437 (4-30-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCENS-DC 1010-PE1

|  |                  |  |  |   |            |
|--|------------------|--|--|---|------------|
| L20  |                  | NAME OF INDIVIDUAL<br><i>Bureau Peter</i>  |  | E.O.<br>3   | SHEET<br>8 |
| COLOR<br><i>B</i>  | AGE<br><i>19</i> | BIRTH PLACE  |  |   |            |
| COUNTY<br><i>Ascension</i>   |                  | CITY   |  |   |            |
| ENUMERATED WITH<br><i>Cullin Emma</i>  |                  |  |  |   |            |
| RELATIONSHIP TO ABOVE  |                  |  |  |   |            |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NICE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> WIDATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>son</i> |            |

FORM 18-637 (4-25-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

|                         |   |                |             |            |       |
|-------------------------|---|----------------|-------------|------------|-------|
| R200                    |   | HEAD OF FAMILY |             | LOUISIANA  |       |
| COLOR                   | W | AGE            | 30          | BIRTHPLACE |       |
|                         |   |                |             | E.D.       | SHEET |
|                         |   |                |             | 59         | 6     |
| COUNTY                  |   |                | St. Bernard | CITY       |       |
| OTHER MEMBERS OF FAMILY |   |                |             |            |       |
| NAME                    |   | RELATIONSHIP   | AGE         | BIRTHPLACE |       |
| Augustine               |   | W              | 30          |            |       |
| Joseph                  |   | S              | 3           |            |       |
|                         |   |                |             |            |       |
|                         |   |                |             |            |       |
|                         |   |                |             |            |       |
|                         |   |                |             |            |       |
|                         |   |                |             |            |       |
|                         |   |                |             |            |       |

FORM 10-636 (4-20-51)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                                |  |                       |                   |                   |              |
|--------------------------------|--|-----------------------|-------------------|-------------------|--------------|
| <b>R200</b>                    |  | <b>HEAD OF FAMILY</b> |                   | <b>LOUISIANA</b>  |              |
| <b>Color</b>                   |  | <b>Age</b>            | <b>Birthplace</b> | <b>E.O.</b>       | <b>SHEET</b> |
| <b>W</b>                       |  | <b>53</b>             |                   | <b>81</b>         | <b>1</b>     |
| <b>COUNTY</b>                  |  |                       | <b>Madison</b>    | <b>CITY</b>       |              |
| <b>OTHER MEMBERS OF FAMILY</b> |  |                       |                   |                   |              |
| <b>NAME</b>                    |  | <b>RELATIONSHIP</b>   | <b>AGE</b>        | <b>BIRTHPLACE</b> |              |
| <i>Living alone</i>            |  |                       |                   |                   |              |
|                                |  |                       |                   |                   |              |
|                                |  |                       |                   |                   |              |
|                                |  |                       |                   |                   |              |
|                                |  |                       |                   |                   |              |
|                                |  |                       |                   |                   |              |
|                                |  |                       |                   |                   |              |
|                                |  |                       |                   |                   |              |
|                                |  |                       |                   |                   |              |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |           |                |     |             |    |           |    |
|-------------------------|-----------|----------------|-----|-------------|----|-----------|----|
| R20                     |           | HEAD OF FAMILY |     | ROSE Philip |    | LOUISIANA |    |
| COLOR                   | W         | AGE            | 56  | BIRTHPLACE  |    | E.D.      | 43 |
| COUNTY                  | Lafourche |                |     | CITY        | 14 |           |    |
| OTHER MEMBERS OF FAMILY |           |                |     |             |    |           |    |
| NAME                    |           | RELATIONSHIP   | AGE | BIRTHPLACE  |    |           |    |
| Philomena               |           | W              | 57  |             |    |           |    |
| Alexandre               |           | S              | 22  |             |    |           |    |
| Nellie                  |           | D              | 20  |             |    |           |    |
| Loyola                  |           | D              | 17  |             |    |           |    |
| Helena                  |           | D              | 14  |             |    |           |    |
| Alcide                  |           | D              | 6   |             |    |           |    |

FORM 18-636 (4-30-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|  |  |  |  |  |  |
|--|--|--|--|--|--|
| R-200  |  | NAME OF MEMORIAL   |  | LOUISIANA  |  |
| Rosa Philip  |  | Rosa Philip  |  | E.O. 131   |  |
| B  |  | AGE 26   |  | SHEET 10   |  |
| BIRTHPLACE   |  | CITY   |  |  |  |
| Washington   |  | Bogalusa   |  |  |  |
| RELATIONSHIP TO ABOVE  |  | Garrett Thomas   |  |  |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHER<br><input type="checkbox"/> NICE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> WIFE<br><input type="checkbox"/> MURDER<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |  |

FORM 10-437 (4-30-61)

1960 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

RECORDS OF 1960-61

|  |     |   |  |   |       |
|--|-----|---|--|---|-------|
| R200   |     | NAME OF INDIVIDUAL  |  | LOUISIANA   |       |
| COLOR  | AGE | BIRTHPLACE  |  | R.D.  | SHEET |
| W  | 12  |   |  | 98  | 5     |
| COUNTY   |     | CITY  |  |   |       |
| St. Tammany  |     | Mandeville  |  |   |       |
| CORRELATED WITH  |     |   |  |   |       |
| Mckenzie Edward  |     |   |  |   |       |
| RELATIONSHIP TO ABOVE  |     |   |  |   |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> IMMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br>SS |       |

FORM 16-537 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                |            |            |      |
|-------------------------|----------------|------------|------------|------|
| R200                    | HEAD OF FAMILY |            | LOUISIANA  |      |
| COLOR                   | AGE            | BIRTHPLACE |            | E.D. |
| W                       | 48             |            |            | 7    |
| COUNTY                  | CITY           |            | SHEET      |      |
| Acadia                  | Mermentau      |            | 9          |      |
| OTHER MEMBERS OF FAMILY |                |            |            |      |
| NAME                    | RELATIONSHIP   | AGE        | BIRTHPLACE |      |
| Thomas                  | s              | 21         |            |      |
| Margie                  | d              | 18         |            |      |
| Edwin                   | s              | 15         |            |      |
| Ava                     | d              | 12         |            |      |
|                         |                |            |            |      |
|                         |                |            |            |      |
|                         |                |            |            |      |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |      |            |       |
|-------------------------|-----|----------------|------|------------|-------|
| R 200                   |     | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |      | S.D.       | SHEET |
| M                       | 35  |                |      | 124        | 20    |
| COUNTY                  |     |                | CITY |            |       |
| TENN                    |     |                |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Jenny                   |     | W              | 28   |            |       |
| Denny                   |     | S              | 7    |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |

FORM 16-436 (4-20-31)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |            |                |    |                   |       |            |    |
|-------------------------|------------|----------------|----|-------------------|-------|------------|----|
| R200                    |            | HEAD OF FAMILY |    | Reggie Phillips   |       | LOUISIANA  |    |
| COLOR                   | W          | AGE            | 29 | BIRTHPLACE        | Italy | E.D.       | 56 |
| COUNTY                  | Plaquemine |                |    | CITY              |       |            |    |
| OTHER MEMBERS OF FAMILY |            |                |    |                   |       |            |    |
| NAME                    |            |                |    | RELATION-<br>SHIP | AGE   | BIRTHPLACE |    |
| Marie                   |            |                |    | W                 | 23    |            |    |
| Carmel                  |            |                |    | d                 | 1 1/2 |            |    |
| Joseph                  |            |                |    | d                 | 4 1/2 |            |    |
|                         |            |                |    |                   |       |            |    |
|                         |            |                |    |                   |       |            |    |
|                         |            |                |    |                   |       |            |    |
|                         |            |                |    |                   |       |            |    |
|                         |            |                |    |                   |       |            |    |

FORM 16-636 (4-26-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |             |                |      |            |       |
|-------------------------|-------------|----------------|------|------------|-------|
| R200                    |             | HEAD OF FAMILY |      | Louisiana  |       |
| Raiche Phillip L        |             | E.O.           |      | SHEET      |       |
| COLOR                   | W           | AGE            | 37   | BIRTHPLACE | Mich. |
| COUNTY                  | St. Charles |                | CITY |            |       |
| OTHER MEMBERS OF FAMILY |             |                |      |            |       |
| NAME                    |             | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Jenene                  |             | W              | 35   |            |       |
| Catherine               |             | D              | 7    |            |       |
| Clarence                |             | S              | 9    |            |       |
| Phillip                 |             | S              | 6    |            |       |
| Anthony                 |             | S              | 4    |            |       |
| + 1 servant             |             |                |      |            |       |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |     |  |  |  |  |
|---|-----|--|--|--|--|
| R200  |     | NAME OF DIVISIONAL   |  | LOUISIANA  |  |
| Racke, Phyllis  |     | E.D.   |  | SHEET  |  |
| COLOR   | AGE | BIRTHPLACE   |  |  |  |
| B   | 26  |  |  |  |  |
| COUNTY  |     | CITY   |  |  |  |
| Rapides   |     | Pineville  |  |  |  |
| ENumerated WITH   |     |  |  |  |  |
| Young, Chas   |     |  |  |  |  |
| RELATIONSHIP TO ABOVE   |     |  |  |  |  |
| <input type="checkbox"/> FATHER<br><input checked="" type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NICE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |  |

Form 10-637 (10-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USC&MS-DC 15100-P01

|                         |     |                |       |            |       |
|-------------------------|-----|----------------|-------|------------|-------|
| R200                    |     | HEAD OF FAMILY |       | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |       | E.D.       | SHEET |
| MW                      | 59  | St. Landry     |       | 110        | 11    |
| COUNTY                  |     |                | CITY  |            |       |
| OTHER MEMBERS OF FAMILY |     |                |       |            |       |
| NAME                    |     | RELATIONSHIP   | AGE   | BIRTHPLACE |       |
| Emma                    |     | w              | 32    |            |       |
| Smith                   |     | s              | 16    |            |       |
| Mary                    |     | d              | 14    |            |       |
| Joseph M                |     | s              | 2     |            |       |
| Josephine               |     | d              | 3 1/2 |            |       |
|                         |     |                |       |            |       |
|                         |     |                |       |            |       |

FORM 18-436 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|  |      |   |      |  |  |
|--|------|---|------|--|--|
| B 20   |      | NAME OF INDIVIDUAL  |      | LOUISIANA  |  |
| COLOR  | AGE  | BIRTH PLACE   | E.O. | SHEET  |  |
| W  | 14   | Lafayette   | 69   | B  |  |
| COUNTY   | CITY |   |      |  |  |
| Lafayette  |      | Lafayette   |      |  |  |
| EMERATED WITH  |      |   |      |  |  |
| Raggio, Carlo  |      |   |      |  |  |
| RELATIONSHIP TO ABOVE  |      |   |      |  |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |      | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br>B |  |

FORM 16-537 (4-20-51)

1910 CENSUS INDEX - INDIVID

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 16100-P61

|                         |     |                |     |                  |       |
|-------------------------|-----|----------------|-----|------------------|-------|
| R 200                   |     | HEAD OF FAMILY |     | LOUISIANA        |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.             | SHEET |
| B                       | 48  |                |     | 126              | 11    |
| COUNTY                  |     | St. Martin     |     | CITY             |       |
|                         |     |                |     | St. Martinsville |       |
| OTHER MEMBERS OF FAMILY |     |                |     |                  |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE       |       |
| Sylvanus                |     | W              | 49  |                  |       |
| Ida                     |     | D              | 19  |                  |       |
| Lucy                    |     | D              | 15  |                  |       |
| Bercy                   |     | S              | 10  |                  |       |
|                         |     |                |     |                  |       |
|                         |     |                |     |                  |       |
|                         |     |                |     |                  |       |
|                         |     |                |     |                  |       |

FORM 16-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |                    |  |           |       |
|---|--|--------------------|--|-----------|-------|
| K200  |  | NAME OF INDIVIDUAL |  | LOUISIANA |       |
| COLOR   |  | AGE                |  | E.O.      | SHEET |
| W   |  | 87                 |  | 28        | 23    |
| BIRTHPLACE  |  |                    |  |           |       |
| COUNTY  |  | CITY               |  |           |       |
| Jefferson   |  |                    |  |           |       |
| ENUMERATED WITH   |  |                    |  |           |       |
| RELATIONSHIP TO ABOVE   |  |                    |  |           |       |
| <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> FATHER<br/> <input type="checkbox"/> MOTHER<br/> <input type="checkbox"/> GRANDFATHER<br/> <input type="checkbox"/> GRANDMOTHER<br/> <input type="checkbox"/> GRANDSON<br/> <input type="checkbox"/> GRANDDAUGHTER<br/> <input type="checkbox"/> AUNT<br/> <input type="checkbox"/> UNCLE         </div> <div> <input type="checkbox"/> NEPHEW<br/> <input type="checkbox"/> NIECE<br/> <input type="checkbox"/> FATHER-IN-LAW<br/> <input type="checkbox"/> MOTHER-IN-LAW<br/> <input type="checkbox"/> SON-IN-LAW<br/> <input type="checkbox"/> DAUGHTER-IN-LAW<br/> <input type="checkbox"/> BROTHER-IN-LAW<br/> <input type="checkbox"/> SISTER-IN-LAW         </div> <div> <input type="checkbox"/> INMATE<br/> <input type="checkbox"/> NURSE<br/> <input type="checkbox"/> PATIENT<br/> <input type="checkbox"/> ROOMER<br/> <input type="checkbox"/> SERVANT<br/> <input type="checkbox"/> OTHER (Specify)         </div> </div> |  |                    |  |           |       |

FORM 10-537 (4-20-61)

1930 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 19100-P01

|                         |            |                |     |               |       |           |   |
|-------------------------|------------|----------------|-----|---------------|-------|-----------|---|
| R 200                   |            | HEAD OF FAMILY |     | Russo, Pietro |       | LOUISIANA |   |
| COLOR                   | W          | AGE            | 50  | BIRTHPLACE    | Italy | E.D.      | 7 |
| COUNTY                  | Assumption |                |     | CITY          |       |           |   |
| OTHER MEMBERS OF FAMILY |            |                |     |               |       |           |   |
| NAME                    |            | RELATIONSHIP   | AGE | BIRTHPLACE    |       |           |   |
| Julia                   |            | W              | 36  |               |       |           |   |
| Salvatore               |            | S              | 13  |               |       |           |   |
| Tony                    |            | S              | 12  |               |       |           |   |
| Rosa                    |            | D              | 10  |               |       |           |   |
| Joseph                  |            | S              | 9   |               |       |           |   |
| Charles                 |            | S              | 6   |               |       |           |   |
| Lena                    |            | D              | 2   |               |       |           |   |

FORM 16-436 (4-20-61)  
1919 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|   |  |   |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |                |                                |  |  |
|---|--|---|--|-------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|----------------|--------------------------------|--|--|
| B 300   |  | NAME OF INDIVIDUAL<br><i>Kesee Vallie</i>           |  | LOUISIANA         |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |                |                                |  |  |
| COLOR<br><i>B</i>   | AGE<br><i>25</i>                         | BIRTHPLACE  |  | E.O.<br><i>38</i> | SHEET<br><i>2</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |                |                                |  |  |
| COUNTY<br><i>East Feliciana</i>   |  | CITY<br><i>Shreveport</i>                           |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |                |                                |  |  |
| ENUMERATED WITH<br><i>Kesee Vallie</i>  |  |   |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |                |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |                |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>Partner</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |                   |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>Partner</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |                |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |                |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |                |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |                |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |                |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |                |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  | <i>Partner</i>                                      |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |                |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |                |                                |  |  |

FORM 10-637 (4-20-61)

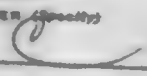
1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R20                     |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| B                       | 60  | Rose Pally     |     | 119        | 7     |
| COUNTY                  |     | Tensas         |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Lues alone              |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 16-636 (4-29-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |   |            |  |                  |
|--|--|---|------------|--|------------------|
| R200   |  | NAME OF INDIVIDUAL<br>Reese, Pompon   |            | LOUISIANA  |                  |
| COLOR<br>B   |  | AGE<br>18   | BIRTHPLACE |  | E.O. 37 SHEET 22 |
| COUNTY   |  |   | CALCASIEU  | CITY<br>Lake Charles   |                  |
| ENUMERATED WITH<br>Froyer, Lena  |  |   |            |  |                  |
| RELATIONSHIP TO ABOVE  |  |   |            |  |                  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |            | <input type="checkbox"/> TENANT<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br> |                  |

FORM 16-437 (4-20-51)

1916 CENSUS INDEX - INDIV

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 16169-P61



|  |   |
|--|---|
| LOUISIANA  |   |
| R200   | NAME OF INDIVIDUAL <i>Ross Presternague</i>   |
| E.D. 104   | SHEET 2   |
| COLOR <i>W</i>   | AGE <i>3</i>  |
| BIRTHPLACE   |   |
| COUNTY <i>Ouachita</i>   | CITY  |
| ENUMERATED WITH <i>Bylce, Henrietta</i>  |   |
| RELATIONSHIP TO ABOVE  |   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> WIDOW<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> <del>WOMAN</del><br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify)   |   |

FORM 19-437 (4-26-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                      |            |            |
|-------------------------|----------------------|------------|------------|
| HEAD OF FAMILY          |                      | LOUISIANA  |            |
| <i>A200</i>             | <i>Price Preston</i> | E.D.       | SHEET      |
| COLOR                   | AGE                  | BIRTHPLACE |            |
| <i>Wm</i>               | <i>39</i>            |            |            |
| COUNTY                  | CITY                 |            |            |
| <i>Ouachita</i>         | <i>Monroe</i>        |            |            |
| OTHER MEMBERS OF FAMILY |                      |            |            |
| NAME                    | RELATIONSHIP         | AGE        | BIRTHPLACE |
| <i>Living Alone</i>     |                      |            |            |
|                         |                      |            |            |
|                         |                      |            |            |
|                         |                      |            |            |
|                         |                      |            |            |
|                         |                      |            |            |
|                         |                      |            |            |
|                         |                      |            |            |
|                         |                      |            |            |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |   |   |            |
|---|---|---|------------|
| NAME OF INDIVIDUAL  |   | LOUISIANA   |            |
| Color   | AGE   | BIRTHPLACE  | C.D. SHEET |
| Black   | 1   | Rapides   | 83 17      |
| COUNTY  |   | CITY  |            |
| Rapides   |   |   |            |
| ENUMERATED WITH   |   |   |            |
| Cotton, Prince  |   |   |            |
| RELATIONSHIP TO ABOVE   |   |   |            |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input checked="" type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NEECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> WIDOW<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |            |

FORM 10-537 (4-20-51)

1950 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 10100-P01

|  |     |   |      |   |  |
|--|-----|---|------|---|--|
| R200   |     | NAME OF INDIVIDUAL  |      | LOUISIANA   |  |
| Rosa, Priscilla  |     | E.D.  |      | SHEET   |  |
| COLOR  | AGE | BIRTHPLACE  |      |   |  |
| B  | 13  |   |      |   |  |
| COUNTY   |     |   | CITY |   |  |
| Terrebonne   |     |   |      |   |  |
| ENUMERATED WITH  |     |   |      |   |  |
| Miller, Cassy  |     |   |      |   |  |
| RELATIONSHIP TO ABOVE  |     |   |      |   |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify) |  |
|  |     |   |      | ad  |  |

FORM 18-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |                  |   |  |  |                    |
|--|------------------|---|--|--|--------------------|
| R30  |                  | NAME OF INDIVIDUAL<br><i>Lisa, Prissilla</i>  |  | E.O.<br><i>108</i>   | SHEET<br><i>20</i> |
| COLOR<br><i>Mar</i>  | AGE<br><i>12</i> | BIRTHPLACE  |  |  |                    |
| COUNTY<br><i>St. Landry</i>  |                  | CITY  |  |  |                    |
| ENUMERATED WITH<br><i>Thomas, Burton</i>   |                  |   |  |  |                    |
| RELATIONSHIP TO ABOVE  |                  |   |  |  |                    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> Niece<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> WIDOW<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>Ad. Slave</i> |                    |

FORM 19-637 (4-30-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |   |                                |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |            |                                |  |  |
|---|--|---|--------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|------------|--------------------------------|--|--|
| NAME OF INDIVIDUAL<br><i>Leo Russel King</i>  |  | LOUISIANA   |                                |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |            |                                |  |  |
| COLOR<br><i>B</i>   |  | AGE<br><i>18</i>                                    | BIRTHPLACE<br><i>Ascension</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |            |                                |  |  |
| COUNTY<br><i>Ascension</i>  |  | CITY<br>  |                                |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |            |                                |  |  |
| ENUMERATED WITH<br><i>Watkins, Presley</i>  |  |   |                                |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |            |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |                                |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |            |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> Niece</td> <td><input type="checkbox"/> NUNCE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>5-5</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |                                | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> Niece | <input type="checkbox"/> NUNCE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>5-5</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |                                |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |            |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> Niece           | <input type="checkbox"/> NUNCE                      |                                |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |            |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |                                |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |            |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |                                |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |            |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |                                |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |            |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |                                |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |            |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  | <i>5-5</i>  |                                |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |            |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |                                |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |            |                                |  |  |

FORM 18-527 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |        |                |     |            |  |
|-------------------------|--------|----------------|-----|------------|--|
| R200                    |        | HEAD OF FAMILY |     | Louisiana  |  |
| Rube Quintman b         |        | E.D.           |     | SHEET      |  |
| W                       |        | 3              |     | 14         |  |
| COLOR                   | AGE    | BIRTHPLACE     |     |            |  |
| W                       | 34     | Acadia         |     |            |  |
| COUNTY                  | Acadia | CITY           |     |            |  |
| OTHER MEMBERS OF FAMILY |        |                |     |            |  |
| NAME                    |        | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| Olamp                   |        | W              | 54  |            |  |
| Bertha                  |        | D              | 18  |            |  |
| Eva                     |        | D              | 15  |            |  |
| Martin                  |        | S              | 12  |            |  |
|                         |        |                |     |            |  |
|                         |        |                |     |            |  |
|                         |        |                |     |            |  |
|                         |        |                |     |            |  |
|                         |        |                |     |            |  |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |                |
|-------------------------|--|----------------|------------|------------|----------------|
| R202                    |  | HEAD OF FAMILY |            | LOUISIANA  |                |
| COLOR                   |  | AGE            | BIRTHPLACE |            | E.D. 831 SHEET |
| W                       |  | 44             |            |            |                |
| COUNTY                  |  |                | CITY       |            |                |
| Madison                 |  |                | Jallulah   |            |                |
| OTHER MEMBERS OF FAMILY |  |                |            |            |                |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |                |
| Louise                  |  | W              | 42         |            |                |
| Robert E.               |  | S              | 11         |            |                |
| Mary E.                 |  | D              | 8          |            |                |
| May                     |  | D              | 8          |            |                |
| Beatrice                |  | D              | 5          |            |                |
|                         |  |                |            |            |                |
|                         |  |                |            |            |                |

FORM 18-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|   |           |                                  |  |            |             |
|---|-----------|----------------------------------|--|------------|-------------|
| R-200   |           | NAME OF INDIVIDUAL<br>Rose R. J. |  | LOUISIANA  |             |
| COLOR<br>W  | AGE<br>39 | BIRTHPLACE<br>TAMM               |  | E.O.<br>66 | SHEET<br>15 |
| COUNTY<br>De Soto   |           | CITY                             |  |            |             |
| ENUMERATED WITH<br>Ray J. D.  |           |                                  |  |            |             |
| RELATIONSHIP TO ABOVE   |           |                                  |  |            |             |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> FATHER<br/> <input type="checkbox"/> MOTHER<br/> <input type="checkbox"/> GRANDFATHER<br/> <input type="checkbox"/> GRANDMOTHER<br/> <input type="checkbox"/> GRANDSON<br/> <input type="checkbox"/> GRANDDAUGHTER<br/> <input type="checkbox"/> AUNT<br/> <input type="checkbox"/> UNCLE </div> <div style="width: 30%;"> <input type="checkbox"/> NEPHEW<br/> <input type="checkbox"/> NIECE<br/> <input type="checkbox"/> FATHER-IN-LAW<br/> <input type="checkbox"/> MOTHER-IN-LAW<br/> <input type="checkbox"/> SON-IN-LAW<br/> <input type="checkbox"/> DAUGHTER-IN-LAW<br/> <input type="checkbox"/> BROTHER-IN-LAW<br/> <input type="checkbox"/> SISTER-IN-LAW </div> <div style="width: 30%;"> <input type="checkbox"/> IMMIGRANT<br/> <input type="checkbox"/> NURSE<br/> <input type="checkbox"/> PATIENT<br/> <input type="checkbox"/> <del>PROCTOR</del><br/> <input type="checkbox"/> SERVANT<br/> <input type="checkbox"/> OTHER (Specify) </div> </div> |           |                                  |  |            |             |

FORM 10-637 (4-22-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

16-50861-1010-637

|  |   |
|--|---|
| LOUISIANA  |   |
| NAME OF INDIVIDUAL<br><i>Reese</i>   | E.D.<br><i>111</i>  |
| <i>R200</i>  | SHEET<br><i>14</i>  |
| COLOR<br><i>B</i>  | AGE<br><i>8</i>   |
| BIRTHPLACE<br><i>Landry</i>  |   |
| COUNTY<br><i>Landry</i>  | CITY<br><i>Landry</i>   |
| ENUMERATED WITH<br><i>Pallock Graph</i>  |   |
| RELATIONSHIP TO ABOVE  |   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input checked="" type="checkbox"/> GRANDSON<br><input checked="" type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify)   |   |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |                 |   |      |  |                    |
|---|-----------------|---|------|--|--------------------|
| P-20  |                 | NAME OF INDIVIDUAL<br><i>Rose Rabea</i>   |      | E.O.<br><i>111</i>   | SHEET<br><i>14</i> |
| COLOR<br><i>B</i>   | AGE<br><i>8</i> | BIRTHPLACE  |      |  |                    |
| COUNTY<br><i>St. Landry</i>   |                 |   | CITY |  |                    |
| ENUMERATED WITH<br><i>Pollock, Joseph</i>   |                 |   |      |  |                    |
| RELATIONSHIP TO ABOVE   |                 |   |      |  |                    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input checked="" type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                 | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                    |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |   |   |          |  |         |
|--|---|---|----------|--|---------|
| R 200  |   | NAME OF INDIVIDUAL  |          | LOUISIANA  |         |
| COLOR  | B | AGE   | 13       | BIRTHPLACE   | E.O. 26 |
| COUNTY   |   |   | SHEET 13 |  |         |
| ENUMERATED WITH  |   |   | CITY     |  |         |
| BOSSIER<br>Lwinigan, Mary  |   |   |          |  |         |
| RELATIONSHIP TO ABOVE  |   |   |          |  |         |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |   | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |          | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br>S |         |

FORM 16-437 (4-10-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-PA-DC 15100-P61

|  |   |   |  |                 |                |
|--|---|---|--|-----------------|----------------|
| 1919   |   | NAME OF INDIVIDUAL <i>Ross Ralph</i>  |  | LOUISIANA       |                |
| COLOR <i>W</i>   | AGE <i>22</i>   | BIRTHPLACE  |  | E.D. <i>103</i> | SHEET <i>7</i> |
| COUNTY <i>Ouachita</i>   |   | CITY <i>Monroe</i>  |  |                 |                |
| ENUMERATED WITH <i>Cooley G B</i>  |   |   |  |                 |                |
| RELATIONSHIP TO ABOVE  |   |   |  |                 |                |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> WORKER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |  |                 |                |

FORM 16-437 (4-22-61)

1919 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |          |                |             |            |       |
|-------------------------|----------|----------------|-------------|------------|-------|
| R200                    |          | HEAD OF FAMILY |             | LOUISIANA  |       |
| COLOR                   | W        | NAME           | Riche Ramon | E.O.       | SHEET |
|                         |          | AGE            | 47          | 24         | 29    |
| COUNTY                  |          | Avovalles      |             | CITY       |       |
| OTHER MEMBERS OF FAMILY |          |                |             |            |       |
|                         | NAME     | RELATIONSHIP   | AGE         | BIRTHPLACE |       |
|                         | Angel    | W              | 49          |            |       |
|                         | Beatrice | D              | 23          |            |       |
|                         | Adelma   | S              | 21          |            |       |
|                         | Corine   | D              | 19          |            |       |
|                         | Jimmie   | S              | 17          |            |       |
|                         | Hattie   | D              | 15          |            |       |
|                         | Clare    | S              | 12          |            |       |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

HEAD OF FAMILY - CONTINUED

LOUISIANA

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME            | RELATIONSHIP | AGE       | BIRTHPLACE |
|-----------------|--------------|-----------|------------|
| 1 <i>Alvin</i>  | <i>D</i>     | <i>10</i> |            |
| <i>Maybelle</i> | <i>D</i>     | <i>7</i>  |            |
|                 |              |           |            |
|                 |              |           |            |
|                 |              |           |            |
|                 |              |           |            |
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|                 |              |           |            |
|                 |              |           |            |
|                 |              |           |            |

FORM 16-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

16COMMA-DC 16166-P61

|  |   |  |               |   |           |
|--|---|--|---------------|---|-----------|
| R200   |   | NAME OF INDIVIDUAL   |               | LOUISIANA   |           |
| COLOR  | W | AGE  | 29            | BIRTHPLACE  | LA 136 18 |
| COUNTY   |   |  | Vermillion    | CITY  |           |
| ENUMERATED WITH  |   |  | Abbeville     |   |           |
| RELATIONSHIP TO ABOVE  |   |  | Maup Nicholas |   |           |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |   | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> WIFE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |               | <input type="checkbox"/> IMMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify) |           |
|  |   |  |               | D   |           |

FORM 10-517 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18100-P01



|   |     |                    |  |           |       |
|---|-----|--------------------|--|-----------|-------|
| R200  |     | NAME OF INDIVIDUAL |  | LOUISIANA |       |
| COLOR   | AGE | BIRTHPLACE         |  | U.S.      | STATE |
| W   | 40  | Louisiana          |  | 114       | 42    |
| CITY  |     | Tangipahoa         |  | CITY      |       |
| RELATIONSHIP TO ABOVE   |     |                    |  |           |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE<br><input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NEECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW<br><input type="checkbox"/> HOUSE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> FORMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |     |                    |  |           |       |

FORM 10-437 (4-20-31)

1910 CENSUS INDEX - INDIVIDUAL

 U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |  |
|-------------------------|-----|----------------|-----|------------|--|
| R200                    |     | HEAD OF FAMILY |     | LOUISIANA  |  |
| Riggs Rosal             |     | E.D.           |     | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |     |            |  |
| CMW                     | 27  |                |     |            |  |
| COUNTY                  |     | CITY           |     |            |  |
| Iberia                  |     | New Iberia     |     |            |  |
| OTHER MEMBERS OF FAMILY |     |                |     |            |  |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| Eli                     |     | w              | 22  |            |  |
| Lyle                    |     | w              | 5   |            |  |
| Linda                   |     | d              | 3   |            |  |
| Lilly M.                |     | d              | 1   |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |

FORM 18-636 (4-20-61)

1970 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |  |  |           |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
|---|--|--|--|-----------|------------|------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|---|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R200  |  | NAME OF INDIVIDUAL<br>Rice, Raphael      |  | LOUISIANA | E.D.<br>71 | SHEET<br>7 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| COLOR<br>Mn   | AGE<br>12                                | BIRTHPLACE                               |  |           |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| COUNTY<br>St. James   |  | CITY                                     |  |           |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br>Shept Baltiger   |  |  |  |           |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |  |           |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NEECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |           |            |            | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NEECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |  |           |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NEECE           | <input type="checkbox"/> NURSE           |  |           |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |  |           |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |  |           |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |  |           |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |  |           |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |           |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |  |           |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |

FORM 10-437 (4-25-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 1910-P-81

|  |  |  |  |                   |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|--|-------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|-------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R 200  |  | NAME OF INDIVIDUAL<br><i>Russ. Kaplan</i>  |  | LOUISIANA         |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>B</i>  | AGE<br><i>20</i>                         | BIRTHPLACE                                 |  | E.D.<br><i>35</i> | SHEET<br><i>7</i> |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>Calcasieu</i>   |  | CITY<br><i>Lake Charles</i>                |  |                   |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Jehia, Lizzie</i>  |  |  |  |                   |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |  |                   |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> WIFE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |                   |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> WIFE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE            |  |                   |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> WIFE            | <input type="checkbox"/> NURSE             |  |                   |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |  |                   |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER |  |                   |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |  |                   |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |  |                   |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |                   |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |  |                   |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 16-637 (4-20-57)

1919 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |      |            |       |
|-------------------------|-----|----------------|------|------------|-------|
| R200                    |     | HEAD OF FAMILY |      | Louisiana  |       |
| COLOR                   | AGE | BIRTHPLACE     |      | E.D.       | SHEET |
| B                       | 36  | Rosa Bastus    |      | 129        | 9     |
| COUNTY                  |     |                | CITY |            |       |
| Iowa                    |     |                |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Augusta                 |     | W              | 34   |            |       |
| John J                  |     | D              | 12   |            |       |
| Marie                   |     | S              | 3    |            |       |
| Mack                    |     | S              | 2    |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |

FORM 18-636 (4-29-31)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |                |            |       |
|-------------------------|--|----------------|----------------|------------|-------|
| 1200                    |  | HEAD OF FAMILY |                | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE     | E.O.       | SHEET |
| D                       |  | 30             | Paris, England | 35         | 2     |
| COUNTY                  |  |                | CITY           |            |       |
| Jefferson               |  |                |                |            |       |
| OTHER MEMBERS OF FAMILY |  |                |                |            |       |
| NAME                    |  | RELATIONSHIP   | AGE            | BIRTHPLACE |       |
| Carrie                  |  | W              | 26             |            |       |
| Pauline                 |  | D              | 11             |            |       |
| William                 |  | S              | 9              |            |       |
| Pauline                 |  | M              | 65             |            |       |
|                         |  |                |                |            |       |
|                         |  |                |                |            |       |
|                         |  |                |                |            |       |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |                   |            |       |
|-------------------------|--|----------------|-------------------|------------|-------|
| R200                    |  | HEAD OF FAMILY |                   | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE        | E.D.       | SHEET |
| w                       |  | 26             | Iowa              | 38         | 16    |
| COUNTY                  |  |                | CITY              |            |       |
| Calcasieu               |  |                | Lake Charles City |            |       |
| OTHER MEMBERS OF FAMILY |  |                |                   |            |       |
| NAME                    |  | RELATIONSHIP   | AGE               | BIRTHPLACE |       |
| / Rena                  |  | w              | 23                | Iowa       |       |
| / Raulie                |  | L              | 4                 |            |       |
| / Syllvie               |  | w              | 2                 |            |       |
|                         |  |                |                   |            |       |
|                         |  |                |                   |            |       |
|                         |  |                |                   |            |       |
|                         |  |                |                   |            |       |
|                         |  |                |                   |            |       |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |           |                |     |            |       |
|-------------------------|-----------|----------------|-----|------------|-------|
| R200                    |           | HEAD OF FAMILY |     | LOUISIANA  |       |
| Raca                    |           | Rojies         |     | E.D.       | SHEET |
| COLOR                   | W         | AGE            | 76  | 75         | 15    |
| BIRTHPLACE              |           |                |     |            |       |
| COUNTY                  | Lafayette |                |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |           |                |     |            |       |
| NAME                    |           | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Richard                 |           | Paul           | BL  | 70         |       |
| Isomon                  |           | Mary           | 76  | 13         |       |
|                         |           |                |     |            |       |
|                         |           |                |     |            |       |
|                         |           |                |     |            |       |
|                         |           |                |     |            |       |
|                         |           |                |     |            |       |
|                         |           |                |     |            |       |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|  |     |   |      |  |       |
|--|-----|---|------|--|-------|
| R200   |     | NAME OF INDIVIDUAL  |      | LOUISIANA  |       |
| Rosa   |     | Rebecca   |      | E.D.   | SHEET |
| COLOR  | AGE | BIRTHPLACE  |      |  |       |
| B  | 13  |   |      |  |       |
| COUNTY   |     |   | CITY |  |       |
| East Carroll   |     |   |      |  |       |
| ENUMERATED WITH  |     |   |      |  |       |
| Martha Rebecca   |     |   |      |  |       |
| RELATIONSHIP TO ABOVE  |     |   |      |  |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br>D |       |

FORM 18-437 (4-30-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18100-P01

|  |  | LOUISIANA                                |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
|--|--|--|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|---|--|--|-------------------------------|---|--|--------------------------------|--|--|
| NAME OF INDIVIDUAL   |  | E.D.                                     | SHEET |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| A200 Reese, Rebecca  |  | 83                                       | 17    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| COLOR  | AGE                                      | BIRTHPLACE                               |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| B  | 5  |  |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| COUNTY   |  | CITY                                     |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| Rapides  |  |  |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH  |  |  |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| Cotton, Prince   |  |  |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tbody> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </tbody> </table> |  |  |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |

FORM 10-637 (4-25-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18198-P61

LOUISIANA

|   |  |  |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|--|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|--|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| <i>R 200</i>  |  | NAME OF INDIVIDUAL<br><i>Roxay Renee</i> |  | E.O.<br><i>74</i> | SHEET<br><i>17</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>W</i>   | AGE<br><i>29</i>                               | BIRTHPLACE                               |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>Iberia</i>   |  | CITY<br><i>Georgetown</i>                |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Jaylor Nayerne</i>  |  |  |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input checked="" type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |                   |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input checked="" type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW                | <input type="checkbox"/> INMATE          |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE                 | <input type="checkbox"/> NURSE           |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW         | <input type="checkbox"/> PATIENT         |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW         | <input type="checkbox"/> ROOMER          |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input checked="" type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT         |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW       | <input type="checkbox"/> OTHER (Specify) |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW        |  |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW         |  |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 16-637 (4-26-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18198-P01

|  |  |  |  |   |         |
|--|--|--|--|---|---------|
| B200   |  | NAME OF INDIVIDUAL   |  | LOUISIANA   |         |
| COLOR  |  | AGE  |  | 88  | SHEET 6 |
| B  |  | 21   |  | BIRTHPLACE  |         |
| COUNTY   |  |  |  | CITY  |         |
| St. Mary   |  |  |  | Franklin  |         |
| ENUMERATED WITH  |  |  |  |   |         |
| Rocks Alfred   |  |  |  |   |         |
| RELATIONSHIP TO ABOVE  |  |  |  |   |         |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input checked="" type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> WIDOW<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |         |

FORM 16-537 (4-22-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1919 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 1919D-P61

|                         |                |              |           |            |
|-------------------------|----------------|--------------|-----------|------------|
| R 200                   | HEAD OF FAMILY |              | Louisiana |            |
| COLOR                   | AGE            | BIRTHPLACE   |           | E.D.       |
| W                       | 25             | Ritz Resrich |           | 1 5        |
| COUNTY                  | Assumption     |              | CITY      |            |
| OTHER MEMBERS OF FAMILY |                |              |           |            |
| NAME                    |                | RELATIONSHIP | AGE       | BIRTHPLACE |
| Gracie                  |                | W            | 54        |            |
| Samuel                  |                | 1            | 21        |            |
| Frederick               |                | 10           | 16        |            |
| Emmeline                |                | 11           | 15        |            |
| Bliss                   |                | 12           | 2         |            |
|                         |                |              |           |            |
|                         |                |              |           |            |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |       |            |       |
|-------------------------|--|----------------|-------|------------|-------|
| R200                    |  | HEAD OF FAMILY |       | LOUISIANA  |       |
| COLOR                   |  | AGE            |       | E.O.       | SHEET |
| B                       |  | 28             |       | 91         | 8     |
| COUNTY                  |  |                | CITY  |            |       |
| Rapides                 |  |                | Bayou |            |       |
| OTHER MEMBERS OF FAMILY |  |                |       |            |       |
| NAME                    |  | RELATIONSHIP   | AGE   | BIRTHPLACE |       |
| Maud                    |  | S              | 11    |            |       |
| B. C. C. C.             |  | S              | 7     |            |       |
| Frank                   |  | S              | 5     |            |       |
|                         |  |                |       |            |       |
|                         |  |                |       |            |       |
|                         |  |                |       |            |       |
|                         |  |                |       |            |       |
|                         |  |                |       |            |       |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |  |  |           |   |
|--|--|--|--|-----------|---|
| R200   |  | NAME OF INDIVIDUAL                       |  | LOUISIANA |   |
| Rosa, Richard                                |  | E.O.                                     |  | SHEET     |   |
| COLOR  | AGE                                      | BIRTHPLACE                               |  | 77        | 5 |
| 13   | 6  |  |  |           |   |
| COUNTY                                       |  | CITY                                     |  |           |   |
| Rapid  |  |  |  |           |   |
| ENUMERATED WITH                              |  |  |  |           |   |
| King, Dennis                                 |  |  |  |           |   |
| RELATIONSHIP TO ABOVE                        |  |  |  |           |   |
| <input type="checkbox"/> FATHER              | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDWIFE         |  |           |   |
| <input type="checkbox"/> MOTHER              | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |  |           |   |
| <input type="checkbox"/> GRANDFATHER         | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |  |           |   |
| <input type="checkbox"/> GRANDMOTHER         | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |  |           |   |
| <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |  |           |   |
| <input type="checkbox"/> GRANDDAUGHTER       | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |  |           |   |
| <input type="checkbox"/> AUNT                | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |           |   |
| <input type="checkbox"/> UNCLE               | <input type="checkbox"/> SISTER-IN-LAW   |  |  |           |   |

FORM 10-437 (4-29-51)

1970 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCORN-DC 1910-961

|  |  |   |            |   |             |
|--|--|---|------------|---|-------------|
| R 20   |  | NAME OF INDIVIDUAL<br>Koyse Richard   |            | LOUISIANA   |             |
| COLOR<br>B   |  | AGE<br>45   | BIRTHPLACE | C.O.<br>33  | SHEET<br>11 |
| COUNTY   |  |   | CITY       |   |             |
| Calcasieu  |  |   |            |   |             |
| ENUMERATED WITH<br>Sally John  |  |   |            |   |             |
| RELATIONSHIP TO ABOVE  |  |   |            |   |             |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |            | <input type="checkbox"/> INMATE<br><input type="checkbox"/> BURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> WORKER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |             |

FORM 16-537 (4-20-01)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-OC 1910-P01



|                         |          |                 |           |            |                |
|-------------------------|----------|-----------------|-----------|------------|----------------|
| <i>R200</i>             |          | HEAD OF FAMILY  |           | LOUISIANA  |                |
| COLOR                   | <i>W</i> | AGE             | <i>25</i> | BIRTHPLACE | <i>Richard</i> |
| COUNTY                  |          | <i>Franklin</i> |           | CITY       |                |
| OTHER MEMBERS OF FAMILY |          |                 |           |            |                |
| NAME                    |          | RELATIONSHIP    | AGE       | BIRTHPLACE |                |
| <i>Lena</i>             |          | <i>W</i>        | <i>25</i> |            |                |
| <i>Radleigh</i>         |          | <i>S</i>        | <i>1</i>  |            |                |
|                         |          |                 |           |            |                |
|                         |          |                 |           |            |                |
|                         |          |                 |           |            |                |
|                         |          |                 |           |            |                |
|                         |          |                 |           |            |                |
|                         |          |                 |           |            |                |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |         |                |      |            |  |
|-------------------------|---------|----------------|------|------------|--|
| P200                    |         | HEAD OF FAMILY |      | LOUISIANA  |  |
| Ricka Richard           |         | E.D.           |      | SHEET      |  |
| 36                      |         | 17             |      |            |  |
| COLOR                   | AGE     | BIRTHPLACE     |      |            |  |
| B                       | 50      |                |      |            |  |
| COUNTY                  |         |                | CITY |            |  |
| East Baton Rouge        |         |                |      |            |  |
| OTHER MEMBERS OF FAMILY |         |                |      |            |  |
|                         | NAME    | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
|                         | Melinda | H              | NR   |            |  |
|                         | George  | S              | 21   |            |  |
|                         | Octavia | D L            | 16   |            |  |
|                         |         |                |      |            |  |
|                         |         |                |      |            |  |
|                         |         |                |      |            |  |
|                         |         |                |      |            |  |
|                         |         |                |      |            |  |

FORM 16-536 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



LOUISIANA

|   |                  |   |  |   |                   |
|---|------------------|---|--|---|-------------------|
| P200  |                  | NAME OF INDIVIDUAL<br><i>Creswell Richard</i>   |  | E.D.<br><i>70</i>   | SHEET<br><i>2</i> |
| COLOR<br><i>W</i>   | AGE<br><i>30</i> | BIRTHPLACE<br><i>LA 302</i>   |  |   |                   |
| COUNTY  |                  | CITY  |  |   |                   |
| ENUMERATED WITH<br><i>Persons W.F.</i>  |                  |   |  |   |                   |
| RELATIONSHIP TO ABOVE   |                  |   |  |   |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input checked="" type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify)<br><hr/> |                   |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1970 CENSUS INDEX - INDIV

USCOMM-DC 10100-P01

|                         |  |                |  |               |  |            |  |
|-------------------------|--|----------------|--|---------------|--|------------|--|
| R200                    |  | HEAD OF FAMILY |  | Roach Richard |  | LOUISIANA  |  |
| COLOR                   |  | AGE            |  | BIRTHPLACE    |  | E.O. SHEET |  |
| B                       |  | 22             |  |               |  | 146 13     |  |
| COUNTY                  |  |                |  | CITY          |  |            |  |
| West Feliciana          |  |                |  |               |  |            |  |
| OTHER MEMBERS OF FAMILY |  |                |  |               |  |            |  |
| NAME                    |  |                |  | RELATIONSHIP  |  | AGE        |  |
|                         |  |                |  |               |  |            |  |
| Living alone            |  |                |  |               |  |            |  |
|                         |  |                |  |               |  |            |  |
|                         |  |                |  |               |  |            |  |
|                         |  |                |  |               |  |            |  |
|                         |  |                |  |               |  |            |  |
|                         |  |                |  |               |  |            |  |
|                         |  |                |  |               |  |            |  |
|                         |  |                |  |               |  |            |  |

FORM 18-636 (4-30-67)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |    |               |     |            |    |
|-------------------------|---|----------------|----|---------------|-----|------------|----|
| R200                    |   | HEAD OF FAMILY |    | Rusk, Richard |     | LOUISIANA  |    |
| COLOR                   | W | AGE            | 68 | BIRTHPLACE    |     | E.O.       | 20 |
|                         |   |                |    |               |     | SHEET      | 10 |
| COUNTY                  |   |                |    | Avoyelles     |     | CITY       |    |
| OTHER MEMBERS OF FAMILY |   |                |    |               |     |            |    |
| NAME                    |   |                |    | RELATIONSHIP  | AGE | BIRTHPLACE |    |
| Living Alone            |   |                |    |               |     |            |    |
|                         |   |                |    |               |     |            |    |
|                         |   |                |    |               |     |            |    |
|                         |   |                |    |               |     |            |    |
|                         |   |                |    |               |     |            |    |
|                         |   |                |    |               |     |            |    |
|                         |   |                |    |               |     |            |    |
|                         |   |                |    |               |     |            |    |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
|   |  | LOUISIANA                                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| R200  | NAME OF INDIVIDUAL<br>Ross Rustand       |  | S.D. 114 SHEET 14 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br>B  | AGE<br>30                                | BIRTHPLACE<br>MS                           |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br>Richland  |  | CITY<br>Reynolds                           |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br>Clarke William   |  |  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE            |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE             |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 16-537 (4-26-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 16155-P61

|  |                  |  |      |  |                    |
|--|------------------|--|------|--|--------------------|
| A 200  |                  | NAME OF INDIVIDUAL<br><i>Rosa Richard</i>  |      | E.D.<br><i>113</i>   | SHEET<br><i>20</i> |
| COLOR<br><i>B</i>  | AGE<br><i>26</i> | BIRTHPLACE   |      |  |                    |
| COUNTY<br><i>Richland</i>  |                  |  | CITY |  |                    |
| ENUMERATED WITH<br><i>Carter Albie</i>   |                  |  |      |  |                    |
| RELATIONSHIP TO ABOVE  |                  |  |      |  |                    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input checked="" type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                    |

FORM 10-437 (4-20-31)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

1250000-DC 19100-P01



|                         |  |                |            |            |            |
|-------------------------|--|----------------|------------|------------|------------|
| R 300                   |  | HEAD OF FAMILY |            | LOUISIANA  |            |
| COLOR                   |  | AGE            | BIRTHPLACE |            | E.D. SHEET |
| W                       |  | 27             |            |            | 59 3       |
| COUNTY                  |  |                | CITY       |            |            |
| St. Bernard             |  |                |            |            |            |
| OTHER MEMBERS OF FAMILY |  |                |            |            |            |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |            |
| Germaine                |  | W              | 27         |            |            |
| Cecile                  |  | D              | 5          |            |            |
| Louise                  |  | D              | 4          |            |            |
| Elizabeth               |  | D              | 3          |            |            |
| Richard                 |  | S              | 1 1/2      |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |

Form 16-636 (4-20-61)

1919 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |      |            |  |
|-------------------------|-----|----------------|------|------------|--|
| 1920                    |     | HEAD OF FAMILY |      | LOUISIANA  |  |
| Rossa Richard           |     | E.D.           |      | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |      |            |  |
| B                       | 44  | Miss           |      |            |  |
| COUNTY                  |     |                | CITY |            |  |
| Tensas                  |     |                |      |            |  |
| OTHER MEMBERS OF FAMILY |     |                |      |            |  |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| Martha                  |     | w              | 47   |            |  |
| Lucas                   |     | Son            | 14   |            |  |
| Lodge                   |     | Son            | 9    |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |  |  |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|--|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|-------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R200   |  | NAME OF INDIVIDUAL                         |  | LOUISIANA |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| R200   |  | R200                                       |  | E.D.      | SHEET |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR  | AGE                                      | BIRTHPLACE                                 |  | 31        | 7     |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| W  | 33                                       |  |  |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY   |  | CITY                                       |  |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Jefferson  |  |  |  |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RESIDENT WITH  |  |  |  |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Pezame Felix   |  |  |  |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |  |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> WIFE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> WIFE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE            |  |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> WIFE            | <input type="checkbox"/> NURSE             |  |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |  |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER |  |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |  |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |  |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |  |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 16-437 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCENS-DC 1910-P61

|  |  |   |  |                   |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|--|--|---|--|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|-------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| R 202  |  | NAME OF INDIVIDUAL<br><i>Frank Richardson</i>       |  | E.D.<br><i>46</i> | SHEET<br><i>11</i> |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR<br><i>B</i>  | AGE<br><i>40</i>                         | BIRTHPLACE<br><i>D.C.</i>                           |  |                   |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY<br><i>Calcasieu</i>   |  | CITY  |  |                   |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Jones, George</i>  |  |   |  |                   |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   |  |                   |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> WIFE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |                   |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> WIFE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |  |                   |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> WIFE            | <input type="checkbox"/> NURSE                      |  |                   |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |                   |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |                   |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |                   |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |                   |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |                   |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |   |  |                   |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <i>Boarder</i>   |  |   |  |                   |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 16-537 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18156-P01

LOUISIANA

|  |          |   |      |  |             |
|--|----------|---|------|--|-------------|
| R200   |          | NAME OF INDIVIDUAL<br>Rock Right  |      | E.D.<br>101  | SHEET<br>12 |
| COLOR<br>MU  | AGE<br>5 | BIRTHPLACE<br>Red River   |      |  |             |
| COUNTY   |          |   | CITY |  |             |
| ENUMERATED WITH<br>Owens Maile   |          |   |      |  |             |
| RELATIONSHIP TO ABOVE  |          |   |      |  |             |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |          | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> ROOMMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br>5 |             |

FORM 10-637 (2-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1970 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 10100-P01

|                         |  |                |            |            |            |
|-------------------------|--|----------------|------------|------------|------------|
| R200                    |  | HEAD OF FAMILY |            | LOUISIANA  |            |
| COLOR                   |  | AGE            | BIRTHPLACE |            | E.D. SHEET |
| 0                       |  | 20             | Rock Right |            | 72 2       |
| COUNTY                  |  |                | CITY       |            |            |
| De Soto                 |  |                |            |            |            |
| OTHER MEMBERS OF FAMILY |  |                |            |            |            |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |            |
| And 2 postuma           |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |

FORM 18-636 (4-26-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |  |              |  |               |  |
|-------------------------|--|----------------|--|--------------|--|---------------|--|
| R200                    |  | HEAD OF FAMILY |  | Roach, Rinal |  | LOUISIANA     |  |
| COLOR                   |  | AGE            |  | BIRTHPLACE   |  | E.D. SHEET    |  |
| M                       |  | 37             |  |              |  | 25 25         |  |
| COUNTY                  |  |                |  | Jefferson    |  | CITY          |  |
|                         |  |                |  |              |  | The Longville |  |
| OTHER MEMBERS OF FAMILY |  |                |  |              |  |               |  |
| NAME                    |  |                |  | RELATIONSHIP |  | AGE           |  |
|                         |  |                |  |              |  | BIRTHPLACE    |  |
| Among                   |  |                |  | W            |  | 36            |  |
| Leonard                 |  |                |  | S            |  | 18            |  |
| Elliot                  |  |                |  | S            |  | 16            |  |
| Edward                  |  |                |  | S            |  | 14            |  |
| Mary                    |  |                |  | D            |  | 2             |  |
| Celita                  |  |                |  | D            |  | 3/12          |  |
|                         |  |                |  |              |  |               |  |
|                         |  |                |  |              |  |               |  |

FORM 18-636 (4-20-31)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |                  |   |                           |  |             |
|--|------------------|---|---------------------------|--|-------------|
| R200   |                  | NAME OF INDIVIDUAL<br><i>Ross Robert</i>  |                           | U.S.<br>80   | SHEET<br>12 |
| COLOR<br><i>B</i>  | AGE<br><i>26</i> | BIRTHPLACE  |                           |  |             |
| COUNTY   |                  | <i>Rapides</i>  | CITY<br><i>Alexandria</i> |  |             |
| ENUMERATED WITH<br><i>Eckley Laura</i>   |                  |   |                           |  |             |
| RELATIONSHIP TO ABOVE  |                  |   |                           |  |             |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |                           | <input type="checkbox"/> WMA TE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> WOMEN<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |             |

FORM 10-537 (4-22-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 1910-P-97



|  |  |  |                            |   |                   |
|--|--|--|----------------------------|---|-------------------|
| B 200  |  | NAME OF INDIVIDUAL<br><i>Ricks Robert</i>  |                            | LOUISIANA   |                   |
| COLOR<br><i>W</i>  |  | AGE<br><i>42</i>   | BIRTHPLACE<br><i>Tex</i>   | E.D.<br><i>23</i>   | SHEET<br><i>5</i> |
| COUNTY   |  |  | CITY<br><i>Port Orange</i> |   |                   |
| ENUMERATED WITH<br><i>For Port Orange</i><br><i>Granger Hickey</i>   |  |  |                            |   |                   |
| RELATIONSHIP TO ABOVE  |  |  |                            |   |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NICE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |                            | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> WORKER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                   |

FORM 19-437 (4-23-61)

1919 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |  |              |  |            |  |
|-------------------------|--|----------------|--|--------------|--|------------|--|
| R200                    |  | HEAD OF FAMILY |  | Rice Robert  |  | LOUISIANA  |  |
| COLOR                   |  | AGE            |  | BIRTHPLACE   |  | E.D. SHEET |  |
| W                       |  | 20             |  |              |  | 42 28      |  |
| COUNTY                  |  |                |  | Calcasieu    |  | CITY       |  |
| OTHER MEMBERS OF FAMILY |  |                |  |              |  |            |  |
| NAME                    |  |                |  | RELATIONSHIP |  | AGE        |  |
| 1 Aedy                  |  |                |  | W            |  | 22         |  |
|                         |  |                |  |              |  |            |  |
|                         |  |                |  |              |  |            |  |
|                         |  |                |  |              |  |            |  |
|                         |  |                |  |              |  |            |  |
|                         |  |                |  |              |  |            |  |
|                         |  |                |  |              |  |            |  |
|                         |  |                |  |              |  |            |  |
|                         |  |                |  |              |  |            |  |

FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |        |            |  |           |    |
|-------------------------|---|----------------|--------|------------|--|-----------|----|
| Brow                    |   | HEAD OF FAMILY |        | Robert     |  | LOUISIANA |    |
| COLOR                   | W | AGE            | 38     | BIRTHPLACE |  | S.D.      | 40 |
| COUNTY                  |   |                |        | SHEET      |  |           |    |
| Lafourche               |   |                |        | CITY       |  |           |    |
|                         |   |                |        | Lockport   |  |           |    |
| OTHER MEMBERS OF FAMILY |   |                |        |            |  |           |    |
| NAME                    |   | RELATIONSHIP   | AGE    | BIRTHPLACE |  |           |    |
| Cecelia                 |   | w              | 36     |            |  |           |    |
| Abel                    |   | s              | 15     |            |  |           |    |
| Robert Jr               |   | s              | 12     |            |  |           |    |
| Percy                   |   | s              | 8      |            |  |           |    |
| August                  |   | s              | 6      |            |  |           |    |
| Sidney                  |   | s              | 4      |            |  |           |    |
| Edward                  |   | s              | 10 1/2 |            |  |           |    |

FORM 18-536 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME   | RELATIONSHIP | AGE | BIRTHPLACE |
|--------|--------------|-----|------------|
| Mabel  | D            | 16  |            |
| Pearl  | D            | 13  |            |
| Agita  | D            | 12  |            |
| Kena   | D            | 4   |            |
| Lussie | D            | 2   |            |
|        |              |     |            |
|        |              |     |            |
|        |              |     |            |
|        |              |     |            |
|        |              |     |            |

FORM 18-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 1910-P61

|                         |  |                |           |            |       |
|-------------------------|--|----------------|-----------|------------|-------|
| R 200                   |  | HEAD OF FAMILY |           | LOUISIANA  |       |
| COLOR                   |  | AGE            |           | E.D.       | SHEET |
| B                       |  | 40             |           | 70         | 11    |
| COUNTY                  |  |                | CITY      |            |       |
| Lafayette               |  |                | Lafayette |            |       |
| OTHER MEMBERS OF FAMILY |  |                |           |            |       |
| NAME                    |  | RELATIONSHIP   | AGE       | BIRTHPLACE |       |
| Maria                   |  | W              | 34        |            |       |
| Joseph J.               |  | S              | 14        |            |       |
| George                  |  | S              | 16        |            |       |
| Lawrence                |  | D              | 19        |            |       |
| Lucille                 |  | G-C            | 1         |            |       |
|                         |  |                |           |            |       |
|                         |  |                |           |            |       |

FORM 18-636 (4-20-67)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |           |   |  |   |            |
|--|-----------|---|--|---|------------|
| R 200  |           | NAME OF INDIVIDUAL<br>Rosa Robert   |  | E.D.<br>121   | SHEET<br>5 |
| COLOR<br>B   | AGE<br>32 | BIRTHPLACE  |  |   |            |
| COUNTY<br>LOUISIANA  |           | CITY<br>Newellton   |  |   |            |
| ENUMERATED WITH<br>Eugene Dennis   |           |   |  |   |            |
| RELATIONSHIP TO ABOVE  |           |   |  |   |            |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |           | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |            |

Form 10-437 (4-20-41)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USEFORM-NC 10100-001

|                         |     |                |     |            |  |
|-------------------------|-----|----------------|-----|------------|--|
| A 202                   |     | HEAD OF FAMILY |     | LOUISIANA  |  |
| ROSE, Robert            |     | E.O.           |     | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |     |            |  |
| B                       | 30  |                |     |            |  |
| COUNTY                  |     | Plaquemines    |     | CITY       |  |
| OTHER MEMBERS OF FAMILY |     |                |     |            |  |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| Holly                   |     | W              | 27  |            |  |
| Lelina                  |     | D              | 6   |            |  |
| Lealy                   |     | D              | 4   |            |  |
| Leonard                 |     | S              | 3   |            |  |
| Gertrude                |     | D              | 2   |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |

FORM 70-636 (4-22-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |       |            |  |
|-------------------------|-----|----------------|-------|------------|--|
| 12202                   |     | HEAD OF FAMILY |       | Louisiana  |  |
| E.D.                    |     | SHEET          |       |            |  |
| COLOR                   | AGE | BIRTHPLACE     |       |            |  |
| W                       | 39  |                |       |            |  |
| COUNTY                  |     | Plaquemine     |       | CITY       |  |
| OTHER MEMBERS OF FAMILY |     |                |       |            |  |
| NAME                    |     | RELATIONSHIP   | AGE   | BIRTHPLACE |  |
| Cliza                   |     | W              | 30    |            |  |
| Martin                  |     | S              | 8     |            |  |
| Marthilda               |     | d              | 4     |            |  |
| Lissy                   |     | d              | 1 1/2 |            |  |
| and 1 boarder           |     |                |       |            |  |
|                         |     |                |       |            |  |
|                         |     |                |       |            |  |
|                         |     |                |       |            |  |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



LOUISIANA

|  |  |  |  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
|--|--|--|--|------------|------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|--|--|--------------------------------|--|--|
| P200   |  | NAME OF INDIVIDUAL<br>Rose, Robert       |  | E.O.<br>55 | SHEET<br>9 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| COLOR<br>Mu  | AGE<br>33  | BIRTHPLACE                               |  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| COUNTY<br>Cameron  |  | CITY                                     |  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| ENUMERATED WITH<br>Petroit, Philogan   |  |  |  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> INMATE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input checked="" type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> |  |  |  |            |            | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input checked="" type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW                    | <input type="checkbox"/> INMATE          |  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE                     | <input type="checkbox"/> NURSE           |  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW             | <input type="checkbox"/> PATIENT         |  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW             | <input type="checkbox"/> ROOMER          |  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW                | <input type="checkbox"/> SERVANT         |  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW           | <input type="checkbox"/> OTHER (Specify) |  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input checked="" type="checkbox"/> BROTHER-IN-LAW |  |  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW             |  |  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |

FORM 18-637 (4-29-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 16199-P61

|                         |              |                |             |            |       |
|-------------------------|--------------|----------------|-------------|------------|-------|
| R200                    |              | HEAD OF FAMILY |             | LOUISIANA  |       |
| B                       |              | 50             | Bush Robert | E.D.       | SHEET |
| COLOR                   | AGE          | BIRTHPLACE     |             | 44         | 16    |
| COUNTY                  | East Carroll |                |             | CITY       |       |
| OTHER MEMBERS OF FAMILY |              |                |             |            |       |
| NAME                    |              | RELATIONSHIP   | AGE         | BIRTHPLACE |       |
| 1                       | Catherine    | W              | 52          | Miss       |       |
|                         |              |                |             |            |       |
|                         |              |                |             |            |       |
|                         |              |                |             |            |       |
|                         |              |                |             |            |       |
|                         |              |                |             |            |       |
|                         |              |                |             |            |       |
|                         |              |                |             |            |       |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |                  |   |      |  |                   |
|--|------------------|---|------|--|-------------------|
| R260   |                  | NAME OF INDIVIDUAL<br><i>Roush Robert</i>   |      | E.D.<br><i>71</i>  | SHEET<br><i>7</i> |
| COLOR<br><i>W</i>  | AGE<br><i>23</i> | BIRTHPLACE  |      |  |                   |
| COUNTY<br><i>In Soto</i>   |                  |   | CITY |  |                   |
| ENUMERATED WITH<br><i>Laffitte, Edward</i>   |                  |   |      |  |                   |
| RELATIONSHIP TO ABOVE  |                  |   |      |  |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> PRIVATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>C</i> |                   |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

175001-40-DC 15192-P-61

LOUISIANA

| LOUISIANA                |                                   |              |           |            |
|--------------------------|-----------------------------------|--------------|-----------|------------|
| E.D.                     | SHEET                             |              |           |            |
| <i>R 207</i>             | HEAD OF FAMILY <i>Rice Robert</i> | <i>20</i>    | <i>15</i> |            |
| COLOR <i>B</i>           | AGE <i>42</i>                     | BIRTHPLACE   |           |            |
| COUNTY <i>Clai borne</i> | CITY                              |              |           |            |
| OTHER MEMBERS OF FAMILY  |                                   |              |           |            |
| NAME                     |                                   | RELATIONSHIP | AGE       | BIRTHPLACE |
| <i>1 Olivia</i>          |                                   | <i>w</i>     | <i>30</i> |            |
| <i>Shirley Cass</i>      |                                   | <i>mh</i>    | <i>65</i> |            |
| <i>Martin Luther</i>     |                                   | <i>n</i>     | <i>16</i> |            |
|                          |                                   |              |           |            |
|                          |                                   |              |           |            |
|                          |                                   |              |           |            |
|                          |                                   |              |           |            |
|                          |                                   |              |           |            |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |            |   |  |   |  |
|--|------------|---|--|---|--|
| R200   |            | NAME OF INDIVIDUAL  |  | LOUISIANA   |  |
| Rice Robert  |            | E.O.  |  | SHEET   |  |
| COLOR  | AGE        | BIRTHPLACE  |  | 130 13  |  |
| B  | 20         | Miss  |  |   |  |
| COUNTY   | Washington | CITY  |  | Rice  |  |
| ENUMERATED WITH  |            |   |  |   |  |
| James, Willie F  |            |   |  |   |  |
| RELATIONSHIP TO ABOVE  |            |   |  |   |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |            | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |  |

FORM 16-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18195-P01

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| K-200                   |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.O.       | SHEET |
| B                       |  | 32             |            | 133        | 12    |
| COUNTY                  |  |                | Union      | CITY       |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Archie                  |  | W              | 35         | Ork        |       |
| Cal B                   |  | S              | 16         |            |       |
| Will                    |  | S              | 14         |            |       |
| Cecy A                  |  | S              | 10         |            |       |
| Leonard                 |  | S              | 8          |            |       |
| Lucile                  |  | S              | 7          |            |       |
| Ally M                  |  | S              | 5          |            |       |

FORM 16-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



LOUISIANA

|  |  |  |  |             |             |
|--|--|--|--|-------------|-------------|
| R-200                                  |  | NAME OF INDIVIDUAL<br>Rose Robert          |  | E.D.<br>133 | SHEET<br>28 |
| COLOR<br>W                             | AGE<br>29                                | BIRTHPLACE<br>Ky                           |  |             |             |
| COUNTY<br>Union                        |  | CITY                                       |  |             |             |
| ENUMERATED WITH<br>Estrada Haden F.    |  |  |  |             |             |
| RELATIONSHIP TO ABOVE                  |  |  |  |             |             |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE            |  |             |             |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE             |  |             |             |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |  |             |             |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER |  |             |             |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |  |             |             |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |  |             |             |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |             |             |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW   |  |  |             |             |

FORM 10-627 (4-22-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 1898-P61



LOUISIANA

|  |   |                    |   |                |  |   |    |       |   |
|--|---|--------------------|---|----------------|--|---|----|-------|---|
| R 200  |   | NAME OF INDIVIDUAL |   | Roscoe, Robert |  | E.O.  | 26 | SHEET | 8 |
| COLOR  | B | AGE                | 21  | BIRTHPLACE     |  |   |    |       |   |
| COUNTY   |   |                    |   | Bossier        |  | CITY  |    |       |   |
| ENUMERATED WITH  |   |                    |   |                |  |   |    |       |   |
| Roscoe, Willie B   |   |                    |   |                |  |   |    |       |   |
| RELATIONSHIP TO ABOVE  |   |                    |   |                |  |   |    |       |   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |   |                    | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |                |  | <input type="checkbox"/> WHAITE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify) |    |       |   |

FORM 10-537 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1930 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 1949-P01

| HEAD OF FAMILY              |              |            | LOUISIANA  |       |
|-----------------------------|--------------|------------|------------|-------|
| NAME                        |              |            | E.D.       | SHEET |
| R200 <i>Kueg Robert</i>     |              |            | 82         | 33    |
| COLOR                       | AGE          | BIRTHPLACE |            |       |
| <i>W</i>                    | 28           |            |            |       |
| COUNTY                      |              | CITY       |            |       |
| <i>St. John the Baptist</i> |              |            |            |       |
| OTHER MEMBERS OF FAMILY     |              |            |            |       |
| NAME                        | RELATIONSHIP | AGE        | BIRTHPLACE |       |
| <i>1 Katie</i>              | <i>W</i>     | 23         |            |       |
| <i>4 Bo.</i>                |              |            |            |       |
|                             |              |            |            |       |
|                             |              |            |            |       |
|                             |              |            |            |       |
|                             |              |            |            |       |
|                             |              |            |            |       |
|                             |              |            |            |       |

FORM 16-436 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |      |           |  |
|-------------------------|--|----------------|------------|------------|------|-----------|--|
| R200                    |  | HEAD OF FAMILY |            | ROSE, ROBT |      | LOUISIANA |  |
| COLOR                   |  | AGE            | BIRTHPLACE |            | E.D. | SHEET     |  |
| B                       |  | 24             |            |            | 69   | 1         |  |
| COUNTY                  |  |                |            | CITY       |      |           |  |
| St. James               |  |                |            |            |      |           |  |
| OTHER MEMBERS OF FAMILY |  |                |            |            |      |           |  |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |      |           |  |
| Ella                    |  | W              | 23         |            |      |           |  |
| Osa                     |  | d              | 3          |            |      |           |  |
|                         |  |                |            |            |      |           |  |
|                         |  |                |            |            |      |           |  |
|                         |  |                |            |            |      |           |  |
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FORM 18-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                      |                |     |            |  |
|-------------------------|----------------------|----------------|-----|------------|--|
| R 200                   |                      | HEAD OF FAMILY |     | LOUISIANA  |  |
| Hoss Robert             |                      | E.D.           |     | SHEET      |  |
| 82                      |                      | 20             |     |            |  |
| COLOR                   | AGE                  | BIRTHPLACE     |     |            |  |
| O                       | 25                   |                |     |            |  |
| COUNTY                  | St. John the Baptist |                |     | CITY       |  |
| OTHER MEMBERS OF FAMILY |                      |                |     |            |  |
| NAME                    |                      | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| 1 Emma                  |                      | W              | 17  |            |  |
|                         |                      |                |     |            |  |
|                         |                      |                |     |            |  |
|                         |                      |                |     |            |  |
|                         |                      |                |     |            |  |
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FORM 10-436 (4-30-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |  |              |  |            |  |
|-------------------------|--|----------------|--|--------------|--|------------|--|
| R200                    |  | HEAD OF FAMILY |  | Reese, Robt. |  | LOUISIANA  |  |
| COLOR                   |  | AGE            |  | BIRTHPLACE   |  | E.O. SHEET |  |
| 13                      |  | 35             |  |              |  | 95-1       |  |
| COUNTY                  |  |                |  | CITY         |  |            |  |
| Morehouse               |  |                |  |              |  |            |  |
| OTHER MEMBERS OF FAMILY |  |                |  |              |  |            |  |
| NAME                    |  |                |  | RELATIONSHIP |  | AGE        |  |
| Sarah                   |  |                |  | Wife         |  | 35         |  |
| Lucy                    |  |                |  | Daughter     |  | 18         |  |
| Robt.                   |  |                |  | Son          |  | 14         |  |
| Henry                   |  |                |  | Son          |  | 9          |  |
|                         |  |                |  |              |  |            |  |
|                         |  |                |  |              |  |            |  |
|                         |  |                |  |              |  |            |  |

FORM 16-436 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |              |               |            |           |  |
|-------------------------|---|----------------|--------------|---------------|------------|-----------|--|
| P 200                   |   | HEAD OF FAMILY |              | ROBERT ROBERT |            | LOUISIANA |  |
| E.D.                    |   | SHEET          |              | 97            |            | 43        |  |
| COLOR                   | W | AGE            | 63           | BIRTHPLACE    |            |           |  |
| COUNTY                  |   |                |              | CITY          |            |           |  |
| Morehouse               |   |                |              |               |            |           |  |
| OTHER MEMBERS OF FAMILY |   |                |              |               |            |           |  |
| NAME                    |   |                | RELATIONSHIP | AGE           | BIRTHPLACE |           |  |
| Living alone            |   |                |              |               |            |           |  |
|                         |   |                |              |               |            |           |  |
|                         |   |                |              |               |            |           |  |
|                         |   |                |              |               |            |           |  |
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FORM 16-436 (4-20-31)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |  |              |  |           |       |
|-------------------------|--|----------------|--|--------------|--|-----------|-------|
| K200                    |  | HEAD OF FAMILY |  | Koss Robt.   |  | LOUISIANA |       |
| COLOR                   |  | AGE            |  | BIRTHPLACE   |  | E.D.      | SHEET |
| B                       |  | 52             |  | Miss         |  | 719       | 16    |
| COUNTY                  |  |                |  | CITY         |  |           |       |
| Tensas                  |  |                |  |              |  |           |       |
| OTHER MEMBERS OF FAMILY |  |                |  |              |  |           |       |
| NAME                    |  |                |  | RELATIONSHIP |  | AGE       |       |
|                         |  |                |  |              |  |           |       |
| 1 Belle                 |  |                |  | W            |  | 50        |       |
|                         |  |                |  |              |  | h. g      |       |
|                         |  |                |  |              |  |           |       |
|                         |  |                |  |              |  |           |       |
|                         |  |                |  |              |  |           |       |
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FORM 19-436 (4-20-31)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |  |   |             |
|--|--|---|-------------|
| P 200                                  | NAME OF INDIVIDUAL<br>Ross Robert        | E.O.<br>57  | SHEET<br>19 |
| COLOR<br>Thru                          | AGE<br>16                                | BIRTHPLACE  |             |
| COUNTY                                 | Boeraville                               | CITY  |             |
| ENUMERATED WITH<br>William, L. Lester  |  |   |             |
| RELATIONSHIP TO ABOVE                  |  |   |             |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIFE                       |             |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |             |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |             |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |             |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |             |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |             |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW  | Ad L  |             |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW   |   |             |

FORM 10-637 (4-22-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 1910-P01



|                             |  |                |            |            |            |
|-----------------------------|--|----------------|------------|------------|------------|
| B200                        |  | HEAD OF FAMILY |            | LOUISIANA  |            |
| COLOR                       |  | AGE            | BIRTHPLACE |            | E.O. SHEET |
| B                           |  | 35             | Borville   |            | 62 25      |
| COUNTY                      |  |                | CITY       |            |            |
| HOUSEHOLD MEMBERS OF FAMILY |  |                |            |            |            |
| NAME                        |  | RELATIONSHIP   | AGE        | BIRTHPLACE |            |
| 1 Ophelia                   |  | W              | 28         |            |            |
|                             |  |                |            |            |            |
|                             |  |                |            |            |            |
|                             |  |                |            |            |            |
|                             |  |                |            |            |            |
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FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |           |                |       |            |       |
|-------------------------|-----------|----------------|-------|------------|-------|
| 200                     |           | HEAD OF FAMILY |       | LOUISIANA  |       |
| Riche                   |           | Robert         |       | E.O.       | SHEET |
| 21                      |           | 18             |       |            |       |
| COLOR                   | W         | AGE            | 41    | BIRTHPLACE |       |
| COUNTY                  | Avoyelles |                |       | CITY       |       |
| OTHER MEMBERS OF FAMILY |           |                |       |            |       |
|                         | NAME      | RELATIONSHIP   | AGE   | BIRTHPLACE |       |
|                         | Alvina    | W              | 35    |            |       |
|                         | Ldney     | S              | 17    |            |       |
|                         | Prosper   | S              | 15    |            |       |
|                         | Noland    | S              | 12    |            |       |
|                         | Mathews   | S              | 9     |            |       |
|                         | Heeling   | S              | 5     |            |       |
|                         | Eugenie   | D              | 1 1/2 |            |       |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |                |            |       |
|-------------------------|--|----------------|----------------|------------|-------|
| 1200                    |  | HEAD OF FAMILY |                | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE     | E.O.       | SHEET |
| W                       |  | 74             | Robert         | 5          | 24    |
| COUNTY                  |  |                | CITY           |            |       |
| Ascension               |  |                | Donaldsonville |            |       |
| OTHER MEMBERS OF FAMILY |  |                |                |            |       |
| NAME                    |  | RELATIONSHIP   | AGE            | BIRTHPLACE |       |
| 1 Bessie                |  | d              | 16             |            |       |
|                         |  |                |                |            |       |
|                         |  |                |                |            |       |
|                         |  |                |                |            |       |
|                         |  |                |                |            |       |
|                         |  |                |                |            |       |
|                         |  |                |                |            |       |
|                         |  |                |                |            |       |

FORM 18-636 (6-26-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |  |                  |  |            |  |
|-------------------------|--|----------------|--|------------------|--|------------|--|
| K260                    |  | HEAD OF FAMILY |  | Ricks, Robert A. |  | LOUISIANA  |  |
| COLOR                   |  | AGE            |  | BIRTHPLACE       |  | E.D.       |  |
| W                       |  | 42             |  | Ark.             |  | 55 2       |  |
| COUNTY                  |  |                |  | CITY             |  |            |  |
| Jackson                 |  |                |  |                  |  |            |  |
| OTHER MEMBERS OF FAMILY |  |                |  |                  |  |            |  |
| NAME                    |  | RELATIONSHIP   |  | AGE              |  | BIRTHPLACE |  |
| James E.                |  | H              |  | 44               |  | La.        |  |
| Edna                    |  | D              |  | 18               |  |            |  |
| Elmer J.                |  | D              |  | 14               |  |            |  |
| Alfred A.               |  | D              |  | 12               |  |            |  |
| Mary L.                 |  | D              |  | 11               |  |            |  |
| Rube A.                 |  | D              |  | 8                |  |            |  |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| 8200                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | S.D.       | SHEET |
| W                       |  | 58             | La         | 71         | 4     |
| COUNTY                  |  |                | CITY       |            |       |
| Lincoln                 |  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Martha A.               |  | W              |            | La         |       |
| Willie L.               |  | S              |            | La         |       |
| Nannie M.               |  | D              |            | La         |       |
| Robert B.               |  | S              |            | La         |       |
| Howard L.               |  | S              |            | La         |       |
| Alvin G.                |  | S              |            | La         |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 16-636 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |                |  |           |     |
|-------------------------|---|----------------|-----|----------------|--|-----------|-----|
| R200                    |   | HEAD OF FAMILY |     | Race, Robert L |  | LOUISIANA |     |
| COLOR                   | W | AGE            | 38  | BIRTHPLACE     |  | E.D.      | 121 |
|                         |   |                |     |                |  | SHEET     | 59  |
| COUNTY                  |   |                |     | St. Landry     |  |           |     |
|                         |   |                |     | CITY           |  |           |     |
| OTHER MEMBERS OF FAMILY |   |                |     |                |  |           |     |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE     |  |           |     |
| Eubor                   |   | W              | 38  |                |  |           |     |
| Nora                    |   | D              | 15  |                |  |           |     |
| Lallie                  |   | D              | 13  |                |  |           |     |
| Bessie                  |   | D              | 11  |                |  |           |     |
| Howard                  |   | S              | 9   |                |  |           |     |
| Marshall                |   | S              | 6   |                |  |           |     |
|                         |   |                |     |                |  |           |     |
|                         |   |                |     |                |  |           |     |

FORM 16-436 (4-22-31)  
1916 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                  |  |                |  |             |  |
|-------------------------|--|------------------|--|----------------|--|-------------|--|
| R200                    |  | HEAD OF FAMILY   |  | ROSS Robert M. |  | LOUISIANA   |  |
| COLOR                   |  | AGE              |  | BIRTHPLACE     |  | E.D. SHEET  |  |
| W                       |  | 62               |  | Ind.           |  | 77 7        |  |
| COUNTY 91               |  | East Baton Rouge |  | CITY           |  | Baton Rouge |  |
| OTHER MEMBERS OF FAMILY |  |                  |  |                |  |             |  |
| NAME                    |  | RELATIONSHIP     |  | AGE            |  | BIRTHPLACE  |  |
| 1 Lydia Y.              |  | W                |  | 25             |  |             |  |
|                         |  |                  |  |                |  |             |  |
|                         |  |                  |  |                |  |             |  |
|                         |  |                  |  |                |  |             |  |
|                         |  |                  |  |                |  |             |  |
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|                         |  |                  |  |                |  |             |  |
|                         |  |                  |  |                |  |             |  |

FORM 16-636 (4-30-61)

1918 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |   |      |           |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
|--|--|---|------|-----------|------------|------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|-----------|--------------------------------|--|--|
| K200   |  | NAME OF INDIVIDUAL<br><i>Rose Robin F</i>           |      | LOUISIANA | E.D.<br>77 | SHEET<br>4 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| COLOR<br><i>Mu</i>   | AGE<br>12                                | BIRTHPLACE  |      |           |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| COUNTY<br><i>De Soto</i>   |  |   | CITY |           |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| ENUMERATED WITH<br><i>Williams Emily</i>   |  |   |      |           |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   |      |           |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>ll</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |      |           |            |            | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>ll</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |      |           |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |      |           |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |      |           |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |      |           |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |      |           |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |      |           |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  | <i>ll</i>   |      |           |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |   |      |           |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |

FORM 10-437 (4-22-31)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 1910-501



|  |     |   |  |   |       |
|--|-----|---|--|---|-------|
| P200   |     | NAME OF INDIVIDUAL  |  | LOUISIANA   |       |
|  |     | Richs, Rodger   |  | E.O.  | SHEET |
| COLOR  | AGE | BIRTHPLACE  |  |   |       |
| W  | 26  |   |  |   |       |
| COUNTY   |     | CITY  |  |   |       |
|  |     | Bienville   |  |   |       |
| ENUMERATED WITH  |     |   |  |   |       |
| Ferguson, H. E.  |     |   |  |   |       |
| RELATIONSHIP TO ABOVE  |     |   |  |   |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify) |       |
|  |     |   |  | Boarder   |       |

FORM 10-437 (4-25-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1930 CENSUS INDEX - INDIVIDUAL

USC&amp;A-DC 18180-P01

|  |  |  |  |               |  |            |  |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
|--|--|--|--|---------------|--|------------|--|---------------------------------|---------------------------------|----------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|---|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R200   |  | NAME OF INDIVIDUAL                       |  | Rock Roenlind |  | LOUISIANA  |  |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| COLOR  |  | AGE                                      |  | BIRTHPLACE    |  | E.D. SHEET |  |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| B  |  | 7  |  |               |  | K. 2       |  |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| COUNTY   |  |  |  | City          |  |            |  |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| De Soto  |  |  |  |               |  |            |  |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH  |  |  |  |               |  |            |  |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| Rock, Martha   |  |  |  |               |  |            |  |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |  |               |  |            |  |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> BOARDER</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |               |  |            |  | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> BOARDER | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> BOARDER         |  |               |  |            |  |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |  |               |  |            |  |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |  |               |  |            |  |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |  |               |  |            |  |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |  |               |  |            |  |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |  |               |  |            |  |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |               |  |            |  |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |  |               |  |            |  |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |

FORM 19-537 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-OC 1919-P-61

|                         |  |                |  |              |  |           |  |
|-------------------------|--|----------------|--|--------------|--|-----------|--|
| A 200                   |  | HEAD OF FAMILY |  | Ricks Roland |  | LOUISIANA |  |
| COLOR                   |  | AGE            |  | BIRTHPLACE   |  | E.D.      |  |
| W                       |  | 22             |  |              |  | 107       |  |
| COUNTY                  |  |                |  | Tangipahoa   |  | CITY      |  |
|                         |  |                |  |              |  | Kentwood  |  |
| OTHER MEMBERS OF FAMILY |  |                |  |              |  |           |  |
| NAME                    |  |                |  | RELATIONSHIP |  | AGE       |  |
| 1 Bessie                |  |                |  | W            |  | 17        |  |
|                         |  |                |  |              |  |           |  |
|                         |  |                |  |              |  |           |  |
|                         |  |                |  |              |  |           |  |
|                         |  |                |  |              |  |           |  |
|                         |  |                |  |              |  |           |  |
|                         |  |                |  |              |  |           |  |
|                         |  |                |  |              |  |           |  |
|                         |  |                |  |              |  |           |  |

FORM 18-636 (4-26-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |                 |   |  |  |          |       |
|--|-----------------|---|--|--|----------|-------|
| R 200  |                 | NAME OF INDIVIDUAL<br><i>Rock Roosevelt</i>   |  | LOUISIANA  | E.O.     | SHEET |
| COLOR<br><i>B</i>  | AGE<br><i>3</i> | BIRTHPLACE  |  | <i>72</i>  | <i>9</i> |       |
| COUNTY<br><i>De Soto</i>   |                 | CITY  |  |  |          |       |
| ENUMERATED WITH<br><i>Taylor John</i>  |                 |   |  |  |          |       |
| RELATIONSHIP TO ABOVE  |                 |   |  |  |          |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                 | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>SD</i> |          |       |

FORM 16-537 16-53-511

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

172COM-DC 1616-P61

|   |  |  |  |           |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|--|-----------|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R200  |  | NAME OF INDIVIDUAL<br><i>Rosa Roun</i>                           |  | LOUISIANA | Z.O.<br><i>27</i> | SHEET<br><i>30</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>B</i>   | AGE<br><i>21</i>                         | BIRTHPLACE   |  |           |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>Angoules</i>   |  | CITY   |  |           |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Watson Lys</i>  |  |  |  |           |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |  |           |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)<br/><i>So</i></td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |           |                   |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify)<br><i>So</i> | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                                  |  |           |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                                   |  |           |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                                 |  |           |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                                  |  |           |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                                 |  |           |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify)<br><i>So</i> |  |           |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |           |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |  |           |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 18-637 (4-29-61)

1919 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |   |   |    |   |        |
|--|---|---|----|---|--------|
| R200   |   | NAME OF INDIVIDUAL  |    | LOUISIANA   |        |
| Rosa Rosa  |   | E.O.  |    | SHEET   |        |
| COLOR  | B | AGE   | 20 | BIRTHPLACE  | 107 22 |
| Miss   |   | COUNTY  |    | Tangipahoa  |        |
| CITY   |   | Kertwood  |    |   |        |
| GENERATED WITH   |   |   |    |   |        |
| Washington Joseph  |   |   |    |   |        |
| RELATIONSHIP TO ABOVE  |   |   |    |   |        |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |   | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |    | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |        |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 10100-P01

|  |  |   |  |                   |                   |
|--|--|---|--|-------------------|-------------------|
| R 200                                  |  | NAME OF INDIVIDUAL<br><i>James P. Rosa</i>          |  | LOUISIANA         |                   |
| COLOR<br><i>W</i>                      | AGE<br><i>15</i>                         | BIRTHPLACE  |  | E.D.<br><i>25</i> | SHEET<br><i>9</i> |
| COUNTY<br><i>East Baton Rouge</i>      |  | CITY<br><i>Baton Rouge</i>                          |  |                   |                   |
| ENUMERATED WITH<br><i>Young Lizzie</i> |  |   |  |                   |                   |
| RELATIONSHIP TO ABOVE                  |  |   |  |                   |                   |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW          | <input checked="" type="checkbox"/> <del>WIFE</del> |  |                   |                   |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |  |                   |                   |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |                   |                   |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |                   |                   |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |                   |                   |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)            |  |                   |                   |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |                   |                   |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW   |   |  |                   |                   |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |          |                |           |                      |              |           |  |
|-------------------------|----------|----------------|-----------|----------------------|--------------|-----------|--|
| <i>Rso</i>              |          | HEAD OF FAMILY |           | <i>Gioco Rosalia</i> |              | LOUISIANA |  |
| COLOR                   | <i>W</i> | AGE            | <i>64</i> | BIRTHPLACE           | <i>Italy</i> |           |  |
| COUNTY                  |          |                |           | <i>Iberville</i>     | CITY         |           |  |
| OTHER MEMBERS OF FAMILY |          |                |           |                      |              |           |  |
| NAME                    |          | RELATIONSHIP   | AGE       | BIRTHPLACE           |              |           |  |
| <i>1</i>                |          | <i>W</i>       | <i>70</i> | <i>Italy</i>         |              |           |  |
| <i>Sutera</i>           |          | <i>GD</i>      | <i>23</i> | <i>Italy</i>         |              |           |  |
|                         |          |                |           |                      |              |           |  |
|                         |          |                |           |                      |              |           |  |
|                         |          |                |           |                      |              |           |  |
|                         |          |                |           |                      |              |           |  |
|                         |          |                |           |                      |              |           |  |

FORM 16-636 (4-20-61)  
1919 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |          |                  |           |                         |              |            |  |
|-------------------------|----------|------------------|-----------|-------------------------|--------------|------------|--|
| <i>Ross</i>             |          | HEAD OF FAMILY   |           | <i>Ross</i> <i>Ross</i> |              | LOUISIANA  |  |
| COLOR                   | <i>W</i> | AGE              | <i>34</i> | BIRTHPLACE              | <i>Italy</i> |            |  |
| COUNTY                  |          | <i>Jefferson</i> |           | CITY                    |              |            |  |
| OTHER MEMBERS OF FAMILY |          |                  |           |                         |              |            |  |
| NAME                    |          |                  |           | RELATIONSHIP            | AGE          | BIRTHPLACE |  |
| <i>Living alone</i>     |          |                  |           |                         |              |            |  |
|                         |          |                  |           |                         |              |            |  |
|                         |          |                  |           |                         |              |            |  |
|                         |          |                  |           |                         |              |            |  |
|                         |          |                  |           |                         |              |            |  |
|                         |          |                  |           |                         |              |            |  |
|                         |          |                  |           |                         |              |            |  |
|                         |          |                  |           |                         |              |            |  |

FORM 16-436 (4-30-31)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |   |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|---|--|---|--|-----------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| P-20  |  | NAME OF INDIVIDUAL                                  |  | LOUISIANA |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| Kesse, Roscoe   |  | E.O.  |  | SHEET     |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR   | AGE                                      | BIRTHPLACE  |  | 83 4      |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| B   | 2  |   |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY  |  | CITY  |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| Rapidon   |  |   |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |   |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| Williams, Dave  |  |   |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERMENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |           |  | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERMENT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERMENT                    |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| 88  |  |   |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 10104-P01

|  |                  |   |      |  |                    |
|--|------------------|---|------|--|--------------------|
| R200   |                  | NAME OF INDIVIDUAL<br><i>Roussou Rose L.</i>  |      | E.O.<br><i>89</i>  | SHEET<br><i>12</i> |
| COLOR<br><i>W</i>  | AGE<br><i>37</i> | BIRTHPLACE  |      |  |                    |
| COUNTY<br><i>Rapides</i>   |                  |   | CITY |  |                    |
| ENUMERATED WITH<br><i>Roussou Joseph J.</i>  |                  |   |      |  |                    |
| RELATIONSHIP TO ABOVE  |                  |   |      |  |                    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> WIDATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>Li</i> |                    |

FORM 18-437 (4-30-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1930 CENSUS INDEX - INDIVIDUAL

|   |  |   |              |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|---|--|---|--------------|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| R000  |  | NAME OF INDIVIDUAL                                  |              | LOUISIANA |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR   |  | AGE   | BIRTHPLACE   | E.D.      | SHEET |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| B   |  | 17  | Ross Roselia | 7         | 26    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY  |  |   | CITY         |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| Assumption  |  |   |              |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |   |              |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| Stark Richard   |  |   |              |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |              |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |              |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |              |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |              |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |              |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |              |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |              |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |              |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |              |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |              |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| Boards  |  |   |              |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

Form 10-537 (4-22-51)

1930 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |   |   |                   |
|--|---|---|-------------------|
| <i>1207</i><br>NAME OF INDIVIDUAL<br><i>Rose Pauline</i>   |   | LOUISIANA   |                   |
| COLOR<br><i>B</i>  | AGE<br><i>65</i>  | BIRTHPLACE  | E.D.<br><i>35</i> |
| CITY   |   | SHEET<br><i>2</i>   |                   |
| COUNTY<br><i>Jefferson</i>   |   | CITY  |                   |
| ENUMERATED WITH<br><i>Rose Rayfield</i>  |   |   |                   |
| RELATIONSHIP TO ABOVE  |   |   |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify)<br><hr/> |                   |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R200                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.O.       | SHEET |
| B                       | 19  |                |     | 34         | 17    |
| COUNTY                  |     | Concordia      |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Living Alone            |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |           |                |     |              |                |           |    |
|-------------------------|-----------|----------------|-----|--------------|----------------|-----------|----|
| R200                    |           | HEAD OF FAMILY |     | Roach, Rosie |                | LOUISIANA |    |
| COLOR                   | B         | AGE            | 59  | BIRTHPLACE   |                | E.D.      | 25 |
| COUNTY                  | Jefferson |                |     | CITY         | Mc Donoghville |           |    |
| OTHER MEMBERS OF FAMILY |           |                |     |              |                |           |    |
| NAME                    |           | RELATIONSHIP   | AGE | BIRTHPLACE   |                |           |    |
| 1 Emil                  |           | 5              | 42  |              |                |           |    |
| 1 Viola                 |           | D              | 24  |              |                |           |    |
|                         |           |                |     |              |                |           |    |
|                         |           |                |     |              |                |           |    |
|                         |           |                |     |              |                |           |    |
|                         |           |                |     |              |                |           |    |
|                         |           |                |     |              |                |           |    |
|                         |           |                |     |              |                |           |    |

FORM 16-536 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |   |                    |                                 |                                 |                                    |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|--|--|---|--------------------|---------------------------------|---------------------------------|------------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| NAME OF INDIVIDUAL<br><i>Leo Ruiz Rosina</i>   |  | LOUISIANA   |                    |                                 |                                 |                                    |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR<br><i>W</i>  | AGE<br><i>20</i>                         | E.D.<br><i>4</i>                                    | SHEET<br><i>12</i> |                                 |                                 |                                    |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY<br><i>Ascension</i>   |  | CITY<br><i>Thibodaux Village</i>                    |                    |                                 |                                 |                                    |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Ruiz, Lena</i>   |  |   |                    |                                 |                                 |                                    |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   |                    |                                 |                                 |                                    |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> IMMIGRANT</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> IMMIGRANT | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> IMMIGRANT                  |                    |                                 |                                 |                                    |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |                    |                                 |                                 |                                    |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |                    |                                 |                                 |                                    |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |                    |                                 |                                 |                                    |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |                    |                                 |                                 |                                    |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |                    |                                 |                                 |                                    |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |   |                    |                                 |                                 |                                    |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |   |                    |                                 |                                 |                                    |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 10-437 (4-30-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USC&MS-DC 1910-437



|   |  |   |    |           |     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|---|--|---|----|-----------|-----|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| B 200   |  | NAME OF INDIVIDUAL                                  |    | LOUISIANA |     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR   | B  | AGE   | 16 | RES.      | 127 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|   |  | BIRTHPLACE  |    | SHEET 7   |     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY  |  | Jones   |    | CITY      |     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |   |    |           |     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| Carter, Peggy   |  |   |    |           |     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |    |           |     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |    |           |     | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |    |           |     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |    |           |     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |    |           |     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |    |           |     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |    |           |     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |    |           |     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |    |           |     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |    |           |     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 16-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

|  |  |   |  |                   |  |  |  |                    |  |
|--|--|---|--|-------------------|--|--|--|--------------------|--|
| R200   |  | NAME OF INDIVIDUAL<br><i>Renee Rosemelt</i> |  | LOUISIANA         |  | E.D.<br><i>84</i>  |  | SHEET<br><i>16</i> |  |
| COLOR<br><i>P</i>  |  | AGE<br><i>4</i>                             |  | BIRTHPLACE        |  |  |  |                    |  |
| COUNTY   |  |   |  | Natchitoches CITY |  |  |  |                    |  |
| ENUMERATED WITH<br><i>Mitchell George</i>  |  |   |  |                   |  |  |  |                    |  |
| RELATIONSHIP TO ABOVE  |  |   |  |                   |  |  |  |                    |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  |   | <input checked="" type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |                   |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |  |                    |  |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |              |            |            |
|-------------------------|--|----------------|--------------|------------|------------|
| R 200                   |  | HEAD OF FAMILY |              | LOUISIANA  |            |
| COLOR                   |  | AGE            | BIRTHPLACE   |            | E.O. SHEET |
| W                       |  | 38             | Reaux, Rowan |            | 72 13      |
| COUNTY                  |  |                | CITY         |            |            |
| Lafayette               |  |                |              |            |            |
| OTHER MEMBERS OF FAMILY |  |                |              |            |            |
| NAME                    |  | RELATIONSHIP   | AGE          | BIRTHPLACE |            |
| Lolaine W               |  |                | 20           |            |            |
| Smith, Laurina          |  | W              | 13           |            |            |
| and one Lodger          |  |                |              |            |            |
|                         |  |                |              |            |            |
|                         |  |                |              |            |            |
|                         |  |                |              |            |            |
|                         |  |                |              |            |            |
|                         |  |                |              |            |            |

FORM 16-436 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |       |            |  |
|-------------------------|-----|----------------|-------|------------|--|
| P200                    |     | HEAD OF FAMILY |       | LOUISIANA  |  |
| ROSE ROY                |     | E.O.           |       | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |       |            |  |
| W                       | 38  |                |       |            |  |
| COUNTY                  |     | CITY           |       |            |  |
| Vernon                  |     |                |       |            |  |
| OTHER MEMBERS OF FAMILY |     |                |       |            |  |
| NAME                    |     | RELATIONSHIP   | AGE   | BIRTHPLACE |  |
| Willie E.               |     | W              | 26    |            |  |
| Hassaway                |     | S              | 7     |            |  |
| Carney                  |     | S              | 5     |            |  |
| Norris                  |     | S              | 3     |            |  |
| Edgar                   |     | S              | 1 1/2 |            |  |
| Broadway Helen J        |     | M              | 53    | Texas      |  |

FORM 16-436 (4-20-61)

1916 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |   |      |                   |                    |                                 |                                 |                                 |                                 |                               |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |             |                                |  |  |
|--|--|---|------|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|-------------------------------|---------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|-------------|--------------------------------|--|--|
| K200   |  | NAME OF INDIVIDUAL<br><i>Richie Ray</i>             |      | LOUISIANA         |                    |                                 |                                 |                                 |                                 |                               |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |             |                                |  |  |
| COLOR<br><i>B</i>  | AGE<br><i>2</i>                          | BIRTHPLACE  |      | E.D.<br><i>54</i> | SHEET<br><i>18</i> |                                 |                                 |                                 |                                 |                               |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |             |                                |  |  |
| COUNTY<br><i>Tackson</i>   |  |   | CITY |                   |                    |                                 |                                 |                                 |                                 |                               |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |             |                                |  |  |
| ENUMERATED WITH<br><i>Richie Lonnie</i>  |  |   |      |                   |                    |                                 |                                 |                                 |                                 |                               |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |             |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   |      |                   |                    |                                 |                                 |                                 |                                 |                               |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |             |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> NEMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NICE</td> <td><input type="checkbox"/> MURDER</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>Ad 5</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |      |                   |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> NEMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NICE | <input type="checkbox"/> MURDER | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>Ad 5</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> NEMATE                     |      |                   |                    |                                 |                                 |                                 |                                 |                               |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |             |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NICE            | <input type="checkbox"/> MURDER                     |      |                   |                    |                                 |                                 |                                 |                                 |                               |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |             |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |      |                   |                    |                                 |                                 |                                 |                                 |                               |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |             |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |      |                   |                    |                                 |                                 |                                 |                                 |                               |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |             |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |      |                   |                    |                                 |                                 |                                 |                                 |                               |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |             |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |      |                   |                    |                                 |                                 |                                 |                                 |                               |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |             |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  | <i>Ad 5</i>   |      |                   |                    |                                 |                                 |                                 |                                 |                               |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |             |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |   |      |                   |                    |                                 |                                 |                                 |                                 |                               |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |             |                                |  |  |

Form 10-437 (4-30-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 18104-P81

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R 200                   |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
|                         | 36  |                |     | 106        | 15    |
| COUNTY                  |     | Tangipahoa     |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Husband                 |     | W              | 33  |            |       |
| Wife                    |     | W              | 27  |            |       |
| Son                     |     | S              | 6   |            |       |
| Daughter                |     | D              | 42  |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 10-436 (4-20-07)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |     |   |  |  |  |
|--|-----|---|--|--|--|
| K200   |     | NAME OF INDIVIDUAL  |  | LOUISIANA  |  |
| Riggs, Rufus   |     | E.O.  |  | SHEET  |  |
| COLOR  | AGE | BIRTHPLACE  |  | 101 5  |  |
| 19   | 16  |   |  |  |  |
| COUNTY   |     | CITY  |  |  |  |
| St. Landry   |     |   |  |  |  |
| ENUMERATED WITH  |     |   |  |  |  |
| Riggs, Major   |     |   |  |  |  |
| RELATIONSHIP TO ABOVE  |     |   |  |  |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> IMMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br>Brother |  |

FORM 16-537 (4-25-57)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 1910-501

| 1200                    |     | HEAD OF FAMILY |      | LOUISIANA  |  |
|-------------------------|-----|----------------|------|------------|--|
| COLOR                   | AGE | BIRTHPLACE     | E.D. | SHEET      |  |
| 13                      | 35  | La             | 12   | 23         |  |
| COUNTY                  |     | Bossier        |      | CITY       |  |
| OTHER MEMBERS OF FAMILY |     |                |      |            |  |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| Millie                  |     | W              | 25   |            |  |
| Chapman                 |     | S              | 13   |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |                |              |           |            |
|-------------------------|----------------|--------------|-----------|------------|
| R200                    | HEAD OF FAMILY |              | LOUISIANA |            |
| COLOR                   | AGE            | BIRTHPLACE   |           | E.D.       |
| W                       | 21             | Mexico       |           | 14927      |
| COUNTY                  |                | CITY         |           |            |
| Verdon                  |                | Fallerton    |           |            |
| OTHER MEMBERS OF FAMILY |                |              |           |            |
| NAME                    |                | RELATIONSHIP | AGE       | BIRTHPLACE |
| Laura                   |                | d            | 15        | Mexico     |
| Mendy, Eva              |                | SIL          | 7         | Mexico     |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |

FORM 16-436 (4-20-21)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |            |           |
|-------------------------|---|----------------|-----|------------|-----------|
| R 200                   |   | HEAD OF FAMILY |     | LOUISIANA  |           |
| COLOR                   | W | AGE            | 26  | BIRTHPLACE | Miss      |
| COUNTY                  |   | Tensas         |     | CITY       | Newellton |
| OTHER MEMBERS OF FAMILY |   |                |     |            |           |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |           |
| Living alone            |   |                |     |            |           |
|                         |   |                |     |            |           |
|                         |   |                |     |            |           |
|                         |   |                |     |            |           |
|                         |   |                |     |            |           |
|                         |   |                |     |            |           |
|                         |   |                |     |            |           |
|                         |   |                |     |            |           |

FORM 18-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |  |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                              |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
|---|--|--|--|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|------------------------------|-------------------------------------|----------------------------------|---|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R 200   |  | NAME OF INDIVIDUAL<br><i>Russ Ruth</i>   |  | LOUISIANA         |                    |                                 |                                 |                                 |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                              |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>B</i>   | AGE<br><i>5</i>                          | BIRTHPLACE                               |  | S.D.<br><i>44</i> | SHEET<br><i>12</i> |                                 |                                 |                                 |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                              |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| COUNTY  |  | CITY                                     |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                              |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Russ Thomas</i>   |  |  |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                              |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                              |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> Niece</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> SON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |                   |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> Niece | <input type="checkbox"/> INMATE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> SON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                              |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> Niece           | <input type="checkbox"/> INMATE          |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                              |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                              |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                              |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> SON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                              |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                              |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                              |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                              |                                     |                                  |   |  |  |                               |   |  |                                |  |  |

FORM 10-437 (4-30-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18198-P01

|                         |   |                |        |            |              |
|-------------------------|---|----------------|--------|------------|--------------|
| R200                    |   | HEAD OF FAMILY |        | LOUISIANA  |              |
| COLOR                   | W | AGE            | 30     | BIRTHPLACE | Russ & Luzon |
| COUNTY                  |   | RAPIDES        |        | CITY       | BOYCE        |
| OTHER MEMBERS OF FAMILY |   |                |        |            |              |
| NAME                    |   | RELATIONSHIP   | AGE    | BIRTHPLACE |              |
| O. Lodie                |   | W              | 28     |            |              |
| R. Luzon                |   | S              | 19 1/2 |            |              |
| Dummain Frankie         |   | S. L           | 20     |            |              |
|                         |   |                |        |            |              |
|                         |   |                |        |            |              |
|                         |   |                |        |            |              |
|                         |   |                |        |            |              |
|                         |   |                |        |            |              |

FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |            |  |           |     |
|-------------------------|---|----------------|-----|------------|--|-----------|-----|
| R 700                   |   | HEAD OF FAMILY |     | Rice SR    |  | LOUISIANA |     |
| COLOR                   | W | AGE            | 42  | BIRTHPLACE |  | E.D.      | 142 |
|                         |   |                |     |            |  | SHEET     | 7   |
| COUNTY                  |   | Vermillion     |     | CITY       |  |           |     |
| OTHER MEMBERS OF FAMILY |   |                |     |            |  |           |     |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |  |           |     |
| Living alone            |   |                |     |            |  |           |     |
|                         |   |                |     |            |  |           |     |
|                         |   |                |     |            |  |           |     |
|                         |   |                |     |            |  |           |     |
|                         |   |                |     |            |  |           |     |
|                         |   |                |     |            |  |           |     |
|                         |   |                |     |            |  |           |     |
|                         |   |                |     |            |  |           |     |
|                         |   |                |     |            |  |           |     |

FORM 10-436 (4-20-51)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |     |   |  |  |       |
|--|-----|---|--|--|-------|
| R-200  |     | NAME OF INDIVIDUAL  |  | LOUISIANA  |       |
| COLOR  | AGE | BIRTHPLACE  |  | E.D.   | SHEET |
| W  | 14  | Avoyelles   |  | 20   | 7     |
| COUNTY   |     | CITY  |  |  |       |
| ENUMERATED WITH  |     |   |  |  |       |
| Pullen, Edward   |     |   |  |  |       |
| RELATIONSHIP TO ABOVE  |     |   |  |  |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input checked="" type="checkbox"/> NEPHEW<br><input type="checkbox"/> <del>Brother</del><br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> THREAT<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |       |

FORM 16-437 (4-26-67)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18198-P01

|   |  |   |      |                |                     |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|---|--|---|------|----------------|---------------------|---------------------------------|---------------------------------|-------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| R200  |  | NAME OF INDIVIDUAL                                  |      | LOUISIANA      |                     |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR   | W  | AGE   | 28   | BIRTHPLACE     | Rossie, La. & Syria |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY  | Acension                                 |   | CITY | Donaldsonville |                     |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |   |      |                |                     |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |      |                |                     |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIFE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |      |                |                     | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIFE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIFE                       |      |                |                     |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |      |                |                     |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |      |                |                     |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |      |                |                     |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |      |                |                     |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |      |                |                     |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |      |                |                     |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |      |                |                     |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

Rossie

FORM 16-637 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |   |  |  |                    |                   |   |   |  |
|--|---|--|--|--------------------|-------------------|---|---|--|
| COLOR <i>P. 200</i><br><i>Mu</i>   |   | NAME OF INDIVIDUAL<br><i>Rice Ladie</i>  |  | LOUISIANA          |                   |   |   |  |
| AGE <i>8</i>   |   | BIRTHPLACE   |  | R.D.<br><i>142</i> | SHEET<br><i>2</i> |   |   |  |
| COUNTY<br><i>Vermillion</i>  |   | CITY   |  |                    |                   |   |   |  |
| ENUMERATED WITH  |   |  |  |                    |                   |   |   |  |
| RELATIONSHIP TO ABOVE<br><i>Walker Judge</i>   |   |  |  |                    |                   |   |   |  |
| <table border="0"> <tr> <td> <input type="checkbox"/> FATHER<br/> <input type="checkbox"/> MOTHER<br/> <input type="checkbox"/> GRANDFATHER<br/> <input type="checkbox"/> GRANDMOTHER<br/> <input type="checkbox"/> GRANDSON<br/> <input checked="" type="checkbox"/> GRANDDAUGHTER<br/> <input type="checkbox"/> AUNT<br/> <input type="checkbox"/> UNCLE         </td> <td> <input type="checkbox"/> NEPHEW<br/> <input type="checkbox"/> NIECE<br/> <input type="checkbox"/> FATHER-IN-LAW<br/> <input type="checkbox"/> MOTHER-IN-LAW<br/> <input type="checkbox"/> SON-IN-LAW<br/> <input type="checkbox"/> DAUGHTER-IN-LAW<br/> <input type="checkbox"/> BROTHER-IN-LAW<br/> <input type="checkbox"/> SISTER-IN-LAW         </td> <td> <input type="checkbox"/> INMATE<br/> <input type="checkbox"/> NURSE<br/> <input type="checkbox"/> PATIENT<br/> <input type="checkbox"/> ROOMER<br/> <input type="checkbox"/> SERVANT<br/> <input type="checkbox"/> OTHER (Specify)         </td> </tr> </table> |   |  |  |                    |                   | <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input checked="" type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input checked="" type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |  |                    |                   |   |   |  |

FORM 18-537 (4-30-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|   |  |   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
|---|--|---|--|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|---|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 19200   |  | NAME OF INDIVIDUAL<br><i>Rose Lago</i>      |  | LOUISIANA         |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>W</i>   | AGE<br><i>60</i>                         | BIRTHPLACE                                  |  | E.D.<br><i>54</i> | SHEET<br><i>19</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>Jackson</i>  |  | CITY  |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Mc Donnell, William Jr.</i>   |  |   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input checked="" type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |                   |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input checked="" type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE             |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE              |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT            |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER             |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input checked="" type="checkbox"/> SERVANT |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)    |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |

FORM 18-637 (4-20-61)

1918 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R 200                   |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.O.       | SHEET |
| 3                       | 43  |                |     |            | 3     |
| COUNTY                  |     | Tangipahoa     |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| G. L. L. L. L.          |     | S              | 44  |            |       |
| B. J. L. L.             |     | M              | 60  |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 18-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |   |    |            |              |
|--|--|---|----|------------|--------------|
| R200                                   |  | NAME OF INDIVIDUAL                          |    | LOUISIANA  |              |
| COLOR                                  | B  | AGE   | 20 | BIRTHPLACE | Roch, Sallie |
| COUNTY                                 |  | CITY  |    | E.D.       | SHEET        |
| West Feliciana                         |  |   |    | 142        | 3            |
| ENUMERATED WITH                        |  |   |    |            |              |
| Curtain, Mollie                        |  |   |    |            |              |
| RELATIONSHIP TO ABOVE                  |  |   |    |            |              |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE             |    |            |              |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE              |    |            |              |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT            |    |            |              |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER             |    |            |              |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW      | <input checked="" type="checkbox"/> SERVANT |    |            |              |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)    |    |            |              |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW  |   |    |            |              |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW   |   |    |            |              |

FORM 10-437 (4-20-41)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USC&AM-DC 18100-P01

|                         |                |              |                 |
|-------------------------|----------------|--------------|-----------------|
| HEAD OF FAMILY          |                | LOUISIANA    |                 |
| COLOR                   | AGE            | BIRTHPLACE   | E.O. SHEET      |
| 2200                    | 27             | Rocky Saline | 743 8           |
| COUNTY                  | CITY           |              |                 |
|                         | West Feliciana |              | St Francisville |
| OTHER MEMBERS OF FAMILY |                |              |                 |
| NAME                    | RELATIONSHIP   | AGE          | BIRTHPLACE      |
| Louis Saline            |                |              |                 |
|                         |                |              |                 |
|                         |                |              |                 |
|                         |                |              |                 |
|                         |                |              |                 |
|                         |                |              |                 |
|                         |                |              |                 |
|                         |                |              |                 |
|                         |                |              |                 |

FORM 18-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |   |  |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
|--|---|--|--|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|---|--|
| R200   |   | NAME OF INDIVIDUAL<br><i>Picka, Sally L.</i> |  | E.D.<br><i>96</i> | SHEET<br><i>17</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| COLOR<br><i>B</i>  | AGE<br><i>75</i>                                  | BIRTHPLACE                                   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| COUNTY<br><i>East Baton Rouge</i>  |   | CITY   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| ENUMERATED WITH<br><i>Jackson Henry</i>  |   |  |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| RELATIONSHIP TO ABOVE  |   |  |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> INMATE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input checked="" type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> |   |  |  |                   |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input checked="" type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW                   | <input type="checkbox"/> INMATE              |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE                    | <input type="checkbox"/> NURSE               |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW            | <input type="checkbox"/> PATIENT             |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW            | <input type="checkbox"/> ROOMER              |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW               | <input type="checkbox"/> SERVANT             |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW          | <input type="checkbox"/> OTHER (Specify)     |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW           |  |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <input type="checkbox"/> UNCLE   | <input checked="" type="checkbox"/> SISTER-IN-LAW |  |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |

FORM 16-637 (4-30-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18100-P01

|  |  |  |                           |
|--|--|--|---------------------------|
| NAME OF INDIVIDUAL<br><i>Race, Sam</i>   |  | LOUISIANA  |                           |
| COLOR<br><i>B</i>  | AGE<br><i>10</i>   | BIRTHPLACE<br><i>Pointe Coupee</i>   | E.D. SHEET<br><i>83 2</i> |
| COUNTY   |  | CITY   |                           |
| ENUMERATED WITH<br><i>Samuel, Pauline</i>  |  |  |                           |
| RELATIONSHIP TO ABOVE  |  |  |                           |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input checked="" type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                           |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIV

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| 8200                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| B                       | 19  | Sam            |     | 85         | 41    |
| COUNTY                  |     | Pointe Coupee  |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Living Alone            |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |            |  |           |     |
|-------------------------|---|----------------|-----|------------|--|-----------|-----|
| R 200                   |   | HEAD OF FAMILY |     | Rosa, Sam  |  | LOUISIANA |     |
| COLOR                   | B | AGE            | 34  | BIRTHPLACE |  | E.D.      | 126 |
| SHEET                   |   | 1              |     |            |  |           |     |
| COUNTY                  |   |                |     | Tensas     |  | CITY      |     |
| OTHER MEMBERS OF FAMILY |   |                |     |            |  |           |     |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |  |           |     |
| Sarah                   |   | w              | 32  |            |  |           |     |
| Vincent                 |   | a              | 9   |            |  |           |     |
| Hattie                  |   | d              | 8   |            |  |           |     |
|                         |   |                |     |            |  |           |     |
|                         |   |                |     |            |  |           |     |
|                         |   |                |     |            |  |           |     |
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FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R200                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| W                       | 45  | Miss           |     | 97         | 14    |
| COUNTY                  |     | Harrison       |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Lillian                 |     | W              | 39  |            |       |
| Emma                    |     | D              | 19  |            |       |
| Clarence                |     | D              | 17  |            |       |
| Rochie                  |     | S              | 15  |            |       |
| Nancy                   |     | S              | 12  |            |       |
| David                   |     | D              | 9   |            |       |
| Pink                    |     | D              | 7   |            |       |

Form 13-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |   |                |       |            |       |           |       |
|-------------------------|---|----------------|-------|------------|-------|-----------|-------|
| R 200                   |   | HEAD OF FAMILY |       | Rica       |       | LOUISIANA |       |
| COLOR                   | W | AGE            | 39    | BIRTHPLACE | Italy | E.D.      | SHEET |
|                         |   |                |       |            |       | 94        | 20    |
| COUNTRY                 |   |                |       | CITY       |       |           |       |
| St. Mary                |   |                |       |            |       |           |       |
| OTHER MEMBERS OF FAMILY |   |                |       |            |       |           |       |
| NAME                    |   | RELATIONSHIP   | AGE   | BIRTHPLACE |       |           |       |
| Catalina                |   | W              | 36    | Italy      |       |           |       |
| Francis                 |   | D              | 4     |            |       |           |       |
| John                    |   | S              | 1 1/2 |            |       |           |       |
|                         |   |                |       |            |       |           |       |
|                         |   |                |       |            |       |           |       |
|                         |   |                |       |            |       |           |       |
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|                         |   |                |       |            |       |           |       |
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FORM 10-636 (4-30-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |            |       |
|-------------------------|---|----------------|-----|------------|-------|
| B200                    |   | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | W | AGE            | 36  | BIRTHPLACE | Italy |
| COUNTY                  |   | Calcasieu      |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |   |                |     |            |       |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| / Mary                  |   | W              | 23  | Italy      |       |
| / Tony                  |   | S              | 4   |            |       |
| / Francis               |   | D              | 1   |            |       |
|                         |   |                |     |            |       |
|                         |   |                |     |            |       |
|                         |   |                |     |            |       |
|                         |   |                |     |            |       |
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FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |            |           |
|-------------------------|---|----------------|-----|------------|-----------|
| R 200                   |   | HEAD OF FAMILY |     | LOUISIANA  |           |
| COLOR                   | W | AGE            | 36  | BIRTHPLACE | Italy     |
|                         |   | Calcasieu      |     | CITY       | De Lissus |
| OTHER MEMBERS OF FAMILY |   |                |     |            |           |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |           |
| Mary                    |   | W              | 22  | Italy      |           |
| Thomas                  |   | S              | 4   |            |           |
| Frances                 |   | D              | 1   |            |           |
|                         |   |                |     |            |           |
|                         |   |                |     |            |           |
|                         |   |                |     |            |           |
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FORM 18-636 (2-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R 200                   |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| B                       | 20  |                |     | 35         | 9     |
| COUNTY                  |     | CITY           |     |            |       |
| Concordia               |     | Ferry Village  |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| 1 Francis               |     | W              | 21  |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
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FORM 16-436 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |  |      |              |     |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |   |  |  |
|--|--|--|------|--------------|-----|---------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|---|--|--|
| R200   |  | NAME OF INDIVIDUAL                       |      | LOUISIANA    |     |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |   |  |  |
| COLOR  | B  | AGE                                      | 42   | E.O.         | 116 |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |   |  |  |
| COUNTY   | Tangipahoa                               |  | CITY | Independence |     |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |   |  |  |
| RELATIONSHIP TO ABOVE  |  |  |      |              |     |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |   |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDOW</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |      |              |     | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input checked="" type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDOW           |      |              |     |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |   |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |      |              |     |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |   |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |      |              |     |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |   |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |      |              |     |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |   |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |      |              |     |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |   |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |      |              |     |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |   |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |      |              |     |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |   |  |  |
| <input checked="" type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |      |              |     |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |   |  |  |

FORM 10-437 (4-20-61)

1930 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCENSUS-DC 1930-P81

|                         |   |                |     |            |      |
|-------------------------|---|----------------|-----|------------|------|
| R 200                   |   | HEAD OF FAMILY |     | LOUISIANA  |      |
| COLOR                   | W | AGE            | 75  | BIRTHPLACE | Ala. |
| COUNTY                  |   | Rossier        |     | CITY       |      |
| OTHER MEMBERS OF FAMILY |   |                |     |            |      |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |      |
| 1 Haley                 |   | son            | 41  |            |      |
|                         |   |                |     |            |      |
|                         |   |                |     |            |      |
|                         |   |                |     |            |      |
|                         |   |                |     |            |      |
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FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R 260                   |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| B                       | 31  | Soto           |     | 63         | 11    |
| COUNTY                  |     | CITY           |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Francis                 |     | W              | 20  |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
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FORM 16-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R200                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| B                       | 67  | Richland       |     | 7/13       | 2     |
| COUNTY                  |     | Richland       |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| 1 Mary                  |     | W              | 57  |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
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FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                |              |           |            |
|-------------------------|----------------|--------------|-----------|------------|
| R200                    | HEAD OF FAMILY |              | LOUISIANA |            |
| COLOR                   | AGE            | BIRTHPLACE   | E.D.      | SHEET      |
| B                       | 37             | Miss         | 119       | 16         |
| COUNTY                  |                | CITY         |           |            |
| ; Tangipahoa            |                | Hennrich     |           |            |
| OTHER MEMBERS OF FAMILY |                |              |           |            |
| NAME                    |                | RELATIONSHIP | AGE       | BIRTHPLACE |
| 1 Carrie                |                | W            | 27        | Miss       |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
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FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |  |    |                  |          |                                 |  |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|----|------------------|----------|---------------------------------|--|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R200  |  | NAME OF INDIVIDUAL                       |    | LOUISIANA        |          |                                 |  |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR   | B  | AGE                                      | 31 | RESIDENCE        | Ross Sam |                                 |  |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY  |  | CITY                                     |    | E.D. 87 SHEET 22 |          |                                 |  |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  | Madison                                  |    |                  |          |                                 |  |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  | Davis Ambrose                            |    |                  |          |                                 |  |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input checked="" type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |    |                  |          | <input type="checkbox"/> FATHER | <input checked="" type="checkbox"/> NEPHEW | <input type="checkbox"/> WIMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input checked="" type="checkbox"/> NEPHEW | <input type="checkbox"/> WIMATE          |    |                  |          |                                 |  |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE             | <input type="checkbox"/> NURSE           |    |                  |          |                                 |  |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW     | <input type="checkbox"/> PATIENT         |    |                  |          |                                 |  |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW     | <input type="checkbox"/> ROOMER          |    |                  |          |                                 |  |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW        | <input type="checkbox"/> SERVANT         |    |                  |          |                                 |  |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW   | <input type="checkbox"/> OTHER (Specify) |    |                  |          |                                 |  |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW    |  |    |                  |          |                                 |  |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW     |  |    |                  |          |                                 |  |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 1910-P01

|                         |          |                   |           |                 |  |           |  |
|-------------------------|----------|-------------------|-----------|-----------------|--|-----------|--|
| <i>R200</i>             |          | HEAD OF FAMILY    |           | <i>Rice Sam</i> |  | LOUISIANA |  |
| COLOR                   | <i>B</i> | AGE               | <i>38</i> | BIRTHPLACE      |  |           |  |
| COUNTY                  |          | <i>Toberville</i> |           | CITY            |  |           |  |
| OTHER MEMBERS OF FAMILY |          |                   |           |                 |  |           |  |
| NAME                    |          | RELATIONSHIP      | AGE       | BIRTHPLACE      |  |           |  |
| <i>1 Ellen</i>          |          | <i>w</i>          | <i>26</i> |                 |  |           |  |
|                         |          |                   |           |                 |  |           |  |
|                         |          |                   |           |                 |  |           |  |
|                         |          |                   |           |                 |  |           |  |
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 FORM 10-636 (4-20-61)  
 1910 CENSUS INDEX - FAMILY

 U.S. DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

|  |  |  |          |           |           |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|----------|-----------|-----------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| <i>Ross</i>  |  | NAME OF INDIVIDUAL                       |          | LOUISIANA |           |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR  | <i>W</i>                                 | AGE                                      | <i>8</i> | E.D.      | <i>55</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| BIRTHPLACE   |  | CITY                                     |          | SHEET     |           |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY   |  | <i>Iberville</i>                         |          | <i>27</i> |           |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH  |  | <i>Plaquemine</i>                        |          |           |           |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  | <i>Bonnie Joseph</i>                     |          |           |           |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |          |           |           | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |          |           |           |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |          |           |           |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |          |           |           |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |          |           |           |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |          |           |           |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |          |           |           |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |          |           |           |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |          |           |           |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

Form 16-637 (4-30-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 16100-P61

|                         |     |                |       |            |       |
|-------------------------|-----|----------------|-------|------------|-------|
| R200                    |     | HEAD OF FAMILY |       | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |       | S.D.       | SHEET |
| B                       | 24  | Reas, Sam      |       | 27         | 20    |
| COUNTY                  |     |                | Caddo |            |       |
| CITY                    |     |                |       |            |       |
| OTHER MEMBERS OF FAMILY |     |                |       |            |       |
| NAME                    |     | RELATIONSHIP   | AGE   | BIRTHPLACE |       |
| Caroline Mielts         |     | W              | 30    | Tex        |       |
| Nellie                  |     | D              | 4     |            |       |
|                         |     |                |       |            |       |
|                         |     |                |       |            |       |
|                         |     |                |       |            |       |
|                         |     |                |       |            |       |
|                         |     |                |       |            |       |
|                         |     |                |       |            |       |
|                         |     |                |       |            |       |
|                         |     |                |       |            |       |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |              |            |            |
|-------------------------|--------------|------------|------------|
| HEAD OF FAMILY          |              | LOUISIANA  |            |
| Rosa Sam                |              | E.D.       | SHEET      |
| COLOR                   | AGE          | BIRTHPLACE |            |
| B                       | 35           |            |            |
| COUNTY                  | Ascension    | CITY       |            |
| OTHER MEMBERS OF FAMILY |              |            |            |
| NAME                    | RELATIONSHIP | AGE        | BIRTHPLACE |
| Evelina                 | W            | 37         |            |
| Henry                   | D            | 9          |            |
| George                  | S            | 7          |            |
| Lucille                 | D            | 4          |            |
| Louise                  | D            | 4          |            |
| Yeathers Frances M L    |              | 69         |            |

FORM 18-636 (4-20-61)  
1910 CENSUS

FORM 15-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|  |     |   |  |  |  |
|--|-----|---|--|--|--|
| H200   |     | NAME OF INDIVIDUAL  |  | LOUISIANA  |  |
| Riche Sam J.   |     | E.O.  |  | SHEET  |  |
| COLOR  | AGE | BIRTHPLACE  |  |  |  |
| W  | 31  |   |  |  |  |
| COUNTY   |     | CITY  |  |  |  |
| Avoyelles  |     | Plaquemine  |  |  |  |
| ENUMERATED WITH  |     | Moreau Bonnet T   |  |  |  |
| RELATIONSHIP TO ABOVE  |     |   |  |  |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify)<br>Step Son |  |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIV

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 1910-P61

|   |  |  |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|--|-----------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R202  |  | NAME OF INDIVIDUAL                         |  | LOUISIANA |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Rice, Samuel  |  | E.D.                                       |  | SHEET     |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR   | AGE                                      | BIRTHPLACE                                 |  | 76 4      |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| mm  | 24                                       |  |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY  |  | Rondeau Coudes                             |  | CITY      |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |  |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Walker, Perry   |  |  |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> WORKER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> MISTRESS-IN-LAW</td> <td></td> </tr> </table> |  |  |  |           |  | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> WORKER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> MISTRESS-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE            |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE             |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> WORKER |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> MISTRESS-IN-LAW |  |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-637 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R200                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.O.       | SHEET |
| ST                      |  | 37             | Italy      | 97         | 18    |
| COUNTY                  |  |                | CITY       |            |       |
| St. Mary                |  |                | Morgan     |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Mary                    |  | W              | 30         | Italy      |       |
| Mary                    |  | D              | 9          |            |       |
| Sandama                 |  | D              | 7          |            |       |
| Frank                   |  | S              | 4          |            |       |
| Nicholas                |  | S              | 1 1/2      |            |       |
| Luke                    |  | B              | 24         |            |       |
| Lera                    |  | S. L           | 16         |            |       |

FORM 16-436 (4-25-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |  |                   |                                 |                                 |                               |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|-------------------|---------------------------------|---------------------------------|-------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|--|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R 700 <i>Rosa Samuel</i>   |  | LOUISIANA                                |                   |                                 |                                 |                               |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>B</i>  | AGE<br><i>10</i>                         | BIRTHPLACE                               | S.D.<br><i>25</i> |                                 |                                 |                               |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>East Baton Rouge</i>  |  | CITY<br><i>Baton Rouge</i>               |                   |                                 |                                 |                               |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Thomas Hester</i>  |  |  |                   |                                 |                                 |                               |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |                   |                                 |                                 |                               |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIFE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> MURDER</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIFE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> MURDER | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIFE            |                   |                                 |                                 |                               |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> MURDER          |                   |                                 |                                 |                               |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |                   |                                 |                                 |                               |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |                   |                                 |                                 |                               |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |                   |                                 |                                 |                               |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |                   |                                 |                                 |                               |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |                   |                                 |                                 |                               |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |                   |                                 |                                 |                               |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

Form 10-637 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCENS-DC 18108-P01

|  |  |   |  |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|--|--|---|--|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|-------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| R 200  |  | NAME OF INDIVIDUAL                                  |  | LOUISIANA |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR  | AGE                                      | BIRTHPLACE  |  | E.D.      | SHEET |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| B  | 10                                       |   |  | 45        | 9     |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY   |  | CITY  |  |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| East Feliciana   |  | Clinton   |  |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH  |  |   |  |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| Fletcher, Josephine  |  |   |  |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   |  |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> NEBATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NICE</td> <td><input type="checkbox"/> NUNCE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> NEBATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NICE | <input type="checkbox"/> NUNCE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> NEBATE                     |  |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NICE            | <input type="checkbox"/> NUNCE                      |  |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |   |  |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 16-637 (4-22-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R200                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.O.       | SHEET |
| B                       | 34  |                |     | 32         | 15    |
| COUNTY                  |     | Jefferson      |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Mary                    |     | W              | 22  |            |       |
| L. L. L. L. L.          |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 16-436 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |   |            |   |       |
|--|--|---|------------|---|-------|
| R200   |  | NAME OF INDIVIDUAL  |            | LOUISIANA   |       |
| COLOR  |  | AGE   | BIRTHPLACE | E.O.  | SHEET |
| B  |  | 21  |            | 45  | 16    |
| COUNTY   |  |   | CITY       |   |       |
| Lafourche  |  |   |            |   |       |
| ENUMERATED WITH  |  |   |            |   |       |
| Brach Hips   |  |   |            |   |       |
| RELATIONSHIP TO ABOVE  |  |   |            |   |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |            | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |       |

FORM 18-637 (4-22-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18106-P01

|                         |     |                |      |            |       |
|-------------------------|-----|----------------|------|------------|-------|
| R200                    |     | HEAD OF FAMILY |      | Louisiana  |       |
| COLOR                   | AGE | BIRTHPLACE     |      | E.D.       | SHEET |
| B                       | 25  |                |      | 31         | 20    |
| COUNTY                  |     |                | CITY |            |       |
| Concordia               |     |                |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| 1 Jossabella            |     | W              | 33   |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |

FORM 18-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|   |           |                    |    |            |       |
|---|-----------|--------------------|----|------------|-------|
| R260  |           | NAME OF INDIVIDUAL |    | LOUISIANA  |       |
| Kass  |           | Samuel             |    | E.D.       | SHEET |
| COLOR   | B         | AGE                | 88 | BIRTHPLACE | Alg   |
| COUNTY  | Concordia |                    |    | CITY       |       |
| ENUMERATED WITH   |           |                    |    |            |       |
| RELATIONSHIP TO ABOVE   |           |                    |    |            |       |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> FATHER<br/> <input type="checkbox"/> MOTHER<br/> <input checked="" type="checkbox"/> GRANDFATHER<br/> <input type="checkbox"/> GRANDMOTHER<br/> <input type="checkbox"/> GRANDSON<br/> <input type="checkbox"/> GRANDDAUGHTER<br/> <input type="checkbox"/> AUNT<br/> <input type="checkbox"/> UNCLE </div> <div style="width: 30%;"> <input type="checkbox"/> NEPHEW<br/> <input type="checkbox"/> NIECE<br/> <input type="checkbox"/> FATHER-IN-LAW<br/> <input type="checkbox"/> MOTHER-IN-LAW<br/> <input type="checkbox"/> SON-IN-LAW<br/> <input type="checkbox"/> DAUGHTER-IN-LAW<br/> <input type="checkbox"/> BROTHER-IN-LAW<br/> <input type="checkbox"/> SISTER-IN-LAW </div> <div style="width: 30%;"> <input type="checkbox"/> INMATE<br/> <input type="checkbox"/> NUNSE<br/> <input type="checkbox"/> PATIENT<br/> <input type="checkbox"/> ROOMER<br/> <input type="checkbox"/> SERVANT<br/> <input type="checkbox"/> OTHER (Specify) </div> </div> |           |                    |    |            |       |

FORM 16-537 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18106-P61

|                         |  |                |  |                  |  |
|-------------------------|--|----------------|--|------------------|--|
| R200                    |  | HEAD OF FAMILY |  | LOUISIANA        |  |
| COLOR                   |  | Higgs          |  | E.O. 1431        |  |
| W                       |  | 30             |  | SHEET            |  |
| COUNTY                  |  | BIRTHPLACE     |  |                  |  |
|                         |  | West Feliciana |  |                  |  |
|                         |  | CITY           |  | St. Francisville |  |
| OTHER MEMBERS OF FAMILY |  |                |  |                  |  |
| NAME                    |  | RELATIONSHIP   |  | AGE              |  |
|                         |  |                |  | BIRTHPLACE       |  |
| 1 Ada                   |  | W              |  | 34               |  |
| 1 Lenah                 |  | S              |  | 4                |  |
|                         |  |                |  |                  |  |
|                         |  |                |  |                  |  |
|                         |  |                |  |                  |  |
|                         |  |                |  |                  |  |
|                         |  |                |  |                  |  |
|                         |  |                |  |                  |  |
|                         |  |                |  |                  |  |
|                         |  |                |  |                  |  |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |  |  |                    |
|--|--|--|--------------------|
| NAME OF INDIVIDUAL<br><i>Robert Becke Samuel</i> |  | E.O.<br><i>109</i>                       | SHEET<br><i>17</i> |
| COLOR<br><i>W</i>                                | AGE<br><i>18</i>                         | BIRTHPLACE                               |                    |
| COUNTY<br><i>Tangipahoa</i>                      |  | CITY                                     |                    |
| ENUMERATED WITH<br><i>Becke Annie</i>            |  |  |                    |
| RELATIONSHIP TO ABOVE                            |  |  |                    |
| <input type="checkbox"/> FATHER                  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |                    |
| <input type="checkbox"/> MOTHER                  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |                    |
| <input type="checkbox"/> GRANDFATHER             | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |                    |
| <input type="checkbox"/> GRANDMOTHER             | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |                    |
| <input checked="" type="checkbox"/> GRANDSON     | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |                    |
| <input type="checkbox"/> GRANDDAUGHTER           | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |                    |
| <input type="checkbox"/> AUNT                    | <input type="checkbox"/> BROTHER-IN-LAW  |  |                    |
| <input type="checkbox"/> UNCLE                   | <input type="checkbox"/> MISTRESS-IN-LAW |  |                    |

FORM 10-637 (4-20-51)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P01

|   |  |  |  |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|--|--------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| A200  |  | NAME OF INDIVIDUAL<br><i>Rice, Samuel</i>  |  | E.D.<br><i>117</i> | SHEET<br><i>21</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>B</i>   | AGE<br><i>24</i>                         | BIRTHPLACE<br><i>Tex</i>                   |  |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>Richland</i>   |  | CITY                                       |  |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Jones, Alexander</i>  |  |  |  |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |  |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |                    |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE            |  |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE             |  |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |  |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER |  |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |  |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |  |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |  |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-437 (4-20-01)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

LOUISIANA

|  |                            |   |  |   |                   |
|--|----------------------------|---|--|---|-------------------|
| R200                                   |                            | NAME OF INDIVIDUAL<br><i>Rose, Samuel</i> |  | E.O.<br><i>5</i>                                    | SHEET<br><i>3</i> |
| COLOR<br><i>B</i>                      | AGE<br><i>2</i>            | BIRTHPLACE                                |  |   |                   |
| COUNTY<br><i>Acension</i>              | CITY<br><i>Donaldville</i> |   |  |   |                   |
| ENUMERATED WITH<br><i>Adams, Mary</i>  |                            |   |  |   |                   |
| RELATIONSHIP TO ABOVE                  |                            |   |  |   |                   |
| <input type="checkbox"/> FATHER        |                            | <input type="checkbox"/> NEPHEW           |  | <input type="checkbox"/> INMATE                     |                   |
| <input type="checkbox"/> MOTHER        |                            | <input type="checkbox"/> NIECE            |  | <input type="checkbox"/> NURSE                      |                   |
| <input type="checkbox"/> GRANDFATHER   |                            | <input type="checkbox"/> FATHER-IN-LAW    |  | <input type="checkbox"/> PATIENT                    |                   |
| <input type="checkbox"/> GRANDMOTHER   |                            | <input type="checkbox"/> MOTHER-IN-LAW    |  | <input type="checkbox"/> ROOMER                     |                   |
| <input type="checkbox"/> GRANDSON      |                            | <input type="checkbox"/> SON-IN-LAW       |  | <input type="checkbox"/> SERVANT                    |                   |
| <input type="checkbox"/> GRANDDAUGHTER |                            | <input type="checkbox"/> DAUGHTER-IN-LAW  |  | <input checked="" type="checkbox"/> OTHER (Specify) |                   |
| <input type="checkbox"/> AUNT          |                            | <input type="checkbox"/> BROTHER-IN-LAW   |  | <i>E. J. S.</i>                                     |                   |
| <input type="checkbox"/> UNCLE         |                            | <input type="checkbox"/> SISTER-IN-LAW    |  |   |                   |

FORM 16-637 (4-29-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 15196-P-1

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R200                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| Reese                   |     | Samuel H       |     | E.D.       | SHEET |
| COLOR                   | AGE | BIRTHPLACE     |     |            |       |
| W                       | 32  |                |     |            |       |
| COUNTY                  |     | La Salle       |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Marguerite              |     | W              | 32  | Miss       |       |
| Mollie A                |     | D              | 11  |            |       |
| Oste                    |     | S              | 3   |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 10-636 (4-30-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |          |                |        |            |  |
|-------------------------|----------|----------------|--------|------------|--|
| 1200                    |          | HEAD OF FAMILY |        | LOUISIANA  |  |
| Reese Samuel L          |          | E.D.           |        | SHEET      |  |
| COLOR                   | AGE      | BIRTHPLACE     |        | 24 2       |  |
| W                       | 30       | Ala            |        |            |  |
| COUNTY                  |          | Clai borne     |        | CITY       |  |
| OTHER MEMBERS OF FAMILY |          |                |        |            |  |
| NAME                    |          | RELATIONSHIP   | AGE    | BIRTHPLACE |  |
|                         | Willie m | W              | 25     |            |  |
|                         | Berta m  | D              | 2      |            |  |
|                         | Emma L   | D              | 13 1/2 |            |  |
|                         |          |                |        |            |  |
|                         |          |                |        |            |  |
|                         |          |                |        |            |  |
|                         |          |                |        |            |  |
|                         |          |                |        |            |  |

FORM 18-636 (4-26-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |             |                |      |            |  |
|-------------------------|-------------|----------------|------|------------|--|
| 1920                    |             | HEAD OF FAMILY |      | LOUISIANA  |  |
| 1 R. ha Samuel S        |             | E.D.           |      | SHEET      |  |
| COLOR                   | AGE         | BIRTHPLACE     |      |            |  |
| 21                      | 49          |                |      |            |  |
| COUNTY                  | St. Tammany |                | CITY |            |  |
|                         |             | New Orleans    |      |            |  |
| OTHER MEMBERS OF FAMILY |             |                |      |            |  |
| NAME                    |             | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| 1 Samuel S Jr           |             | W              | 25   |            |  |
| 1 Samuel S Jr           |             | S              | 10   |            |  |
| Beard Kate C            |             | MC             | 15   | Tennessee  |  |
|                         |             |                |      |            |  |
|                         |             |                |      |            |  |
|                         |             |                |      |            |  |
|                         |             |                |      |            |  |

FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |           |                |      |             |  |
|-------------------------|-----------|----------------|------|-------------|--|
| R 202                   |           | HEAD OF FAMILY |      | LOUISIANA ✓ |  |
| ROSE, Sanders           |           | E.O.           |      | 52          |  |
| SHEET                   |           | 1              |      |             |  |
| COLOR                   | B         | AGE            | 59   | BIRTHPLACE  |  |
| COUNTY                  | Iberville |                | CITY |             |  |
| OTHER MEMBERS OF FAMILY |           |                |      |             |  |
| NAME                    |           | RELATIONSHIP   | AGE  | BIRTHPLACE  |  |
| 1 Louisa                |           | W              | 51   |             |  |
| 2 Whittier, Beatrice    |           | Daughter       | 13   |             |  |
|                         |           |                |      |             |  |
|                         |           |                |      |             |  |
|                         |           |                |      |             |  |
|                         |           |                |      |             |  |
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|                         |           |                |      |             |  |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |      |            |  |
|-------------------------|--|----------------|------|------------|--|
| 22                      |  | HEAD OF FAMILY |      | LOUISIANA  |  |
| COLOR                   |  | AGE            |      | E.D.       |  |
| B                       |  | 51             |      | 110        |  |
|                         |  | BIRTHPLACE     |      | SHEET      |  |
|                         |  |                |      | 5          |  |
| COUNTY                  |  |                | CITY |            |  |
| St. Landry              |  |                |      |            |  |
| OTHER MEMBERS OF FAMILY |  |                |      |            |  |
| NAME                    |  | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| Willie                  |  | S              | 28   |            |  |
| Marshall                |  | 2              | 19   |            |  |
| Edwin                   |  | S              | 17   |            |  |
| Alexander               |  | S              | 15   |            |  |
| Leon                    |  | S              | 13   |            |  |
|                         |  |                |      |            |  |
|                         |  |                |      |            |  |

FORM 18-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |      |            |       |
|-------------------------|-----|----------------|------|------------|-------|
| R200                    |     | HEAD OF FAMILY |      | LOUISIANA  |       |
| Rigis                   |     | Santo          |      | E.O.       | SHEET |
| COLOR                   | AGE | BIRTHPLACE     |      | 31         | 12    |
| W                       | 31  |                |      |            |       |
| COUNTY                  |     |                | CITY |            |       |
| Jefferson               |     |                |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Marcelle                |     | W              | 38   |            |       |
| Ada                     |     | D              | 14   |            |       |
| Amos                    |     | S              | 12   |            |       |
| Otis                    |     | S              | 9    |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |

FORM 10-436 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |  |
|-------------------------|-----|----------------|-----|------------|--|
| R200                    |     | HEAD OF FAMILY |     | LOUISIANA  |  |
| Pouez Sarah             |     | E.D.           |     | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |     |            |  |
| W                       | 43  |                |     |            |  |
| COUNTY                  |     | CITY           |     |            |  |
| Ascension               |     |                |     |            |  |
| OTHER MEMBERS OF FAMILY |     |                |     |            |  |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| Olympie                 |     | D              | 16  |            |  |
| Delie                   |     | D              | 14  |            |  |
| Felicie                 |     | D              | 11  |            |  |
| Sidney                  |     | S              | 8   |            |  |
| Antoinette              |     | D              | 6   |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |          |                |           |                   |      |            |  |
|-------------------------|----------|----------------|-----------|-------------------|------|------------|--|
| <i>Ross</i>             |          | HEAD OF FAMILY |           | <i>Rose Sarah</i> |      | LOUISIANA  |  |
| COLOR                   | <i>B</i> | AGE            | <i>45</i> | BIRTHPLACE        |      |            |  |
| COUNTY                  |          |                |           | <i>Ascension</i>  | CITY |            |  |
| OTHER MEMBERS OF FAMILY |          |                |           |                   |      |            |  |
| NAME                    |          |                |           | RELATIONSHIP      | AGE  | BIRTHPLACE |  |
|                         |          |                |           |                   |      |            |  |
|                         |          |                |           |                   |      |            |  |
|                         |          |                |           |                   |      |            |  |
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Form 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |  |              |  |                |  |
|-------------------------|--|----------------|--|--------------|--|----------------|--|
| R22                     |  | HEAD OF FAMILY |  | Reeks Sarah  |  | LOUISIANA      |  |
| COLOR                   |  | AGE            |  | BIRTHPLACE   |  | E.O. SHEET     |  |
| W                       |  | 63             |  | Ga           |  | 102 26         |  |
| COUNTY                  |  |                |  | Sabine       |  | CITY           |  |
| OTHER MEMBERS OF FAMILY |  |                |  |              |  |                |  |
| NAME                    |  |                |  | RELATIONSHIP |  | AGE BIRTHPLACE |  |
| Addison George          |  |                |  | MS           |  | 23             |  |
| 1 James                 |  |                |  | MS           |  | 21             |  |
|                         |  |                |  |              |  |                |  |
|                         |  |                |  |              |  |                |  |
|                         |  |                |  |              |  |                |  |
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|                         |  |                |  |              |  |                |  |
|                         |  |                |  |              |  |                |  |

FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  | LOUISIANA                                |                  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |           |                                |  |  |
|--|--|--|------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|-----------|--------------------------------|--|--|
| 1200   |  | NAME OF INDIVIDUAL<br><i>Rice Sarah</i>  | E.D. 16 SHEET 17 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |           |                                |  |  |
| COLOR<br><i>B</i>  | AGE<br><i>8</i>                          | BIRTHPLACE                               |                  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |           |                                |  |  |
| COUNTY<br><i>Avoyelles</i>   | CITY                                     |  |                  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |           |                                |  |  |
| ENUMERATED WITH<br><i>Francis Marchant</i>   |  |  |                  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |           |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |                  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |           |                                |  |  |
| <table border="0"> <tbody> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHER</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NUNSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>SD</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </tbody> </table> |  |  |                  | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHER | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NUNSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>SD</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHER          | <input type="checkbox"/> INMATE          |                  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |           |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NUNSE           |                  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |                  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |                  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |                  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |                  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |           |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  | <i>SD</i>                                |                  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |           |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |                  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |           |                                |  |  |

FORM 10-637 (4-25-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P01

|                         |   |                  |     |            |    |
|-------------------------|---|------------------|-----|------------|----|
| R 200                   |   | HEAD OF FAMILY   |     | LOUISIANA  |    |
| COLOR                   | B | AGE              | 18  | E.O.       | 34 |
|                         |   | BIRTHPLACE       |     | SHEET 13   |    |
| COUNTY                  |   | East Baton Rouge |     | CITY       |    |
| OTHER MEMBERS OF FAMILY |   |                  |     |            |    |
| NAME                    |   | RELATIONSHIP     | AGE | BIRTHPLACE |    |
| / Lorena                |   | D                | 18  |            |    |
| Lorena                  |   | D                | 15  |            |    |
| Ida                     |   | D                | 12  |            |    |
| * 2 Ls                  |   |                  |     |            |    |
|                         |   |                  |     |            |    |
|                         |   |                  |     |            |    |
|                         |   |                  |     |            |    |
|                         |   |                  |     |            |    |
|                         |   |                  |     |            |    |

 FORM 18-636 (4-20-61)  
 1910 CENSUS INDEX - FAMILY

 U.S. DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS



|                         |                  |                |      |             |       |
|-------------------------|------------------|----------------|------|-------------|-------|
| R200                    |                  | HEAD OF FAMILY |      | LOUISIANA   |       |
| NAME                    |                  | SARAH          |      | E.D.        | SHEET |
| COLOR                   | W                | AGE            | 66   | BIRTHPLACE  | Ohio  |
| COUNTY                  | East Baton Rouge |                | CITY | Baton Rouge |       |
| OTHER MEMBERS OF FAMILY |                  |                |      |             |       |
| NAME                    |                  | RELATIONSHIP   | AGE  | BIRTHPLACE  |       |
| Effie                   |                  | D 40           |      | Ohio        |       |
| Zannie                  |                  | D 28           |      | Ohio        |       |
| Harry                   |                  | S 23           |      | Ohio        |       |
|                         |                  |                |      |             |       |
|                         |                  |                |      |             |       |
|                         |                  |                |      |             |       |
|                         |                  |                |      |             |       |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |   |   |    |   |  |
|--|---|---|----|---|--|
| R200   |   | NAME OF INDIVIDUAL  |    | LOUISIANA   |  |
| COLOR  | B | AGE   | 35 | BIRTHPLACE  |  |
| COUNTY   |   | CITY  |    | ED  |  |
| ENUMERATED WITH  |   | Smith, Harry  |    | SHEET   |  |
| RELATIONSHIP TO ABOVE  |   |   |    | 13  |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |   | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |    | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br>Si |  |

FORM 10-627 (4-22-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

RECORDED 1818-201

|  |  |  |      |           |            |            |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|------|-----------|------------|------------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R200   |  | NAME OF INDIVIDUAL<br><i>Rose Sarah</i>  |      | LOUISIANA | E.D.<br>43 | SHEET<br>2 |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br>B   | AGE<br>3                                 | BIRTHPLACE                               |      |           |            |            |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br>East Carroll   |  |  | CITY |           |            |            |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Rose William</i>   |  |  |      |           |            |            |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |      |           |            |            |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> UNCLE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> MURDER</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></table> |  |  |      |           |            |            | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> UNCLE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> MURDER | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> UNCLE           |      |           |            |            |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> MURDER          |      |           |            |            |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |      |           |            |            |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |      |           |            |            |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |      |           |            |            |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |      |           |            |            |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |      |           |            |            |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |      |           |            |            |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-437 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |   |  |                   |
|---|---|--|-------------------|
|   |   | LOUISIANA  |                   |
| NAME OF INDIVIDUAL<br><i>Racke Sarah</i>  |   | E.D.<br><i>92</i>  | SHEET<br><i>2</i> |
| COLOR<br><i>B</i>   | AGE<br><i>1</i>   | BIRTHPLACE   |                   |
| COUNTY<br><i>Rapides</i>  |   | CITY   |                   |
| ENUMERATED WITH<br><i>Hudson Anna</i>   |   |  |                   |
| RELATIONSHIP TO ABOVE   |   |  |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input checked="" type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                   |

FORM 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1936 CENSUS INDEX - INDIVIDUAL

1250000-00 10100-P-81

|  |  |  | LOUISIANA         |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| <i>Ross</i>  | NAME OF INDIVIDUAL<br><i>Ross, Sarah</i> |  | E.D.<br><i>81</i> | SHEET<br><i>16</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>mu</i>   | AGE<br><i>28</i>                         | BIRTHPLACE                                 |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>Rapides</i>   |  | CITY<br><i>Alexandria</i>                  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Hamilton, George</i>   |  |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tbody> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> IMMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </tbody> </table> |  |  |                   |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> IMMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> IMMATE            |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE             |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 16-437 (4-22-01)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMB-DC 1910-P61

|                         |     |                |      |            |  |
|-------------------------|-----|----------------|------|------------|--|
| R200                    |     | HEAD OF FAMILY |      | LOUISIANA  |  |
| Riggs, Sarah            |     | E.D.           |      | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |      |            |  |
| Bl                      | 38  |                |      |            |  |
| COUNTY                  |     |                | CITY |            |  |
| St. Landry              |     |                |      |            |  |
| OTHER MEMBERS OF FAMILY |     |                |      |            |  |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| Simpson, Joseph         |     | S              | 26   |            |  |
| Abelion                 |     | S              | 14   |            |  |
| Sabriel                 |     | S              | 13   |            |  |
| Thomas                  |     | S              | 9    |            |  |
| Ignatien                |     | S              | 8    |            |  |
| Hana                    |     | D              | 6    |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |

FORM 10-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |  |  |  |      |  |       |  |                                 |                                 |                                 |  |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|--|------|--|-------|--|---------------------------------|---------------------------------|---------------------------------|--|-------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R200   |  | NAME OF INDIVIDUAL                       |  | E.D. |  | SHEET |  |                                 |                                 |                                 |  |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Reiss, Sarah   |  | 85                                       |  | 16   |  |       |  |                                 |                                 |                                 |  |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR  | AGE                                      | BIRTHPLACE                               |  |      |  |       |  |                                 |                                 |                                 |  |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| B  | 60                                       |  |  |      |  |       |  |                                 |                                 |                                 |  |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY   |  |  |  | CITY |  |       |  |                                 |                                 |                                 |  |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Pointe Coupee  |  |  |  |      |  |       |  |                                 |                                 |                                 |  |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH  |  |  |  |      |  |       |  |                                 |                                 |                                 |  |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Reiss, Williams  |  |  |  |      |  |       |  |                                 |                                 |                                 |  |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |  |      |  |       |  |                                 |                                 |                                 |  |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input checked="" type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> WIFE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |      |  |       |  | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input checked="" type="checkbox"/> MOTHER | <input type="checkbox"/> WIFE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |  |      |  |       |  |                                 |                                 |                                 |  |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> MOTHER   | <input type="checkbox"/> WIFE            | <input type="checkbox"/> NURSE           |  |      |  |       |  |                                 |                                 |                                 |  |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |  |      |  |       |  |                                 |                                 |                                 |  |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |  |      |  |       |  |                                 |                                 |                                 |  |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |  |      |  |       |  |                                 |                                 |                                 |  |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |  |      |  |       |  |                                 |                                 |                                 |  |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |      |  |       |  |                                 |                                 |                                 |  |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |  |      |  |       |  |                                 |                                 |                                 |  |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 1910-P-91

|   |   |  |      |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
|---|---|--|------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|---|--|-------------------------------|---|--|--------------------------------|--|--|
|   |   | LOUISIANA                                |      |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| R200  |   | NAME OF INDIVIDUAL <i>Rack, Isaac</i>    |      |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| E.O. <i>83</i>  |   | SHEET <i>1</i>                           |      |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| COLOR <i>B</i>  | AGE <i>15</i>                                       | BIRTHPLACE                               |      |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| COUNTY  | Pointe Coupee                                       |  | CITY |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| ENUMERATED WITH <i>Gabriel, Pauline</i>   |   |  |      |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |   |  |      |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input checked="" type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> WINTER-IN-LAW</td> <td></td> </tr> </table> |   |  |      | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input checked="" type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> WINTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW                     | <input type="checkbox"/> INMATE          |      |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE                      | <input type="checkbox"/> NURSE           |      |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW              | <input type="checkbox"/> PATIENT         |      |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW              | <input type="checkbox"/> ROOMER          |      |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW                 | <input type="checkbox"/> SERVANT         |      |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input checked="" type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |      |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW             |  |      |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> WINTER-IN-LAW              |  |      |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |

FORM 16-637 (4-20-01)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIV

USCOM-DC 1910-PC1



|                         |     |                |     |            |  |
|-------------------------|-----|----------------|-----|------------|--|
| R200                    |     | HEAD OF FAMILY |     | LOUISIANA  |  |
| ROSS, Sarah A.          |     | E.O.           |     | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |     |            |  |
| W                       | 52  | England        |     |            |  |
| COUNTY                  |     | CITY           |     |            |  |
| Lafourche               |     | Thibodaux      |     |            |  |
| OTHER MEMBERS OF FAMILY |     |                |     |            |  |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| Stone, Adam             |     | D              | 30  |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |  |  |            |             |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|------------|-------------|---------------------------------|---------------------------------|---------------------------------|--|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 2200   | NAME OF INDIVIDUAL<br>Ricks, Lucile H.   |  | E.D.<br>68 | SHEET<br>12 |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br>B   | AGE<br>82                                | BIRTHPLACE<br>Ala                        |            |             |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br>De Soto  |  | CITY                                     |            |             |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br>Ricks, Billie   |  |  |            |             |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |            |             |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> INMATE</td></tr><tr><td><input checked="" type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> |  |  |            |             | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input checked="" type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |            |             |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |            |             |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |            |             |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |            |             |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |            |             |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |            |             |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |            |             |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |            |             |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-537 (4-22-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-OC 15105-P61

| LOUISIANA   |   |  |                    |                    |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|---|--|--------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|--|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R200  | NAME OF INDIVIDUAL<br><i>Ross, Susan J.</i> |  | E.D.<br><i>109</i> | SHEET<br><i>16</i> |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>W</i>   | AGE<br><i>68</i>                            | BIRTHPLACE<br><i>Miss</i>                |                    |                    |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>Sabine</i>   | CITY  |  |                    |                    |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Bostick, Selina</i>   |   |  |                    |                    |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |   |  |                    |                    |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
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| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW             | <input type="checkbox"/> INMATE          |                    |                    |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE              | <input type="checkbox"/> NURSE           |                    |                    |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW      | <input type="checkbox"/> PATIENT         |                    |                    |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW      | <input type="checkbox"/> ROOMER          |                    |                    |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW         | <input type="checkbox"/> SERVANT         |                    |                    |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW    | <input type="checkbox"/> OTHER (Specify) |                    |                    |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW     |  |                    |                    |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW      |  |                    |                    |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 16-437 (4-29-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 1919-P61

|  |                  |   |  |   |                   |
|--|------------------|---|--|---|-------------------|
| R-200  |                  | NAME OF INDIVIDUAL<br><i>Ross Sarah J.</i>  |  | E.D.<br><i>145</i>  | SHEET<br><i>6</i> |
| COLOR<br><i>W</i>  | AGE<br><i>26</i> | BIRTHPLACE  |  |   |                   |
| COUNTY<br><i>West Carroll</i>  |                  | CITY  |  |   |                   |
| ENUMERATED WITH<br><i>Anderson Henry F.</i>  |                  |   |  |   |                   |
| RELATIONSHIP TO ABOVE  |                  |   |  |   |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>D</i> |                   |

FORM 16-537 (4-20-11)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

LOUISIANA

|  |  |  |  |            |             |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|--|------------|-------------|---------------------------------|---------------------------------|---------------------------------|--|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R 200  |  | NAME OF INDIVIDUAL<br>Ross, Sarah H.     |  | E.D.<br>54 | SHEET<br>14 |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br>W   | AGE<br>74                                | BIRTHPLACE<br>Ark.                       |  |            |             |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br>Jackson  |  | CITY                                     |  |            |             |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br>Ross, Alberto J.  |  |  |  |            |             |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |  |            |             |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> INMATE</td></tr><tr><td><input checked="" type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> |  |  |  |            |             | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input checked="" type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |  |            |             |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |  |            |             |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |  |            |             |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |  |            |             |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |  |            |             |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |  |            |             |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |            |             |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |  |            |             |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMB-OC 18196-P61

|                         |     |                |      |            |  |
|-------------------------|-----|----------------|------|------------|--|
| R-200                   |     | HEAD OF FAMILY |      | LOUISIANA  |  |
| Rissler, Sarah W        |     | E.D.           |      | SHEET      |  |
| 137                     |     | 23             |      |            |  |
| COLOR                   | AGE | BIRTHPLACE     |      |            |  |
| W                       | 58  |                |      |            |  |
| COUNTY                  |     |                | CITY |            |  |
| Union                   |     |                |      |            |  |
| OTHER MEMBERS OF FAMILY |     |                |      |            |  |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| Lucy W                  |     | S              | 97   |            |  |
| Eliza                   |     | S              | 25   |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
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|                         |     |                |      |            |  |

FORM 10-636 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |           |                   |     |            |  |
|-------------------------|-----------|-------------------|-----|------------|--|
| R 200                   |           | HEAD OF FAMILY    |     | LOUISIANA  |  |
| Pharis, Paul W          |           | E.D.              |     | SHEET      |  |
| COLOR                   | AGE       | BIRTHPLACE        |     |            |  |
| W                       | 52        |                   |     |            |  |
| COUNTY                  | Calcasieu | CITY              |     |            |  |
|                         |           | Lake Charles City |     |            |  |
| OTHER MEMBERS OF FAMILY |           |                   |     |            |  |
| NAME                    |           | RELATIONSHIP      | AGE | BIRTHPLACE |  |
| Virginia                |           | W                 | 41  |            |  |
| Mphilde                 |           | D                 | 20  |            |  |
| Julien B                |           | S                 | 18  |            |  |
| James H.                |           | S                 | 16  |            |  |
| Samuel W.               |           | S                 | 13  |            |  |
| Marie                   |           | D                 | 11  |            |  |
| Marguerite              |           | D                 | 8   |            |  |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS





|   |  |                                  |   |                         |  |  |  |         |  |
|---|--|----------------------------------|---|-------------------------|--|--|--|---------|--|
| B200  |  | NAME - INDIVIDUAL<br><i>Beck</i> |   | LOUISIANA               |  | E.D. 88  |  | SHEET 6 |  |
| COLOR<br><i>B</i>   |  | AGE<br><i>2</i>                  |   | BIRTHPLACE              |  |  |  |         |  |
| COUNTY<br><i>St. Mary</i>   |  |                                  |   | CITY<br><i>Franklin</i> |  |  |  |         |  |
| ENUMERATED WITH<br><i>Beck Alfred</i>   |  |                                  |   |                         |  |  |  |         |  |
| RELATIONSHIP TO ABOVE   |  |                                  |   |                         |  |  |  |         |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input checked="" type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  |                                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |                         |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |  |         |  |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 1910-P61

|                         |         |                |     |            |  |
|-------------------------|---------|----------------|-----|------------|--|
| R200                    |         | HEAD OF FAMILY |     | LOUISIANA  |  |
| E.D.                    |         | SHEET          |     |            |  |
| 79                      |         | 3              |     |            |  |
| COLOR                   | AGE     | BIRTHPLACE     |     |            |  |
| B                       | 45      |                |     |            |  |
| COUNTY                  | Rapides | CITY           |     |            |  |
| Waplesville             |         |                |     |            |  |
| OTHER MEMBERS OF FAMILY |         |                |     |            |  |
| NAME                    |         | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| 1                       |         | W              | 38  |            |  |
| * 1 B0                  |         |                |     |            |  |
|                         |         |                |     |            |  |
|                         |         |                |     |            |  |
|                         |         |                |     |            |  |
|                         |         |                |     |            |  |
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|                         |         |                |     |            |  |

FORM 10-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| K200                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| B                       |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| 28                      |  |                |            | 6          | 27    |
| COUNTY                  |  |                | CITY       |            |       |
| Bienville               |  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Audie B                 |  | W              | 18         | .          |       |
| E. Lyons                |  | d              | 3          |            |       |
| E. B                    |  | S              | 1 1/2      |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 16-636 (4-30-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |      |                |      |            |  |
|-------------------------|------|----------------|------|------------|--|
| R200                    |      | HEAD OF FAMILY |      | LOUISIANA  |  |
| E.O.                    |      | SHEET          |      |            |  |
| COLOR                   | AGE  | BIRTHPLACE     |      |            |  |
| W                       | 53   |                |      |            |  |
| COUNTY                  | BIBB |                | CITY |            |  |
| OTHER MEMBERS OF FAMILY |      |                |      |            |  |
| NAME                    |      | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| Paul                    |      | S              | 19   |            |  |
| Jimane                  |      | S              | 18   |            |  |
| Julian                  |      | S              | 14   |            |  |
|                         |      |                |      |            |  |
|                         |      |                |      |            |  |
|                         |      |                |      |            |  |
|                         |      |                |      |            |  |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |              |                 |            |           |    |
|-------------------------|---|----------------|--------------|-----------------|------------|-----------|----|
| R200                    |   | HEAD OF FAMILY |              | Riggs, Selina C |            | LOUISIANA |    |
| COLOR                   | W | AGE            | 49           | BIRTHPLACE      |            | E.D.      | 20 |
|                         |   |                |              |                 |            | SHEET     | 19 |
| COUNTY                  |   |                | Iberia       | CITY            |            |           |    |
|                         |   |                |              | New Iberia      |            |           |    |
| OTHER MEMBERS OF FAMILY |   |                |              |                 |            |           |    |
| NAME                    |   |                | RELATIONSHIP | AGE             | BIRTHPLACE |           |    |
| Edna                    |   |                | D            | 34              |            |           |    |
| Harris                  |   |                | D            | 32              |            |           |    |
| Frederick               |   |                | S            | 18              |            |           |    |
|                         |   |                |              |                 |            |           |    |
|                         |   |                |              |                 |            |           |    |
|                         |   |                |              |                 |            |           |    |
|                         |   |                |              |                 |            |           |    |

FORM 10-636 (4-30-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |      |   |  |  |  |
|---|------|---|--|--|--|
| R200  |      | NAME OF INDIVIDUAL  |  | LOUISIANA  |  |
| Bass Selly  |      | E.O.  |  | SHEET  |  |
| COLOR   | AGE  | BIRTHPLACE  |  |  |  |
| B   | 8    | Rapidon   |  |  |  |
| COUNTY  | CITY |   |  |  |  |
| Boysa   |      |   |  |  |  |
| ENumerated WITH   |      |   |  |  |  |
| Foster A. Julia   |      |   |  |  |  |
| RELATIONSHIP TO ABOVE   |      |   |  |  |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input checked="" type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |      | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |  |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 10100-P-01

LOUISIANA

|  |           |   |  |   |            |
|--|-----------|---|--|---|------------|
| R200   |           | NAME OF INDIVIDUAL<br>Rae, Selma  |  | E.D.<br>71  | SHEET<br>7 |
| COLOR<br>Mex   | AGE<br>75 | BIRTH PLACE   |  |   |            |
| COUNTY<br>St. James  |           | CITY  |  |   |            |
| ENUMERATED WITH<br>Supt. Baltazar  |           |   |  |   |            |
| RELATIONSHIP TO ABOVE  |           |   |  |   |            |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |           | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br>Sm |            |

FORM 16-527 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18185-P61

|                         |     |                |     |            |  |
|-------------------------|-----|----------------|-----|------------|--|
| R 200                   |     | HEAD OF FAMILY |     | LOUISIANA  |  |
| Reams, Septime          |     | E.D.           |     | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |     |            |  |
| W                       | 23  |                |     |            |  |
| COUNTY                  |     | Lafayette      |     | CITY       |  |
| OTHER MEMBERS OF FAMILY |     |                |     |            |  |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| Hilda                   |     | W              | 23  |            |  |
| Elnise                  |     | W              | 21  |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |  |                |            |            |          |
|-------------------------|--|----------------|------------|------------|----------|
| <i>R 200</i>            |  | HEAD OF FAMILY |            | LOUISIANA  |          |
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET    |
| <i>B</i>                |  | <i>44</i>      |            | <i>73</i>  | <i>8</i> |
| COUNTY                  |  |                | CITY       |            |          |
| <i>Pointe Coupee</i>    |  |                |            |            |          |
| OTHER MEMBERS OF FAMILY |  |                |            |            |          |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |          |
| <i>1 Lizzie</i>         |  | <i>W</i>       | <i>40</i>  |            |          |
|                         |  |                |            |            |          |
|                         |  |                |            |            |          |
|                         |  |                |            |            |          |
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FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |                   | LOUISIANA     |            |
|-------------------------|--|----------------|-------------------|---------------|------------|
| R200                    |  | HEAD OF FAMILY |                   | Ross Sidney L | E.D. 110   |
| COLOR W                 |  | AGE 32         | BIRTHPLACE L. La. |               |            |
| COUNTY Terrebonne       |  |                | CITY              |               |            |
| OTHER MEMBERS OF FAMILY |  |                |                   |               |            |
| NAME                    |  |                | RELATIONSHIP      | AGE           | BIRTHPLACE |
| Marvin                  |  |                | W                 | 23            |            |
| Mildred                 |  |                | D                 | 4             |            |
| Ray                     |  |                | S                 | 3             |            |
| + 1 Son                 |  |                |                   |               |            |
|                         |  |                |                   |               |            |
|                         |  |                |                   |               |            |
|                         |  |                |                   |               |            |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|   |  |   |  |                    |                   |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |            |                                |  |  |
|---|--|---|--|--------------------|-------------------|---------------------------------|---------------------------------|----------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|------------|--------------------------------|--|--|
| R 200   |  | NAME OF INDIVIDUAL<br><i>Rose Selas</i>             |  | E.D.<br><i>100</i> | SHEET<br><i>6</i> |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |            |                                |  |  |
| COLOR<br><i>B</i>   | AGE<br><i>14</i>                         | BIRTHPLACE  |  |                    |                   |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |            |                                |  |  |
| COUNTY<br><i>Ouachita</i>   |  | CITY  |  |                    |                   |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |            |                                |  |  |
| ENUMERATED WITH<br><i>Brown Guy</i>   |  |   |  |                    |                   |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |            |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |  |                    |                   |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |            |                                |  |  |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> WIDWIFE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input checked="" type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td><i>NR.</i></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> |  |   |  |                    |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDWIFE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>NR.</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDWIFE                    |  |                    |                   |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |            |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |  |                    |                   |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |            |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |                    |                   |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |            |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |                    |                   |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |            |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |                    |                   |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |            |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |                    |                   |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |            |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  | <i>NR.</i>  |  |                    |                   |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |            |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |  |                    |                   |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |            |                                |  |  |

FORM 19-637 (4-29-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P61

|                         |                  | LOUISIANA          |                                 |
|-------------------------|------------------|--------------------|---------------------------------|
| <i>R20d</i>             | HEAD OF FAMILY   | <i>Roch, Silas</i> | E.D. <i>145</i> SHEET <i>15</i> |
| COLOR<br><i>B</i>       | AGE<br><i>56</i> | BIRTHPLACE         |                                 |
| COUNTY                  | West Feliciana   |                    | CITY                            |
| OTHER MEMBERS OF FAMILY |                  |                    |                                 |
|                         | NAME             | RELATIONSHIP       | AGE                             |
|                         | <i>Mary</i>      | <i>w</i>           | <i>56</i>                       |
|                         | <i>James</i>     | <i>s</i>           | <i>28</i>                       |
|                         | <i>Clara</i>     | <i>d</i>           | <i>27</i>                       |
|                         | <i>Bertha</i>    | <i>d</i>           | <i>20</i>                       |
|                         | <i>Permus</i>    | <i>s</i>           | <i>19</i>                       |
|                         | <i>Tiddy</i>     | <i>d</i>           | <i>18</i>                       |
|                         | <i>Ann</i>       | <i>d</i>           | <i>17</i>                       |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME    | RELATIONSHIP | AGE   | BIRTHPLACE |
|---------|--------------|-------|------------|
| James   | gs           | 12    |            |
| Cybus   | gs           | 4     |            |
| Ilen    | gs           | 3     |            |
| Edward  | gs           | 8     |            |
| Bell    | gd           | 6     |            |
| John    | gs           | 4     |            |
| William | gs           | 6 1/2 |            |
|         |              |       |            |
|         |              |       |            |

FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 18199-P61

|                         |        |                |       |             |  |
|-------------------------|--------|----------------|-------|-------------|--|
| R-200                   |        | HEAD OF FAMILY |       | Louisiana   |  |
| Wife                    |        | 23             |       | SHEET 22 13 |  |
| COLOR                   |        | AGE            |       | BIRTHPLACE  |  |
| COUNTY                  |        | Avoyelles      |       | CITY        |  |
| OTHER MEMBERS OF FAMILY |        |                |       |             |  |
|                         | NAME   | RELATIONSHIP   | AGE   | BIRTHPLACE  |  |
|                         | Eunice | R              | 25    |             |  |
|                         | Oliver | S              | 3     |             |  |
|                         | Estine | S              | 1 1/2 |             |  |
|                         | Alade  | S              | 6 1/2 |             |  |
|                         |        |                |       |             |  |
|                         |        |                |       |             |  |
|                         |        |                |       |             |  |

FORM 16-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |              |                  | LOUISIANA  |   |
|-------------------------|--------------|------------------|------------|---|
| HEAD OF FAMILY          |              | E.D.             | SHEET      |   |
| R200                    |              | Rose, Silmon, J. | 109        | 8 |
| COLOR                   | AGE          | BIRTHPLACE       |            |   |
| B                       | 32           |                  |            |   |
| COUNTY                  |              | CITY             |            |   |
| St. Landry              |              |                  |            |   |
| OTHER MEMBERS OF FAMILY |              |                  |            |   |
| NAME                    | RELATIONSHIP | AGE              | BIRTHPLACE |   |
| 1 Mattie                | w            | 33               |            |   |
| Leatha                  | D            | 2                |            |   |
|                         |              |                  |            |   |
|                         |              |                  |            |   |
|                         |              |                  |            |   |
|                         |              |                  |            |   |
|                         |              |                  |            |   |
|                         |              |                  |            |   |

FORM 19-636 (4-30-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |                  |   |                             |   |                    |
|--|------------------|---|-----------------------------|---|--------------------|
| R-200  |                  | NAME OF INDIVIDUAL<br><i>Rice Selma</i>   |                             | E.D.<br><i>108</i>  | SHEET<br><i>28</i> |
| COLOR<br><i>Mu</i>   | AGE<br><i>20</i> | BIRTHPLACE  |                             |   |                    |
| COUNTY<br><i>St. Landry</i>  |                  |   | CITY<br><i>Grand Coteau</i> |   |                    |
| ENUMERATED WITH<br><i>Thompson Marie</i>   |                  |   |                             |   |                    |
| RELATIONSHIP TO ABOVE  |                  |   |                             |   |                    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |                             | <input type="checkbox"/> TENANT<br><input type="checkbox"/> HOUSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>0</i> |                    |

FORM 10-437 (4-20-51)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 16100-P01



|                         |  |                |  |            |  |
|-------------------------|--|----------------|--|------------|--|
| R200                    |  | HEAD OF FAMILY |  | LOUISIANA  |  |
| E.D.                    |  | SHEET          |  |            |  |
| COLOR                   |  | AGE            |  | BIRTHPLACE |  |
| W                       |  | 60             |  |            |  |
| COUNTY                  |  | CITY           |  |            |  |
| Rapides                 |  | Alexandria     |  |            |  |
| OTHER MEMBERS OF FAMILY |  |                |  |            |  |
| NAME                    |  | RELATIONSHIP   |  | AGE        |  |
| BIRTHPLACE              |  |                |  |            |  |
| "Living Alone"          |  |                |  |            |  |
|                         |  |                |  |            |  |
|                         |  |                |  |            |  |
|                         |  |                |  |            |  |
|                         |  |                |  |            |  |
|                         |  |                |  |            |  |
|                         |  |                |  |            |  |
|                         |  |                |  |            |  |
|                         |  |                |  |            |  |

FORM 16-636 (4-28-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |  |             |  |            |  |
|-------------------------|--|----------------|--|-------------|--|------------|--|
| B 200                   |  | HEAD OF FAMILY |  | Riche Jimie |  | LOUISIANA  |  |
| COLOR                   |  | AGE            |  | BIRTHPLACE  |  | S.D. SHEET |  |
| Mu                      |  | 27             |  |             |  | 87 10      |  |
| COUNTY                  |  |                |  | CITY        |  |            |  |
| Madison                 |  |                |  |             |  |            |  |
| OTHER MEMBERS OF FAMILY |  |                |  |             |  |            |  |
| NAME                    |  | RELATIONSHIP   |  | AGE         |  | BIRTHPLACE |  |
| Rodie                   |  | W              |  | 25          |  |            |  |
| Maud                    |  | D              |  | 5           |  |            |  |
| Emma                    |  | D              |  | 1           |  |            |  |
|                         |  |                |  |             |  |            |  |
|                         |  |                |  |             |  |            |  |
|                         |  |                |  |             |  |            |  |
|                         |  |                |  |             |  |            |  |
|                         |  |                |  |             |  |            |  |

FORM 16-636 (4-30-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |          |  |  |  |             |
|--|----------|--|--|--|-------------|
| R20  |          | NAME OF INDIVIDUAL<br>Rosa, Simon        |  | E.O.<br>124                              | SHEET<br>18 |
| COLOR<br>B                                   | AGE<br>2 | BIRTHPLACE                               |  |  |             |
| COUNTY<br>IOWA                               |          | CITY                                     |  |  |             |
| ENUMERATED WITH<br>Rosa, Tony                |          |  |  |  |             |
| RELATIONSHIP TO ABOVE                        |          |  |  |  |             |
| <input type="checkbox"/> FATHER              |          | <input type="checkbox"/> NEPHEW          |  | <input type="checkbox"/> INMATE          |             |
| <input type="checkbox"/> MOTHER              |          | <input type="checkbox"/> NIECE           |  | <input type="checkbox"/> NURSE           |             |
| <input type="checkbox"/> GRANDFATHER         |          | <input type="checkbox"/> FATHER-IN-LAW   |  | <input type="checkbox"/> PATIENT         |             |
| <input type="checkbox"/> GRANDMOTHER         |          | <input type="checkbox"/> MOTHER-IN-LAW   |  | <input type="checkbox"/> ROOMER          |             |
| <input checked="" type="checkbox"/> GRANDSON |          | <input type="checkbox"/> SON-IN-LAW      |  | <input type="checkbox"/> SERVANT         |             |
| <input type="checkbox"/> GRANDDAUGHTER       |          | <input type="checkbox"/> DAUGHTER-IN-LAW |  | <input type="checkbox"/> OTHER (Specify) |             |
| <input type="checkbox"/> AUNT                |          | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |             |
| <input type="checkbox"/> UNCLE               |          | <input type="checkbox"/> SISTER-IN-LAW   |  |  |             |

FORM 10-637 (2-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18106-P01

|                         |           |                |           |            |       |
|-------------------------|-----------|----------------|-----------|------------|-------|
| <i>R-20</i>             |           | HEAD OF FAMILY |           | LOUISIANA  |       |
| <i>Rock Simon</i>       |           |                |           | E.D.       | SHEET |
| <i>115</i>              |           | <i>11</i>      |           |            |       |
| COLOR                   | AGE       | BIRTHPLACE     |           |            |       |
| <i>Wm</i>               | <i>20</i> |                |           |            |       |
| COUNTY                  |           | CITY           |           |            |       |
| <i>Webster</i>          |           |                |           |            |       |
| OTHER MEMBERS OF FAMILY |           |                |           |            |       |
| NAME                    |           | RELATIONSHIP   | AGE       | BIRTHPLACE |       |
| <i>W. Simon</i>         |           | <i>W</i>       | <i>22</i> |            |       |
|                         |           |                |           |            |       |
|                         |           |                |           |            |       |
|                         |           |                |           |            |       |
|                         |           |                |           |            |       |
|                         |           |                |           |            |       |
|                         |           |                |           |            |       |
|                         |           |                |           |            |       |
|                         |           |                |           |            |       |

FORM 19-536 (4-20-51)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|   |                  |   |  |   |                   |
|---|------------------|---|--|---|-------------------|
| 8200  |                  | NAME OF INDIVIDUAL<br><i>Reese Simon</i>  |  | E.O.<br><i>16</i>   | SHEET<br><i>4</i> |
| COLOR<br><i>B</i>   | AGE<br><i>19</i> | BIRTHPLACE  |  |   |                   |
| COUNTY<br><i>Houssier</i>   |                  | CITY  |  |   |                   |
| ENUMERATED WITH<br><i>Forrest, Dambel</i>   |                  |   |  |   |                   |
| RELATIONSHIP TO ABOVE   |                  |   |  |   |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input checked="" type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> WIDWIFE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                   |

FORM 16-437 (6-20-51)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1919 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 16199-P61

|  |                  |   |  |   |                   |
|--|------------------|---|--|---|-------------------|
| <i>R222</i>  |                  | NAME OF INDIVIDUAL<br><i>Rosa Singleton</i>   |  | LOUISIANA<br>E.D.   | SHEET<br>121 / 12 |
| COLOR<br><i>Ma</i>   | AGE<br><i>65</i> | BIRTHPLACE  |  |   |                   |
| COUNTY<br><i>Tensas</i>  |                  | CITY  |  |   |                   |
| ENUMERATED WITH<br><i>Brown Rayfield</i>   |                  |   |  |   |                   |
| RELATIONSHIP TO ABOVE  |                  |   |  |   |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> TENANT<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>C</i> |                   |

FORM 16-517 (4-29-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

LOUISIANA

|  |  |  |                    |                   |
|--|--|--|--------------------|-------------------|
| R200   | NAME OF INDIVIDUAL<br><i>Roscoe Sander</i> |  | E.D.<br><i>117</i> | SHEET<br><i>6</i> |
| COLOR<br><i>W</i>                            | AGE<br><i>9</i>                            | BIRTHPLACE                               |                    |                   |
| COUNTY<br><i>Webster</i>                     |  | CITY                                     |                    |                   |
| ENUMERATED WITH<br><i>Raines John C.</i>     |  |  |                    |                   |
| RELATIONSHIP TO ABOVE                        |  |  |                    |                   |
| <input type="checkbox"/> FATHER              | <input type="checkbox"/> NEPHEW            | <input type="checkbox"/> INMATE          |                    |                   |
| <input type="checkbox"/> MOTHER              | <input type="checkbox"/> NIECE             | <input type="checkbox"/> NURSE           |                    |                   |
| <input type="checkbox"/> GRANDFATHER         | <input type="checkbox"/> FATHER-IN-LAW     | <input type="checkbox"/> PATIENT         |                    |                   |
| <input type="checkbox"/> GRANDMOTHER         | <input type="checkbox"/> MOTHER-IN-LAW     | <input type="checkbox"/> ROOMER          |                    |                   |
| <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW        | <input type="checkbox"/> SERVANT         |                    |                   |
| <input type="checkbox"/> GRANDDAUGHTER       | <input type="checkbox"/> DAUGHTER-IN-LAW   | <input type="checkbox"/> OTHER (Specify) |                    |                   |
| <input type="checkbox"/> AUNT                | <input type="checkbox"/> BROTHER-IN-LAW    |  |                    |                   |
| <input type="checkbox"/> UNCLE               | <input type="checkbox"/> SISTER-IN-LAW     |  |                    |                   |

Form 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 1910-P01

LOUISIANA

|                         |                |                  |           |            |       |          |
|-------------------------|----------------|------------------|-----------|------------|-------|----------|
| <i>Ross</i>             | HEAD OF FAMILY | <i>Roach Sol</i> | E.D.      | <i>16</i>  | SHEET | <i>4</i> |
| COLOR                   | <i>B</i>       | AGE              | <i>24</i> | BIRTHPLACE |       |          |
| COUNTY                  |                |                  | CITY      |            |       |          |
| OTHER MEMBERS OF FAMILY |                |                  |           |            |       |          |
| NAME                    |                | RELATIONSHIP     | AGE       | BIRTHPLACE |       |          |
| <i>1</i>                | <i>Ada</i>     | <i>W</i>         | <i>25</i> |            |       |          |
|                         |                |                  |           |            |       |          |
|                         |                |                  |           |            |       |          |
|                         |                |                  |           |            |       |          |
|                         |                |                  |           |            |       |          |
|                         |                |                  |           |            |       |          |
|                         |                |                  |           |            |       |          |
|                         |                |                  |           |            |       |          |
|                         |                |                  |           |            |       |          |

FORM 16-636 (4-30-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |                | LOUISIANA       |                  |
|-------------------------|----------------|-----------------|------------------|
| P200                    | HEAD OF FAMILY | Ross, Solomon   | E.O. 127 SHEET 2 |
| COLOR B                 | AGE 46         | BIRTHPLACE Miss |                  |
| COUNTY                  | Tensas         | CITY            |                  |
| OTHER MEMBERS OF FAMILY |                |                 |                  |
| NAME                    |                | RELATIONSHIP    | AGE              |
| Martha                  |                | W               | 56               |
| Hamilton, Martha        |                | G.D.            | 9                |
|                         |                |                 | Miss             |
|                         |                |                 |                  |
|                         |                |                 |                  |
|                         |                |                 |                  |
|                         |                |                 |                  |
|                         |                |                 |                  |
|                         |                |                 |                  |

LOUISIANA

|  |   |   |                   |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
|--|---|---|-------------------|-------------------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|----------|--------------------------------|--|--|
| R200   | NAME OF INDIVIDUAL<br><i>Rose Solomon</i> |   | E.O.<br><i>55</i> | SHEET<br><i>8</i> |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| COLOR<br><i>B</i>  | AGE<br><i>13</i>                          | BIRTHPLACE  |                   |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| COUNTY<br><i>Plaquemine</i>  | <i>Plaquemine</i>                         | CITY  |                   |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| ENUMERATED WITH<br><i>Parker, Henrietta</i>  |   |   |                   |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| RELATIONSHIP TO ABOVE  |   |   |                   |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDOW</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>S</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |   |   |                   |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>S</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW           | <input type="checkbox"/> WIDOW                      |                   |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE            | <input type="checkbox"/> NURSE                      |                   |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW    | <input type="checkbox"/> PATIENT                    |                   |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW    | <input type="checkbox"/> ROOMER                     |                   |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW       | <input type="checkbox"/> SERVANT                    |                   |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW  | <input checked="" type="checkbox"/> OTHER (Specify) |                   |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW   | <i>S</i>  |                   |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW    |   |                   |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |

FORM 16-437 (4-23-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1919 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 1919-P-61

|                         |   |                |           |            |  |
|-------------------------|---|----------------|-----------|------------|--|
| R200                    |   | HEAD OF FAMILY |           | LOUISIANA  |  |
| E.D.                    |   | 61             |           | SHEET 7    |  |
| COLOR                   | W | AGE            | 50        | BIRTHPLACE |  |
|                         |   | Italy          |           |            |  |
| COUNTY                  |   |                | CITY      |            |  |
|                         |   |                | Iberville |            |  |
| OTHER MEMBERS OF FAMILY |   |                |           |            |  |
| NAME                    |   | RELATIONSHIP   | AGE       | BIRTHPLACE |  |
| Living alone            |   |                |           |            |  |
|                         |   |                |           |            |  |
|                         |   |                |           |            |  |
|                         |   |                |           |            |  |
|                         |   |                |           |            |  |
|                         |   |                |           |            |  |
|                         |   |                |           |            |  |
|                         |   |                |           |            |  |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|                         |                                |                    |            |             |
|-------------------------|--------------------------------|--------------------|------------|-------------|
| R200                    | HEAD OF FAMILY<br>Rick Solomon |                    | E.D.<br>93 | SHEET<br>11 |
| COLOR<br>B              | AGE<br>22                      | BIRTHPLACE<br>S.C. |            |             |
| COUNTY<br>St. Tammany   |                                | CITY               |            |             |
| OTHER MEMBERS OF FAMILY |                                |                    |            |             |
| NAME                    |                                | RELATIONSHIP       | AGE        | BIRTHPLACE  |
| 1 Lilibia               |                                | W                  | 15         | N.C.        |
|                         |                                |                    |            |             |
|                         |                                |                    |            |             |
|                         |                                |                    |            |             |
|                         |                                |                    |            |             |
|                         |                                |                    |            |             |
|                         |                                |                    |            |             |
|                         |                                |                    |            |             |

FORM 16-636 (4-26-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|   |  |   |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
|---|--|---|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|----------|--------------------------------|--|--|
| R700  | NAME OF INDIVIDUAL<br><i>Cross Saphrae</i> |   | E.D.<br><i>12</i> | SHEET<br><i>30</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| COLOR<br><i>B</i>   | AGE<br><i>17</i>                           | BIRTHPLACE  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| COUNTY<br><i>Catahoula</i>  |  | CITY  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| ENUMERATED WITH<br><i>Green Thomas</i>  |  |   |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>5</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |                   |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>5</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW            | <input type="checkbox"/> INMATE                     |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE             | <input type="checkbox"/> NURSE                      |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW     | <input type="checkbox"/> PATIENT                    |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW     | <input type="checkbox"/> ROOMER                     |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW        | <input type="checkbox"/> SERVANT                    |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW   | <input checked="" type="checkbox"/> OTHER (Specify) |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW    | <i>5</i>  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW     |   |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |

FORM 16-437 (4-22-31)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 1910-P61

LOUISIANA

|   |               |   |  |  |                |
|---|---------------|---|--|--|----------------|
| R200  |               | NAME OF INDIVIDUAL <i>Beie Sophemia</i>   |  | E.D. <i>142</i>  | SHEET <i>4</i> |
| COLOR <i>W</i>  | AGE <i>75</i> | BIRTHPLACE  |  |  |                |
| COUNTY  |               | Vermillion  |  | CITY   |                |
| ENUMERATED WITH <i>Alexander Joseph</i>   |               |   |  |  |                |
| RELATIONSHIP TO ABOVE   |               |   |  |  |                |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input checked="" type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |               | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) _____ |                |

FORM 10-537 (4-30-51)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1950 CENSUS INDEX - INDIVIDUAL

UNCOMM-DC 18180-P01

|                         |         |                |      |            |  |
|-------------------------|---------|----------------|------|------------|--|
| R200                    |         | HEAD OF FAMILY |      | LOUISIANA  |  |
| Packer, Spencer         |         | E.D.           |      | SHEET      |  |
| 46                      |         | 2              |      |            |  |
| COLOR                   | AGE     | BIRTHPLACE     |      |            |  |
| B                       | 46      |                |      |            |  |
| COUNTY                  | Rapides |                | CITY |            |  |
|                         |         | Pineville      |      |            |  |
| OTHER MEMBERS OF FAMILY |         |                |      |            |  |
| NAME                    |         | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| Margaret                |         | W              | 49   |            |  |
|                         |         |                |      |            |  |
|                         |         |                |      |            |  |
|                         |         |                |      |            |  |
|                         |         |                |      |            |  |
|                         |         |                |      |            |  |
|                         |         |                |      |            |  |
|                         |         |                |      |            |  |
|                         |         |                |      |            |  |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R200                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
|                         |  | Rice Spencer   |            | E.D.       | SHEET |
| COLOR                   |  | AGE            | BIRTHPLACE |            |       |
| W                       |  | 35             |            |            |       |
| COUNTY                  |  |                | CITY       |            |       |
| St. Tammany             |  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| 1. Dargaria             |  | W              | 32         |            |       |
| + 1 Bo                  |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

Form 10-636 (4-30-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



| HEAD OF FAMILY          |              | LOUISIANA  |            |
|-------------------------|--------------|------------|------------|
| P 200                   |              | E.D.       | SHEET      |
| Rose Spot               |              | 92         | 12         |
| COLOR                   | AGE          | BIRTHPLACE |            |
| B                       | 41           |            |            |
| COUNTY                  | Rapides      |            | CITY       |
|                         |              |            |            |
| OTHER MEMBERS OF FAMILY |              |            |            |
| NAME                    | RELATIONSHIP | AGE        | BIRTHPLACE |
| Caroline                | W            | 40         |            |
| Arthur                  | S            | 21         |            |
| Oscar                   | S            | 19         |            |
| Annie                   | D            | 18         |            |
| Gene                    | D            | 16         |            |
| Victor                  | D            | 14         |            |
| Lottie                  | D            | 9          |            |

FORM 10-436 (4-20-31)

1913 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME                  | RELATIONSHIP | AGE       | BIRTHPLACE |
|-----------------------|--------------|-----------|------------|
| <i>Spot Jr.</i>       | <i>S</i>     | <i>7</i>  |            |
| <i>Robert</i>         | <i>S</i>     | <i>5</i>  |            |
| <i>Carrie</i>         | <i>D</i>     | <i>2</i>  |            |
| <i>Johnson, Laura</i> | <i>NI</i>    | <i>14</i> |            |
|                       |              |           |            |
|                       |              |           |            |
|                       |              |           |            |
|                       |              |           |            |
|                       |              |           |            |
|                       |              |           |            |

FORM 10-6360 (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18100-P61

|  |  |   |      | LOUISIANA  |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|--|--|---|------|------------|------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| R220   | NAME OF INDIVIDUAL<br>Rue Stella         |   |      | E.D.<br>60 | SHEET<br>2 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR<br>W   | AGE<br>15                                | BIRTH PLACE   |      |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY<br>St. Bernard  |  |   | CITY |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH<br>Rue James   |  |   |      |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   |      |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tbody> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </tbody> </table> |  |   |      |            |            | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |      |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |      |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |      |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |      |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |      |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |      |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |   |      |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |   |      |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| 51   |  |   |      |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMP-DC 16196-P61

| HEAD OF FAMILY          |                   | LOUISIANA      |               |
|-------------------------|-------------------|----------------|---------------|
| COLOR                   | AGE               | BIRTHPLACE     | SHEET         |
| <i>P200</i>             | <i>Russo</i>      | <i>Stephen</i> | <i>102 28</i> |
| <i>w</i>                | <i>40</i>         | <i>Italy</i>   |               |
| COUNTY                  | <i>Terrebonne</i> | CITY           |               |
| OTHER MEMBERS OF FAMILY |                   |                |               |
| NAME                    | RELATIONSHIP      | AGE            | BIRTHPLACE    |
| <i>Angella</i>          | <i>w</i>          | <i>25</i>      | <i>Italy</i>  |
| <i>Antoniana</i>        | <i>D</i>          | <i>7</i>       |               |
| <i>Samuel</i>           | <i>S</i>          | <i>6</i>       |               |
| <i>Josephine</i>        | <i>D</i>          | <i>2</i>       |               |
| <i>Frank</i>            | <i>S</i>          | <i>8 1/2</i>   |               |
|                         |                   |                |               |
|                         |                   |                |               |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

 U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                | LOUISIANA      |            |
|-------------------------|----------------|----------------|------------|
| R200                    | HEAD OF FAMILY | Kaggia Stephen |            |
| COLOR                   | AGE            | E.D.           | SHEET      |
| W                       | 70             | 65             | 4          |
| COUNTY                  | CITY           |                |            |
| Lafayette               |                |                |            |
| OTHER MEMBERS OF FAMILY |                |                |            |
| NAME                    | RELATIONSHIP   | AGE            | BIRTHPLACE |
| Anne                    | W              | 40             |            |
| Emilie                  | D              | 18             |            |
| Albert                  | S              | 14             |            |
| Frank                   | S              | 17             |            |
| Laurent                 | S              | 12             |            |
| Marie                   | D              | 10             |            |
| Blanche                 | D              | 8              |            |

FORM 16-635 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

*Raggio Stephen*

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME          | RELATIONSHIP | AGE      | BIRTHPLACE |
|---------------|--------------|----------|------------|
| <i>Perle</i>  | <i>D</i>     | <i>7</i> |            |
| <i>Linola</i> | <i>S</i>     | <i>3</i> |            |
| <i>Harry</i>  | <i>S</i>     | <i>1</i> |            |
|               |              |          |            |
|               |              |          |            |
|               |              |          |            |
|               |              |          |            |
|               |              |          |            |
|               |              |          |            |
|               |              |          |            |

FORM 10-436a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 18106-P81

|                         |  |                |  |                   |  |           |  |
|-------------------------|--|----------------|--|-------------------|--|-----------|--|
| R200                    |  | HEAD OF FAMILY |  | R. P. Stephens Jr |  | LOUISIANA |  |
| COLOR                   |  | AGE            |  | BIRTHPLACE        |  | E.D.      |  |
| W                       |  | 39             |  |                   |  | 125       |  |
| SHEET                   |  | 17             |  |                   |  |           |  |
| COUNTY                  |  |                |  | St. Martin        |  | CITY      |  |
| OTHER MEMBERS OF FAMILY |  |                |  |                   |  |           |  |
| NAME                    |  |                |  | RELATIONSHIP      |  | AGE       |  |
| Patrice                 |  |                |  | W                 |  | 38        |  |
| Stephens Jr             |  |                |  | S                 |  | 4         |  |
| Katherine               |  |                |  | D                 |  | 2         |  |
|                         |  |                |  |                   |  |           |  |
|                         |  |                |  |                   |  |           |  |
|                         |  |                |  |                   |  |           |  |
|                         |  |                |  |                   |  |           |  |
|                         |  |                |  |                   |  |           |  |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |              | LOUISIANA  |            |
|-------------------------|--------------|------------|------------|
| HEAD OF FAMILY          |              | E.D.       | SHEET      |
| P 202                   |              | 89         | 18         |
| COLOR                   | AGE          | BIRTHPLACE |            |
| W                       | 55           |            |            |
| COUNTY                  |              | CITY       |            |
| Rapides                 |              |            |            |
| OTHER MEMBERS OF FAMILY |              |            |            |
| NAME                    | RELATIONSHIP | AGE        | BIRTHPLACE |
| Sarah J                 | W            | 39         |            |
| Minnie L                | D            | 16         |            |
| Laura                   | D            | 14         |            |
| Jesse                   | S            | 13         |            |
| Stephen                 | S            | 11         |            |
| Eugene                  | S            | 9          |            |
| Joseph                  | S            | 7          |            |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME  | RELATIONSHIP | AGE | BIRTHPLACE |
|-------|--------------|-----|------------|
| Ruth  | D            | 5   |            |
| Amos  | S            | 3   |            |
| Janet | D            | 1/2 |            |
|       |              |     |            |
|       |              |     |            |
|       |              |     |            |
|       |              |     |            |
|       |              |     |            |
|       |              |     |            |
|       |              |     |            |

FORM 10-436a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 15196-P61

|                         |  |                |  |                |  |           |  |
|-------------------------|--|----------------|--|----------------|--|-----------|--|
| 2200                    |  | HEAD OF FAMILY |  | Russ Stephen M |  | LOUISIANA |  |
| COLOR                   |  | AGE            |  | BIRTHPLACE     |  | E.D.      |  |
| W                       |  | 24             |  | Miss           |  | 87        |  |
| COUNTY                  |  |                |  | CITY           |  |           |  |
| St. Mary                |  |                |  |                |  |           |  |
| OTHER MEMBERS OF FAMILY |  |                |  |                |  |           |  |
| NAME                    |  |                |  | RELATIONSHIP   |  | AGE       |  |
| 1 Besse                 |  |                |  | W              |  | 21        |  |
|                         |  |                |  |                |  |           |  |
|                         |  |                |  |                |  |           |  |
|                         |  |                |  |                |  |           |  |
|                         |  |                |  |                |  |           |  |
|                         |  |                |  |                |  |           |  |
|                         |  |                |  |                |  |           |  |
|                         |  |                |  |                |  |           |  |

Form 16-436 (4-20-31)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                  |            |            |
|-------------------------|------------------|------------|------------|
| HEAD OF FAMILY          |                  | LOUISIANA  |            |
| NAME                    | Rich, Stealing A |            | E.D. 111   |
| COLOR                   | AGE              | BIRTHPLACE | SHEET 16   |
| W                       | 27               | Ark        |            |
| COUNTY                  | CITY             |            |            |
| OTHER MEMBERS OF FAMILY |                  |            |            |
| NAME                    | RELATIONSHIP     | AGE        | BIRTHPLACE |
| 1 Lula                  | W                | 24         | Ark        |
|                         |                  |            |            |
|                         |                  |            |            |
|                         |                  |            |            |
|                         |                  |            |            |
|                         |                  |            |            |
|                         |                  |            |            |
|                         |                  |            |            |

FORM 76-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |    |              |     |            |       |
|-------------------------|---|----------------|----|--------------|-----|------------|-------|
| R 200                   |   | HEAD OF FAMILY |    | Roads, Steve |     | LOUISIANA  |       |
| COLOR                   | B | AGE            | 30 | BIRTHPLACE   |     | E.D.       | SHEET |
|                         |   |                |    |              |     | 126        | 2     |
| COUNTY                  |   |                |    | Tensas       |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |   |                |    |              |     |            |       |
| NAME                    |   |                |    | RELATIONSHIP | AGE | BIRTHPLACE |       |
| Clara                   |   |                |    | W            | 30  |            |       |
| Idella                  |   |                |    | d            | 6   |            |       |
| Beatrice                |   |                |    | d            | 4   |            |       |
| Bosher T                |   |                |    | S            | 2   |            |       |
| Verna                   |   |                |    | d            | 14  |            |       |
|                         |   |                |    |              |     |            |       |
|                         |   |                |    |              |     |            |       |

Form 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |  |              |  |           |  |
|-------------------------|--|----------------|--|--------------|--|-----------|--|
| R 200                   |  | HEAD OF FAMILY |  | ROACH, STEVE |  | LOUISIANA |  |
| COLOR                   |  | AGE            |  | BIRTHPLACE   |  | E.D.      |  |
| B                       |  | 25             |  |              |  | 126       |  |
| COUNTY                  |  |                |  | JONES        |  | CITY      |  |
| OTHER MEMBERS OF FAMILY |  |                |  |              |  |           |  |
| NAME                    |  |                |  | RELATIONSHIP |  | AGE       |  |
| Josephine               |  |                |  | W            |  | 30        |  |
| Victoria                |  |                |  | d            |  | 8         |  |
| Willie                  |  |                |  | 2            |  | 6         |  |
| Beale                   |  |                |  | d            |  | 5         |  |
| S. L. Lander            |  |                |  |              |  |           |  |
|                         |  |                |  |              |  |           |  |
|                         |  |                |  |              |  |           |  |
|                         |  |                |  |              |  |           |  |

FORM 18-436 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |      |            |       |
|-------------------------|-----|----------------|------|------------|-------|
| R200                    |     | HEAD OF FAMILY |      | LOUISIANA  |       |
|                         |     | Ross Stone     |      | E.D.       | SHEET |
| COLOR                   | AGE | BIRTHPLACE     |      |            |       |
| B                       | 45  |                |      |            |       |
| COUNTY                  |     |                | CITY |            |       |
| Rapides                 |     |                |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Frozzina                |     | W              | 45   |            |       |
| Augusta                 |     | D              | 22   |            |       |
| Henrietta               |     | D              | 20   |            |       |
| Samuel                  |     | S              | 18   |            |       |
| Rachael                 |     | D              | 16   |            |       |
| Virginia                |     | D              | 15   |            |       |
| Albert                  |     | S              | 14   |            |       |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME                  | RELATIONSHIP | AGE       | BIRTHPLACE |
|-----------------------|--------------|-----------|------------|
| <i>John Wesley</i>    | <i>S</i>     | <i>8</i>  |            |
| <i>Joe Nathan</i>     | <i>S</i>     | <i>3</i>  |            |
| <i>Dunbar John</i>    | <i>GS</i>    | <i>12</i> |            |
| <i>Betie</i>          | <i>GD</i>    | <i>8</i>  |            |
| <i>Roberta</i>        | <i>GD</i>    | <i>4</i>  |            |
| <i>Beatrice</i>       | <i>GD</i>    | <i>2</i>  |            |
| <i>Ross Nathaniel</i> | <i>S</i>     | <i>5</i>  |            |
|                       |              |           |            |
|                       |              |           |            |

FORM 10-636a (4-20-81)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMMA-DC 18100-P01

LOUISIANA

|  |  |   |  |           |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|--|--|---|--|-----------|-------------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| R 200  |  | NAME OF INDIVIDUAL<br>Rich Stonewall                |  | E.S.<br>1 | SHEET<br>14 |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR<br>mu  | AGE<br>3                                 | BIRTHPLACE  |  |           |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY<br>Caldwell   |  | CITY  |  |           |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH<br>James Frank   |  |   |  |           |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   |  |           |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDOW</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |           |             | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDOW                      |  |           |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |  |           |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |           |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |           |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |           |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |           |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |           |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |   |  |           |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 16106-P61



|   |  |  |      |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|------|-----------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|--|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| B200  |  | NAME OF INDIVIDUAL                       |      | LOUISIANA |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Roach, Troy   |  | E.O.                                     |      | SHEET     |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR   | AGE                                      | BIRTHPLACE                               |      |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| B   | 7  |  |      |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY  |  |  | CITY |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Caddo   |  |  |      |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |  |      |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Shepherd, Ike   |  |  |      |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |      |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> Niece</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |      |           |  | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> Niece | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |      |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> Niece           | <input type="checkbox"/> NURSE           |      |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |      |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |      |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |      |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |      |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |      |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |      |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

Form 10-427 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18120-P01

LOUISIANA

|   |  |  |             |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|-------------|------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|--|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R200  | NAME OF INDIVIDUAL<br><i>Ross, Lugh</i>  |  | E.O.<br>115 | SHEET<br>4 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br>B  | AGE<br>10                                | BIRTHPLACE                               |             |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>Richland</i>   |  | CITY                                     |             |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Nelson, Ellen</i>   |  |  |             |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |             |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |             |            | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |             |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |             |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |             |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |             |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |             |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |             |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |             |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |             |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 16-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMB-DC 1910-P81

|                         |                        | LOUISIANA  |              |
|-------------------------|------------------------|------------|--------------|
| HEAD OF FAMILY          |                        | E.D.       | SHEET        |
| <i>Reno</i>             | <i>Rice Susan Mrs.</i> |            | <i>99 17</i> |
| COLOR                   | AGE                    | BIRTHPLACE |              |
| <i>B</i>                | <i>70</i>              |            |              |
| COUNTY                  | CITY                   |            |              |
| <i>Reno</i>             |                        |            |              |
| OTHER MEMBERS OF FAMILY |                        |            |              |
| NAME                    | RELATIONSHIP           | AGE        | BIRTHPLACE   |
| <i>4 Bo</i>             |                        |            |              |
|                         |                        |            |              |
|                         |                        |            |              |
|                         |                        |            |              |
|                         |                        |            |              |
|                         |                        |            |              |
|                         |                        |            |              |
|                         |                        |            |              |
|                         |                        |            |              |
|                         |                        |            |              |

FORM 10-436 (4-20-51)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |              |            | LOUISIANA  |       |
|-------------------------|--------------|------------|------------|-------|
| HEAD OF FAMILY          |              |            | E.D.       | SHEET |
| R 200                   | Rosa Susan   |            | 124        | 20    |
| COLOR                   | AGE          | BIRTHPLACE |            |       |
| B                       | 52           | Miss       |            |       |
| COUNTY                  | 161885       |            | CITY       |       |
| OTHER MEMBERS OF FAMILY |              |            |            |       |
| NAME                    | RELATIONSHIP | AGE        | BIRTHPLACE |       |
| Charlotte               | W            | 50         | Miss       |       |
| Susan Jr                | S            | 19         |            |       |
|                         |              |            |            |       |
|                         |              |            |            |       |
|                         |              |            |            |       |
|                         |              |            |            |       |
|                         |              |            |            |       |
|                         |              |            |            |       |

FORM 19-436 (4-20-61)  
1918 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|   |          |   |  |  |             |
|---|----------|---|--|--|-------------|
| R200  |          | NAME OF INDIVIDUAL<br>Rose, Susan   |  | E.O.<br>124  | SHEET<br>18 |
| COLOR<br>B  | AGE<br>3 | BIRTHPLACE  |  |  |             |
| COUNTY<br>JONES   |          | CITY  |  |  |             |
| ENUMERATED WITH<br>Rose, Tony   |          |   |  |  |             |
| RELATIONSHIP TO ABOVE   |          |   |  |  |             |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input checked="" type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |          | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |             |

Form 10-437 (4-29-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 1910-P01

LOUISIANA

|   |  |  |                   |                   |
|---|--|--|-------------------|-------------------|
| R 200   | NAME OF INDIVIDUAL<br><i>Rose Susan</i>  |  | E.O.<br><i>47</i> | SHEET<br><i>2</i> |
| COLOR<br><i>D</i>                                 | AGE<br><i>13</i>                         | BIRTHPLACE                               |                   |                   |
| COUNTY<br><i>East Feliciana</i>                   |  | CITY                                     |                   |                   |
| ENUMERATED WITH<br><i>Spearo Jerry</i>            |  |  |                   |                   |
| RELATIONSHIP TO ABOVE                             |  |  |                   |                   |
| <input type="checkbox"/> FATHER                   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> NUNCE           |                   |                   |
| <input type="checkbox"/> MOTHER                   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |                   |                   |
| <input type="checkbox"/> GRANDFATHER              | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |                   |                   |
| <input type="checkbox"/> GRANDMOTHER              | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |                   |                   |
| <input type="checkbox"/> GRANDSON                 | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |                   |                   |
| <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |                   |                   |
| <input type="checkbox"/> AUNT                     | <input type="checkbox"/> BROTHER-IN-LAW  |  |                   |                   |
| <input type="checkbox"/> UNCLE                    | <input type="checkbox"/> SISTER-IN-LAW   |  |                   |                   |

FORM 16-637 (4-30-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 16100-P61

|                         |            | LOUISIANA      |             |
|-------------------------|------------|----------------|-------------|
| R200                    |            | HEAD OF FAMILY | Rees, Susan |
| COLOR                   | B          | AGE            | 35          |
|                         |            | BIRTHPLACE     |             |
| COUNTY                  | St. Helena |                | CITY        |
| OTHER MEMBERS OF FAMILY |            |                |             |
| NAME                    |            | RELATIONSHIP   | BIRTHPLACE  |
| Harry                   |            | S              | 18          |
| Henderson               |            | S              | 16          |
| Ida                     |            | D              | 12          |
| Elic                    |            | S              | 9           |
| Burt                    |            | S              | 7           |
| Governor                |            | S              | 3           |
|                         |            |                |             |
|                         |            |                |             |

Form 16-636 (4-26-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|                         |     |                |  |              |     |            |       |
|-------------------------|-----|----------------|--|--------------|-----|------------|-------|
| R 201                   |     | HEAD OF FAMILY |  | Back - Susan |     | E.O.       | SHEET |
|                         |     |                |  |              |     | 23         | 18    |
| COLOR                   | AGE | BIRTHPLACE     |  |              |     |            |       |
| B                       | 26  |                |  |              |     |            |       |
| COUNTY                  |     | Iberia         |  | CITY         |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |  |              |     |            |       |
| NAME                    |     |                |  | RELATIONSHIP | AGE | BIRTHPLACE |       |
| / Elma                  |     |                |  | D            | 6   |            |       |
| Kathryn                 |     |                |  | D            | 4   |            |       |
| Bertha                  |     |                |  | D            | 2   |            |       |
|                         |     |                |  |              |     |            |       |
|                         |     |                |  |              |     |            |       |
|                         |     |                |  |              |     |            |       |
|                         |     |                |  |              |     |            |       |
|                         |     |                |  |              |     |            |       |

FORM 16-636 (4-26-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



LOUISIANA

|  |   |                    |  |                |      |   |       |   |
|--|---|--------------------|--|----------------|------|---|-------|---|
| R200                                   |   | NAME OF INDIVIDUAL |  | Ross Sylvester | E.D. | 141   | SHEET | 4 |
| COLOR                                  | B | AGE                | 25                                       | BIRTHPLACE     |      |   |       |   |
| COUNTY                                 |   |                    |  | CITY           |      |   |       |   |
| West Baton Rouge                       |   |                    |  |                |      |   |       |   |
| ENUMERATED WITH                        |   |                    |  | Brown Belle    |      |   |       |   |
| RELATIONSHIP TO ABOVE                  |   |                    |  |                |      |   |       |   |
| <input type="checkbox"/> FATHER        |   |                    | <input type="checkbox"/> NEPHEW          |                |      | <input type="checkbox"/> INMATE                     |       |   |
| <input type="checkbox"/> MOTHER        |   |                    | <input type="checkbox"/> NIECE           |                |      | <input type="checkbox"/> NURSE                      |       |   |
| <input type="checkbox"/> GRANDFATHER   |   |                    | <input type="checkbox"/> FATHER-IN-LAW   |                |      | <input type="checkbox"/> PATIENT                    |       |   |
| <input type="checkbox"/> GRANDMOTHER   |   |                    | <input type="checkbox"/> MOTHER-IN-LAW   |                |      | <input type="checkbox"/> ROOMER                     |       |   |
| <input type="checkbox"/> GRANDSON      |   |                    | <input type="checkbox"/> SON-IN-LAW      |                |      | <input type="checkbox"/> SERVANT                    |       |   |
| <input type="checkbox"/> GRANDDAUGHTER |   |                    | <input type="checkbox"/> DAUGHTER-IN-LAW |                |      | <input checked="" type="checkbox"/> OTHER (Specify) |       |   |
| <input type="checkbox"/> AUNT          |   |                    | <input type="checkbox"/> BROTHER-IN-LAW  |                |      | S   |       |   |
| <input type="checkbox"/> UNCLE         |   |                    | <input type="checkbox"/> SISTER-IN-LAW   |                |      |   |       |   |

FORM 10-637 (4-30-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 16100-P01

## LOUISIANA

|   |  |  |                           |                          |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|---------------------------|--------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| <b>R200</b>   | <b>NAME OF INDIVIDUAL</b><br><i>Rock Sylvester</i> |  | <b>E.D.</b><br><i>101</i> | <b>SHEET</b><br><i>7</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <b>COLOR</b><br><i>B</i>  | <b>AGE</b><br><i>6</i>                             | <b>BIRTHPLACE</b>                                    |                           |                          |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <b>COUNTY</b><br><i>Red River</i>   |  | <b>CITY</b>  |                           |                          |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <b>ENUMERATED WITH</b><br><i>Yours Dillard</i>  |  |  |                           |                          |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <b>RELATIONSHIP TO ABOVE</b>  |  |  |                           |                          |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> <del>WOMAN</del></td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |                           |                          | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> <del>WOMAN</del> | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW                    | <input type="checkbox"/> INMATE                      |                           |                          |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE                     | <input type="checkbox"/> NURSE                       |                           |                          |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW             | <input type="checkbox"/> PATIENT                     |                           |                          |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW             | <input checked="" type="checkbox"/> <del>WOMAN</del> |                           |                          |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW                | <input type="checkbox"/> SERVANT                     |                           |                          |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW           | <input type="checkbox"/> OTHER (Specify)             |                           |                          |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW            |  |                           |                          |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW             |  |                           |                          |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOWM-DC 16100-P61

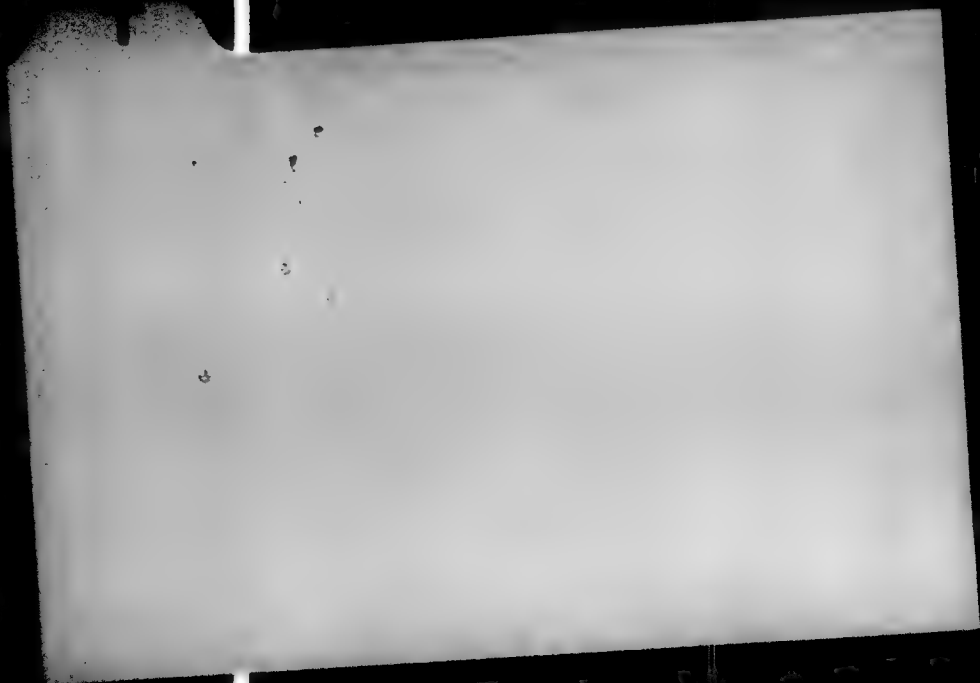
LOUISIANA

|                         |                    |              |           |            |
|-------------------------|--------------------|--------------|-----------|------------|
| <i>R200</i>             | HEAD OF FAMILY     |              | E.O.      | SHEET      |
|                         | <i>Pass Sylvia</i> |              | <i>32</i> | <i>18</i>  |
| COLOR                   | AGE                | BIRTHPLACE   |           |            |
| <i>6</i>                | <i>20</i>          |              |           |            |
| COUNTY                  | <i>Jefferson</i>   |              | CITY      |            |
| OTHER MEMBERS OF FAMILY |                    |              |           |            |
| NAME                    | <i>Jefferson</i>   | RELATIONSHIP | AGE       | BIRTHPLACE |
| <i>Burton James</i>     |                    | <i>6-5</i>   | <i>18</i> |            |
| <i>Andrew Charles A</i> |                    | <i>6-5</i>   | <i>16</i> |            |
| <i>Small, Chas</i>      |                    | <i>6-5</i>   | <i>11</i> |            |
| <i>1 Ida</i>            |                    | <i>6-0</i>   | <i>9</i>  |            |
|                         |                    |              |           |            |
|                         |                    |              |           |            |
|                         |                    |              |           |            |
|                         |                    |              |           |            |

FORM 16-636 (4-29-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|   |  |  |  |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|--|--------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R200  |  | NAME OF INDIVIDUAL<br><i>Creyes T</i>      |  | LOUISIANA          |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>W</i>   | AGE<br><i>24</i>                         | BIRTHPLACE<br><i>Mexico</i>                |  | E.D.<br><i>149</i> | SHEET<br><i>25</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY  |  | CITY                                       |  |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|   |  | <i>Vernon</i>                              |  | <i>Fallston</i>    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Martinez, Jarvis</i>  |  |  |  |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |  |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |                    |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE            |  |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE             |  |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |  |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER |  |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |  |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |  |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |  |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 18-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 18109-P61

|   |   |   |      |  |       |
|---|---|---|------|--|-------|
|   |   | NAME OF INDIVIDUAL  |      | LOUISIANA  |       |
| R200  |   | Rouse J. J.   |      | E.D.   | SHEET |
| COLOR   | W | AGE   | 22   | 117  | 4     |
| BIRTHPLACE  |   |   |      |  |       |
| COUNTY  |   |   | CITY |  |       |
| Tangipahoa  |   |   |      |  |       |
| ENUMERATED WITH   |   |   |      |  |       |
| Coate S. H.   |   |   |      |  |       |
| RELATIONSHIP TO ABOVE   |   |   |      |  |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input checked="" type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |   | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |       |

FORM 10-537 (4-30-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 15199-P81

LOUISIANA

|                         |     |                |     |            |  |
|-------------------------|-----|----------------|-----|------------|--|
| R 200                   |     | HEAD OF FAMILY |     | LOUISIANA  |  |
| Rascoe J Lendsey        |     | E.D.           |     | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |     |            |  |
| W                       | 51  |                |     |            |  |
| COUNTY                  |     | De Soto        |     | CITY       |  |
| OTHER MEMBERS OF FAMILY |     |                |     |            |  |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| Cora L                  |     | LC             | 39  |            |  |
| Thomas H.               |     | S              | 20  |            |  |
| Henry J.                |     | S              | 15  |            |  |
| Baxter                  |     | S              | 16  |            |  |
| Clifton A.              |     | S              | 10  |            |  |
| Dallas J.               |     | S              | 9   |            |  |
| Amber                   |     | D              | 6   |            |  |

FORM 16-436 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUE

Pascol J. Lindsey

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME        | RELATION-<br>SHIP | AGE                            | BIRTHPLACE |
|-------------|-------------------|--------------------------------|------------|
| 1 Walter L. | S                 | 4                              |            |
| Allie C     | D                 | 1 <sup>5</sup> / <sub>12</sub> |            |
|             |                   |                                |            |
|             |                   |                                |            |
|             |                   |                                |            |
|             |                   |                                |            |
|             |                   |                                |            |
|             |                   |                                |            |
|             |                   |                                |            |
|             |                   |                                |            |
|             |                   |                                |            |

FORM 16-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 1616D-P01

LOUISIANA



|                         |           |                    |           |            |       |
|-------------------------|-----------|--------------------|-----------|------------|-------|
| <i>R200</i>             |           | HEAD OF FAMILY     |           | LOUISIANA  |       |
|                         |           | <i>Reuch J. R.</i> |           | E.O.       | SHEET |
| COLOR                   | AGE       | BIRTHPLACE         |           |            |       |
| <i>W</i>                | <i>28</i> |                    |           |            |       |
| COUNTY                  |           | CITY               |           |            |       |
| <i>Avoyelles</i>        |           |                    |           |            |       |
| OTHER MEMBERS OF FAMILY |           |                    |           |            |       |
| NAME                    |           | RELATIONSHIP       | AGE       | BIRTHPLACE |       |
| <i>1 Adeline</i>        |           | <i>W</i>           | <i>25</i> |            |       |
| <i>Addie</i>            |           | <i>D</i>           | <i>3</i>  |            |       |
|                         |           |                    |           |            |       |
|                         |           |                    |           |            |       |
|                         |           |                    |           |            |       |
|                         |           |                    |           |            |       |
|                         |           |                    |           |            |       |
| <i>1 Servant</i>        |           |                    |           |            |       |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

| <b>HEAD OF FAMILY</b><br><i>Ross Ross J S</i> |                  | <b>LOUISIANA</b><br><b>E.D.</b> 15 |            | <b>SHEET</b> 2 |
|---|------------------|------------------------------------|------------|----------------|
| <b>COLOR</b><br>B                             | <b>AGE</b><br>43 | <b>BIRTHPLACE</b>                  |            |                |
| <b>COUNTY</b><br>Bossier                      |                  | <b>CITY</b>                        |            |                |
| OTHER MEMBERS OF FAMILY                       |                  |                                    |            |                |
| NAME  | RELATIONSHIP     | AGE                                | BIRTHPLACE |                |
| Sally   | W                | 42                                 |            |                |
| Ben   | S                | 22                                 |            |                |
| Esau  | S                | 20                                 |            |                |
| Lea   | D                | 17                                 |            |                |
| Mary  | D                | 15                                 |            |                |
| Anna  | D                | 12                                 |            |                |
| Kertha Lee                                    | D                | 4                                  |            |                |

FORM 16-636 (4-30-61)

1910 CENSUS INDEX - FAMILY

 U.S. DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUE

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME          | RELATION-<br>SHIP | AGE      | BIRTHPLACE |
|---------------|-------------------|----------|------------|
| 1 <i>Leah</i> | <i>S</i>          | <i>3</i> |            |
| <i>Minnie</i> | <i>D</i>          | <i>1</i> |            |
|               |                   |          |            |
|               |                   |          |            |
|               |                   |          |            |
|               |                   |          |            |
|               |                   |          |            |
|               |                   |          |            |
|               |                   |          |            |
|               |                   |          |            |

FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 15106-P61

|                         |     |                |       |            |       |
|-------------------------|-----|----------------|-------|------------|-------|
| R 700                   |     | HEAD OF FAMILY |       | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |       | E.D.       | SHEET |
| 13                      | 24  |                |       | 44         | 11    |
| COUNTY                  |     | CITY           |       |            |       |
| East Feliciana          |     |                |       |            |       |
| OTHER MEMBERS OF FAMILY |     |                |       |            |       |
| NAME                    |     | RELATIONSHIP   | AGE   | BIRTHPLACE |       |
| Lizzie                  |     | W              | 28    |            |       |
| Emmie                   |     | D              | 6     |            |       |
| Rosa                    |     | D              | 4     |            |       |
| Emma                    |     | D              | 2     |            |       |
| James Q.                |     | S              | 5 1/2 |            |       |
|                         |     |                |       |            |       |
|                         |     |                |       |            |       |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R 200                   |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| B                       |  | 35             |            | 48         | 5     |
| COUNTY                  |  |                | CITY       |            |       |
| Ert Foliciana           |  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Basandy                 |  | w              | 35         |            |       |
| Jane                    |  | D              | 10         |            |       |
| Spellis                 |  | D              | 8          |            |       |
| Taylor                  |  | S              | 6          |            |       |
| Kate                    |  | D              | 4          |            |       |
| Fanny                   |  | D              | 2          |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 16-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |   |  |            |          |                                 |                                 |                                  |                                 |                                |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
|---|--|---|--|------------|----------|---------------------------------|---------------------------------|----------------------------------|---------------------------------|--------------------------------|-------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|----------|--------------------------------|--|--|
| <i>R200</i>   |  | NAME OF INDIVIDUAL                                  |  | LOUISIANA  |          |                                 |                                 |                                  |                                 |                                |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| COLOR   | AGE                                      | BIRTHPLACE  |  | S.D.       | SHEET    |                                 |                                 |                                  |                                 |                                |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <i>B</i>  | <i>25</i>                                |   |  | <i>114</i> | <i>8</i> |                                 |                                 |                                  |                                 |                                |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| COUNTY  |  | CITY  |  |            |          |                                 |                                 |                                  |                                 |                                |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
|   |  | <i>Tangipahoa</i>                                   |  |            |          |                                 |                                 |                                  |                                 |                                |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| ENUMERATED WITH   |  |   |  |            |          |                                 |                                 |                                  |                                 |                                |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <i>McLain, Sam</i>  |  |   |  |            |          |                                 |                                 |                                  |                                 |                                |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |  |            |          |                                 |                                 |                                  |                                 |                                |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDWIFE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> WIFE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>B</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |            |          | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDWIFE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> WIFE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>B</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDWIFE                    |  |            |          |                                 |                                 |                                  |                                 |                                |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> WIFE                       |  |            |          |                                 |                                 |                                  |                                 |                                |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |            |          |                                 |                                 |                                  |                                 |                                |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |            |          |                                 |                                 |                                  |                                 |                                |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |            |          |                                 |                                 |                                  |                                 |                                |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |            |          |                                 |                                 |                                  |                                 |                                |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  | <i>B</i>  |  |            |          |                                 |                                 |                                  |                                 |                                |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |  |            |          |                                 |                                 |                                  |                                 |                                |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |

FORM 10-637 (4-20-61)

1940 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 10100-001

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R200                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| W                       |  | 39             | Ark        | 110        | 17    |
| COUNTY                  |  |                | CITY       |            |       |
| Sabine                  |  |                | Zwalle     |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| 1 Luddie                |  | W              | 37         | Ark        |       |
| Jackson Myrtle          |  | S.D.           | 17         | 1          |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |            |          |
|-------------------------|---|----------------|-----|------------|----------|
| A 200                   |   | HEAD OF FAMILY |     | LOUISIANA  |          |
| COLOR                   | W | AGE            | 59  | BIRTHPLACE | Infulton |
| COUNTY                  |   | De Soto        |     | CITY       |          |
| OTHER MEMBERS OF FAMILY |   |                |     |            |          |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |          |
| / Ada E.                |   | W              | 53  |            |          |
| / Willie J.             |   | S              | 29  |            |          |
| / Infulton              |   | S              | 15  |            |          |
| Hamilton Roscoe         |   | BS             | 12  |            |          |
| / Servant               |   |                |     |            |          |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |   |                |    |                |      |            |     |
|-------------------------|---|----------------|----|----------------|------|------------|-----|
| R 200                   |   | HEAD OF FAMILY |    | Rush Tennessee |      | LOUISIANA  |     |
| COLOR                   | B | AGE            | 37 | BIRTHPLACE     | Miss | E.D.       | 107 |
| COUNTY                  |   |                |    | CITY           |      |            |     |
| Tangipahoa              |   |                |    | Kentwood       |      |            |     |
| OTHER MEMBERS OF FAMILY |   |                |    |                |      |            |     |
| NAME                    |   |                |    | RELATIONSHIP   | AGE  | BIRTHPLACE |     |
| Tucker Leona            |   |                |    | D              | 20   | Miss       |     |
| ✓ 7 Bo                  |   |                |    |                |      |            |     |
|                         |   |                |    |                |      |            |     |
|                         |   |                |    |                |      |            |     |
|                         |   |                |    |                |      |            |     |
|                         |   |                |    |                |      |            |     |
|                         |   |                |    |                |      |            |     |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                 |     |            |       |
|-------------------------|-----|-----------------|-----|------------|-------|
| P200                    |     | HEAD OF FAMILY  |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE      |     | E.D.       | SHEET |
| B                       | 40  | Riggs, Clarence |     | 153        | 10    |
| COUNTY                  |     | St. Landry      |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |     |                 |     |            |       |
| NAME                    |     | RELATIONSHIP    | AGE | BIRTHPLACE |       |
| Matill                  |     | d               | 16  |            |       |
|                         |     |                 |     |            |       |
|                         |     |                 |     |            |       |
|                         |     |                 |     |            |       |
|                         |     |                 |     |            |       |
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|                         |     |                 |     |            |       |
|                         |     |                 |     |            |       |
|                         |     |                 |     |            |       |

FORM 10-636 (4-26-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |   |                                 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |  |  |                                |  |  |
|--|--|---|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|--|--|--------------------------------|--|--|
| 220 <i>Rosa</i> <i>Luc</i><br>NAME OF INDIVIDUAL   |  | LOUISIANA   |                                 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |  |  |                                |  |  |
| COLOR<br><i>W</i>  | AGE<br><i>15</i>                                   | BIRTHPLACE  | E.D. <i>38</i><br><del>30</del> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |  |  |                                |  |  |
| COUNTY   |  | CITY<br><i>Calcasieu</i>                          | SHEET<br><i>5</i>               |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |  |  |                                |  |  |
| ENUMERATED WITH  |  |   |                                 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |  |  |                                |  |  |
| RELATIONSHIP TO ABOVE <i>Manning Maria</i>   |  |   |                                 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |  |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (<i>Specify</i>)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input checked="" type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |                                 | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER ( <i>Specify</i> ) | <input type="checkbox"/> AUNT | <input checked="" type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW                    | <input type="checkbox"/> INMATE                   |                                 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |  |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE                     | <input type="checkbox"/> NURSE                    |                                 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |  |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW             | <input type="checkbox"/> PATIENT                  |                                 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |  |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW             | <input type="checkbox"/> ROOMER                   |                                 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |  |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW                | <input type="checkbox"/> SERVANT                  |                                 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |  |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW           | <input type="checkbox"/> OTHER ( <i>Specify</i> ) |                                 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |  |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input checked="" type="checkbox"/> BROTHER-IN-LAW |   |                                 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |  |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW             |   |                                 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |  |  |                                |  |  |

FORM 10-437 (4-30-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 16780-P01

|   |  |  |  |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |   |   |  |                                |  |  |
|---|--|--|--|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|-------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|---|---|--|--------------------------------|--|--|
| R200  |  | NAME OF INDIVIDUAL<br><i>Rose Tamm</i>   |  | LOUISIANA         |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |   |   |  |                                |  |  |
| COLOR<br><i>W</i>   | AGE<br><i>47</i>                         | BIRTHPLACE                               |  | E.D.<br><i>41</i> |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |   |   |  |                                |  |  |
| COUNTY<br><i>East Carroll</i>   |  | CITY<br><i>Lake Providence</i>           |  |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |   |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Ball, Yancy</i>   |  |  |  |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |   |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |  |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |   |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input checked="" type="checkbox"/> SIBLING</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input checked="" type="checkbox"/> SIBLING | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |  |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |   |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NECE            | <input type="checkbox"/> NURSE           |  |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |   |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |  |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |   |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |  |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |   |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |  |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |   |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |  |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |   |   |  |                                |  |  |
| <input checked="" type="checkbox"/> SIBLING   | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |   |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |  |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |   |   |  |                                |  |  |

FORM 19-537 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |   |            |   |       |
|--|--|---|------------|---|-------|
| R200   |  | NAME OF INDIVIDUAL  |            | LOUISIANA   |       |
| COLOR  |  | AGE   | BIRTHPLACE | R.D.  | SHEET |
| B  |  | 71  |            | 2   | 28    |
| COUNTY   |  |   | CITY       |   |       |
| Assumption   |  |   |            |   |       |
| ENUMERATED WITH  |  |   |            |   |       |
| RELATIONSHIP TO ABOVE  |  |   |            |   |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |            | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify) |       |

FORM 16-637 (4-22-37)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |              |            |            |
|-------------------------|--------------|------------|------------|
| HEAD OF FAMILY          |              | LOUISIANA  |            |
| NAME                    | AGE          | E.O.       | SHEET      |
| <i>Azoo</i>             | <i>40</i>    | <i>133</i> | <i>12</i>  |
| COLOR                   | BIRTHPLACE   |            |            |
| <i>B</i>                |              |            |            |
| COUNTY                  | CITY         |            |            |
| <i>Vermillion</i>       |              |            |            |
| OTHER MEMBERS OF FAMILY |              |            |            |
| NAME                    | RELATIONSHIP | AGE        | BIRTHPLACE |
| <i>Adeline</i>          | <i>W</i>     | <i>39</i>  |            |
| <i>Edna</i>             | <i>D</i>     | <i>18</i>  |            |
| <i>Edison</i>           | <i>S</i>     | <i>17</i>  |            |
| <i>Ernest</i>           | <i>S</i>     | <i>16</i>  |            |
| <i>Harry</i>            | <i>D</i>     | <i>13</i>  |            |
| <i>Louise</i>           | <i>D</i>     | <i>10</i>  |            |
| <i>Edna</i>             | <i>D</i>     | <i>4</i>   |            |

FORM 19-636 (4-20-07)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |   |            |   |       |
|---|--|---|------------|---|-------|
| R200  |  | NAME OF INDIVIDUAL  |            | LOUISIANA   |       |
| COLOR   |  | AGE   | BIRTHPLACE | E.D.  | SHEET |
| B   |  | 1 1/2   | Thellus    | 103   | 1     |
| COUNTY  |  |   | CITY       |   |       |
| Terrebonne  |  |   |            |   |       |
| ENUMERATED WITH   |  |   |            |   |       |
| McCant, Helling   |  |   |            |   |       |
| RELATIONSHIP TO ABOVE   |  |   |            |   |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input checked="" type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> Niece<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |            | <input type="checkbox"/> WMAZE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |       |

FORM 18-637 (4-20-61)

1916 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 16196-P61

|   |          |                    |          |                     |                |           |  |   |  |
|---|----------|--------------------|----------|---------------------|----------------|-----------|--|---|--|
| <i>Rose</i>   |          | NAME OF INDIVIDUAL |          | <i>Roxay Thelma</i> |                | LOUISIANA |  |   |  |
| COLOR   | <i>W</i> | AGE                | <i>5</i> | BIRTHPLACE          | E.O. <i>24</i> |           |  | SHEET <i>17</i>   |  |
| COUNTY  |          |                    |          | <i>Ibena</i>        | CITY           |           |  |   |  |
| ENUMERATED WITH   |          |                    |          |                     |                |           |  | <i>Jeanette</i>   |  |
| RELATIONSHIP TO ABOVE   |          |                    |          |                     |                |           |  | <i>Jaylor Nayeme</i>  |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input checked="" type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |          |                    |          |                     |                |           |  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |

FORM 10-637 (4-30-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|  |             |   |             |  |                   |
|--|-------------|---|-------------|--|-------------------|
| R200   |             | NAME OF INDIVIDUAL  |             | LOUISIANA  |                   |
| COLOR  | W           | AGE   | 70          | BIRTHPLACE   | E.D. 104 SHEET 10 |
| COUNTY   | St. Tammany |   | CITY Oldell |  |                   |
| ENUMERATED WITH  |             |   |             |  |                   |
| Carrie Frank   |             |   |             |  |                   |
| RELATIONSHIP TO ABOVE  |             |   |             |  |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |             | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |             | <input type="checkbox"/> IMMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br>D |                   |

FORM 16-537 (4-20-61)

1970 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMB-DC 16100-P01

|                         |                |              |           |            |
|-------------------------|----------------|--------------|-----------|------------|
| R200                    | HEAD OF FAMILY |              | LOUISIANA |            |
| COLOR                   | AGE            | BIRTHPLACE   | R.D.      | SHEET      |
| White                   | 42             |              | 63        | 15         |
| COUNTY                  |                | St. Charles  | CITY      |            |
| OTHER MEMBERS OF FAMILY |                |              |           |            |
| NAME                    |                | RELATIONSHIP | AGE       | BIRTHPLACE |
| Susie                   |                | W            | 46        |            |
| Theodore                |                | 5            | 22        |            |
| Hattie                  |                | 5            | 21        |            |
| Graig                   |                | 5            | 19        |            |
| Bonds Walter            |                | 77           | 12        |            |
|                         |                |              |           |            |
|                         |                |              |           |            |

FORM 16-436 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| 9202                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | NAME           |     | E.D.       | SHEET |
| Wm                      | 52  | Ross Theodore  |     | 58         | 1     |
| COUNTY                  |     | CITY           |     |            |       |
|                         |     | Iberville      |     | St Ville   |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Leahora                 |     | W              | 50  |            |       |
| Andrew                  |     | S              | 18  |            |       |
| Annie                   |     | D              | 15  |            |       |
| Mary E                  |     | D              | 11  |            |       |
| Layies                  |     | D              | 4   |            |       |
| Estell                  |     | D              | 21  |            |       |

FORM 16-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |            |            |                |
|-------------------------|---|----------------|------------|------------|----------------|
| K200                    |   | HEAD OF FAMILY |            | LOUISIANA  |                |
| COLOR                   | W | AGE            | 39         | BIRTHPLACE | Reyes Theogene |
| E.D.                    |   | 121            |            | SHEET 20   |                |
| COUNTY                  |   |                | St. Landry |            | CITY           |
| OTHER MEMBERS OF FAMILY |   |                |            |            |                |
| NAME                    |   | RELATIONSHIP   | AGE        | BIRTHPLACE |                |
| Lentane                 |   | 10             | 35         |            |                |
| Eva                     |   | d              | 16         |            |                |
| Marceline               |   | d              | 13         |            |                |
| Wilcox                  |   | d              | 10         |            |                |
|                         |   |                |            |            |                |
|                         |   |                |            |            |                |
|                         |   |                |            |            |                |
|                         |   |                |            |            |                |

FORM 10-636 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |      |            |    |
|-------------------------|---|----------------|------|------------|----|
| R. Lee                  |   | HEAD OF FAMILY |      | LOUISIANA  |    |
| COLOR                   | W | AGE            | 56   | E.O.       | 69 |
|                         |   | BIRTHPLACE     |      | 9          |    |
| COUNTY                  |   |                | CITY |            |    |
| Livingston              |   |                |      |            |    |
| OTHER MEMBERS OF FAMILY |   |                |      |            |    |
| NAME                    |   | RELATIONSHIP   | AGE  | BIRTHPLACE |    |
| Josephine               |   | W              | 56   |            |    |
| John B                  |   | S              | 22   |            |    |
| Aneline                 |   | DL             | 19   |            |    |
| Clara                   |   | M              | un   |            |    |
|                         |   |                |      |            |    |
|                         |   |                |      |            |    |
|                         |   |                |      |            |    |
|                         |   |                |      |            |    |

FORM 18-436 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|---|--|---|--|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| Race  |  | NAME OF INDIVIDUAL                                  |  | LOUISIANA |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR   | AGE                                      | BIRTHPLACE  |  | E.D.      | SHEET |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| W   | 16                                       |   |  | 93        | 16    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY  | CITY                                     |   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| St. Mary  | Patterson                                |   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| GENERATED WITH  |  | Kelly Lewis Sr.                                     |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> IMMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> IMMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> IMMATE                     |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 16-37 (4-30-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 16768-P61

|  |  |  |    |            |    |                                 |                                 |                               |  |                                |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|----|------------|----|---------------------------------|---------------------------------|-------------------------------|--|--------------------------------|-------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R200   |  | NAME OF INDIVIDUAL                       |    | LOUISIANA  |    |                                 |                                 |                               |  |                                |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR  | W  | AGE                                      | 76 | BIRTHPLACE | 28 |                                 |                                 |                               |  |                                |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY   |  | Jefferson                                |    | CITY       |    |                                 |                                 |                               |  |                                |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH  |  |  |    |            |    |                                 |                                 |                               |  |                                |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |    |            |    |                                 |                                 |                               |  |                                |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIFE</td> </tr> <tr> <td><input checked="" type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> WIFE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |    |            |    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIFE | <input checked="" type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> WIFE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIFE            |    |            |    |                                 |                                 |                               |  |                                |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> WIFE            |    |            |    |                                 |                                 |                               |  |                                |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |    |            |    |                                 |                                 |                               |  |                                |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |    |            |    |                                 |                                 |                               |  |                                |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |    |            |    |                                 |                                 |                               |  |                                |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |    |            |    |                                 |                                 |                               |  |                                |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |    |            |    |                                 |                                 |                               |  |                                |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |    |            |    |                                 |                                 |                               |  |                                |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |                   |  |             |    |
|-------------------------|---|----------------|-----|-------------------|--|-------------|----|
| R 200                   |   | HEAD OF FAMILY |     | Louis, Therspcaus |  | LOUISIANA   |    |
| COLOR                   | W | AGE            | 37  | BIRTHPLACE        |  | E.D.        | 86 |
| COUNTY                  |   | Natchitoches   |     | CITY              |  | Natchaville |    |
| OTHER MEMBERS OF FAMILY |   |                |     |                   |  |             |    |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE        |  |             |    |
| Alma                    |   | W              | 23  |                   |  |             |    |
| Valerie                 |   | S              | 3   |                   |  |             |    |
| Therspcaus              |   | S              | 1   |                   |  |             |    |
|                         |   |                |     |                   |  |             |    |
|                         |   |                |     |                   |  |             |    |
|                         |   |                |     |                   |  |             |    |
|                         |   |                |     |                   |  |             |    |
|                         |   |                |     |                   |  |             |    |

FORM 16-636 (4-26-67)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R-200                   |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.O.       | SHEET |
| W                       | 67  |                |     | 6          | 17    |
| COUNTY                  |     | CITY           |     |            |       |
| Acadia                  |     |                |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| 1 Chinese               |     | W              | 69  |            |       |
| Chevrolet               |     | Da             | 17  |            |       |
| Road, Guatima           |     | O              | 11  |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |        |                |     |            |       |
|-------------------------|--------|----------------|-----|------------|-------|
| P200                    |        | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE    | BIRTHPLACE     |     | E.D.       | SHEET |
| W                       | 34     | Rosa Theophil  |     | 30         | 5     |
| COUNTY                  |        | Calcasieu      |     | CITY       |       |
|                         |        |                |     | Kinder     |       |
| OTHER MEMBERS OF FAMILY |        |                |     |            |       |
|                         | NAME   | RELATIONSHIP   | AGE | BIRTHPLACE |       |
|                         | Leon   | W              | 30  |            |       |
|                         | Maggie | D              | 11  |            |       |
|                         | Mary   | D              | 10  |            |       |
|                         | Arthur | S              | 8   |            |       |
|                         | Thos   | S              | 6   |            |       |
|                         | Celest | D              | 4   |            |       |
|                         | Albert | S              | 1   |            |       |

FORM 10-636 (4-30-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |   |   |                   |
|---|---|---|-------------------|
| <b>200</b>  |   | LOUISIANA   |                   |
| NAME OF INDIVIDUAL<br><i>Rousseau Antoine</i>   |   | E.S.<br><b>43</b>   | SHEET<br><b>2</b> |
| COLOR<br><b>W</b>   | AGE<br><b>79</b>  | BIRTHPLACE  |                   |
| COUNTY<br><b>Lafourche</b>  |   | CITY  |                   |
| ENUMERATED WITH<br><i>Rousseau Joseph</i>   |   |   |                   |
| RELATIONSHIP TO ABOVE   |   |   |                   |
| <input type="checkbox"/> FATHER<br><input checked="" type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> WIFE<br><input type="checkbox"/> MURDER<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                   |

FORM 16-437 (4-22-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 1616a-P61

|   |  |  |  |                   |                    |                                 |                                 |                                |                                 |                                |                               |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|--|-------------------|--------------------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------|-------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 1300  |  | NAME OF INDIVIDUAL<br><i>Russ Thomas</i>   |  | LOUISIANA         |                    |                                 |                                 |                                |                                 |                                |                               |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>B</i>   | AGE<br><i>15</i>                         | BIRTHPLACE                                 |  | E.D.<br><i>79</i> | SHEET<br><i>22</i> |                                 |                                 |                                |                                 |                                |                               |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY  |  | CITY<br><i>Pointe Coupee</i>               |  |                   |                    |                                 |                                 |                                |                                 |                                |                               |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Francis Lee</i>   |  |  |  |                   |                    |                                 |                                 |                                |                                 |                                |                               |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |  |                   |                    |                                 |                                 |                                |                                 |                                |                               |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDOW</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> Niece</td> <td><input type="checkbox"/> WIFE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |                   |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | <input type="checkbox"/> MOTHER | <input type="checkbox"/> Niece | <input type="checkbox"/> WIFE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDOW             |  |                   |                    |                                 |                                 |                                |                                 |                                |                               |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> Niece           | <input type="checkbox"/> WIFE              |  |                   |                    |                                 |                                 |                                |                                 |                                |                               |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |  |                   |                    |                                 |                                 |                                |                                 |                                |                               |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER |  |                   |                    |                                 |                                 |                                |                                 |                                |                               |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |  |                   |                    |                                 |                                 |                                |                                 |                                |                               |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |  |                   |                    |                                 |                                 |                                |                                 |                                |                               |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |                   |                    |                                 |                                 |                                |                                 |                                |                               |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |  |                   |                    |                                 |                                 |                                |                                 |                                |                               |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 18-437 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18188-P01

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R200                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| W                       | 23  |                |     | 98         | 14    |
| COUNTY                  |     | CITY           |     |            |       |
| Rapides                 |     |                |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Emeline                 |     | W              | 27  |            |       |
| Mary E.                 |     | D              | 2   |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 18-436 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |      |            |    |
|-------------------------|---|----------------|------|------------|----|
| R200                    |   | HEAD OF FAMILY |      | LOUISIANA  |    |
| COLOR                   | B | AGE            | 25   | BIRTHPLACE |    |
|                         |   |                |      | E.D.       | 78 |
|                         |   |                |      | SHEET      | 2  |
| COUNTY                  |   |                | CITY |            |    |
| Natchitoches            |   |                |      |            |    |
| OTHER MEMBERS OF FAMILY |   |                |      |            |    |
| NAME                    |   | RELATIONSHIP   | AGE  | BIRTHPLACE |    |
| 1 Letton                |   | w              | 21   |            |    |
|                         |   |                |      |            |    |
|                         |   |                |      |            |    |
|                         |   |                |      |            |    |
|                         |   |                |      |            |    |
|                         |   |                |      |            |    |
|                         |   |                |      |            |    |
|                         |   |                |      |            |    |
|                         |   |                |      |            |    |

FORM 18-636 (4-26-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |   |  |                    |
|--|---|--|--------------------|
| NAME OF INDIVIDUAL<br><i>Boach Thomas</i>  |   | LOUISIANA  |                    |
| COLOR<br><i>Wm</i>   | AGE<br><i>19</i>  | E.D.<br><i>93</i>  | SHEET<br><i>16</i> |
| COUNTY<br><i>Mary</i>  |   | CITY<br><i>Patterson</i>   |                    |
| ENUMERATED WITH<br><i>Kelly Louis Jr</i>   |   |  |                    |
| RELATIONSHIP TO ABOVE  |   |  |                    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>SS</i> |                    |

Form 10-437 10-20-61

1970 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMP-DC 10100-P01

|                               |                                      |                           |                   |                   |
|-------------------------------|--------------------------------------|---------------------------|-------------------|-------------------|
| R200                          | HEAD OF FAMILY<br><i>Rose Thomas</i> |                           | LOUISIANA         |                   |
| COLOR<br><i>B</i>             | AGE<br><i>44</i>                     | BIRTHPLACE<br><i>Miss</i> | E.O.<br><i>42</i> | SHEET<br><i>6</i> |
| COUNTY<br><i>East Carroll</i> |                                      | CITY                      |                   |                   |
| OTHER MEMBERS OF FAMILY       |                                      |                           |                   |                   |
| NAME                          |                                      | RELATIONSHIP              | AGE               | BIRTHPLACE        |
| <i>Adeline</i>                |                                      | <i>W</i>                  | <i>36</i>         |                   |
| <i>Frank</i>                  |                                      | <i>S</i>                  | <i>18</i>         |                   |
| <i>Monroe</i>                 |                                      | <i>S</i>                  | <i>17</i>         |                   |
| <i>and 1 boarder</i>          |                                      |                           |                   |                   |
|                               |                                      |                           |                   |                   |
|                               |                                      |                           |                   |                   |
|                               |                                      |                           |                   |                   |
|                               |                                      |                           |                   |                   |

FORM 18-436 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| 8200                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.O.       | SHEET |
| B                       | 34  |                |     | 50         | 10    |
| COUNTY                  |     | CITY           |     |            |       |
| Plaquemines             |     |                |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Anna                    |     | W              | 27  |            |       |
| Theodore                |     | D              | 5   |            |       |
| Alice                   |     | D              | 4   |            |       |
| Fredricka               |     | D              | 1   |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                    |                   |      |            |       |
|-------------------------|--------------------|-------------------|------|------------|-------|
| R 200                   |                    | HEAD OF FAMILY    |      | LOUISIANA  |       |
| COLOR                   | AGE                | BIRTHPLACE        |      | E.D.       | SHEET |
| B                       | 56                 |                   |      | 34         | 12    |
| COUNTY                  |                    |                   | CITY |            |       |
| East Feliciana          |                    |                   |      |            |       |
| OTHER MEMBERS OF FAMILY |                    |                   |      |            |       |
| NAME                    |                    | RELATION-<br>SHIP | AGE  | BIRTHPLACE |       |
| 1                       | Wife               | W                 | 53   | Miss       |       |
|                         | Daughter Elizabeth | D                 | 28   |            |       |
|                         | Daughter Francis   | D                 | 17   |            |       |
|                         | Violet             | D                 | 15   |            |       |
|                         | Foster             | GS                | 11   |            |       |
|                         | Ruth               | GD                | 8    |            |       |
|                         |                    |                   |      |            |       |
|                         |                    |                   |      |            |       |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |    |             |  |            |    |
|-------------------------|---|----------------|----|-------------|--|------------|----|
| R200                    |   | HEAD OF FAMILY |    | Rosa Thomas |  | LOUISIANA  |    |
| COLOR                   | B | AGE            | 34 | BIRTHPLACE  |  | E.D.       | 43 |
|                         |   |                |    |             |  | SHEET      | 24 |
| COUNTY                  |   |                |    | Lafourche   |  | CITY       |    |
| OTHER MEMBERS OF FAMILY |   |                |    |             |  |            |    |
| NAME                    |   | RELATIONSHIP   |    | AGE         |  | BIRTHPLACE |    |
| 1                       |   | W              |    | 28          |  |            |    |
|                         |   |                |    |             |  |            |    |
|                         |   |                |    |             |  |            |    |
|                         |   |                |    |             |  |            |    |
|                         |   |                |    |             |  |            |    |
|                         |   |                |    |             |  |            |    |
|                         |   |                |    |             |  |            |    |
|                         |   |                |    |             |  |            |    |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |                 |            |             |
|-------------------------|---|----------------|-----------------|------------|-------------|
| R20c                    |   | HEAD OF FAMILY |                 | LOUISIANA  |             |
| COLOR                   | B | AGE            | 35              | NAME       | Rosa Thomas |
|                         |   | BIRTHPLACE     |                 | E.D.       | 72          |
|                         |   |                |                 | SHEET      | 11          |
| COUNTY                  |   |                | CITY            |            |             |
| To Soto                 |   |                |                 |            |             |
| OTHER MEMBERS OF FAMILY |   |                |                 |            |             |
| NAME                    |   | RELATIONSHIP   | AGE             | BIRTHPLACE |             |
| Willie                  |   | W              | 25              |            |             |
| Isaac                   |   | D              | 11              |            |             |
| Lourena                 |   | D              | 7               |            |             |
| Elee                    |   | S              | 5               |            |             |
| Emily                   |   | D              | 3               |            |             |
| Selena                  |   | D              | 1 $\frac{1}{2}$ |            |             |
| Johnny Clee             |   | S              | 17              |            |             |

FORM 10-636 (4-10-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

HEAD OF FAMILY - CONTINUED

**LOUISIANA**

CARD 2 OF 2

**OTHER MEMBERS OF FAMILY**

[illegible]

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMA-DC 13105-P01

|                         |     |                |       |            |       |
|-------------------------|-----|----------------|-------|------------|-------|
| 8200                    |     | HEAD OF FAMILY |       | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |       | E.D.       | SHEET |
| W                       | 29  |                |       | 69         | 23    |
| COUNTY                  |     |                | CITY  |            |       |
| Do Soto                 |     |                |       |            |       |
| OTHER MEMBERS OF FAMILY |     |                |       |            |       |
| NAME                    |     | RELATIONSHIP   | AGE   | BIRTHPLACE |       |
| F. Nelson               |     | W              | 26    | Tex        |       |
| Hearing                 |     | S              | 4     |            |       |
| W. Seachan              |     | D              | 3     |            |       |
| Alonga                  |     | S              | 1 1/2 |            |       |
|                         |     |                |       |            |       |
|                         |     |                |       |            |       |
|                         |     |                |       |            |       |

Form 18-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |                 |  |  |                 |                   |
|--|-----------------|--|--|-----------------|-------------------|
| R200   |                 | NAME OF INDIVIDUAL<br><i>Russ Thomas</i> |  | LOUISIANA       |                   |
| COLOR<br><i>B</i>  | AGE<br><i>8</i> | BIRTHPLACE                               |  | ES<br><i>38</i> | SHEET<br><i>7</i> |
| COUNTY   |                 |  | CITY   |                 |                   |
| ENUMERATED WITH<br><i>Concordia</i>  |                 |  |  |                 |                   |
| RELATIONSHIP TO ABOVE<br><i>Russ Jerry</i>   |                 |  |  |                 |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                 |  | <input checked="" type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |                 |                   |
|  |                 |  | <input type="checkbox"/> NEBATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify)   |                 |                   |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 10100-P61

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R2as                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| B                       | 25  |                |     | 152        | 8     |
| COUNTY                  |     | West Feliciana |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Mary                    |     | W              | 24  |            |       |
| Florence                |     | D              | 5   |            |       |
| Louie                   |     | S              | 4   |            |       |
| Beatie                  |     | D              | 2   |            |       |
| Hessie, Nap             |     | N              | 14  |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 10-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |          |                |    |              |     |            |     |
|-------------------------|----------|----------------|----|--------------|-----|------------|-----|
| R200                    |          | HEAD OF FAMILY |    | Bass Thomas  |     | LOUISIANA  |     |
| COLOR                   | W        | AGE            | 42 | BIRTHPLACE   | Ark | E.D.       | 107 |
| COUNTY                  | Duchesne |                |    | CITY         | 12  |            |     |
| OTHER MEMBERS OF FAMILY |          |                |    |              |     |            |     |
| NAME                    |          |                |    | RELATIONSHIP | AGE | BIRTHPLACE |     |
| 1 Little                |          |                |    | W            | 35  |            |     |
| Pope Jack N.            |          |                |    | SS           | 5   |            |     |
|                         |          |                |    |              |     |            |     |
|                         |          |                |    |              |     |            |     |
|                         |          |                |    |              |     |            |     |
|                         |          |                |    |              |     |            |     |
|                         |          |                |    |              |     |            |     |
|                         |          |                |    |              |     |            |     |

FORM 18-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |              |            |            |
|-------------------------|--------------|------------|------------|
| HEAD OF FAMILY          |              | LOUISIANA  |            |
| NAME                    | AGE          | E.D.       | SHEET      |
| Ross, Thomas            | 52           | 3          | 5          |
| COLOR                   | B            | BIRTHPLACE |            |
| COUNTY                  | Assumption   | CITY       |            |
| OTHER MEMBERS OF FAMILY |              |            |            |
| NAME                    | RELATIONSHIP | AGE        | BIRTHPLACE |
| 1 Charlotte             | w            | 47         |            |
| Harris, Levy            | ss           | 9 1/2      |            |
| Ross, Eldora            | d            | 17         |            |
| Harris, Clarence        | sl           | 18         |            |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |       |            |  |
|-------------------------|-----|----------------|-------|------------|--|
| R 200                   |     | HEAD OF FAMILY |       | LOUISIANA  |  |
| COLOR                   | AGE | BIRTHPLACE     | E.O.  | SHEET      |  |
| W                       | 51  | Miss           | 94    | 13         |  |
| COUNTY                  |     | Natchitoches   |       | CITY       |  |
| OTHER MEMBERS OF FAMILY |     |                |       |            |  |
| NAME                    |     | RELATIONSHIP   | AGE   | BIRTHPLACE |  |
| Virginia                |     | W              | 27    |            |  |
| William                 |     | S              | 2     |            |  |
| Crouch                  |     | S              | 6 1/2 |            |  |
|                         |     |                |       |            |  |
|                         |     |                |       |            |  |
|                         |     |                |       |            |  |
|                         |     |                |       |            |  |
|                         |     |                |       |            |  |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |              |            |            |
|-------------------------|--------------|------------|------------|
| HEAD OF FAMILY          |              | LOUISIANA  |            |
| NAME                    | AGE          | E.D.       | SHEET      |
| <i>H. L. Ross</i>       | <i>35</i>    | <i>140</i> | <i>8</i>   |
| COLOR                   | BIRTHPLACE   |            |            |
| <i>W</i>                |              |            |            |
| COUNTY                  | CITY         |            |            |
| <i>Vermillion</i>       |              |            |            |
| OTHER MEMBERS OF FAMILY |              |            |            |
| NAME                    | RELATIONSHIP | AGE        | BIRTHPLACE |
| <i>Wella</i>            | <i>W</i>     | <i>29</i>  |            |
| <i>Edy</i>              | <i>D</i>     | <i>7</i>   |            |
| <i>Frank</i>            | <i>D</i>     | <i>5</i>   |            |
| <i>Hazel</i>            | <i>D</i>     | <i>3</i>   |            |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |      |
|-------------------------|--|----------------|------------|------------|------|
| R200                    |  | HEAD OF FAMILY |            | LOUISIANA  |      |
| COLOR                   |  | AGE            | BIRTHPLACE |            | E.D. |
| B                       |  | 49             | Thomas     |            | 60   |
| COUNTY                  |  |                | CITY       |            |      |
| St. Bernard             |  |                |            |            |      |
| OTHER MEMBERS OF FAMILY |  |                |            |            |      |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |      |
| Laurie alone            |  |                |            |            |      |
|                         |  |                |            |            |      |
|                         |  |                |            |            |      |
|                         |  |                |            |            |      |
|                         |  |                |            |            |      |
|                         |  |                |            |            |      |
|                         |  |                |            |            |      |
|                         |  |                |            |            |      |

FORM 16-636 (6-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |    |                |      |            |   |
|-------------------------|----|----------------|------|------------|---|
| R200                    |    | HEAD OF FAMILY |      | LOUISIANA  |   |
| COLOR                   | 73 | AGE            | 45   | BIRTHPLACE | 7 |
| COUNTY                  |    |                | CITY |            |   |
| Assumption              |    |                |      |            |   |
| OTHER MEMBERS OF FAMILY |    |                |      |            |   |
| NAME                    |    | RELATIONSHIP   | AGE  | BIRTHPLACE |   |
| Mary                    |    | W              | 41   |            |   |
| Lewis                   |    | 4              | 12   |            |   |
|                         |    |                |      |            |   |
|                         |    |                |      |            |   |
|                         |    |                |      |            |   |
|                         |    |                |      |            |   |
|                         |    |                |      |            |   |
|                         |    |                |      |            |   |

Form 10-536 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                |                |           |            |          |
|-------------------------|----------------|----------------|-----------|------------|----------|
| <i>R 200</i>            |                | HEAD OF FAMILY |           | LOUISIANA  |          |
| <i>Rose Thomas</i>      |                |                |           | E.D.       | SHEET    |
| COLOR                   | AGE            | BIRTHPLACE     |           | <i>23</i>  | <i>9</i> |
| <i>B</i>                | <i>34</i>      |                |           |            |          |
| COUNTY                  |                | CITY           |           |            |          |
| <i>Iberia</i>           |                | <i></i>        |           |            |          |
| OTHER MEMBERS OF FAMILY |                |                |           |            |          |
| NAME                    |                | RELATIONSHIP   | AGE       | BIRTHPLACE |          |
| <i>1</i>                | <i>Melaine</i> | <i>W</i>       | <i>34</i> |            |          |
|                         |                |                |           |            |          |
|                         |                |                |           |            |          |
|                         |                |                |           |            |          |
|                         |                |                |           |            |          |
|                         |                |                |           |            |          |
|                         |                |                |           |            |          |
|                         |                |                |           |            |          |
|                         |                |                |           |            |          |

FORM 18-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |     |            |       |
|-------------------------|--|----------------|-----|------------|-------|
| 1200                    |  | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   |  | AGE            |     | E.D.       | SHEET |
| B                       |  | 78             |     | 11         | 7     |
| BIRTHPLACE              |  | Thomas         |     |            |       |
| COUNTY                  |  | Ascension      |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |  |                |     |            |       |
| NAME                    |  | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Mrs                     |  | W              | 40  |            |       |
| Malinda                 |  | d              | 12  |            |       |
| Fantone                 |  | 5              | 9   |            |       |
|                         |  |                |     |            |       |
|                         |  |                |     |            |       |
|                         |  |                |     |            |       |
|                         |  |                |     |            |       |
|                         |  |                |     |            |       |

FORM 16-536 (4-20-21)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |         |                |      |            |  |
|-------------------------|---------|----------------|------|------------|--|
| A-200                   |         | HEAD OF FAMILY |      | LOUISIANA  |  |
| REGG. THOMAS B          |         | E.O.           |      | SHEET      |  |
| COLOR                   | AGE     | BIRTHPLACE     |      |            |  |
| W                       | 43      | 113            |      |            |  |
| COUNTY                  | WEBSTER |                | CITY |            |  |
| OTHER MEMBERS OF FAMILY |         |                |      |            |  |
| NAME                    |         | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| Sarah                   |         | W              | 33   |            |  |
| Geo                     |         | S              | 12   |            |  |
| Sidney                  |         | S              | 10   |            |  |
| Hixby                   |         | S              | 8    |            |  |
|                         |         |                |      |            |  |
|                         |         |                |      |            |  |
|                         |         |                |      |            |  |

FORM 16-436 (4-30-31)  
1916 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                 |         |            |       |
|-------------------------|-----|-----------------|---------|------------|-------|
| R200                    |     | HEAD OF FAMILY  |         | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE      |         | E.D.       | SHEET |
| W                       | 34  | Rush, Thomas D. |         | 98         | 13    |
| COUNTY                  |     |                 | CITY    |            |       |
| Rapides                 |     |                 | Rapides |            |       |
| OTHER MEMBERS OF FAMILY |     |                 |         |            |       |
| NAME                    |     | RELATIONSHIP    | AGE     | BIRTHPLACE |       |
| Lola G.                 |     | W               | 32      |            |       |
| Alma D.                 |     | S               | 10      |            |       |
| Aminda E.               |     | D               | 8       |            |       |
| Ada M.                  |     | D               | 6       |            |       |
| David F.                |     | S               | 4       |            |       |
| Laura B.                |     | D               | 3       |            |       |
| William B.              |     | S               | 1 1/2   |            |       |

FORM 16-636 (4-20-31)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R200                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.O.       | SHEET |
| W                       |  | 50             |            | 69         | 9     |
| COUNTY                  |  |                | CITY       |            |       |
| Lincoln                 |  |                | Ruston     |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Lelia                   |  | W              | 35         |            |       |
| Mary F                  |  | D              | 1 1/2      |            |       |
| Baby                    |  | D              | 1/2        |            |       |
| Parnell Edward          |  | F.L.           | 74         |            |       |
| I Bo.                   |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 16-636 (4-30-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R202                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | S.D.       | SHEET |
| W                       |  | 38             | Fla.       | 53         | 14    |
| COUNTY                  |  |                | CITY       |            |       |
| Jackson                 |  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Ethel M.                |  | W              | 25         |            |       |
| Artest M.               |  | S              | 6          |            |       |
| Learna M.               |  | S              | 4          |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 16-436 (2-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                |              |           |            |
|-------------------------|----------------|--------------|-----------|------------|
| R200                    | HEAD OF FAMILY |              | LOUISIANA |            |
| COLOR                   | AGE            | BIRTHPLACE   |           | E.D.       |
| W                       | 42             |              |           | 124        |
| COUNTY                  |                | CITY         |           |            |
| Winn                    |                |              |           |            |
| OTHER MEMBERS OF FAMILY |                |              |           |            |
| NAME                    |                | RELATIONSHIP | AGE       | BIRTHPLACE |
| Rose L.                 |                | W            | 31        |            |
| Lashel E.               |                | D            | 14        |            |
| Ada E.                  |                | D            | 12        |            |
| Vance G.                |                | S            | 10        |            |
| Edna L.                 |                | D            | 6         |            |
| Lara P.                 |                | D            | 2         |            |

FORM 16-636 (4-20-61)

1970 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R200                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | NAME           |     | E.D.       | SHEET |
| W                       | 35  | Roach Thomas K |     | 136        | 21    |
| COUNTY                  |     | CITY           |     |            |       |
| Union                   |     | Union          |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Stelle                  |     | W              | 36  |            |       |
| Aubrey                  |     | S              | 7   |            |       |
| Allison                 |     | D              | 5   |            |       |
| Ray                     |     | S              | 3   |            |       |
| Hester General          |     | Son            | 19  |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 16-436 (4-20-31)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |       |            |               |
|-------------------------|---|----------------|-------|------------|---------------|
| R202                    |   | HEAD OF FAMILY |       | LOUISIANA  |               |
| COLOR                   | W | AGE            | 32    | BIRTHPLACE | Rebeck, New M |
| COUNTY                  |   | Vernon         |       | CITY       |               |
| OTHER MEMBERS OF FAMILY |   |                |       |            |               |
| NAME                    |   | RELATIONSHIP   | AGE   | BIRTHPLACE |               |
| Eugene R                |   | W              | 26    |            |               |
| Cecilia E               |   | S              | 6     |            |               |
| Lester Ray              |   | D              | 4     |            |               |
| Janet Ray               |   | D              | 2     |            |               |
| Lester                  |   | S              | 6 1/2 |            |               |
|                         |   |                |       |            |               |
|                         |   |                |       |            |               |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |                 |  |  |  |                   |                    |
|---|-----------------|--|--|--|-------------------|--------------------|
| R 200   |                 | NAME OF INDIVIDUAL<br><i>Charles Thon</i>  |  | LOUISIANA  | R.D.<br><i>59</i> | SHEET<br><i>17</i> |
| COLOR<br><i>Mr</i>  | AGE<br><i>6</i> | BIRTHPLACE   |  |  |                   |                    |
| COUNTRY   |                 | St. Bernard  |  |  | CITY              |                    |
| ENUMERATED WITH<br><i>Siblings, &amp; such</i>  |                 |  |  |  |                   |                    |
| RELATIONSHIP TO ABOVE   |                 |  |  |  |                   |                    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input checked="" type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                 | <input checked="" type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                   |                    |

FORM 10-437 (4-22-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCO:MM-DC 18100-P61



|   |   |  |
|---|---|--|
| NAME OF INDIVIDUAL<br><i>Rao Nicksa Thurga</i>  |   | LOUISIANA  |
| SEX<br><i>M</i>   | AGE<br><i>44</i>  | E.D. SHEET<br><i>109/16</i>  |
| BIRTHPLACE<br><i>Indo</i>   |   |  |
| COUNTY<br><i>Tangipahoa</i>   | CITY  |  |
| EDUCATION<br><i>Nicksa Parish</i>   |   |  |
| RELATIONSHIP TO ABOVE   |   |  |
| <input type="checkbox"/> FATHER<br><input checked="" type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

|                         |   |                |    |                |     |            |       |
|-------------------------|---|----------------|----|----------------|-----|------------|-------|
| R200                    |   | HEAD OF FAMILY |    | ROCCA, Gilbert |     | LOUISIANA  |       |
| COLOR                   | W | AGE            | 26 | BIRTHPLACE     |     | E.D.       | SHEET |
|                         |   |                |    |                |     | 31         | 13    |
| COUNTY                  |   |                |    | Calcasieu      |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |   |                |    |                |     |            |       |
| NAME                    |   |                |    | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Artes                   |   |                |    | W              | 23  |            |       |
| Dulley                  |   |                |    | S              | 4   |            |       |
| Rowey, Albert           |   |                |    | B L            | 12  |            |       |
| Artes                   |   |                |    | S L            | 14  |            |       |
| Rocca, Adam             |   |                |    | B              | 20  |            |       |
|                         |   |                |    |                |     |            |       |
|                         |   |                |    |                |     |            |       |

FORM 16-436 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R 200                   |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
|                         | 45  |                |     | 77         | 12    |
| COUNTY                  |     | Pointe Coupee  |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Mills                   |     | H              | 23  |            |       |
| Martha                  |     | H              | 21  |            |       |
| Olivia                  |     | H              | 15  |            |       |
| Rachel                  |     | H              | 12  |            |       |
| Foster May              |     | S D            | 2   |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 18-536 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |        |                |     |            |  |
|-------------------------|--------|----------------|-----|------------|--|
| R200                    |        | HEAD OF FAMILY |     | LOUISIANA  |  |
| Koss, Tillman W.        |        | E.O.           |     | SHEET      |  |
| COLOR                   | AGE    | BIRTHPLACE     |     |            |  |
| W                       | 25     | Miss           |     |            |  |
| COUNTY                  | ACADIA | CITY           |     |            |  |
| OTHER MEMBERS OF FAMILY |        |                |     |            |  |
| NAME                    |        | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| Mary L.                 |        | W              | 22  |            |  |
| Ellen H.                |        | S              | 3   |            |  |
| Nancy                   |        | M              | 61  | Miss       |  |
| Sumnerall, Jerry        |        | Hi             | 11  |            |  |
|                         |        |                |     |            |  |
|                         |        |                |     |            |  |
|                         |        |                |     |            |  |

FORM 18-436 (4-20-31)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |  |      |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|------|------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|--|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R200  |  | NAME OF INDIVIDUAL<br><i>Russ Thomas</i> |      | LOUISIANA        |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>B</i>   | AGE<br><i>2</i>                          | BIRTHPLACE                               |      | S.P.<br><i>3</i> | SHEET<br><i>6</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>Concordia</i>  |  |  | CITY |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Davis Thomas L.</i>   |  |  |      |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |      |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |      |                  |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |      |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |      |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |      |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |      |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |      |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |      |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |      |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |      |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18198-P61

|  |                         |   |  |   |                           |
|--|-------------------------|---|--|---|---------------------------|
| <b>R200</b>  |                         | <b>NAME OF INDIVIDUAL</b><br><i>Ross, Jimmy</i>   |  | <b>LOUISIANA</b>  |                           |
| <b>COLOR</b><br><i>13</i>  | <b>AGE</b><br><i>46</i> | <b>BIRTHPLACE</b>   |  | <b>E.D.</b><br><i>97</i>  | <b>SHEET</b><br><i>22</i> |
| <b>COUNTY</b><br><i>St. Mary</i>   |                         | <b>CITY</b><br><i>Morgan</i>  |  |   |                           |
| <b>ENUMERATED WITH</b><br><i>Hubbard, Adeline</i>  |                         |   |  |   |                           |
| <b>RELATIONSHIP TO ABOVE</b>   |                         |   |  |   |                           |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                         | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>C</i> |                           |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R200                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| B                       |  | 25             | La         | 96         | 16    |
| COUNTY                  |  |                | CITY       |            |       |
| Marion                  |  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Eliza                   |  | W              | 41         | NC         |       |
| Mollie                  |  | D              | 12         |            |       |
| Jimmie                  |  | S              | 8          |            |       |
| Pearl                   |  | D              | 6          |            |       |
| Eugene                  |  | S              | 1 1/2      |            |       |
| George                  |  | S              | 5 1/2      |            |       |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |   | LOUISIANA |           |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |              |                                |  |  |
|--|--|---|-----------|-----------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--------------|--------------------------------|--|--|
| <i>120</i>   | NAME OF INDIVIDUAL                       |   | E.D.      | SHEET     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |              |                                |  |  |
|  | <i>Rooks Tom</i>                         |   | <i>87</i> | <i>26</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |              |                                |  |  |
| COLOR  | AGE                                      | BIRTHPLACE  |           |           |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |              |                                |  |  |
| <i>B</i>   | <i>N.R.</i>                              | <i>N. rept.</i>                                     |           |           |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |              |                                |  |  |
| COUNTY   |  | CITY  |           |           |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |              |                                |  |  |
| <i>St. Mary</i>  |  |   |           |           |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |              |                                |  |  |
| ENUMERATED WITH  |  |   |           |           |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |              |                                |  |  |
| <i>Mosses Henry</i>  |  |   |           |           |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |              |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   |           |           |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |              |                                |  |  |
| <table border="0"> <tbody> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>N. R.</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </tbody> </table> |  |   |           |           | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>N. R.</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |           |           |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |              |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |           |           |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |              |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |           |           |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |              |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |           |           |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |              |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |           |           |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |              |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |           |           |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |              |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  | <i>N. R.</i>  |           |           |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |              |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |   |           |           |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |              |                                |  |  |

FORM 10-427 (4-20-51)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-PC 18106-P61



|   |   |  |  |             |  |            |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
|---|---|--|--|-------------|--|------------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|---|--|-------------------------------|---|--|--------------------------------|--|--|
| R200  |   | NAME OF INDIVIDUAL                       |  | Ross Tom    |  | LOUISIANA  |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| COLOR   |   | AGE                                      |  | BIRTH PLACE |  | E.D. SHEET |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| W   |   | 35                                       |  |             |  | 52 14      |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| COUNTY  |   |  |  | CITY        |  |            |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| Franklin  |   |  |  |             |  |            |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| ENUMERATED WITH   |   |  |  |             |  |            |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| Nugent, Ed  |   |  |  |             |  |            |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |   |  |  |             |  |            |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input checked="" type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |   |  |  |             |  |            |  | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input checked="" type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW                     | <input type="checkbox"/> WIDATE          |  |             |  |            |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE                      | <input type="checkbox"/> NURSE           |  |             |  |            |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW              | <input type="checkbox"/> PATIENT         |  |             |  |            |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW              | <input type="checkbox"/> ROOMER          |  |             |  |            |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW                 | <input type="checkbox"/> SERVANT         |  |             |  |            |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input checked="" type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |  |             |  |            |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW             |  |  |             |  |            |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW              |  |  |             |  |            |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18106-P01

|  |  |   |  |                |                |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |            |                                |  |  |
|--|--|---|--|----------------|----------------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|------------|--------------------------------|--|--|
| R200   |  | NAME OF INDIVIDUAL<br><i>Rice, Jamie</i>            |  | E.O. <i>63</i> | SHEET <i>8</i> |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |            |                                |  |  |
| COLOR<br><i>B</i>  | AGE<br><i>7</i>                          | BIRTHPLACE  |  |                |                |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |            |                                |  |  |
| COUNTY<br><i>De Soto</i>   |  | CITY  |  |                |                |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |            |                                |  |  |
| ENUMERATED WITH<br><i>Hanner, Jake</i>   |  |   |  |                |                |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |            |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   |  |                |                |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |            |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDOW</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>5-5</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |                |                | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>5-5</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDOW                      |  |                |                |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |            |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |  |                |                |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |            |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |                |                |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |            |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |                |                |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |            |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |                |                |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |            |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |                |                |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |            |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  | <i>5-5</i>  |  |                |                |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |            |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |   |  |                |                |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |            |                                |  |  |

FORM 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

|   |  |  |  |           |                    |                    |
|---|--|--|--|-----------|--------------------|--------------------|
| <i>R200</i>                                 |  | NAME OF INDIVIDUAL<br><i>Rev. Tommy</i>    |  | LOUISIANA | E.O.<br><i>114</i> | SHEET<br><i>12</i> |
| COLOR<br><i>W</i>                           | AGE<br><i>26</i>                         | BIRTHPLACE<br><i>Ohio</i>                  |  |           |                    |                    |
| COUNTY<br><i>Tangipahoa</i>                 |  | CITY                                       |  |           |                    |                    |
| ENUMERATED WITH<br><i>Lillian Tranter C</i> |  |  |  |           |                    |                    |
| RELATIONSHIP TO ABOVE                       |  |  |  |           |                    |                    |
| <input type="checkbox"/> FATHER             | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDATE            |  |           |                    |                    |
| <input type="checkbox"/> MOTHER             | <input type="checkbox"/> NICE            | <input type="checkbox"/> MURDER            |  |           |                    |                    |
| <input type="checkbox"/> GRANDFATHER        | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |  |           |                    |                    |
| <input type="checkbox"/> GRANDMOTHER        | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER |  |           |                    |                    |
| <input type="checkbox"/> GRANDSON           | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |  |           |                    |                    |
| <input type="checkbox"/> GRANDDAUGHTER      | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |  |           |                    |                    |
| <input type="checkbox"/> AUNT               | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |           |                    |                    |
| <input type="checkbox"/> UNCLE              | <input type="checkbox"/> SISTER-IN-LAW   |  |  |           |                    |                    |

FORM 18-437 (4-28-81)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

|  |  |   |  |   |                 |
|--|--|---|--|---|-----------------|
| COLOR <i>Rd</i><br><i>W</i>  |  | NAME OF INDIVIDUAL <i>Rach, Lonette</i>   |  | E.D. <i>52</i>  | SHEET <i>23</i> |
| AGE <i>9</i>   |  | BIRTHPLACE  |  |   |                 |
| COUNTY <i>Iberville</i>  |  | CITY  |  |   |                 |
| ENUMERATED WITH <i>Louis Pierre C.</i>   |  |   |  |   |                 |
| RELATIONSHIP TO ABOVE  |  |   |  |   |                 |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> TENANT<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>ALD</i> |                 |

FORM 18-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

|                         |  |                |     |            |  |
|-------------------------|--|----------------|-----|------------|--|
| 1200                    |  | HEAD OF FAMILY |     | LOUISIANA  |  |
| COLOR                   |  | AGE            |     | E.O. SHEET |  |
| B                       |  | 56             |     | 124 18     |  |
| COUNTY                  |  | BIRTHPLACE     |     |            |  |
|                         |  | Mass           |     |            |  |
| CITY                    |  | TONN           |     |            |  |
| OTHER MEMBERS OF FAMILY |  |                |     |            |  |
| NAME                    |  | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| Celia                   |  | W              | 46  |            |  |
| Joney Jr.               |  | S              | 24  |            |  |
| Margaret                |  | D              | 22  |            |  |
| Celia Jr.               |  | D              | 20  |            |  |
| Edward                  |  | S              | 14  |            |  |
| Verna                   |  | D              | 12  |            |  |
| Daniel                  |  | S              | 10  |            |  |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

## HEAD OF FAMILY - CONTINUED

LOUISIANA

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME          | RELATIONSHIP | AGE | BIRTHPLACE |
|---------------|--------------|-----|------------|
| St. Nick      | S            | 8   |            |
| E. Carmichael | S            | 7   |            |
| Sophia        | D            | 22  |            |
| Elizabeth     | GD           | 5   |            |
| Susan         | GD           | 3   |            |
| Simon         | GS           | 2   |            |
|               |              |     |            |
|               |              |     |            |
|               |              |     |            |

FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 1910-P61

| LOUISIANA  |  |  |      |       |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|------|-------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|-------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R200   | NAME OF INDIVIDUAL                       |  | E.O. | SHEET |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|  | Reggie, Jani                             |  | 114  | 43    |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR  | AGE                                      | BIRTHPLACE                                 |      |       |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| W  | 30                                       | LA   |      |       |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY   | Jangipahoa                               |  | CITY |       |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| IMMIGRATED WITH  |  |  |      |       |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Beards, Louis  |  |  |      |       |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |      |       |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
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| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDOW             |      |       |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> WIFE            | <input type="checkbox"/> NURSE             |      |       |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |      |       |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER |      |       |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |      |       |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |      |       |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |      |       |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |      |       |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-437 (4-25-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 1818-P01

|                         |           |                |       |            |       |
|-------------------------|-----------|----------------|-------|------------|-------|
| R200                    |           | HEAD OF FAMILY |       | LOUISIANA  |       |
| COLOR                   | W         | AGE            | 31    | BIRTHPLACE | Italy |
| COUNTY                  | Ascension |                | CITY  |            |       |
| OTHER MEMBERS OF FAMILY |           |                |       |            |       |
| NAME                    |           | RELATIONSHIP   | AGE   | BIRTHPLACE |       |
| Lena                    |           | W              | 25    | Italy      |       |
| Joseph                  |           | S.             | 9     |            |       |
| Charlie                 |           | S.             | 4     |            |       |
| John                    |           | S.             | 8 1/2 |            |       |
|                         |           |                |       |            |       |
|                         |           |                |       |            |       |
|                         |           |                |       |            |       |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



LOUISIANA

|  |  |  |  |                   |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|--|-------------------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|--|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| NAME OF INDIVIDUAL<br><i>Rizzo Tony</i>  |  | E.D.<br><i>62</i>                        |  | SHEET<br><i>4</i> |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>W</i>  | AGE<br><i>27</i>                               | BIRTHPLACE<br><i>Italy</i>               |  |                   |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>Iberville</i>   |  | CITY                                     |  |                   |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Gulotta Carlo</i>  |  |  |  |                   |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |  |                   |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> INMATE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input checked="" type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> |  |  |  |                   |  | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input checked="" type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW                | <input type="checkbox"/> INMATE          |  |                   |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE                 | <input type="checkbox"/> NURSE           |  |                   |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW         | <input type="checkbox"/> PATIENT         |  |                   |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW         | <input type="checkbox"/> ROOMER          |  |                   |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input checked="" type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT         |  |                   |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW       | <input type="checkbox"/> OTHER (Specify) |  |                   |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW        |  |  |                   |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW         |  |  |                   |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 16-637 (4-26-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P01

|  |  |   |  |  |             |
|--|--|---|--|--|-------------|
| R200<br>COLOR  |  | NAME OF INDIVIDUAL<br>Russo Tony  |  | E.D.<br>102  | SHEET<br>16 |
| W<br>AGE   |  | 28<br>BIRTHPLACE  |  | Italy  |             |
| COUNTY   |  | Sabine  |  | CITY   |             |
| ENUMERATED WITH<br>Passonante Ben  |  |   |  |  |             |
| RELATIONSHIP TO ABOVE  |  |   |  |  |             |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHER<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> WIDWIFE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |             |

FORM 10-437 (4-20-51)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

|                         |           |                |              |              |          |
|-------------------------|-----------|----------------|--------------|--------------|----------|
| <i>R200</i>             |           | HEAD OF FAMILY |              | LOUISIANA    |          |
| <i>Rose Tony</i>        |           |                |              | E.O.         | SHEET    |
| COLOR                   | AGE       | BIRTHPLACE     |              | <i>102</i>   | <i>8</i> |
| <i>W</i>                | <i>25</i> | <i>Italy</i>   |              |              |          |
| COUNTY                  |           | CITY           |              |              |          |
| <i>Ouachita</i>         |           | <i>Monroe</i>  |              |              |          |
| OTHER MEMBERS OF FAMILY |           |                |              |              |          |
| NAME                    |           | RELATIONSHIP   | AGE          | BIRTHPLACE   |          |
| <i>Anna</i>             |           | <i>W</i>       | <i>17</i>    | <i>Italy</i> |          |
| <i>Tony Jr.</i>         |           | <i>S</i>       | <i>1 1/2</i> |              |          |
| <i>Joe</i>              |           | <i>FL</i>      | <i>48</i>    | <i>Italy</i> |          |
| <i>Josephine</i>        |           | <i>ML</i>      | <i>49</i>    | <i>Italy</i> |          |
|                         |           |                |              |              |          |
|                         |           |                |              |              |          |
|                         |           |                |              |              |          |

FORM 16-536 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |      |            |  |
|-------------------------|-----|----------------|------|------------|--|
| A 200                   |     | HEAD OF FAMILY |      | LOUISIANA  |  |
| Kousa Long              |     | E.D.           |      | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |      |            |  |
| W                       | 24  | Italy          |      |            |  |
| COUNTY                  |     |                | CITY |            |  |
| Iberville               |     |                |      |            |  |
| OTHER MEMBERS OF FAMILY |     |                |      |            |  |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| 1 Congette              |     | W              | 22   |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |

FORM 16-636 (4-26-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R200                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| W                       |  | 20             |            | 10         | 25    |
| COUNTY                  |  |                | CITY       |            |       |
| Assumption              |  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Mary                    |  | S M            | 39         |            |       |
| Angelina                |  | Sis            | 11         |            |       |
| Mary                    |  | Sis            | 10         |            |       |
| Josephine               |  | Sis            | 9          |            |       |
| Camille                 |  | Bro            | 5          |            |       |
| August                  |  | Bro            | 1 1/2      |            |       |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |              |           |            |
|-------------------------|--------------|-----------|------------|
| HEAD OF FAMILY          |              | LOUISIANA |            |
| NAME                    | AGE          | E.O.      | SHEET      |
| Rock, Tony              | 21           | 56        | 1          |
| COLOR                   | BIRTHPLACE   |           |            |
| B                       | Plaquemine   |           |            |
| COUNTY                  | CITY         |           |            |
| OTHER MEMBERS OF FAMILY |              |           |            |
| NAME                    | RELATIONSHIP | AGE       | BIRTHPLACE |
| 1 Mattie                | W            | 19        |            |
|                         |              |           |            |
|                         |              |           |            |
|                         |              |           |            |
|                         |              |           |            |
|                         |              |           |            |
|                         |              |           |            |
|                         |              |           |            |
|                         |              |           |            |

FORM 16-636 (4-30-67)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                |              |           |            |
|-------------------------|----------------|--------------|-----------|------------|
| R200                    | HEAD OF FAMILY |              | LOUISIANA |            |
| COLOR                   | AGE            | BIRTHPLACE   | E.O.      | SHEET      |
| W                       | 48             | Italy        | 95        | 32         |
| COUNTRY                 |                | CITY         |           |            |
| Pointe Coupee           |                |              |           |            |
| OTHER MEMBERS OF FAMILY |                |              |           |            |
| NAME                    |                | RELATIONSHIP | AGE       | BIRTHPLACE |
| Jennie                  |                | W            | 50        | Italy      |
| Paul                    |                | S            | 14        | Italy      |
| Josephine               |                | Si           | 14        | Italy      |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |

FORM 19-636 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |       |            |                |
|-------------------------|---|----------------|-------|------------|----------------|
| R 200                   |   | HEAD OF FAMILY |       | LOUISIANA  |                |
| COLOR                   | W | AGE            | 30    | BIRTHPLACE | Richey Travell |
| COUNTY                  |   | Weyches        |       | CITY       |                |
| OTHER MEMBERS OF FAMILY |   |                |       |            |                |
| NAME                    |   | RELATIONSHIP   | AGE   | BIRTHPLACE |                |
| Alice                   |   | W              | 28    |            |                |
| Lee W.                  |   | S              | 9     |            |                |
| Alfred H.               |   | S              | 7     |            |                |
| Adam A.                 |   | S              | 4     |            |                |
| Arnold                  |   | S              | 3     |            |                |
| Ellis A.                |   | S              | 5 1/2 |            |                |
|                         |   |                |       |            |                |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|   |  |  |   |              |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
|---|--|--|---|--------------|--|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|---|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 1200  |  | NAME OF INDIVIDUAL                       |   | Roach, Junie |  | LOUISIANA |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| COLOR   | 13                                       | AGE                                      | 4 | BIRTHPLACE   |  | E.D.      | SHEET |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
|   |  |  |   |              |  | 109       | 17    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| COUNTY  |  |  |   | CITY         |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| Duchita   |  |  |   |              |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |  |   |              |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| Roach, Dennis   |  |  |   |              |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |   |              |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |   |              |  |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |   |              |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |   |              |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |   |              |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |   |              |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |   |              |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |   |              |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |   |              |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |   |              |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |

FORM 10-437 (4-20-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 18100-P61

|                         |                |              |                        |            |
|-------------------------|----------------|--------------|------------------------|------------|
| R200                    | HEAD OF FAMILY |              | LOUISIANA              |            |
|                         | <i>Rice</i>    |              | E.O.                   | SHEET      |
| COLOR                   | AGE            | BIRTHPLACE   |                        |            |
| <i>B</i>                | <i>36</i>      |              |                        |            |
| COUNTY                  | Rapides        |              | CITY <i>Alexandria</i> |            |
| OTHER MEMBERS OF FAMILY |                |              |                        |            |
| NAME                    |                | RELATIONSHIP | AGE                    | BIRTHPLACE |
| <i>1 Alberta</i>        |                | <i>D</i>     | <i>13</i>              |            |
|                         |                |              |                        |            |
|                         |                |              |                        |            |
|                         |                |              |                        |            |
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FORM 16-636 (4-20-81)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                           |                                      |                         |                            |            |                   |
|---------------------------|--------------------------------------|-------------------------|----------------------------|------------|-------------------|
| <i>R200</i>               | HEAD OF FAMILY<br><i>Locks Tyler</i> |                         |                            | LOUISIANA  |                   |
| COLOR<br><i>mu</i>        | AGE<br><i>71</i>                     | BIRTHPLACE<br><i>va</i> | E.O.<br><i>97</i>          |            | SHEET<br><i>2</i> |
| COUNTY<br><i>St. Mary</i> |                                      |                         | CITY<br><i>Morgan City</i> |            |                   |
| OTHER MEMBERS OF FAMILY   |                                      |                         |                            |            |                   |
| NAME                      |                                      | RELATIONSHIP            | AGE                        | BIRTHPLACE |                   |
| <i>martha</i>             |                                      | <i>w</i>                | <i>62</i>                  |            |                   |
|                           |                                      |                         |                            |            |                   |
|                           |                                      |                         |                            |            |                   |
|                           |                                      |                         |                            |            |                   |
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FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |            |
|-------------------------|--|----------------|------------|------------|------------|
| R200                    |  | HEAD OF FAMILY |            | LOUISIANA  |            |
| COLOR                   |  | AGE            | BIRTHPLACE |            | E.D. SHEET |
| W                       |  | 38             |            |            | 72 17      |
| COUNTY                  |  |                | CITY       |            |            |
| Lafayette               |  |                |            |            |            |
| OTHER MEMBERS OF FAMILY |  |                |            |            |            |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |            |
| Dorphine                |  | W              | 40         |            |            |
| Joan                    |  | S              | 17         |            |            |
| Tharrie                 |  | S              | 11         |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
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FORM 16-536 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

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|-------------------------|---|----------------|------------|------------|--|
| R200                    |   | HEAD OF FAMILY |            | LOUISIANA  |  |
| COLOR                   | W | AGE            | 55         | BIRTHPLACE |  |
| COUNTY                  |   |                | Vermillion |            |  |
| CITY                    |   |                |            |            |  |
| OTHER MEMBERS OF FAMILY |   |                |            |            |  |
| NAME                    |   | RELATIONSHIP   | AGE        | BIRTHPLACE |  |
| Aginia                  |   | W              | 57         |            |  |
| Cobles                  |   | S              | 25         |            |  |
| Idnare                  |   | S              | 17         |            |  |
| Acaduse                 |   | S              | 12         |            |  |
|                         |   |                |            |            |  |
|                         |   |                |            |            |  |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R 200                   |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| B                       | 19  |                |     | 28         | 2     |
| COUNTY                  |     | CITY           |     |            |       |
| East Feliciana          |     | Shreveport     |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| 1 Pollio                |     | Daughter       | 25  |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
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FORM 16-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
|   |  | LOUISIANA                                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| NAME OF INDIVIDUAL<br><i>Ross</i>   |  | E.D.<br><i>110</i>                         | SHEET<br><i>9</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>W</i>   | AGE<br><i>29</i>                         | BIRTHPLACE                                 |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>Ouachita</i>   | CITY                                     |  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Browder Gordon</i>  |  |  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE            |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE             |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 16-537 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 16105-P61

|   |  |  |  |             |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|--|-------------|------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R200  |  | NAME OF INDIVIDUAL<br>Beach Van            |  | LOUISIANA   |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br>W  | AGE<br>32                                | BIRTHPLACE<br>Miss                         |  | E.D.<br>110 | SHEET<br>1 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY  |  | CITY                                       |  |             |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  | Tangipahoa                                 |  | Baceland    |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  | Henry Will                                 |  |             |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> WORKER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |             |            | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> WORKER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE            |  |             |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE             |  |             |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |  |             |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> WORKER |  |             |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |  |             |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |  |             |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |             |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |  |             |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-627 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |  |                |            |            |            |
|-------------------------|--|----------------|------------|------------|------------|
| R200                    |  | HEAD OF FAMILY |            | LOUISIANA  |            |
| COLOR                   |  | AGE            | BIRTHPLACE |            | E.D. SHEET |
| B                       |  | 40             |            |            | 94 11      |
| COUNTY                  |  |                | CITY       |            |            |
| Iapides                 |  |                |            |            |            |
| OTHER MEMBERS OF FAMILY |  |                |            |            |            |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |            |
| Betsey                  |  | W              | 39         |            |            |
| John                    |  | S              | 14         |            |            |
| Ella                    |  | D              | 12         |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |   |  |  |                    |                    |                                 |                                 |                                  |                                 |   |                                 |                                      |  |                                  |                                      |  |                                   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|---|--|--|--------------------|--------------------|---------------------------------|---------------------------------|----------------------------------|---------------------------------|---|---------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|-----------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R 2nd   |   | NAME OF INDIVIDUAL<br><i>Nicks Vedo</i>  |  | LOUISIANA          |                    |                                 |                                 |                                  |                                 |   |                                 |                                      |  |                                  |                                      |  |                                   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>W</i>   | AGE<br><i>15</i>                          | BIRTHPLACE                               |  | E.O.<br><i>109</i> | SHEET<br><i>16</i> |                                 |                                 |                                  |                                 |   |                                 |                                      |  |                                  |                                      |  |                                   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY  |   | Tangipahoa                               |  | CITY               |                    |                                 |                                 |                                  |                                 |   |                                 |                                      |  |                                  |                                      |  |                                   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Conley Prider</i>   |   |  |  |                    |                    |                                 |                                 |                                  |                                 |   |                                 |                                      |  |                                  |                                      |  |                                   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |   |  |  |                    |                    |                                 |                                 |                                  |                                 |   |                                 |                                      |  |                                  |                                      |  |                                   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> NESTATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input checked="" type="checkbox"/> Niece</td> <td><input type="checkbox"/> NUNNIE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> RIDGEMAN</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |   |  |  |                    |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> NESTATE | <input type="checkbox"/> MOTHER | <input checked="" type="checkbox"/> Niece | <input type="checkbox"/> NUNNIE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> RIDGEMAN | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW           | <input type="checkbox"/> NESTATE         |  |                    |                    |                                 |                                 |                                  |                                 |   |                                 |                                      |  |                                  |                                      |  |                                   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input checked="" type="checkbox"/> Niece | <input type="checkbox"/> NUNNIE          |  |                    |                    |                                 |                                 |                                  |                                 |   |                                 |                                      |  |                                  |                                      |  |                                   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW    | <input type="checkbox"/> PATIENT         |  |                    |                    |                                 |                                 |                                  |                                 |   |                                 |                                      |  |                                  |                                      |  |                                   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW    | <input type="checkbox"/> RIDGEMAN        |  |                    |                    |                                 |                                 |                                  |                                 |   |                                 |                                      |  |                                  |                                      |  |                                   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW       | <input type="checkbox"/> SERVANT         |  |                    |                    |                                 |                                 |                                  |                                 |   |                                 |                                      |  |                                  |                                      |  |                                   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW  | <input type="checkbox"/> OTHER (Specify) |  |                    |                    |                                 |                                 |                                  |                                 |   |                                 |                                      |  |                                  |                                      |  |                                   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW   |  |  |                    |                    |                                 |                                 |                                  |                                 |   |                                 |                                      |  |                                  |                                      |  |                                   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW    |  |  |                    |                    |                                 |                                 |                                  |                                 |   |                                 |                                      |  |                                  |                                      |  |                                   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18100-P01

|                         |  |                |  |                |  |            |  |
|-------------------------|--|----------------|--|----------------|--|------------|--|
| R200                    |  | HEAD OF FAMILY |  | Rocke. Venance |  | LOUISIANA  |  |
| COLOR                   |  | AGE            |  | BIRTHPLACE     |  | E.O. SHEET |  |
| W                       |  | 25             |  |                |  | 2 22       |  |
| COUNTY Acadia           |  |                |  | CITY           |  |            |  |
| OTHER MEMBERS OF FAMILY |  |                |  |                |  |            |  |
| NAME                    |  |                |  | RELATIONSHIP   |  | AGE        |  |
|                         |  |                |  |                |  |            |  |
| Ella                    |  |                |  | W              |  | 19         |  |
| Romain                  |  |                |  | S              |  | 3          |  |
| Arton                   |  |                |  | S              |  | 9/2        |  |
|                         |  |                |  |                |  |            |  |
|                         |  |                |  |                |  |            |  |
|                         |  |                |  |                |  |            |  |
|                         |  |                |  |                |  |            |  |
|                         |  |                |  |                |  |            |  |

FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |  |  |  |       |
|--|--|--|--|--|-------|
| R 200  |  | NAME OF INDIVIDUAL   |  | LOUISIANA  |       |
| COLOR  |  | AGE  |  | E.D.   | SHEET |
| W  |  | 10/12  |  | 41   | 18    |
| BIRTHPLACE   |  |  |  |  |       |
| COUNTY   |  | CITY   |  |  |       |
| ENUMERATED WITH  |  | Lawson, William L  |  |  |       |
| RELATIONSHIP TO ABOVE  |  |  |  |  |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input checked="" type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |       |

FORM 10-437 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18198-P61

|                         |     |                |      |            |       |
|-------------------------|-----|----------------|------|------------|-------|
| R200                    |     | HEAD OF FAMILY |      | LOUISIANA  |       |
| Lick                    |     | Vergel M.      |      | E.D.       | SHEET |
| COLOR                   | AGE | BIRTHPLACE     |      | 63         | 18    |
| W                       | 31  |                |      |            |       |
| COUNTY                  |     |                | CITY |            |       |
| Do Son                  |     |                |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Mattie E.               |     | W              | 35   |            |       |
| Mary V.                 |     | S              | 14   |            |       |
| Fay M.                  |     | D              | 9    |            |       |
| Eric John               |     | S              | 5    |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |

FORM 10-636 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |                  |   |  |  |                    |
|---|------------------|---|--|--|--------------------|
| R200  |                  | NAME OF INDIVIDUAL<br><i>Miss Vezley</i>  |  | LOUISIANA  |                    |
| COLOR<br><i>W</i>   | AGE<br><i>31</i> | BIRTHPLACE  |  | E.D.<br><i>18</i>  | SHEET<br><i>12</i> |
| COUNTY<br><i>Iberia</i>   |                  | CITY<br><i>New Iberia</i>   |  |  |                    |
| ENUMERATED WITH<br><i>Vezley Fredrick</i>   |                  |   |  |  |                    |
| RELATIONSHIP TO ABOVE   |                  |   |  |  |                    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input checked="" type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                    |

FORM 16-437 (4-20-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCIB-DC 1910-P61

|                         |           |                |     |               |    |           |    |
|-------------------------|-----------|----------------|-----|---------------|----|-----------|----|
| P 200                   |           | HEAD OF FAMILY |     | Brose, Victor |    | LOUISIANA |    |
| COLOR                   | B         | AGE            | 57  | BIRTHPLACE    |    | E.O.      | 52 |
| COUNTY                  | Iberville |                |     | CITY          | 11 |           |    |
| OTHER MEMBERS OF FAMILY |           |                |     |               |    |           |    |
| NAME                    |           | RELATIONSHIP   | AGE | BIRTHPLACE    |    |           |    |
| Elizabeth               |           | W              | 49  |               |    |           |    |
| Annamas                 |           | S              | 17  |               |    |           |    |
| Lafayette               |           | S              | 15  |               |    |           |    |
| Edward                  |           | S              | 9   |               |    |           |    |
| Casar                   |           | S              | 7   |               |    |           |    |
| Carinae                 |           | D              | 10  |               |    |           |    |
| Washington, George      |           | SS             | 26  |               |    |           |    |

FORM 10-636 (4-20-81)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |           |
|-------------------------|--|----------------|------------|------------|-----------|
| R201                    |  | HEAD OF FAMILY |            | LOUISIANA  |           |
| COLOR                   |  | AGE            | BIRTHPLACE |            | S.D. SERT |
| W                       |  | 38             |            |            | 133 37    |
| COUNTY                  |  |                | CITY       |            |           |
| Vermillion              |  |                |            |            |           |
| OTHER MEMBERS OF FAMILY |  |                |            |            |           |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |           |
| Celtie                  |  | W              | 29         |            |           |
| Clemas                  |  | D              | 8          |            |           |
| Mammy                   |  | S              | 5          |            |           |
| Joseph                  |  | F              | 60         |            |           |
|                         |  |                |            |            |           |
|                         |  |                |            |            |           |
|                         |  |                |            |            |           |
|                         |  |                |            |            |           |

FORM 16-626 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |     |                |      |            |       |
|-------------------------|-----|----------------|------|------------|-------|
| R200                    |     | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |      | E.D.       | SHEET |
| 13                      | 28  | Rock, Victor   |      | 92         | 10    |
| COUNTY                  |     |                | CITY |            |       |
| Natchitoches            |     |                |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Sora                    |     | 26             | 25   |            |       |
| Amber                   |     | 8              | 9    |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |

FORM 18-436 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |            |                |     |            |       |
|-------------------------|------------|----------------|-----|------------|-------|
| R200                    |            | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE        | BIRTHPLACE     |     | E.O.       | SHEET |
| W                       | 27         | Rice, Victor   |     | 132        | 11    |
| COUNTY                  | Washington |                |     | CITY       |       |
| Bogalusa                |            |                |     |            |       |
| OTHER MEMBERS OF FAMILY |            |                |     |            |       |
| NAME                    |            | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Elizabeth               |            | W              | 23  |            |       |
| Elizabeth               |            | D              | 2   |            |       |
| Thomas                  |            | S              | 1/3 |            |       |
| 2 B D                   |            |                |     |            |       |
| 2 S                     |            |                |     |            |       |
|                         |            |                |     |            |       |
|                         |            |                |     |            |       |

FORM 16-636 (4-26-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                        |              |         |
|-------------------------|------------------------|--------------|---------|
| HEAD OF FAMILY          |                        | LOUISIANA    |         |
| Broa Roy Victoria       |                        | E.O. 4       | Sheet 1 |
| COLOR<br>B              | AGE<br>42              | BIRTHPLACE   |         |
| COUNTY<br>Ascension     | CITY<br>Donaldsonville |              |         |
| OTHER MEMBERS OF FAMILY |                        |              |         |
| NAME                    |                        | RELATIONSHIP | AGE     |
| W.ajah                  |                        | D            | 12      |
| Leurs                   |                        | S            | 14      |
|                         |                        |              |         |
|                         |                        |              |         |
|                         |                        |              |         |
|                         |                        |              |         |
|                         |                        |              |         |
|                         |                        |              |         |

FORM 16-536 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |   |  |  |       |
|--|--|---|--|--|-------|
| R200   |  | NAME OF INDIVIDUAL  |  | LOUISIANA  |       |
| COLOR  |  | AGE   |  | E.O.   | SHEET |
| B  |  | 34  |  | 39   | 19    |
| BIRTHPLACE   |  |   |  |  |       |
| COUNTY   |  | Calcasieu   |  | CITY   |       |
| ENUMERATED WITH  |  | Sankes Paul   |  |  |       |
| RELATIONSHIP TO ABOVE  |  |   |  |  |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br>housekeeper |       |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 15199-P61

|   |          |   |  |  |             |
|---|----------|---|--|--|-------------|
| R202  |          | NAME OF INDIVIDUAL<br>Roscoe, Victoria  |  | LOUISIANA  |             |
| COLOR<br>B  | AGE<br>5 | BIRTHPLACE  |  | ED<br>56   | SHEET<br>10 |
| COUNTY<br>Iberville CITY<br>Plaquemine  |          |   |  |  |             |
| ENUMERATED WITH<br>Jefferson, Louis   |          |   |  |  |             |
| RELATIONSHIP TO ABOVE   |          |   |  |  |             |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input checked="" type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |          | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> ROOMMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |             |

FORM 18-637 (4-26-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |          |  |  |  |       |
|--|----------|--|--|--|-------|
| R200   |          | NAME OF INDIVIDUAL   |  | LOUISIANA  |       |
| COLOR  | AGE      | BIRTHPLACE   |  | E.O.   | SHEET |
| W  | 48       | Rasus Vincencia  |  | 66   | 33    |
| COUNTY   | St. Mary |  |  |  |       |
| REGISTERED WITH  |          |  |  |  |       |
| Lucia Antonio V.   |          |  |  |  |       |
| RELATIONSHIP TO ABOVE  |          |  |  |  |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |          | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input checked="" type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |       |

FORM 16-637 (4-20-61)

1960 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

| HEAD OF FAMILY          |                | LOUISIANA    |       |
|-------------------------|----------------|--------------|-------|
| R200                    | KEISS, Vincent | E.O.         | SHEET |
| COLOR                   | AGE            | BIRTHPLACE   |       |
| W                       | 40             | Italy        |       |
| COUNTY                  | Pointe Coupee  | New Roads    |       |
| OTHER MEMBERS OF FAMILY |                |              |       |
| NAME                    |                | RELATIONSHIP | AGE   |
| Teresa                  |                | W            | 36    |
| Dick                    |                | S            | 6     |
| Jake                    |                | S            | 5     |
| Mary                    |                | D            | 3     |
| Fanny                   |                | D            | 1/2   |
| 1 Bo                    |                |              |       |
|                         |                |              |       |
|                         |                |              |       |

FORM 10-436 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |  |
|-------------------------|-----|----------------|-----|------------|--|
| R200                    |     | HEAD OF FAMILY |     | LOUISIANA  |  |
| Rosa Vincent            |     | E.D.           |     | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |     |            |  |
| 13                      | 49  |                |     |            |  |
| COUNTY                  |     | CITY           |     |            |  |
| Terrebonne              |     |                |     |            |  |
| OTHER MEMBERS OF FAMILY |     |                |     |            |  |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| Lizzie                  |     | W              | 31  |            |  |
| Rosa                    |     | D              | 9   |            |  |
| Strabel                 |     | D              | 8   |            |  |
| Marrett                 |     | D              | 6   |            |  |
| John                    |     | S              | 3   |            |  |
| Mia                     |     | D              | 15  |            |  |

FORM 10-436 (4-20-31)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|   |   |   |           |  |     |
|---|---|---|-----------|--|-----|
| 1200  |   | NAME OF INDIVIDUAL  |           | LOUISIANA  |     |
| COLOR   | B | AGE   | 18        | E.D.   | 121 |
|   |   | BIRTHPLACE  |           | SHEET 5  |     |
| COUNTY  |   |   | CITY      |  |     |
| JONES   |   |   | Newellton |  |     |
| ENUMERATED WITH   |   |   |           |  |     |
| Williams Edward   |   |   |           |  |     |
| RELATIONSHIP TO ABOVE   |   |   |           |  |     |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input checked="" type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |   | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |           | <input type="checkbox"/> WIDOW<br><input type="checkbox"/> WIFE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |     |

FORM 16-527 (4-20-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USC&GS-PC 16156-P61

|  |   |  |  |           |       |
|--|---|--|--|-----------|-------|
| P200                                   |   | NAME OF INDIVIDUAL                       |  | LOUISIANA |       |
| COLOR                                  | AGE                                       | BIRTHPLACE                               |  | E.O.      | SHEET |
| B                                      | 13  | Concordia                                |  | 38        | 7     |
| COUNTY                                 |   | CITY                                     |  |           |       |
| ENUMERATED WITH                        |   |  |  |           |       |
| Kiss Jerry                             |   |  |  |           |       |
| RELATIONSHIP TO ABOVE                  |   |  |  |           |       |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW           | <input type="checkbox"/> INMATE          |  |           |       |
| <input type="checkbox"/> MOTHER        | <input checked="" type="checkbox"/> Niece | <input type="checkbox"/> NURSE           |  |           |       |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW    | <input type="checkbox"/> PATIENT         |  |           |       |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW    | <input type="checkbox"/> ROOMER          |  |           |       |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW       | <input type="checkbox"/> SERVANT         |  |           |       |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW  | <input type="checkbox"/> OTHER (Specify) |  |           |       |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW   |  |  |           |       |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW    |  |  |           |       |

FORM 10-637 (4-22-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R200                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| Plese                   |     | Plese          |     | E.O.       | SHEET |
| COLOR                   | AGE | BIRTHPLACE     |     |            |       |
| 13                      | 25  | L.S.           |     |            |       |
| COUNTY                  |     | CITY           |     |            |       |
| Richmond                |     | Shelby         |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Carrie                  |     | W              | 25  |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
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FORM 18-636 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

P200

|  |   |  |                   |
|--|---|--|-------------------|
| NAME OF INDIVIDUAL<br><i>Russ Violet</i>   |   | LOUISIANA  |                   |
| COLOR<br><i>Wm</i>   | AGE<br><i>48</i>  | R.D.<br><i>54</i>  | SHEET<br><i>7</i> |
| BIRTHPLACE   |   |  |                   |
| COUNTY<br><i>Iberville</i>   | CITY<br><i>Seymourville</i>   |  |                   |
| ENUMERATED WITH<br><i>Jacobus Ephram</i>   |   |  |                   |
| RELATIONSHIP TO ABOVE  |   |  |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> WMAFE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input checked="" type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                   |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 15190-P61

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| 19200                   |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.O.       | SHEET |
| B                       | 22  | Ritz, Virgie   |     | 90         | 120   |
| COUNTY                  |     | St. Helena     |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Lillie                  |     | w              | 19  |            |       |
| Mary Bell               |     | d              | 3/4 |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
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FORM 16-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |           |                |    |              |                |            |    |
|-------------------------|-----------|----------------|----|--------------|----------------|------------|----|
| 17200                   |           | HEAD OF FAMILY |    | Roach Virgil |                | LOUISIANA  |    |
| COLOR                   | B         | AGE            | 45 | BIRTHPLACE   |                | E.D.       | 25 |
| COUNTY                  | Jefferson |                |    | CITY         | Mc Donoghville |            |    |
| OTHER MEMBERS OF FAMILY |           |                |    |              |                |            |    |
| NAME                    |           |                |    | RELATIONSHIP | AGE            | BIRTHPLACE |    |
| Pawls, Lawrence         |           |                |    | N            | 48             |            |    |
|                         |           |                |    |              |                |            |    |
|                         |           |                |    |              |                |            |    |
|                         |           |                |    |              |                |            |    |
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FORM 16-436 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R 200                   |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| B                       | 46  | St. Helena     |     | 88         | 12    |
| COUNTY                  |     | CITY           |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Mattie                  |     | W              | 40  |            |       |
| Clarence                |     | S              | 24  |            |       |
| Leon                    |     | S              | 21  |            |       |
| Thomas                  |     | S              | 19  |            |       |
| Rosa                    |     | D              | 16  |            |       |
| Lillie                  |     | D              | 13  |            |       |
| Jedie                   |     | S              | 11  |            |       |

FORM 10-436 (4-25-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS





|                                |                       |                        |                   |              |
|--------------------------------|-----------------------|------------------------|-------------------|--------------|
| <b>R200</b>                    | <b>HEAD OF FAMILY</b> |                        | <b>LOUISIANA</b>  |              |
| <b>COLOR</b>                   | <b>AGE</b>            | <b>BIRTHPLACE</b>      | <b>R.D.</b>       | <b>SHEET</b> |
| <b>M4</b>                      | <b>27</b>             | <b>Laure, Virginia</b> | <b>103</b>        | <b>20</b>    |
| <b>COUNTY</b>                  |                       | <b>Terrebonne</b>      | <b>CITY</b>       |              |
| <b>OTHER MEMBERS OF FAMILY</b> |                       |                        |                   |              |
| <b>NAME</b>                    | <b>RELATIONSHIP</b>   | <b>AGE</b>             | <b>BIRTHPLACE</b> |              |
| <b>Caroline</b>                | <b>D</b>              | <b>7</b>               |                   |              |
| <b>William</b>                 | <b>S</b>              | <b>4</b>               |                   |              |
|                                |                       |                        |                   |              |
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FORM 10-636 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |           |  |      |   |                |
|--|-----------|--|------|---|----------------|
| R200   |           | NAME OF INDIVIDUAL   |      | LOUISIANA   |                |
| COLOR  | B         | AGE  | 39   | BIRTHPLACE  | Reese Virginia |
| COUNTY   | Concordia |  | CITY | Vadalia   |                |
| ENUMERATED WITH  |           |  |      |   |                |
| Reese Dempsey  |           |  |      |   |                |
| RELATIONSHIP TO ABOVE  |           |  |      |   |                |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |           | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input checked="" type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> WMAVE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                |

FORM 10-637 (4-22-61)

1910 CENSUS INDEX - INDIV

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMB-DC 10100-P61

|  |                  |   |  |   |                   |
|--|------------------|---|--|---|-------------------|
| R 201  |                  | NAME OF INDIVIDUAL<br><i>Rose Virginia</i>  |  | LOUISIANA   |                   |
| COLOR<br><i>B</i>  | AGE<br><i>11</i> | BIRTHPLACE  |  | E.D.<br><i>121</i>  | SHEET<br><i>1</i> |
| COUNTY   |                  | TOWNSHIP<br><i>JOHNS</i>  |  | CITY<br><i>Newellton</i>  |                   |
| ENUMERATED WITH<br><i>Carl Margaret</i>  |                  |   |  |   |                   |
| RELATIONSHIP TO ABOVE  |                  |   |  |   |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>D</i> |                   |

FORM 10-427 (4-22-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |              |                 |               |
|-------------------------|--------------|-----------------|---------------|
| HEAD OF FAMILY          |              | LOUISIANA       |               |
| NAME                    | AGE          | BIRTHPLACE      | E.D. SHEET    |
| <i>Rausch Virginia</i>  | <i>42</i>    | <i>Missouri</i> | <i>101 20</i> |
| COUNTY                  |              | CITY            |               |
| <i>Ouachita</i>         |              | <i>Monroe</i>   |               |
| OTHER MEMBERS OF FAMILY |              |                 |               |
| NAME                    | RELATIONSHIP | AGE             | BIRTHPLACE    |
| <i>1 Augusta</i>        | <i>D</i>     | <i>22</i>       |               |
| <i>4 3 L.</i>           |              |                 |               |
|                         |              |                 |               |
|                         |              |                 |               |
|                         |              |                 |               |
|                         |              |                 |               |
|                         |              |                 |               |
|                         |              |                 |               |

FORM 10-436 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |           |   |      |  |      |
|--|-----------|---|------|--|------|
| R200   |           | NAME OF INDIVIDUAL  |      | LOUISIANA  |      |
| Rice Vivian  |           | E.D.  |      | SHEET  |      |
| COLOR  | B         | AGE   | 1    | BIRTHPLACE   | 66 3 |
| COUNTY   | St. James |   | CITY |  |      |
| ENUMERATED WITH  |           |   |      |  |      |
| Green Henry  |           |   |      |  |      |
| RELATIONSHIP TO ABOVE  |           |   |      |  |      |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |           | <input type="checkbox"/> NEPHER<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br>S D |      |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOW-DC 1910-P61

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| 13200                   |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.O.       | SHEET |
| Mc                      | 28  |                |     | 101        | 12    |
| COUNTY                  |     | CITY           |     |            |       |
| Red River               |     |                |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Florence                |     | W              | 21  |            |       |
| Bennett, L.B.           |     | SS             | 2   |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
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FORM 16-436 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |    |              |            |            |       |
|-------------------------|---|----------------|----|--------------|------------|------------|-------|
| R200                    |   | HEAD OF FAMILY |    | Kuge W       |            | LOUISIANA  |       |
| COLOR                   | W | AGE            | 64 | BIRTHPLACE   | Der German | E.O.       | SHEET |
|                         |   |                |    | 33           | 12         |            |       |
| COUNTY                  |   |                |    | Calcasieu    | CITY       |            |       |
| OTHER MEMBERS OF FAMILY |   |                |    |              |            |            |       |
| NAME                    |   |                |    | RELATIONSHIP | AGE        | BIRTHPLACE |       |
| 1 Louisa Hoff           |   |                |    | W            | 64         | Der German |       |
| Matilda                 |   |                |    | S.L.         | 56         | Der German |       |
|                         |   |                |    |              |            |            |       |
|                         |   |                |    |              |            |            |       |
|                         |   |                |    |              |            |            |       |
|                         |   |                |    |              |            |            |       |
|                         |   |                |    |              |            |            |       |
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FORM 16-436 (4-26-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |            |     |
|-------------------------|---|----------------|-----|------------|-----|
| R-200                   |   | HEAD OF FAMILY |     | LOUISIANA  |     |
| COLOR                   | W | AGE            | 39  | E.D.       | 142 |
|                         |   | BIRTHPLACE     |     | SHEET 23   |     |
| COUNTY                  |   | West Carroll   |     | CITY       |     |
| OTHER MEMBERS OF FAMILY |   |                |     |            |     |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |     |
| Mary                    |   | W              | 34  |            |     |
| William                 |   | S              | 9   |            |     |
| Susanne                 |   | D              | 9   |            |     |
|                         |   |                |     |            |     |
|                         |   |                |     |            |     |
|                         |   |                |     |            |     |
|                         |   |                |     |            |     |
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FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |   |                |    |                |  |            |   |
|-------------------------|---|----------------|----|----------------|--|------------|---|
| C 200                   |   | HEAD OF FAMILY |    | Resse, W. B.   |  | LOUISIANA  |   |
| COLOR                   | W | AGE            | 37 | BIRTHPLACE     |  | E.D.       | 4 |
|                         |   |                |    |                |  | SHEET      | 6 |
| COUNTY                  |   |                |    | Ascension      |  | CITY       |   |
|                         |   |                |    | Donaldsonville |  |            |   |
| OTHER MEMBERS OF FAMILY |   |                |    |                |  |            |   |
| NAME                    |   | RELATIONSHIP   |    | AGE            |  | BIRTHPLACE |   |
| 1 Beattie               |   | W              |    | 29             |  |            |   |
| Mildred                 |   | sister         |    | 3              |  | New York   |   |
|                         |   |                |    |                |  |            |   |
|                         |   |                |    |                |  |            |   |
|                         |   |                |    |                |  |            |   |
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FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R 200                   |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.O.       | SHEET |
| B                       | 16  |                |     | 121        | 8     |
| COUNTY                  |     | CITY           |     |            |       |
| JAN 6 1910              |     |                |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Living alone            |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
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FORM 18-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |      |            |       |
|-------------------------|-----|----------------|------|------------|-------|
| R200                    |     | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |      | E.D.       | SHEET |
| W                       | 43  | Miss           |      | 119        | 22    |
| COUNTY                  |     |                | CITY |            |       |
| Webster                 |     |                |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| M. C.                   |     | W              | 26   | Miss       |       |
| Mary                    |     | D              | 20   | Miss       |       |
| John                    |     | S              | 18   | Miss       |       |
| Lula                    |     | D              | 16   | Miss       |       |
| Mamie                   |     | D              | 13   | Miss       |       |
| L. C.                   |     | S              | 4    |            |       |
| Robert                  |     | D              | 2    |            |       |

FORM 16-536 (4-20-21)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |        |                |     |            |              |
|-------------------------|--------|----------------|-----|------------|--------------|
| R200                    |        | HEAD OF FAMILY |     | LOUISIANA  |              |
| COLOR                   | W      | AGE            | 34  | BIRTHPLACE | Rice W. Jack |
| COUNTY                  |        | Winn           |     | CITY       |              |
| OTHER MEMBERS OF FAMILY |        |                |     |            |              |
|                         | NAME   | RELATIONSHIP   | AGE | BIRTHPLACE |              |
|                         | Mamie  | W              | 25  |            |              |
|                         | Conley | S              | 15  |            |              |
|                         | Ernest | S              | 12  |            |              |
|                         | Myrtle | D              | 2   |            |              |
|                         |        |                |     |            |              |
|                         |        |                |     |            |              |
|                         |        |                |     |            |              |
|                         |        |                |     |            |              |

FORM 18-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |      |            |       |
|-------------------------|-----|----------------|------|------------|-------|
| R-200                   |     | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |      | E.D.       | SHEET |
| W                       | 34  |                |      | 142        | 23    |
| COUNTY                  |     |                | CITY |            |       |
| West Carroll            |     |                |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Mary                    |     | W              | 31   |            |       |
| Lyle                    |     | D              | 10   |            |       |
| H. L. Jr.               |     | S              | 3    |            |       |
| Clyde                   |     | S              | 1    |            |       |
| Alley + C. A.           |     | M              | 54   |            |       |
| + 1 son                 |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                |              |           |            |
|-------------------------|----------------|--------------|-----------|------------|
| R200                    | HEAD OF FAMILY |              | LOUISIANA |            |
| COLOR                   | AGE            | BIRTHPLACE   | E.D.      | SHEET      |
| W                       | 46             | Miss         | 96        | 1          |
| COUNTY                  |                | CITY         |           |            |
| Rapides                 |                | Pine Valley  |           |            |
| OTHER MEMBERS OF FAMILY |                |              |           |            |
| NAME                    |                | RELATIONSHIP | AGE       | BIRTHPLACE |
| 1 Sarah E               |                | W            | 43        | Miss       |
| 1 Benjamin F            |                | S            | 20        |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
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FORM 10-436 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

| HEAD OF FAMILY          |              | LOUISIANA      |            |            |
|-------------------------|--------------|----------------|------------|------------|
| COLOR                   | AGE          | BIRTHPLACE     | E.D.       | SHEET      |
| <i>R200</i>             | <i>W</i>     | <i>27</i>      | <i>La.</i> | <i>148</i> |
| COUNTY                  |              | CITY           |            |            |
| <i>Vernon</i>           |              | <i>Raspain</i> |            |            |
| OTHER MEMBERS OF FAMILY |              |                |            |            |
| NAME                    | RELATIONSHIP | AGE            | BIRTHPLACE |            |
| <i>1 Blanche L</i>      | <i>W</i>     | <i>26</i>      | <i>La.</i> |            |
|                         |              |                |            |            |
|                         |              |                |            |            |
|                         |              |                |            |            |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



| HEAD OF FAMILY          |              | LOUISIANA  |            |       |
|-------------------------|--------------|------------|------------|-------|
| COLOR                   | AGE          | BIRTHPLACE | E.D.       | SHEET |
| W                       | 41           | Miss       | 120        | 10    |
| COUNTY                  |              | CITY       |            |       |
| Tangipahoa              |              | Hammond    |            |       |
| OTHER MEMBERS OF FAMILY |              |            |            |       |
| NAME                    | RELATIONSHIP | AGE        | BIRTHPLACE |       |
| Barbara                 | W            | 40         |            |       |
|                         |              |            |            |       |
|                         |              |            |            |       |
|                         |              |            |            |       |
|                         |              |            |            |       |
|                         |              |            |            |       |
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|                         |              |            |            |       |
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|                         |              |            |            |       |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |  |      |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
|---|--|--|------|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|---|--|--|-------------------------------|---|--|--------------------------------|--|--|
| B200  |  | NAME OF INDIVIDUAL                       |      | LOUISIANA |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| COLOR   | AGE                                      | BIRTHPLACE                               |      | E.D.      | SHEET |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| B   | 3  | Reese Wade                               |      | 111       | 14    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| COUNTY  | St. Landry                               |  | CITY |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| St. Landry  |  | w. Landry                                |      |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |  |      |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |      |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| Pallock Joseph  |  |  |      |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |      |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |      |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |      |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |      |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |      |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |      |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |      |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |      |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |      |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |

FORM 16-627 (4-22-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-OC 15106-P01

|                         |                |              |           |            |
|-------------------------|----------------|--------------|-----------|------------|
| R200                    | HEAD OF FAMILY |              | LOUISIANA |            |
| COLOR                   | AGE            | BIRTHPLACE   | E.D.      | SHEET      |
| W                       | 63             | Ala          | 26        | 8          |
| COUNTY                  |                | CITY         |           |            |
| Bossier                 |                |              |           |            |
| OTHER MEMBERS OF FAMILY |                |              |           |            |
| NAME                    |                | RELATIONSHIP | AGE       | BIRTHPLACE |
| 1 Allie                 |                | W            | 57        |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |

FORM 10-436 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |  |                           |
|--|--|--|---------------------------|
| NAME OF INDIVIDUAL<br><i>Rack</i>  |  | LOUISIANA  |                           |
| COLOR<br><i>B</i>  | AGE<br><i>9</i>  | BIRTHPLACE<br><i>Wallace</i>   | E.O. SHEET<br><i>83 2</i> |
| COUNTY<br><i>Pointe Coupee</i>   |  | CITY   |                           |
| ENUMERATED WITH<br><i>Gabriel Pauline</i>  |  |  |                           |
| RELATIONSHIP TO ABOVE  |  |  |                           |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input checked="" type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                           |

FORM 18-57 (4-28-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18188-P01

|                         |   |                |       |            |            |
|-------------------------|---|----------------|-------|------------|------------|
| R201                    |   | HEAD OF FAMILY |       | LOUISIANA  |            |
| COLOR                   | W | AGE            | 38    | BIRTHPLACE | Wallace L  |
| COUNTY                  |   | Iberia         |       | CITY       | New Iberia |
| OTHER MEMBERS OF FAMILY |   |                |       |            |            |
| NAME                    |   | RELATIONSHIP   | AGE   | BIRTHPLACE |            |
| Edna L                  |   | W              | 25    |            |            |
| Alice                   |   | M              | 1 1/2 |            |            |
| William Lina            |   | Son            | 38    |            |            |
|                         |   |                |       |            |            |
|                         |   |                |       |            |            |
|                         |   |                |       |            |            |
|                         |   |                |       |            |            |
|                         |   |                |       |            |            |
|                         |   |                |       |            |            |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |              |                |            |           |       |
|-------------------------|--------------|----------------|------------|-----------|-------|
| K200                    |              | HEAD OF FAMILY |            | LOUISIANA |       |
| COLOR                   | AGE          | NAME           |            | E.O.      | SHEET |
| B                       | 36           | Rice, Walter.  |            | 119       | 76    |
| COUNTY                  |              | CITY           |            |           |       |
| JONES                   |              |                |            |           |       |
| OTHER MEMBERS OF FAMILY |              |                |            |           |       |
| NAME                    | RELATIONSHIP | AGE            | BIRTHPLACE |           |       |
| Walter                  | H            | 35             |            |           |       |
| Walter                  | S            | 13             |            |           |       |
| Maria                   | D            | 15             |            |           |       |
| Elmer                   | S            | 10             |            |           |       |
| Walter                  | S            | 9              |            |           |       |
| Walter                  | D            | 8              |            |           |       |
| Walter                  | S            | 7              |            |           |       |

FORM 10-636 (4-26-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |   |                |    |              |      |            |       |
|-------------------------|---|----------------|----|--------------|------|------------|-------|
| R200                    |   | HEAD OF FAMILY |    | ROSS Walter  |      | LOUISIANA  |       |
| COLOR                   | B | AGE            | 21 | BIRTHPLACE   | E.D. |            | SHEET |
|                         |   |                |    | 704          |      | 3          |       |
| COUNTY                  |   |                |    | CITY         |      |            |       |
| St. Tammany             |   |                |    | Bridell      |      |            |       |
| OTHER MEMBERS OF FAMILY |   |                |    |              |      |            |       |
| NAME                    |   |                |    | RELATIONSHIP | AGE  | BIRTHPLACE |       |
| ✓ 1 L.                  |   |                |    |              |      |            |       |
|                         |   |                |    |              |      |            |       |
|                         |   |                |    |              |      |            |       |
|                         |   |                |    |              |      |            |       |
|                         |   |                |    |              |      |            |       |
|                         |   |                |    |              |      |            |       |
|                         |   |                |    |              |      |            |       |
|                         |   |                |    |              |      |            |       |
|                         |   |                |    |              |      |            |       |
|                         |   |                |    |              |      |            |       |
|                         |   |                |    |              |      |            |       |

FORM 16-636 (4-30-61)  
1916 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |                |              |           |            |
|-------------------------|----------------|--------------|-----------|------------|
| 8200                    | HEAD OF FAMILY |              | LOUISIANA |            |
| COLOR                   | AGE            | BIRTHPLACE   | E.D.      | SHEET      |
| B                       | 31             | Miss         | 117       | 4          |
| COUNTY                  |                | CITY         |           |            |
| Richland                |                | Monaghan     |           |            |
| OTHER MEMBERS OF FAMILY |                |              |           |            |
| NAME                    |                | RELATIONSHIP | AGE       | BIRTHPLACE |
| 1 Shellie               |                | W            | 29        | Miss       |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |

FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |   |  |           |                    |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|---|--|-----------|--------------------|--------------------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R200  |  | NAME OF INDIVIDUAL<br><i>Rick Walter</i>    |  | LOUISIANA | E.S.<br><i>117</i> | SHEET<br><i>18</i> |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>B</i>   | AGE<br><i>21</i>                         | BIRTHPLACE                                  |  |           |                    |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY  |  | Richland                                    |  | CITY      |                    |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Brandon, Willie</i>   |  |   |  |           |                    |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |  |           |                    |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> UNCLE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> HUSBAND</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |           |                    |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> UNCLE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> HUSBAND | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> UNCLE              |  |           |                    |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE              |  |           |                    |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT            |  |           |                    |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> HUSBAND |  |           |                    |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT            |  |           |                    |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)    |  |           |                    |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |           |                    |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |  |           |                    |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-637 (4-20-67)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 10100-P01

|  |  |  |  |  |   |
|--|--|--|--|--|---|
| R200                                     |  | NAME OF INDIVIDUAL<br><i>Russ Walter</i> |  | LOUISIANA                                |   |
| COLOR<br><i>B</i>                        | AGE<br><i>24</i>                         | BIRTHPLACE                               |  | E.D.<br><i>52</i>                        | SHEET<br><i>24</i>                          |
| COUNTY<br><i>St. John the Baptist</i>    |  |  | CITY                                   |  |   |
| ENUMERATED WITH<br><i>Crawford Jones</i> |  |  |  |  |   |
| RELATIONSHIP TO ABOVE                    |  |  |  |  |   |
| <input type="checkbox"/> FATHER          | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDOW           | <input type="checkbox"/> MRS           | <input type="checkbox"/> MURDER          | <input type="checkbox"/> PHILANTH           |
| <input type="checkbox"/> MOTHER          | <input type="checkbox"/> Niece           | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> SON-IN-LAW      | <input checked="" type="checkbox"/> WIDOWER |
| <input type="checkbox"/> GRANDFATHER     | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> BROTHER-IN-LAW  | <input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |   |
| <input type="checkbox"/> GRANDMOTHER     |  |  |  |  |   |
| <input type="checkbox"/> GRANDSON        |  |  |  |  |   |
| <input type="checkbox"/> GRANDDAUGHTER   |  |  |  |  |   |
| <input type="checkbox"/> AUNT            |  |  |  |  |   |
| <input type="checkbox"/> UNCLE           |  |  |  |  |   |

FORM 10-437 (4-20-41)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R200                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| B                       | 41  |                |     | 35         | 24    |
| COUNTY                  |     | Concordia      |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| 1 Corralina             |     | S              | 16  |            |       |
| and 1 Edgar             |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 18-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                  |     |            |  |
|-------------------------|---|------------------|-----|------------|--|
| R200                    |   | HEAD OF FAMILY   |     | LOUISIANA  |  |
| COLOR                   | B | AGE              | 35  | BIRTHPLACE |  |
| COUNTY                  |   | East Baton Rouge |     | CITY       |  |
| OTHER MEMBERS OF FAMILY |   |                  |     |            |  |
| NAME                    |   | RELATIONSHIP     | AGE | BIRTHPLACE |  |
| Mullis                  |   | W                | 33  |            |  |
| Washington              |   | S                | 7   |            |  |
| Albert                  |   | S                | 5   |            |  |
| Allen                   |   | S                | 3   |            |  |
|                         |   |                  |     |            |  |
|                         |   |                  |     |            |  |
|                         |   |                  |     |            |  |
|                         |   |                  |     |            |  |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |   |  |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |                 |                                |  |  |
|--|--|---|--|------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|-----------------|--------------------------------|--|--|
| R200   |  | NAME OF INDIVIDUAL<br><i>Ray Walter</i>             |  | LOUISIANA        |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |                 |                                |  |  |
| COLOR<br><i>B</i>  | AGE<br><i>11</i>                         | BIRTHPLACE  |  | E.D.<br><i>6</i> | SHEET<br><i>6</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |                 |                                |  |  |
| COUNTY<br><i>Assumption</i>  |  | CITY  |  |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |                 |                                |  |  |
| ENUMERATED WITH<br><i>Lawson, Mitchell</i>   |  |   |  |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |                 |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   |  |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |                 |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>Step-son</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |                  |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>Step-son</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |  |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |                 |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |  |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |                 |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |                 |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |                 |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |                 |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |                 |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  | <i>Step-son</i>                                     |  |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |                 |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |   |  |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |                 |                                |  |  |

FORM 16-537 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18100-P61

|   |  |  |      |                  |                   |                                 |                                 |                                   |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|------|------------------|-------------------|---------------------------------|---------------------------------|-----------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|--|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R200  |  | NAME OF INDIVIDUAL<br><i>Ria, Walter</i> |      | LOUISIANA        |                   |                                 |                                 |                                   |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>B</i>   | AGE<br><i>14</i>                         | BIRTHPLACE                               |      | E.D.<br><i>6</i> | SHEET<br><i>9</i> |                                 |                                 |                                   |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>D</i>  | <i>Assumption</i>                        |  | CITY |                  |                   |                                 |                                 |                                   |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Randorf, Mary</i>   |  |  |      |                  |                   |                                 |                                 |                                   |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |      |                  |                   |                                 |                                 |                                   |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> ROOMMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |      |                  |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> ROOMMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> ROOMMATE        |      |                  |                   |                                 |                                 |                                   |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |      |                  |                   |                                 |                                 |                                   |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |      |                  |                   |                                 |                                 |                                   |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |      |                  |                   |                                 |                                 |                                   |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |      |                  |                   |                                 |                                 |                                   |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |      |                  |                   |                                 |                                 |                                   |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |      |                  |                   |                                 |                                 |                                   |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |      |                  |                   |                                 |                                 |                                   |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|---|--|---|--|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| R-200   |  | NAME OF INDIVIDUAL<br><i>Ross, Walter</i>           |  | LOUISIANA         |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLORED<br><i>B</i>   | AGE<br><i>12</i>                         | BIRTHPLACE  |  | R.D.<br><i>40</i> | SHEET<br><i>19</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY<br><i>East Feliciana</i>   |  | CITY  |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Walter, George</i>  |  |   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
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| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> IMMATE                     |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

*S-5*

FORM 18-437 (4-20-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|   |  |  |             |           |                            |                                 |                                 |                                |                                 |                                |                               |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|-------------|-----------|----------------------------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------|-------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| P 200   |  | NAME OF INDIVIDUAL<br><i>Reese Walter</i>  |             | LOUISIANA |                            |                                 |                                 |                                |                                 |                                |                               |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>B</i>   |  | AGE<br><i>27</i>                           | BIRTH-PLACE |           | E.O. SHEET<br><i>39 10</i> |                                 |                                 |                                |                                 |                                |                               |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>East Carroll</i>   |  |  | CITY        |           |                            |                                 |                                 |                                |                                 |                                |                               |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Bradley, Dennis</i>   |  |  |             |           |                            |                                 |                                 |                                |                                 |                                |                               |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |             |           |                            |                                 |                                 |                                |                                 |                                |                               |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDOW</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> Niece</td> <td><input type="checkbox"/> WIFE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> SPOUSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |             |           |                            | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | <input type="checkbox"/> MOTHER | <input type="checkbox"/> Niece | <input type="checkbox"/> WIFE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> SPOUSE | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDOW             |             |           |                            |                                 |                                 |                                |                                 |                                |                               |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> Niece           | <input type="checkbox"/> WIFE              |             |           |                            |                                 |                                 |                                |                                 |                                |                               |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |             |           |                            |                                 |                                 |                                |                                 |                                |                               |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> SPOUSE |             |           |                            |                                 |                                 |                                |                                 |                                |                               |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |             |           |                            |                                 |                                 |                                |                                 |                                |                               |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |             |           |                            |                                 |                                 |                                |                                 |                                |                               |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |             |           |                            |                                 |                                 |                                |                                 |                                |                               |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |             |           |                            |                                 |                                 |                                |                                 |                                |                               |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-437 (0-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |      |            |  |
|-------------------------|---|----------------|------|------------|--|
| R-200                   |   | HEAD OF FAMILY |      | LOUISIANA  |  |
| Roach, Walter M         |   | E.D.           |      | 1289       |  |
| COLOR                   | W | AGE            | 31   | BIRTHPLACE |  |
| U. Va.                  |   |                |      |            |  |
| COUNTY                  |   |                | CITY |            |  |
| Washington              |   |                |      |            |  |
| OTHER MEMBERS OF FAMILY |   |                |      |            |  |
| NAME                    |   | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| Lucy                    |   | W              | 32   |            |  |
| Lula May                |   | D              | 2    |            |  |
|                         |   |                |      |            |  |
|                         |   |                |      |            |  |
|                         |   |                |      |            |  |
|                         |   |                |      |            |  |
|                         |   |                |      |            |  |
|                         |   |                |      |            |  |

FORM 16-436 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |      |            |       |
|-------------------------|---|----------------|------|------------|-------|
| R200                    |   | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR                   | h | NAME           | Age  | ED         | SHEET |
|                         |   | 32             | 32   | 99         | 13    |
| COUNTY                  |   |                | CITY |            |       |
| Ouachita                |   |                |      |            |       |
| OTHER MEMBERS OF FAMILY |   |                |      |            |       |
| NAME                    |   | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Dymin                   |   | V              | 34   | Ark        |       |
| Lain                    |   | S              | 10   |            |       |
| Alvie                   |   | S              | 5    |            |       |
|                         |   |                |      |            |       |
|                         |   |                |      |            |       |
|                         |   |                |      |            |       |
|                         |   |                |      |            |       |
|                         |   |                |      |            |       |

FORM 10-536 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |         |                |     |            |       |
|-------------------------|---------|----------------|-----|------------|-------|
| R200                    |         | HEAD OF FAMILY |     | LOUISIANA  |       |
| Rush                    |         | Walter W.      |     | E.D.       | SHEET |
| COLOR                   | W       | AGE            | 24  | BIRTHPLACE |       |
| COUNTY                  | Rapides |                |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |         |                |     |            |       |
| NAME                    |         | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Allena                  |         | W              | 23  |            |       |
| Frank                   |         | S              | 5   |            |       |
| Florence                |         | D              | 9   |            |       |
|                         |         |                |     |            |       |
|                         |         |                |     |            |       |
|                         |         |                |     |            |       |
|                         |         |                |     |            |       |
|                         |         |                |     |            |       |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |  |            |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|------------|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|-------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R-200  |  | NAME OF INDIVIDUAL                         |            | LOUISIANA |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR  |  | AGE  | BIRTHPLACE | E.D.      | SHEET |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| W  |  | 17   | Texas      | 129       | 4     |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY   |  |  | CITY       |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Washington   |  |  |            |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH  |  |  |            |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Barona Felix   |  |  |            |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |            |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NICE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |            |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NICE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE            |            |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NICE            | <input type="checkbox"/> NURSE             |            |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |            |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER |            |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |            |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |            |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |            |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |            |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

Form 16-437 (4-20-31)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 16106-P01

|                         |   |                |        |            |    |
|-------------------------|---|----------------|--------|------------|----|
| 200                     |   | HEAD OF FAMILY |        | LOUISIANA  |    |
| Ruey Warriss            |   | E.O.           |        | 3          |    |
| COLOR                   | W | AGE            | 29     | BIRTHPLACE | 18 |
| COUNTY                  |   |                | Ascent |            |    |
| CITY                    |   |                |        |            |    |
| OTHER MEMBERS OF FAMILY |   |                |        |            |    |
| NAME                    |   | RELATIONSHIP   | AGE    | BIRTHPLACE |    |
| = Olivia                |   | w              | 29     |            |    |
| = Hilda                 |   | d              | 5      |            |    |
|                         |   |                |        |            |    |
|                         |   |                |        |            |    |
|                         |   |                |        |            |    |
|                         |   |                |        |            |    |
|                         |   |                |        |            |    |
|                         |   |                |        |            |    |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

 U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |  |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|--|--------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 1200  |  | NAME OF INDIVIDUAL<br><i>Russ Karann</i>   |  | LOUISIANA          |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>B</i>   | AGE<br><i>13</i>                         | BIRTHPLACE                                 |  | E.D.<br><i>107</i> | SHEET<br><i>1</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>Ouachita</i>   |  | CITY<br><i>Monroe</i>                      |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Barney Mary</i>   |  |  |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> IMMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> PROWEN</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |                    |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> IMMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> PROWEN | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> IMMATE            |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE             |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> PROWEN |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-637 (4-30-61)

1910 CENSUS INDEX - INDIVIDUAL

U. S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 1910-P61

|                         |         |                |     |            |       |
|-------------------------|---------|----------------|-----|------------|-------|
| 1300                    |         | HEAD OF FAMILY |     | LOUISIANA  |       |
| ROACHE                  |         | WARD V.        |     | E.O.       | SHEET |
| COLOR                   | AGE     | BIRTHPLACE     |     | 69         | 2     |
| W                       | 50      | Ala            |     |            |       |
| COUNTY                  | DE SOTO | CITY           |     | Memphis    |       |
| OTHER MEMBERS OF FAMILY |         |                |     |            |       |
| NAME                    |         | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Ruby                    |         | D              | 34  |            |       |
| John E                  |         | S              | 31  |            |       |
| Robert M                |         | D              | 23  |            |       |
| Lucy S                  |         | Si             | 60  | Ala        |       |
| 26                      |         |                |     |            |       |
|                         |         |                |     |            |       |
|                         |         |                |     |            |       |

FORM 18-436 (2-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|  |  |  |  |           |            |             |
|--|--|--|--|-----------|------------|-------------|
| R200                                   |  | NAME OF INDIVIDUAL<br>Rush Warren          |  | LOUISIANA | E.O.<br>25 | SHEET<br>13 |
| COLOR<br>W                             | AGE<br>23                                | BIRTHPLACE                                 |  |           |            |             |
| COUNTY<br>Jefferson                    |  | CITY<br>The Bonogville                     |  |           |            |             |
| ENUMERATED WITH<br>Engler, Urseler     |  |  |  |           |            |             |
| RELATIONSHIP TO ABOVE                  |  |  |  |           |            |             |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE            |  |           |            |             |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE             |  |           |            |             |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |  |           |            |             |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER |  |           |            |             |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |  |           |            |             |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |  |           |            |             |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |           |            |             |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW   |  |  |           |            |             |

FORM 10-437 (4-20-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 16109-P61

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R200                    |  | HEAD OF FAMILY |            | Louisiana  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| B                       |  | 47             | Miss       | 43         | 4     |
| COUNTY                  |  |                | CITY       |            |       |
| East Carroll            |  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Betty                   |  | W              | 47         | Tex        |       |
| Addie                   |  | D              | 20         |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 16-436 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |      |            |  |
|-------------------------|-----|----------------|------|------------|--|
| R200                    |     | HEAD OF FAMILY |      | LOUISIANA  |  |
| Rose Washington         |     | E.O.           |      | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |      |            |  |
| B                       | 53  | Miss           |      |            |  |
| COUNTY                  |     |                | CITY |            |  |
| Orinto County           |     |                |      |            |  |
| OTHER MEMBERS OF FAMILY |     |                |      |            |  |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| Pauline                 |     | W              | 45   |            |  |
| Ida                     |     | D              | 20   |            |  |
| Sophie                  |     | D              | 16   |            |  |
| Julia                   |     | D              | 14   |            |  |
| Annette                 |     | D              | 11   |            |  |
| Opelia                  |     | D              | 9    |            |  |
| Joseph                  |     | S              | 8    |            |  |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

180

|   |   |  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
|---|---|--|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|---|--|--|-------------------------------|---|--|--------------------------------|--|--|
|   |   | LOUISIANA                                |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| 8200  | NAME OF INDIVIDUAL<br><i>Reese, Wally</i> |  | E.D.<br><i>11</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>B</i>   | AGE<br><i>3</i>                           | BIRTHPLACE<br><i>14</i>                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>St. Landry</i>   |   | CITY                                     |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Pollock, Joseph</i>   |   |  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |   |  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> IMMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NEECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |   |  |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> IMMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NEECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW           | <input type="checkbox"/> IMMATE          |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NEECE            | <input type="checkbox"/> NURSE           |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW    | <input type="checkbox"/> PATIENT         |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW    | <input type="checkbox"/> ROOMER          |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW       | <input type="checkbox"/> SERVANT         |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW  | <input type="checkbox"/> OTHER (Specify) |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW   |  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW    |  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-OC 10100-P61

|  |  |   |  |            |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|--|--|---|--|------------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|-------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| R200   |  | NAME OF INDIVIDUAL<br>Rouse Webb                    |  | LOUISIANA  |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR<br>W   |  | AGE<br>1 1/2  |  | BIRTHPLACE |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY   |  | Lafourche   |  | CITY       |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH<br>Rouse Joseph  |  |   |  |            |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   |  |            |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> WIFE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |            |  | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> WIFE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |  |            |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> WIFE            | <input type="checkbox"/> NURSE                      |  |            |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |            |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |            |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |            |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |            |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |            |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |   |  |            |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 19-637 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-OC 1919-P-61

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R200                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| W                       |  | 35             | Miss       | 109        | 18    |
| COUNTY                  |  |                | CITY       |            |       |
| Sabino                  |  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Laura                   |  | W              | 31         |            |       |
| Andy                    |  | S              | 13         |            |       |
| Odie                    |  | D              | 10         |            |       |
| Lillian                 |  | D              | 6          |            |       |
| Mabel                   |  |                | 3          |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |        |                |     |            |               |
|-------------------------|--------|----------------|-----|------------|---------------|
| R200                    |        | HEAD OF FAMILY |     | LOUISIANA  |               |
| COLOR                   | W      | AGE            | 26  | BIRTHPLACE | Richie Wesley |
| COUNTY                  |        | Calcasieu      |     | CITY       |               |
| OTHER MEMBERS OF FAMILY |        |                |     |            |               |
| NAME                    |        | RELATIONSHIP   | AGE | BIRTHPLACE |               |
| 1                       | Dessie | W              | 19  |            |               |
|                         |        |                |     |            |               |
|                         |        |                |     |            |               |
|                         |        |                |     |            |               |
|                         |        |                |     |            |               |
|                         |        |                |     |            |               |
|                         |        |                |     |            |               |
|                         |        |                |     |            |               |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |            |
|-------------------------|--|----------------|------------|------------|------------|
| R200                    |  | HEAD OF FAMILY |            | LOUISIANA  |            |
| COLOR                   |  | AGE            | BIRTHPLACE |            | E.D. SHEET |
| B                       |  | 20             |            |            | 12 18      |
| COUNTY                  |  |                | CITY       |            |            |
| Boisier                 |  |                |            |            |            |
| OTHER MEMBERS OF FAMILY |  |                |            |            |            |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |            |
| 1 Charity               |  | 12             | 15         |            |            |
| 2 1 Lo                  |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|   |        |   |   |  |  |           |          |
|---|--------|---|---|--|--|-----------|----------|
| P202  |        | NAME OF INDIVIDUAL  |   | ROSS Wesley  |  | LOUISIANA |          |
| COLOR   | Yhu    | AGE   | 6 | BIRTHPLACE   |  | P. 16     | SHEET 10 |
| COUNTY  | Iberia |   |   | CITY   |  |           |          |
| ENUMERATED WITH   |        |   |   |  |  |           |          |
| Caster, Theodore  |        |   |   |  |  |           |          |
| RELATIONSHIP TO ABOVE   |        |   |   |  |  |           |          |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input checked="" type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |        | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |   | <input type="checkbox"/> IMMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |  |           |          |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 18100-P61

|                         |           |                |          |            |       |
|-------------------------|-----------|----------------|----------|------------|-------|
| <i>Rose</i>             |           | HEAD OF FAMILY |          | LOUISIANA  |       |
| <i>Rose, Wmly</i>       |           |                |          | E.D.       | SHEET |
| COLOR                   | AGE       | BIRTHPLACE     |          |            |       |
| <i>B</i>                | <i>26</i> |                |          |            |       |
| COUNTY                  |           |                | CITY     |            |       |
| <i>Madison</i>          |           |                |          |            |       |
| OTHER MEMBERS OF FAMILY |           |                |          |            |       |
| NAME                    |           | RELATIONSHIP   | AGE      | BIRTHPLACE |       |
| <i>Glass, Isiah</i>     |           | <i>S</i>       | <i>8</i> |            |       |
| <i>2 B's</i>            |           |                |          |            |       |
|                         |           |                |          |            |       |
|                         |           |                |          |            |       |
|                         |           |                |          |            |       |
|                         |           |                |          |            |       |
|                         |           |                |          |            |       |
|                         |           |                |          |            |       |
|                         |           |                |          |            |       |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |      |
|-------------------------|--|----------------|------------|------------|------|
| R200                    |  | HEAD OF FAMILY |            | LOUISIANA  |      |
| COLOR                   |  | AGE            | BIRTHPLACE |            | E.D. |
| 13                      |  | 48             |            |            | 29   |
| COUNTY                  |  |                | CITY       |            |      |
| Clai borne              |  |                |            |            |      |
| OTHER MEMBERS OF FAMILY |  |                |            |            |      |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |      |
| Mollie                  |  | W              | 43         |            |      |
| David                   |  | S              | 24         |            |      |
| Carly                   |  | S              | 18         |            |      |
| Leahy                   |  | D              | 16         |            |      |
| Ada                     |  | D              | 12         |            |      |
| Jewel                   |  | D              | 10         |            |      |
| Alice                   |  | D              | 8          |            |      |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME           | RELATIONSHIP | AGE          | BIRTHPLACE |
|----------------|--------------|--------------|------------|
| 1 <i>Sally</i> | <i>D</i>     | <i>5</i>     |            |
| <i>Arne</i>    | <i>S</i>     | <i>3 1/2</i> |            |
|                |              |              |            |
|                |              |              |            |
|                |              |              |            |
|                |              |              |            |
|                |              |              |            |
|                |              |              |            |
|                |              |              |            |
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|                |              |              |            |

FORM 10-436a (4-30-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 15168-P61

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R202                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| Riggs                   |     | Whit           |     | E.D.       | SHEET |
| COLOR                   | AGE | BIRTHPLACE     |     |            |       |
| w                       | 38  |                |     |            |       |
| COUNTY                  |     | CITY           |     |            |       |
| St. Tammany             |     | Covington      |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Hattie                  |     | w              | 28  |            |       |
| W. H. Baker, Jr.        |     | S              | 12  |            |       |
| Prince                  |     | D              | 10  |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 10-436 (4-30-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                           |     |                |     |            |       |
|---------------------------|-----|----------------|-----|------------|-------|
| R200                      |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                     | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| B                         | 48  | Ark            |     | 34         | 17    |
| COUNTY                    |     | Concordia      |     | CITY       |       |
| 3 OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                      |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| 1 Mahalia                 |     | W              | 65  |            |       |
| Julia                     |     | D              | 26  |            |       |
| Stewart, Rosa             |     | B-D            | 6   |            |       |
|                           |     |                |     |            |       |
|                           |     |                |     |            |       |
|                           |     |                |     |            |       |
|                           |     |                |     |            |       |
|                           |     |                |     |            |       |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |        |            |  |
|-------------------------|-----|----------------|--------|------------|--|
| B200                    |     | HEAD OF FAMILY |        | LOUISIANA  |  |
| ROBERTSON, Wilsey       |     | E.O.           |        | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |        |            |  |
| W                       | 33  |                |        |            |  |
| COUNTY                  |     | CITY           |        |            |  |
| Assumption              |     |                |        |            |  |
| OTHER MEMBERS OF FAMILY |     |                |        |            |  |
| NAME                    |     | RELATIONSHIP   | AGE    | BIRTHPLACE |  |
| Cosine                  |     | W              | 26     |            |  |
| Herbert                 |     | S              | 10     |            |  |
| Cupid                   |     | D              | 9      |            |  |
| Sullivan                |     | D              | 7      |            |  |
| Roland                  |     | S              | 15 1/2 |            |  |
|                         |     |                |        |            |  |
|                         |     |                |        |            |  |

FORM 16-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

| LOUISIANA   |   |  |
|---|---|--|
| R207  | NAME OF INDIVIDUAL<br><i>Paul Hilford</i>   |  |
| COLOR<br><i>W</i>   | AGE<br><i>11</i>  | E.D. SHEET<br><i>63 2</i>  |
| BIRTHPLACE  |   |  |
| COUNTY<br><i>St. Charles</i>  |   |  |
| CITY  |   |  |
| ENUMERATED WITH<br><i>Zeller Joseph</i>   |   |  |
| RELATIONSHIP TO ABOVE   |   |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input checked="" type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> WIDOW<br><input type="checkbox"/> WIFE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |

FORM 10-537 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 16100-P01



[illegible]

FORM 10-636 (4-20-91)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |  |              |     |            |  |
|-------------------------|--|----------------|--|--------------|-----|------------|--|
| R200                    |  | HEAD OF FAMILY |  | Koss, Will   |     | LOUISIANA  |  |
| COLOR                   |  | AGE            |  | BIRTHPLACE   |     | S.D. SHEET |  |
| B                       |  | 32             |  |              |     | 5074       |  |
| COUNTY                  |  |                |  | CITY         |     |            |  |
| Franklin                |  |                |  |              |     |            |  |
| OTHER MEMBERS OF FAMILY |  |                |  |              |     |            |  |
| NAME                    |  |                |  | RELATIONSHIP | AGE | BIRTHPLACE |  |
| Annie                   |  |                |  | D            | 30  |            |  |
| Lizzie                  |  |                |  | D            | 10  |            |  |
| Emma                    |  |                |  | D            | 8   |            |  |
| Arthur                  |  |                |  | D            | 6   |            |  |
| Marga                   |  |                |  | D            | 1   |            |  |
|                         |  |                |  |              |     |            |  |
|                         |  |                |  |              |     |            |  |

Form 16-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |       |                  |  |
|-------------------------|--|----------------|-------|------------------|--|
| R22                     |  | HEAD OF FAMILY |       | LOUISIANA        |  |
| W                       |  | 30             |       | BIRTHPLACE       |  |
| Caddo                   |  | CITY           |       | E.D. 28 SHEET 18 |  |
| OTHER MEMBERS OF FAMILY |  |                |       |                  |  |
| NAME                    |  | RELATIONSHIP   | AGE   | BIRTHPLACE       |  |
| Annie                   |  | W              | 20    | Tex              |  |
| Arthur                  |  | S              | 4     | Tex              |  |
| Pearl                   |  | D              | 3     | Tex              |  |
| Maurice                 |  | S              | 7 1/2 | Okla             |  |
|                         |  |                |       |                  |  |
|                         |  |                |       |                  |  |
|                         |  |                |       |                  |  |

FORM 19-636 (4-20-07)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |         |                |    |              |     |            |     |
|-------------------------|---------|----------------|----|--------------|-----|------------|-----|
| R200                    |         | HEAD OF FAMILY |    | Pass. Well   |     | LOUISIANA  |     |
| COLOR                   | W       | AGE            | 45 | BIRTHPLACE   | Ky. | E.D.       | 119 |
| COUNTY                  | Webster |                |    | CITY         | 7   |            |     |
| OTHER MEMBERS OF FAMILY |         |                |    |              |     |            |     |
| NAME                    |         |                |    | RELATIONSHIP | AGE | BIRTHPLACE |     |
| Living Alone            |         |                |    |              |     |            |     |
|                         |         |                |    |              |     |            |     |
|                         |         |                |    |              |     |            |     |
|                         |         |                |    |              |     |            |     |
|                         |         |                |    |              |     |            |     |
|                         |         |                |    |              |     |            |     |
|                         |         |                |    |              |     |            |     |
|                         |         |                |    |              |     |            |     |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |      |            |  |
|-------------------------|-----|----------------|------|------------|--|
| R200                    |     | HEAD OF FAMILY |      | LOUISIANA  |  |
| Kesse Will              |     | E.O.           |      | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |      |            |  |
| B                       | 26  |                |      |            |  |
| COUNTY                  |     |                | CITY |            |  |
| OTHER MEMBERS OF FAMILY |     |                |      |            |  |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| Carry                   |     | W              | 23   |            |  |
| Della                   |     | D              | 4    |            |  |
| Lulla                   |     | D              | 2    |            |  |
| Rose                    |     | D              | 7/12 |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |   |  |  |             |
|---|--|---|--|--|-------------|
| R200<br>SEX <b>M</b>  |  | NAME OF INDIVIDUAL<br><i>Ross Hill</i>  |  | E.O.<br>102  | SHEET<br>17 |
| AGE<br>3  |  | BIRTHPLACE  |  |  |             |
| COUNTY<br><i>Orachita</i>   |  | CITY<br><i>Monroe</i>   |  |  |             |
| REGISTERED WITH<br><i>Nelson Oscar</i>  |  |   |  |  |             |
| RELATIONSHIP TO ABOVE   |  |   |  |  |             |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input checked="" type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> WIFE<br><input type="checkbox"/> HUSBAND<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |             |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 1810-P-61

|                         |   |                |    |                      |     |            |    |
|-------------------------|---|----------------|----|----------------------|-----|------------|----|
| R 200                   |   | HEAD OF FAMILY |    | Reese, Will          |     | LOUISIANA  |    |
| COLOR                   | B | AGE            | 36 | BIRTHPLACE           |     | E.O.       | 17 |
|                         |   |                |    |                      |     | SHEET 2    |    |
| COUNTY                  |   |                |    | Bossier              |     | CITY       |    |
|                         |   |                |    | Bossier City Village |     |            |    |
| OTHER MEMBERS OF FAMILY |   |                |    |                      |     |            |    |
| NAME                    |   |                |    | RELATIONSHIP         | AGE | BIRTHPLACE |    |
| / Louise                |   |                |    | w                    | 39  |            |    |
| Albert                  |   |                |    | 5                    | 10  |            |    |
| Sutton, Loula           |   |                |    | BD                   | 7   |            |    |
|                         |   |                |    |                      |     |            |    |
|                         |   |                |    |                      |     |            |    |
|                         |   |                |    |                      |     |            |    |
|                         |   |                |    |                      |     |            |    |
|                         |   |                |    |                      |     |            |    |

FORM 10-636 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |          |                |           |                   |               |              |            |
|-------------------------|----------|----------------|-----------|-------------------|---------------|--------------|------------|
| <i>R. 200</i>           |          | HEAD OF FAMILY |           | <i>Rise, Wall</i> |               | LOUISIANA    |            |
| COLOR                   | <i>B</i> | AGE            | <i>33</i> | BIRTHPLACE        | <i>N. Car</i> |              | E.D. SHEET |
|                         |          |                |           |                   |               | <i>115-9</i> |            |
| COUNTY                  |          |                |           | CITY              |               |              |            |
| <i>Richland</i>         |          |                |           |                   |               |              |            |
| OTHER MEMBERS OF FAMILY |          |                |           |                   |               |              |            |
| NAME                    |          |                |           | RELATIONSHIP      | AGE           | BIRTHPLACE   |            |
| <i>Lula</i>             |          |                |           | <i>W</i>          | <i>26</i>     |              |            |
| <i>Jim</i>              |          |                |           | <i>S</i>          | <i>4</i>      |              |            |
| <i>Polly</i>            |          |                |           | <i>D</i>          | <i>3</i>      |              |            |
|                         |          |                |           |                   |               |              |            |
|                         |          |                |           |                   |               |              |            |
|                         |          |                |           |                   |               |              |            |
|                         |          |                |           |                   |               |              |            |
|                         |          |                |           |                   |               |              |            |

FORM 18-636 (4-26-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|  |  |  |                           |                   |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|---------------------------|-------------------|-------------------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R 20   |  | NAME OF INDIVIDUAL<br><i>Reese, Will</i>   |                           | LOUISIANA         |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>B</i>  |  | AGE<br><i>43</i>                           | BIRTHPLACE<br><i>Miss</i> | E.O.<br><i>83</i> | SHEET<br><i>8</i> |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY   |  |  | CITY                      |                   |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|  |  |  | <i>Madison</i>            | <i>Jackson</i>    |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Farmer, Liza</i>   |  |  |                           |                   |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |                           |                   |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDOW</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> Niece</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |                           |                   |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | <input type="checkbox"/> MOTHER | <input type="checkbox"/> Niece | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDOW             |                           |                   |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> Niece           | <input type="checkbox"/> NURSE             |                           |                   |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |                           |                   |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER |                           |                   |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |                           |                   |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |                           |                   |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |                           |                   |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |                           |                   |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-437 (4-20-31)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC (5150-P6)

|   |  |   |  |             |            |                                 |                                 |                                 |                                 |                                |                               |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|---|--|-------------|------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|-------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R200  |  | NAME OF INDIVIDUAL<br><i>Lucas, Will</i>              |  | E.D.<br>146 | SHEET<br>8 |                                 |                                 |                                 |                                 |                                |                               |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>B</i>   | AGE<br>30                                | BIRTHPLACE  |  |             |            |                                 |                                 |                                 |                                 |                                |                               |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY  |  | Vernon  |  | CITY        |            |                                 |                                 |                                 |                                 |                                |                               |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Muldrow, Hardie H</i>   |  |   |  |             |            |                                 |                                 |                                 |                                 |                                |                               |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |  |             |            |                                 |                                 |                                 |                                 |                                |                               |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> WIFE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> <del>ROOMER</del></td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |             |            | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> WIFE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> <del>ROOMER</del> | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                       |  |             |            |                                 |                                 |                                 |                                 |                                |                               |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> WIFE                         |  |             |            |                                 |                                 |                                 |                                 |                                |                               |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                      |  |             |            |                                 |                                 |                                 |                                 |                                |                               |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> <del>ROOMER</del> |  |             |            |                                 |                                 |                                 |                                 |                                |                               |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                      |  |             |            |                                 |                                 |                                 |                                 |                                |                               |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)              |  |             |            |                                 |                                 |                                 |                                 |                                |                               |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |             |            |                                 |                                 |                                 |                                 |                                |                               |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |  |             |            |                                 |                                 |                                 |                                 |                                |                               |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-437 (4-30-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |          |                |           |            |             |
|-------------------------|----------|----------------|-----------|------------|-------------|
| <i>Rice</i>             |          | HEAD OF FAMILY |           | LOUISIANA  |             |
| COLOR                   | <i>B</i> | AGE            | <i>40</i> | BIRTHPLACE | <i>Will</i> |
| COUNTY                  |          | <i>Iberia</i>  |           | CITY       |             |
| OTHER MEMBERS OF FAMILY |          |                |           |            |             |
| NAME                    |          | RELATIONSHIP   | AGE       | BIRTHPLACE |             |
| <i>Emma</i>             |          | <i>W</i>       | <i>29</i> |            |             |
| <i>Lillie</i>           |          | <i>D</i>       | <i>13</i> |            |             |
| <i>Hattie</i>           |          | <i>D</i>       | <i>6</i>  |            |             |
|                         |          |                |           |            |             |
|                         |          |                |           |            |             |
|                         |          |                |           |            |             |
|                         |          |                |           |            |             |
|                         |          |                |           |            |             |

FORM 18-436 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                        |              |            |            |
|-------------------------|------------------------|--------------|------------|------------|
| R200                    | HEAD OF FAMILY<br>Ross |              | LOUISIANA  |            |
| COLOR<br>B              | AGE<br>38              | BIRTHPLACE   | E.O.<br>12 | SHEET<br>3 |
| COUNTY<br>Acadia        |                        | CITY         |            |            |
| OTHER MEMBERS OF FAMILY |                        |              |            |            |
| NAME                    |                        | RELATIONSHIP | AGE        | BIRTHPLACE |
| Clara                   |                        | w            | 36         |            |
| Robert                  |                        | s            | 16         |            |
| Leo                     |                        | s            | 10         |            |
| Ruby                    |                        | d            | 2          |            |
| Russell                 |                        | s            | 3 1/2      |            |
|                         |                        |              |            |            |
|                         |                        |              |            |            |

FORM 16-436 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |      |
|-------------------------|--|----------------|------------|------------|------|
| 1240                    |  | HEAD OF FAMILY |            | LOUISIANA  |      |
| COLOR                   |  | AGE            | BIRTHPLACE |            | E.D. |
| W                       |  | 25             |            |            | 698  |
| COUNTY                  |  |                | CITY       |            |      |
| Do Soto                 |  |                | mansfull   |            |      |
| OTHER MEMBERS OF FAMILY |  |                |            |            |      |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |      |
| 1) Marie                |  | W              | 21         |            |      |
|                         |  |                |            |            |      |
|                         |  |                |            |            |      |
|                         |  |                |            |            |      |
|                         |  |                |            |            |      |
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|                         |  |                |            |            |      |

FORM 16-436 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |           |                |      |            |       |
|-------------------------|-----------|----------------|------|------------|-------|
| R200                    |           | HEAD OF FAMILY |      | LOUISIANA  |       |
|                         |           | Rich well 8    |      | E.O.       | SHEET |
| COLOR                   | AGE       | BIRTHPLACE     |      |            |       |
| W                       | 28        | La.            |      |            |       |
| COUNTY                  |           |                | CITY |            |       |
| Lincoln                 |           |                |      |            |       |
| OTHER MEMBERS OF FAMILY |           |                |      |            |       |
| NAME                    |           | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| 1                       | Walter L. | W              | 18   |            |       |
|                         | Lillian   | D              | 18   |            |       |
|                         |           |                |      |            |       |
|                         |           |                |      |            |       |
|                         |           |                |      |            |       |
|                         |           |                |      |            |       |
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|                         |           |                |      |            |       |

FORM 16-436 (4-20-31)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R200                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| B                       |  | 31             | Ark        | 21         | 4     |
| COUNTY                  |  |                | CITY       |            |       |
| Clai borne              |  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Mattie                  |  | W              | 23         |            |       |
| Lanell                  |  | D              | 6          |            |       |
| Leanae                  |  | D              | 2          |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 16-436 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |              |           |            |
|-------------------------|--------------|-----------|------------|
| HEAD OF FAMILY          |              | LOUISIANA |            |
| NAME                    | AGE          | E.D.      | SHEET      |
| Ross                    | 32           | 50        | 1          |
| COLOR                   | BIRTHPLACE   |           |            |
| B                       |              |           |            |
| COUNTY                  | CITY         |           |            |
| Plaquemine              |              |           |            |
| OTHER MEMBERS OF FAMILY |              |           |            |
| NAME                    | RELATIONSHIP | AGE       | BIRTHPLACE |
| Sarah                   | W            | 28        |            |
| Rosiline                | D            | 12        |            |
| Virginia                | D            | 10        |            |
| Elinore                 | D            | 7         |            |
| Anna                    | D            | 5         |            |
| Beulah                  | D            | 2         |            |
| Jane                    | D            | 1         |            |

FORM 16-536 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME           | RELATION-<br>SHIP | AGE | BIRTHPLACE |
|----------------|-------------------|-----|------------|
| Wagner, Louise | S.M.              | 72  |            |
|                |                   |     |            |
|                |                   |     |            |
|                |                   |     |            |
|                |                   |     |            |
|                |                   |     |            |
|                |                   |     |            |
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|                |                   |     |            |
|                |                   |     |            |

FORM 16-436a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 18108-P61

|                         |   |                |     |            |                |
|-------------------------|---|----------------|-----|------------|----------------|
| 1200                    |   | HEAD OF FAMILY |     | LOUISIANA  |                |
| COLOR                   | B | AGE            | 40  | BIRTHPLACE | Reiss, William |
| COUNTY                  |   | Pointe Coupee  |     | CITY       |                |
| OTHER MEMBERS OF FAMILY |   |                |     |            |                |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |                |
| Lucy                    |   | W              | 29  |            |                |
| Sarah                   |   | M              | 60  |            |                |
| William A               |   | B              | 15  |            |                |
| Leonard                 |   | B              | 17  |            |                |
|                         |   |                |     |            |                |
|                         |   |                |     |            |                |
|                         |   |                |     |            |                |

FORM 16-636 (4-36-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |      |
|-------------------------|--|----------------|------------|------------|------|
| R200                    |  | HEAD OF FAMILY |            | LOUISIANA  |      |
| COLOR                   |  | AGE            | BIRTHPLACE |            | E.D. |
| B                       |  | 46             |            |            | 92   |
| COUNTY                  |  |                | CITY       |            |      |
| Rapides                 |  |                |            |            |      |
| OTHER MEMBERS OF FAMILY |  |                |            |            |      |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |      |
| Bernice                 |  | W              | 43         |            |      |
| Leon                    |  | S              | 18         |            |      |
| Rosa, Alektole          |  | B              | 13         |            |      |
| Suzanne                 |  |                |            |            |      |
|                         |  |                |            |            |      |
|                         |  |                |            |            |      |
|                         |  |                |            |            |      |
|                         |  |                |            |            |      |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |               |            |            |
|-------------------------|--|----------------|---------------|------------|------------|
| 4200                    |  | HEAD OF FAMILY |               | LOUISIANA  |            |
| COLOR                   |  | AGE            | BIRTHPLACE    |            | E.D. SHEET |
| B                       |  | 24             | Rose Williams |            | 120 7      |
| COUNTY                  |  |                | Tensas        |            | CITY       |
| OTHER MEMBERS OF FAMILY |  |                |               |            |            |
| NAME                    |  | RELATIONSHIP   | AGE           | BIRTHPLACE |            |
| 1 Florence              |  | W              | 26            |            |            |
|                         |  |                |               |            |            |
|                         |  |                |               |            |            |
|                         |  |                |               |            |            |
|                         |  |                |               |            |            |
|                         |  |                |               |            |            |
|                         |  |                |               |            |            |
|                         |  |                |               |            |            |

FORM 18-636 (4-22-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |    |              |       |            |    |
|-------------------------|---|----------------|----|--------------|-------|------------|----|
| R200                    |   | HEAD OF FAMILY |    | Rice William |       | LOUISIANA  |    |
| COLOR                   | W | AGE            | 35 | BIRTHPLACE   | Texas | E.O.       | 99 |
| COUNTY                  |   |                |    | Rapidan      |       | SHEET      |    |
|                         |   |                |    | CITY         |       | 24         |    |
| OTHER MEMBERS OF FAMILY |   |                |    |              |       |            |    |
| NAME                    |   |                |    | RELATIONSHIP | AGE   | BIRTHPLACE |    |
| Isaac                   |   |                |    | W            | 35    |            |    |
| Larsen                  |   |                |    | S            | 12    |            |    |
| Herbert                 |   |                |    | S            | 10    |            |    |
| Ernest                  |   |                |    | S            | 9     |            |    |
| Lillie                  |   |                |    | D            | 7     |            |    |
| Annie                   |   |                |    | D            | 6     |            |    |
| Lattie                  |   |                |    | D            | 3     |            |    |

FORM 16-634 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME           | RELATIONSHIP | AGE          | BIRTHPLACE |
|----------------|--------------|--------------|------------|
| <i>Julia</i>   | <i>S</i>     | <i>1</i>     |            |
| <i>Francis</i> | <i>S</i>     | <i>3 1/2</i> |            |
|                |              |              |            |
|                |              |              |            |
|                |              |              |            |
|                |              |              |            |
|                |              |              |            |
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FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 16100-P01

|                         |         |                |    |                |            |           |    |
|-------------------------|---------|----------------|----|----------------|------------|-----------|----|
| R200                    |         | HEAD OF FAMILY |    | Rachey William |            | LOUISIANA |    |
| COLOR                   | W       | AGE            | 30 | BIRTHPLACE     |            | E.D.      | 81 |
| COUNTY                  | Rapides |                |    | CITY           | Alexandria |           |    |
| OTHER MEMBERS OF FAMILY |         |                |    |                |            |           |    |
| NAME                    |         | RELATIONSHIP   |    | AGE            | BIRTHPLACE |           |    |
| Emma                    |         | W              |    | 22             |            |           |    |
|                         |         |                |    |                |            |           |    |
|                         |         |                |    |                |            |           |    |
|                         |         |                |    |                |            |           |    |
|                         |         |                |    |                |            |           |    |
|                         |         |                |    |                |            |           |    |
|                         |         |                |    |                |            |           |    |
|                         |         |                |    |                |            |           |    |
|                         |         |                |    |                |            |           |    |

FORM 16-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |  |               |  |            |  |
|-------------------------|--|----------------|--|---------------|--|------------|--|
| R200                    |  | HEAD OF FAMILY |  | Rush, William |  | LOUISIANA  |  |
| COLOR                   |  | AGE            |  | BIRTHPLACE    |  | E.D.       |  |
| B                       |  | 33             |  |               |  | 91         |  |
| COUNTY                  |  |                |  | CITY          |  |            |  |
| St. Mary                |  |                |  |               |  |            |  |
| OTHER MEMBERS OF FAMILY |  |                |  |               |  |            |  |
| NAME                    |  | RELATIONSHIP   |  | AGE           |  | BIRTHPLACE |  |
| Sandy                   |  | W              |  | 24            |  |            |  |
| Murphy                  |  | S              |  | 6             |  |            |  |
| Joe M.                  |  | S              |  | 1 1/2         |  |            |  |
|                         |  |                |  |               |  |            |  |
|                         |  |                |  |               |  |            |  |
|                         |  |                |  |               |  |            |  |
|                         |  |                |  |               |  |            |  |
|                         |  |                |  |               |  |            |  |

FORM 16-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |     |                |           |            |       |
|-------------------------|-----|----------------|-----------|------------|-------|
| R200                    |     | HEAD OF FAMILY |           | LOUISIANA  |       |
|                         |     | Boes William   |           | E.O.       | SHEET |
| COLOR                   | AGE | BIRTHPLACE     |           | 93         | 7     |
| B                       | 68  |                |           |            |       |
| COUNTY                  |     |                | CITY      |            |       |
| St. Mary                |     |                | Patterson |            |       |
| OTHER MEMBERS OF FAMILY |     |                |           |            |       |
| NAME                    |     | RELATIONSHIP   | AGE       | BIRTHPLACE |       |
| 1 friend                |     |                |           |            |       |
|                         |     |                |           |            |       |
|                         |     |                |           |            |       |
|                         |     |                |           |            |       |
|                         |     |                |           |            |       |
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|                         |     |                |           |            |       |
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FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |        |                |            |            |       |
|-------------------------|--------|----------------|------------|------------|-------|
| R200                    |        | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |        | AGE            | BIRTHPLACE | E.D.       | SHEET |
| B                       |        | 24             |            | 97         | 21    |
| COUNTY                  |        |                | CITY       |            |       |
| St. Mary                |        |                | Morgan     |            |       |
| OTHER MEMBERS OF FAMILY |        |                |            |            |       |
|                         | NAME   | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
|                         | Lizzie | w              | 25         |            |       |
|                         | Willie | S              | 6          |            |       |
|                         | John   | S              | 5          |            |       |
|                         | Palmer | S              | 3          |            |       |
|                         | Eugene | S              | 2          |            |       |
|                         |        |                |            |            |       |
|                         |        |                |            |            |       |

FORM 16-436 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R200                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.O.       | SHEET |
| Wm                      | 64  |                |     | 124        | 1     |
| COUNTY                  |     | CITY           |     |            |       |
| St. Martin              |     |                |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Mathilde                |     | W              | 47  |            |       |
| Alex                    |     | S              | 24  |            |       |
| Albert                  |     | S              | 22  |            |       |
| Thaggie                 |     | D              | 21  |            |       |
| Edwin                   |     | S              | 18  |            |       |
| Carrie                  |     | D              | 14  |            |       |
| Ossie                   |     | D              | 12  |            |       |

FORM 16-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME       | RELATIONSHIP | AGE | BIRTHPLACE |
|------------|--------------|-----|------------|
| Italia     | D            | 9   |            |
| Mercedes   | D            | 7   |            |
| Elsie      | D            | 5   |            |
| William J. | S            | 3   |            |
|            |              |     |            |
|            |              |     |            |
|            |              |     |            |
|            |              |     |            |
|            |              |     |            |
|            |              |     |            |
|            |              |     |            |

FORM 10-636a 14-20-61

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM:DEC 1910B-1-61

HEAD OF FAMILY

LOUISIANA

U.S. DEPARTMENT OF COMMERCE 1910-1911

|                         |  |                |            |            |            |
|-------------------------|--|----------------|------------|------------|------------|
| R200                    |  | HEAD OF FAMILY |            | LOUISIANA  |            |
| COLOR                   |  | AGE            | BIRTHPLACE |            | E.O. SHEET |
| B                       |  | 34             |            |            | 39 P       |
| COUNTY                  |  |                | CITY       |            |            |
| East Carroll            |  |                |            |            |            |
| OTHER MEMBERS OF FAMILY |  |                |            |            |            |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |            |
| 1. Elmer                |  | W              | 38         |            |            |
| James Albert            |  | S-D            | 14         |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |

FORM 18-436 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                |  |           |  |
|----------------|--|-----------|--|
| HEAD OF FAMILY |  | LOUISIANA |  |
|                |  |           |  |

|                         |   |                |           |            |     |
|-------------------------|---|----------------|-----------|------------|-----|
| R 200                   |   | HEAD OF FAMILY |           | LOUISIANA  |     |
| COLOR                   | B | AGE            | 40        | BIRTHPLACE | Ark |
| COUNTY                  |   |                | Calcasieu |            |     |
| CITY                    |   |                |           |            |     |
| OTHER MEMBERS OF FAMILY |   |                |           |            |     |
| NAME                    |   | RELATIONSHIP   | AGE       | BIRTHPLACE |     |
| Ada                     |   | W              | 38        | Ark        |     |
| Beatrice                |   | D              | 5         |            |     |
| Essie                   |   | D              | 2         |            |     |
| And 3 Boarders          |   |                |           |            |     |

FORM 16-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |           |                |     |            |  |
|-------------------------|-----------|----------------|-----|------------|--|
| R200                    |           | HEAD OF FAMILY |     | LOUISIANA  |  |
| Reese, William          |           | E.O.           |     | 30         |  |
| COLOR                   | W         | AGE            | 38  | BIRTHPLACE |  |
| COUNTY                  | Calcasieu | CITY           |     |            |  |
| OTHER MEMBERS OF FAMILY |           |                |     |            |  |
| NAME                    |           | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| allene                  |           | W              | 36  |            |  |
| Henry W.                |           | S              | 15  |            |  |
| Marguerite              |           | D              | 12  |            |  |
|                         |           |                |     |            |  |
|                         |           |                |     |            |  |
|                         |           |                |     |            |  |
|                         |           |                |     |            |  |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

| HEAD OF FAMILY          |              | LOUISIANA     |            |
|-------------------------|--------------|---------------|------------|
| COLOR                   | AGE          | BIRTHPLACE    | SHEET      |
| R200                    | Base         | William       | 44 38      |
| 6                       | 40           | Calcasieu Ark |            |
| COUNTY                  | CITY         |               |            |
| OTHER MEMBERS OF FAMILY |              |               |            |
| NAME                    | RELATIONSHIP | AGE           | BIRTHPLACE |
| Ada                     | W            | 38            | Ark.       |
| Beatrice                | D            | 5             | Ark.       |
| Eddie                   | D            | 2             | Ark.       |
| James, Alfred           | Bo           | 27            | Ark.       |
| Lallie                  | Bo           | 23            | Ark.       |
|                         |              |               |            |
|                         |              |               |            |

FORM 16-636 (2-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



LOUISIANA

|                         |                |              |               |            |      |       |
|-------------------------|----------------|--------------|---------------|------------|------|-------|
| R200                    | HEAD OF FAMILY |              | Rose Williams |            | E.O. | SHEET |
|                         | COLOR          | AGE          | BIRTHPLACE    |            |      |       |
| B                       | 42             |              |               |            |      |       |
| COUNTY                  |                | Lafourche    |               | CITY       |      |       |
| OTHER MEMBERS OF FAMILY |                |              |               |            |      |       |
| NAME                    |                | RELATIONSHIP | AGE           | BIRTHPLACE |      |       |
| Amanda                  |                | W            | 21            |            |      |       |
| Thomas                  |                | S            | 2             |            |      |       |
|                         |                |              |               |            |      |       |
|                         |                |              |               |            |      |       |
|                         |                |              |               |            |      |       |
|                         |                |              |               |            |      |       |
|                         |                |              |               |            |      |       |
|                         |                |              |               |            |      |       |

FORM 10-626 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |           |   |  |   |             |
|--|-----------|---|--|---|-------------|
| R200   |           | NAME OF INDIVIDUAL<br>Rick, William   |  | E.D.<br>110   | SHEET<br>15 |
| COLOR<br>B   | AGE<br>30 | BIRTHPLACE  |  |   |             |
| COUNTY<br>Terrebonne   |           | CITY  |  |   |             |
| ENUMERATED WITH<br>Burke, Joe  |           |   |  |   |             |
| RELATIONSHIP TO ABOVE  |           |   |  |   |             |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |           | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> WIFE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |             |

FORM 10-437 (4-29-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMB-DC 1910-P61

| HEAD OF FAMILY          |              | LOUISIANA  |            |
|-------------------------|--------------|------------|------------|
| NAME                    |              | E.D.       | SHEET      |
| A20c Ross, William      |              | 110        | 37         |
| COLOR                   | AGE          | BIRTHPLACE |            |
| W                       | 39           |            |            |
| COUNTY                  | CITY         |            |            |
| Terrebonne              |              |            |            |
| OTHER MEMBERS OF FAMILY |              |            |            |
| NAME                    | RELATIONSHIP | AGE        | BIRTHPLACE |
| Ross                    | W            | 31         |            |
| Lucas                   | S            | 16         |            |
| May                     | D            | 15         |            |
| Lucas                   | D            | 12         |            |
| Florence                | D            | 10         |            |
| James                   | S            | 7          |            |
| Willie Jr               | S            | 4          |            |

FORM 16-636 (4-20-51)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |  |                |  |              |  |        |  |            |  |
|-------------------------|--|----------------|--|--------------|--|--------|--|------------|--|
| R200                    |  | HEAD OF FAMILY |  | Louisiana    |  | ED. 97 |  | SHEET 33   |  |
| COLOR B                 |  | AGE 31         |  | BIRTHPLACE   |  |        |  |            |  |
| COUNTY Jones            |  |                |  | CITY Morgan  |  |        |  |            |  |
| OTHER MEMBERS OF FAMILY |  |                |  |              |  |        |  |            |  |
| NAME                    |  |                |  | RELATIONSHIP |  | AGE    |  | BIRTHPLACE |  |
| Living alone            |  |                |  |              |  |        |  |            |  |
|                         |  |                |  |              |  |        |  |            |  |
|                         |  |                |  |              |  |        |  |            |  |
|                         |  |                |  |              |  |        |  |            |  |
|                         |  |                |  |              |  |        |  |            |  |
|                         |  |                |  |              |  |        |  |            |  |
|                         |  |                |  |              |  |        |  |            |  |
|                         |  |                |  |              |  |        |  |            |  |

FORM 16-636 (4-20-67)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

| LOUISIANA  |   |  |                    |
|--|---|--|--------------------|
| NAME OF INDIVIDUAL<br><i>Russell William</i>   |   | R.D.<br><i>52</i>  | SHEET<br><i>26</i> |
| COLOR<br><i>W</i>  | AGE<br><i>27</i>  | BIRTHPLACE<br><i>La.</i>   |                    |
| COUNTY<br><i>Plaquemines</i>   |   | CITY   |                    |
| ENUMERATED WITH<br><i>Alfred, Frank</i>  |   |  |                    |
| RELATIONSHIP TO ABOVE  |   |  |                    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>DR</i> |                    |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMB-DC 18198-P61

|                         |     |                |  |               |       |            |  |
|-------------------------|-----|----------------|--|---------------|-------|------------|--|
| R202                    |     | HEAD OF FAMILY |  | Lose, William |       | LOUISIANA  |  |
| COLOR                   | AGE | BIRTHPLACE     |  | E.O.          | SHEET |            |  |
|                         |     |                |  | 50            | 12    |            |  |
| COUNTY                  |     |                |  | CITY          |       |            |  |
| Plaquemine              |     |                |  |               |       |            |  |
| OTHER MEMBERS OF FAMILY |     |                |  |               |       |            |  |
| NAME                    |     |                |  | RELATIONSHIP  | AGE   | BIRTHPLACE |  |
| Julia                   |     |                |  | W             | 30    |            |  |
| Edna                    |     |                |  | D             | 11    |            |  |
| Landri                  |     |                |  | S             | 7     |            |  |
| Ruby                    |     |                |  | D             | 3     |            |  |
| Evel                    |     |                |  | D             | 1     |            |  |
|                         |     |                |  |               |       |            |  |
|                         |     |                |  |               |       |            |  |

FORM 18-436 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |      |               |  |           |   |
|-------------------------|---|----------------|------|---------------|--|-----------|---|
| R 200                   |   | HEAD OF FAMILY |      | Rush, William |  | LOUISIANA |   |
| COLOR                   | B | AGE            | 24   | BIRTHPLACE    |  | E.D.      | 3 |
| COUNTY                  |   | Caldwell       |      | CITY          |  | Columbia  |   |
| OTHER MEMBERS OF FAMILY |   |                |      |               |  |           |   |
| NAME                    |   | RELATIONSHIP   | AGE  | BIRTHPLACE    |  |           |   |
| / Silless               |   | W              | 24   |               |  |           |   |
| Laura                   |   | D              | 6/12 |               |  |           |   |
|                         |   |                |      |               |  |           |   |
|                         |   |                |      |               |  |           |   |
|                         |   |                |      |               |  |           |   |
|                         |   |                |      |               |  |           |   |
|                         |   |                |      |               |  |           |   |
|                         |   |                |      |               |  |           |   |

FORM 16-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |              |                |    |              |       |            |    |
|-------------------------|--------------|----------------|----|--------------|-------|------------|----|
| R200                    |              | HEAD OF FAMILY |    | Rose William |       | LOUISIANA  |    |
| COLOR                   | B            | AGE            | 66 | BIRTHPLACE   | Ala   | E.D.       | 43 |
|                         |              |                |    |              |       | SHEET      |    |
|                         |              |                |    |              |       |            |    |
| COUNTY                  | East Carroll |                |    | CITY         |       |            |    |
| OTHER MEMBERS OF FAMILY |              |                |    |              |       |            |    |
| NAME                    |              |                |    | RELATIONSHIP | AGE   | BIRTHPLACE |    |
| 1 Margaret              |              |                |    | W            | 40    |            |    |
| Mitchell Emily          |              |                |    | M.L          | 65    | Le         |    |
| Rose Martha             |              |                |    | GD           | 5     |            |    |
| 1 Sarah                 |              |                |    | GD           | 3     |            |    |
| 1 Alberta               |              |                |    | GD           | 2 1/2 |            |    |
|                         |              |                |    |              |       |            |    |
|                         |              |                |    |              |       |            |    |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |   |            |   |       |
|---|--|---|------------|---|-------|
| R200  |  | NAME OF INDIVIDUAL  |            | LOUISIANA   |       |
| COLOR   |  | AGE   | BIRTHPLACE | E.O.  | SHEET |
| B   |  | 31  |            | 6   | 9     |
| COUNTY  |  |   | CITY       |   |       |
| ENUMERATED WITH <i>Assumption</i>   |  |   |            |   |       |
| RELATIONSHIP TO ABOVE <i>Randolph, Mary</i>   |  |   |            |   |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input checked="" type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |            | <input type="checkbox"/> WIDWIFE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |       |

FORM 16-537 (4-25-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMB-DC 15120-P-51

|                                      |  |                                       |                          |                          |
|--------------------------------------|--|---------------------------------------|--------------------------|--------------------------|
| <b>R 200</b>                         | <b>HEAD OF FAMILY</b><br><i>Ross William</i> |                                       | <b>LOUISIANA</b>         |                          |
| <b>COLOR</b><br><i>W</i>             | <b>AGE</b><br><i>71</i>                      | <b>BIRTHPLACE</b><br><i>Ind.</i>      | <b>E.D.</b><br><i>41</i> | <b>SHEET</b><br><i>4</i> |
| <b>COUNTY</b><br><i>East Carroll</i> |  | <b>CITY</b><br><i>Lake Providence</i> |                          |                          |
| <b>OTHER MEMBERS OF FAMILY</b>       |  |                                       |                          |                          |
| <b>NAME</b>                          |  | <b>RELATIONSHIP</b>                   | <b>AGE</b>               | <b>BIRTHPLACE</b>        |
| <i>Mamie</i>                         |  | <i>W</i>                              | <i>68</i>                | <i>Kan.</i>              |
| <i>Adah</i>                          |  | <i>AD</i>                             | <i>28</i>                | <i>Ind.</i>              |
| <i>Mollie</i>                        |  | <i>Si</i>                             | <i>73</i>                | <i>Ind.</i>              |
| <i>and 1 servant</i>                 |  |                                       |                          |                          |
|                                      |  |                                       |                          |                          |
|                                      |  |                                       |                          |                          |
|                                      |  |                                       |                          |                          |
|                                      |  |                                       |                          |                          |

FORM 18-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                |            |            |      |
|-------------------------|----------------|------------|------------|------|
| R200                    | HEAD OF FAMILY |            | LOUISIANA  |      |
| COLOR                   | AGE            | BIRTHPLACE |            | E.D. |
| W                       | 31             |            |            | 29   |
| COUNTY                  |                | CITY       |            |      |
| Jefferson               |                |            |            |      |
| OTHER MEMBERS OF FAMILY |                |            |            |      |
| NAME                    | RELATIONSHIP   | AGE        | BIRTHPLACE |      |
| Alma                    | W              | 29         |            |      |
| Joseph                  | S              | 8          |            |      |
| William Jr              | S              | 7          |            |      |
| Edward                  | S              | 4          |            |      |
| Carry Bell              | D              | 2          |            |      |
| David                   | S              | 5/12       |            |      |

FORM 16-436 (4-30-81)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |            |              |
|-------------------------|---|----------------|-----|------------|--------------|
| R200                    |   | HEAD OF FAMILY |     | LOUISIANA  |              |
| COLOR                   | B | AGE            | 49  | BIRTHPLACE | Rose William |
| COUNTY                  |   | Caddo          |     | CITY       |              |
| OTHER MEMBERS OF FAMILY |   |                |     |            |              |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |              |
| Tharri                  |   | W              | 44  |            |              |
| Tharrie                 |   | D              | 17  |            |              |
| Sing                    |   | S              | 15  |            |              |
| Tristram                |   | S              | 10  |            |              |
| Leon                    |   | S              | 8   |            |              |
| Fred                    |   | S              | 6   |            |              |
| Carrie Lee              |   | D              | 4   |            |              |

FORM 16-436 (4-26-57)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

## HEAD OF FAMILY - CONTINUED

LOUISIANA

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME               | RELATIONSHIP | AGE | BIRTHPLACE |
|--------------------|--------------|-----|------------|
| Givens, Emma D     | D            | 23  |            |
| Johnson, Alberta D | D            | 19  |            |
| / Leon S           | S            | 3   |            |
| Roberta S          | S            | 1   |            |
|                    |              |     |            |
|                    |              |     |            |
|                    |              |     |            |
|                    |              |     |            |
|                    |              |     |            |
|                    |              |     |            |
|                    |              |     |            |
|                    |              |     |            |

FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18198-P61

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| 1920                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.O.       | SHEET |
| MA                      |  | 24             |            | 54         | 11    |
| COUNTY                  |  |                | CITY       |            |       |
| Jackson                 |  |                | Junction   |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Rosa                    |  | W              | 19         |            |       |
| Lena                    |  | D              | 2          |            |       |
| Emma                    |  | D              | 1          |            |       |
| "L.B."                  |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 18-436 (4-26-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

| HEAD OF FAMILY          |              | LOUISIANA        |                  |
|-------------------------|--------------|------------------|------------------|
| P200                    | Kick         | WILLIAM S.       | E.D. 30 SHEET 24 |
| COLOR                   | AGE          | BIRTHPLACE       |                  |
| White                   | 30           | East Baton Rouge |                  |
| COUNTY                  | CITY         |                  |                  |
| OTHER MEMBERS OF FAMILY |              |                  |                  |
| NAME                    | RELATIONSHIP | AGE              | BIRTHPLACE       |
| Jessie S.               | W            | 36               |                  |
| James                   | S            | 18               |                  |
| William Jr.             | S            | 14               |                  |
| Lillian                 | D            | 12               |                  |
| Lillian                 | S            | 9                |                  |
| Jessie                  | S            | 5                |                  |
| Mary                    | D            | 2                |                  |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|  |  |  |      |           |       |
|--|--|--|------|-----------|-------|
| R-200                                  |  | NAME OF INDIVIDUAL                       |      | LOUISIANA |       |
| COLOR                                  | AGE                                      | BIRTHPLACE                               |      | E.O.      | SHEET |
| B                                      | 66                                       | Tenn                                     |      | 145       | 2     |
| COUNTY                                 |  |  | CITY |           |       |
| West Carroll                           |  |  |      |           |       |
| ENUMERATED WITH                        |  |  |      |           |       |
| Julius Jean R.                         |  |  |      |           |       |
| RELATIONSHIP TO ABOVE                  |  |  |      |           |       |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |      |           |       |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NICE            | <input type="checkbox"/> NURSE           |      |           |       |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |      |           |       |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |      |           |       |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |      |           |       |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |      |           |       |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW  |  |      |           |       |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW   |  |      |           |       |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

RECORDS OF 1910-1911

|                         |     |                |      |            |       |
|-------------------------|-----|----------------|------|------------|-------|
| K-200                   |     | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |      | E.D.       | SHEET |
| B                       | 55  | Ala.           |      | 144        | 6     |
| COUNTY                  |     |                | CITY |            |       |
| West Carroll            |     |                |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| and 1 H K               |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
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FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

 U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |                  |     |           |     |
|-------------------------|---|----------------|-----|------------------|-----|-----------|-----|
| A-200                   |   | HEAD OF FAMILY |     | Reese William Jr |     | LOUISIANA |     |
| COLOR                   | B | AGE            | 28  | BIRTHPLACE       | ala | E.D.      | 144 |
| COUNTY                  |   | West Carroll   |     | CITY             |     | SHEET 6   |     |
| OTHER MEMBERS OF FAMILY |   |                |     |                  |     |           |     |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE       |     |           |     |
| Lula                    |   | W              | 26  |                  |     |           |     |
| Thomas                  |   | S              | 7   |                  |     |           |     |
|                         |   |                |     |                  |     |           |     |
|                         |   |                |     |                  |     |           |     |
|                         |   |                |     |                  |     |           |     |
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|                         |   |                |     |                  |     |           |     |

FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |      |            |       |
|-------------------------|-----|----------------|------|------------|-------|
| B-200                   |     | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |      | E.O.       | SHEET |
| B                       | 22  | Ruggs William  |      | 119        | 6     |
| COUNTY                  |     |                | CITY |            |       |
| Webster                 |     |                |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Rosa                    |     | W              | 18   |            |       |
| Lovie                   |     | D              | 6/12 |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
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FORM 18-436 (4-29-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |     |   |  |   |       |
|--|-----|---|--|---|-------|
| R-200  |     | NAME OF INDIVIDUAL  |  | LOUISIANA   |       |
| COLOR  | AGE | BIRTHPLACE  |  | E.D.  | SHEET |
| W  | 40  | Ohio  |  | 120   | 14    |
| COUNTY   |     | CITY  |  |   |       |
|  |     | Minden  |  |   |       |
| ENUMERATED WITH  |     |   |  |   |       |
| RELATIONSHIP TO ABOVE  |     | Tice, George W.   |  |   |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> IMMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> WORKER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |       |

FORM 10-437 (4-20-91)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-NC 1910-001

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R200                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| W                       | 65  | Lynn, William  |     | 146        | 26    |
| COUNTY                  |     | CITY           |     |            |       |
| Vernon                  |     |                |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Martha Ann              |     | W              | 53  |            |       |
| Martha A                |     | D              | 19  |            |       |
| William Louis           |     | S              | 18  |            |       |
| Joseph M                |     | S              | 15  |            |       |
| Elinor B                |     | S              | 11  |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |                  |   |  |  |                    |
|--|------------------|---|--|--|--------------------|
| R 300  |                  | NAME OF INDIVIDUAL<br><i>Ruby, William</i>  |  | LOUISIANA  |                    |
| COLOR<br><i>A</i>  | AGE<br><i>25</i> | BIRTHPLACE  |  | E.O.<br><i>149</i>   | SHEET<br><i>16</i> |
| COUNTY   |                  | Vernon  |  | CITY<br><i>Sullerton</i>   |                    |
| ENUMERATED WITH<br><i>Ireland, Andrew J.</i>   |                  |   |  |  |                    |
| RELATIONSHIP TO ABOVE  |                  |   |  |  |                    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> WHALE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                    |

Form 10-57 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 1910-P01

|                         |              |                |            |           |       |
|-------------------------|--------------|----------------|------------|-----------|-------|
| R200                    |              | HEAD OF FAMILY |            | LOUISIANA |       |
| COLOR                   | AGE          | NAME           |            | E.D.      | SHEET |
| B                       | 35           | Basso, William |            | 6         | 2     |
| COUNTY                  |              | CITY           |            |           |       |
| Bienville               |              |                |            |           |       |
| OTHER MEMBERS OF FAMILY |              |                |            |           |       |
| NAME                    | RELATIONSHIP | AGE            | BIRTHPLACE |           |       |
| Alice                   | W            | 31             |            |           |       |
| Claud                   | B            | 7              |            |           |       |
| Clinton                 | B            | 7              |            |           |       |
| William H.H             | B            | 5              |            |           |       |
| Castaline               | D            | 1 7/8          |            |           |       |
|                         |              |                |            |           |       |
|                         |              |                |            |           |       |

FORM 10-436 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|  |                 |   |  |   |                   |
|--|-----------------|---|--|---|-------------------|
| R200   |                 | NAME OF INDIVIDUAL<br><i>Roach Welles</i>   |  | LOUISIANA   |                   |
| COLOR<br><i>B</i>  | AGE<br><i>2</i> | BIRTHPLACE  |  | E.O.<br><i>49</i>   | SHEET<br><i>9</i> |
| COUNTY<br><i>Ouachita</i>  |                 | CITY  |  |   |                   |
| ENUMERATED WITH<br><i>Roach Georgene</i>   |                 |   |  |   |                   |
| RELATIONSHIP TO ABOVE  |                 |   |  |   |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                 | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>S</i> |                   |

FORM 10-57 (4-20-61)

1970 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCENS-DC 18105-P81

|   |  |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|--|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|--|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R200  |  | NAME OF INDIVIDUAL                       |  | LOUISIANA |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR   | AGE                                      | BIRTHPLACE                               |  | E.D.      | SHEET |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| B   | 12                                       | Roach, William                           |  | 145       | 15    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY  |  | CITY                                     |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| West Feliciana  |  |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Roach, Silas  |  |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> IMMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> IMMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> IMMATE          |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|---|--|---|--|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| R200  |  | NAME OF INDIVIDUAL                                  |  | LOUISIANA |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR   | AGE                                      | BIRTHPLACE  |  | E.O.      | SHEET |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| B   | 20                                       |   |  | 141       | 4     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY  |  | CITY  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| West Baton Rouge  |  |   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| Brown Belle   |  |   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 19-437 (4-22-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                |                    |           |            |
|-------------------------|----------------|--------------------|-----------|------------|
| Broo                    | HEAD OF FAMILY |                    | LOUISIANA |            |
| COLOR                   | AGE            | BIRTHPLACE         |           | E.D.       |
| W                       | 30             | Gausseaux, William |           | 14         |
| COUNTY                  | Avoyelles      |                    | CITY      |            |
| OTHER MEMBERS OF FAMILY |                |                    |           |            |
| NAME                    |                | RELATIONSHIP       | AGE       | BIRTHPLACE |
| Stomeline               |                | W                  | 24        |            |
| Thelace                 |                | d                  | 5/12      |            |
| and 1 laborer           |                |                    |           |            |
|                         |                |                    |           |            |
|                         |                |                    |           |            |
|                         |                |                    |           |            |
|                         |                |                    |           |            |
|                         |                |                    |           |            |

FORM 16-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| P200                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| W                       | 28  |                |     | 19         | 11    |
| COUNTY                  |     | CITY           |     |            |       |
| Bossier                 |     |                |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Marta                   |     | W              | 24  |            |       |
| Lindley                 |     | S              | 14  |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 10-436 (4-30-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |          |                |               |            |          |
|-------------------------|----------|----------------|---------------|------------|----------|
| R 200                   |          | HEAD OF FAMILY |               | LOUISIANA  |          |
| COLOR                   | W        | AGE            | 37            | BIRTHPLACE |          |
|                         |          |                | Ricks William |            |          |
|                         |          |                | E.D.          | 102        | SHEET 24 |
| COUNTY                  |          |                | Sabine        |            | CITY     |
| OTHER MEMBERS OF FAMILY |          |                |               |            |          |
|                         | NAME     | RELATIONSHIP   | AGE           | BIRTHPLACE |          |
|                         | Jane     | W              | 30            |            |          |
|                         | Matie    | D              | 5             |            |          |
|                         | Rose     | D              | 3             |            |          |
|                         | Willie   | D              | 1             |            |          |
|                         | Margaret | M              | 63            | Ala        |          |
|                         |          |                |               |            |          |
|                         |          |                |               |            |          |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                |              |               |            |           |
|-------------------------|----------------|--------------|---------------|------------|-----------|
| R200                    | HEAD OF FAMILY |              | Rice Williams |            | LOUISIANA |
| COLOR                   | AGE            | BIRTHPLACE   | E.D.          | SHEET      |           |
| B                       | 36             | Ala          | 100           | 9          |           |
| COUNTY                  | Red River      |              | CITY          |            |           |
| OTHER MEMBERS OF FAMILY |                |              |               |            |           |
| NAME                    |                | RELATIONSHIP | AGE           | BIRTHPLACE |           |
| Annie                   |                | W            | 36            |            |           |
| Mary                    |                | D            | 9             |            |           |
| Lanna                   |                | D            | 4             |            |           |
| J.B.                    |                |              |               |            |           |
|                         |                |              |               |            |           |
|                         |                |              |               |            |           |
|                         |                |              |               |            |           |
|                         |                |              |               |            |           |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |           |  |  |   |             |
|--|-----------|--|--|---|-------------|
| R200   |           | NAME OF INDIVIDUAL<br>Ross William   |  | LOUISIANA   |             |
| COLOR<br>B   | AGE<br>19 | BIRTHPLACE   |  | S.S.<br>110   | SHEET<br>14 |
| COUNTY   |           | Tangipahoa   |  | CITY  |             |
| ENUMERATED WITH<br>Zanders Edward  |           |  |  |   |             |
| RELATIONSHIP TO ABOVE  |           |  |  |   |             |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |           | <input checked="" type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> WIDWIFE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |             |

FORM 10-437 (4-30-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 18100-P61



|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R200                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| 3                       | 09  | Tangipahoa     |     | 70         | 10    |
| COUNTY                  |     | CITY           |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Lillian                 |     | W              | 57  |            |       |
| William                 |     | S              | 13  |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 10-430 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |       |            |       |
|-------------------------|-----|----------------|-------|------------|-------|
| R200                    |     | HEAD OF FAMILY |       | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |       | E.D.       | SHEET |
| W                       | 27  | Miss           |       | 95         | 2     |
| COUNTY                  |     | CITY           |       |            |       |
| St. Tammany             |     | Ramsay         |       |            |       |
| OTHER MEMBERS OF FAMILY |     |                |       |            |       |
| NAME                    |     | RELATIONSHIP   | AGE   | BIRTHPLACE |       |
| Selia                   |     | W              | 23    | Miss       |       |
| William R               |     | L              | 1 1/2 | Miss       |       |
|                         |     |                |       |            |       |
|                         |     |                |       |            |       |
|                         |     |                |       |            |       |
|                         |     |                |       |            |       |
|                         |     |                |       |            |       |
|                         |     |                |       |            |       |

FORM 10-436 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |             |  |           |     |
|-------------------------|---|----------------|-----|-------------|--|-----------|-----|
| R200                    |   | HEAD OF FAMILY |     | Lou William |  | LOUISIANA |     |
| COLOR                   | B | AGE            | 51  | BIRTHPLACE  |  | E.D.      | 142 |
|                         |   |                |     |             |  | SHEET 5   |     |
| COUNTY                  |   |                |     | Vermillion  |  | CITY      |     |
| OTHER MEMBERS OF FAMILY |   |                |     |             |  |           |     |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE  |  |           |     |
| Emma                    |   | W              | 42  |             |  |           |     |
| Samuel                  |   | S              | 22  |             |  |           |     |
| William                 |   | S              | 21  |             |  |           |     |
| Anderson                |   | S              | 19  |             |  |           |     |
| Catherine               |   | D              | 16  |             |  |           |     |
| Anthea                  |   | D              | 14  |             |  |           |     |
| Jude                    |   | D              | 12  |             |  |           |     |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

## HEAD OF FAMILY - CONTINUED

LOUISIANA

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME            | RELATIONSHIP | AGE      | BIRTHPLACE |
|-----------------|--------------|----------|------------|
| <i>E. Mena</i>  | <i>D</i>     | <i>9</i> |            |
| <i>Mabel M.</i> | <i>D</i>     | <i>7</i> |            |
| <i>Lenie</i>    | <i>S</i>     | <i>4</i> |            |
| <i>Bylva</i>    | <i>D</i>     | <i>1</i> |            |
|                 |              |          |            |
|                 |              |          |            |
|                 |              |          |            |
|                 |              |          |            |
|                 |              |          |            |
|                 |              |          |            |
|                 |              |          |            |

FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18108-P01

|                                   |  |                |           |            |  |
|-----------------------------------|--|----------------|-----------|------------|--|
| R200                              |  | HEAD OF FAMILY |           | LOUISIANA  |  |
| COLOR                             |  | AGE            |           | E.O.       |  |
| B                                 |  | 51             |           | 93         |  |
|                                   |  | BIRTHPLACE     |           | SHEET      |  |
|                                   |  | Ga.            |           | 11         |  |
| COUNTY                            |  |                | CITY      |            |  |
|                                   |  |                | Max Range |            |  |
| Morehouse OTHER MEMBERS OF FAMILY |  |                |           |            |  |
| NAME                              |  | RELATIONSHIP   | AGE       | BIRTHPLACE |  |
| Jella A                           |  | W              | 36        |            |  |
|                                   |  |                |           |            |  |
|                                   |  |                |           |            |  |
|                                   |  |                |           |            |  |
|                                   |  |                |           |            |  |
|                                   |  |                |           |            |  |
|                                   |  |                |           |            |  |
|                                   |  |                |           |            |  |
|                                   |  |                |           |            |  |

FORM 16-436 (4-20-51)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |    |                |     |              |  |           |       |
|-------------------------|----|----------------|-----|--------------|--|-----------|-------|
| R202                    |    | HEAD OF FAMILY |     | Rose William |  | LOUISIANA |       |
| COLOR                   | Mu | AGE            | 57  | BIRTHPLACE   |  | E.D.      | SHEET |
|                         |    |                |     |              |  | 64        | 40    |
| COUNTY                  |    |                |     | St. Charles  |  | CITY      |       |
| OTHER MEMBERS OF FAMILY |    |                |     |              |  |           |       |
| NAME                    |    | RELATIONSHIP   | AGE | BIRTHPLACE   |  |           |       |
| Lula                    |    | W              | 45  |              |  |           |       |
| Edmon                   |    | S              | 7   |              |  |           |       |
| Eve                     |    | D              | 5   |              |  |           |       |
| Malin Leavine           |    | PI             | 89  |              |  |           |       |
|                         |    |                |     |              |  |           |       |
|                         |    |                |     |              |  |           |       |
|                         |    |                |     |              |  |           |       |

FORM 16-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |      |            |     |
|-------------------------|---|----------------|------|------------|-----|
| R200                    |   | HEAD OF FAMILY |      | LOUISIANA  |     |
| COLOR                   | W | AGE            | 48   | E.D.       | 109 |
|                         |   | BIRTHPLACE     |      | SHEET      | 7   |
| COUNTY                  |   |                | CITY |            |     |
| Sabine                  |   |                |      |            |     |
| OTHER MEMBERS OF FAMILY |   |                |      |            |     |
| NAME                    |   | RELATIONSHIP   | AGE  | BIRTHPLACE |     |
| Ella                    |   | W              | 36   | Miss       |     |
| William A               |   | S              | 20   | Texas      |     |
| Marion E                |   | D              | 18   | Miss       |     |
| Nora J                  |   | D              | 16   |            |     |
| Vergie                  |   | D              | 14   |            |     |
| Hattie M                |   | D              | 12   |            |     |
| Maggie                  |   | D              | 9    |            |     |

FORM 10-531 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS





|                         |           |                |     |              |      |           |    |
|-------------------------|-----------|----------------|-----|--------------|------|-----------|----|
| R200                    |           | HEAD OF FAMILY |     | Rich William |      | LOUISIANA |    |
| COLOR                   | B         | AGE            | 65  | BIRTHPLACE   | Ala. | E.D.      | 66 |
| COUNTY                  | St. James |                |     | CITY         |      | SHEET     | 10 |
| OTHER MEMBERS OF FAMILY |           |                |     |              |      |           |    |
| NAME                    |           | RELATIONSHIP   | AGE | BIRTHPLACE   |      |           |    |
| Mary                    |           | W              | 60  |              |      |           |    |
| William Sam             |           | GS             | 13  |              |      |           |    |
| Rebecca William         |           | GS             | 8   |              |      |           |    |
| Gilmore Louisa          |           | GD             | 11  |              |      |           |    |
|                         |           |                |     |              |      |           |    |
|                         |           |                |     |              |      |           |    |
|                         |           |                |     |              |      |           |    |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |     |            |       |
|-------------------------|--|----------------|-----|------------|-------|
| R 200                   |  | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   |  | AGE            |     | E.D.       | SHEET |
| B                       |  | 22             |     | 10         | 2     |
| BIRTHPLACE              |  |                |     |            |       |
| COUNTY                  |  | Assumption     |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |  |                |     |            |       |
| NAME                    |  | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| — Celestine             |  | W              | 19  |            |       |
|                         |  |                |     |            |       |
|                         |  |                |     |            |       |
|                         |  |                |     |            |       |
|                         |  |                |     |            |       |
|                         |  |                |     |            |       |
|                         |  |                |     |            |       |
|                         |  |                |     |            |       |

FORM 10-436 (4-20-31)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |  |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|--|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|--|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R200  |  | NAME OF INDIVIDUAL<br><i>Riggs William</i> |  | LOUISIANA         |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>W</i>   | AGE<br><i>6</i>                          | BIRTHPLACE                                 |  | E.D.<br><i>18</i> | SHEET<br><i>12</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>Iberia</i>   |  | CITY<br><i>New Iberia</i>                  |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Veazey Fredrick</i>   |  |  |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |                   |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDATE            |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE             |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER            |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-637 (4-23-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 10100-P01

|                         |   |                |           |            |  |
|-------------------------|---|----------------|-----------|------------|--|
| R200                    |   | HEAD OF FAMILY |           | Louisiana  |  |
| Kash, William           |   | E.D.           |           | SHEET      |  |
| COLOR                   | W | AGE            | 52        | BIRTHPLACE |  |
| COUNTY                  |   |                | Avoyelles |            |  |
| CITY                    |   |                |           |            |  |
| OTHER MEMBERS OF FAMILY |   |                |           |            |  |
| NAME                    |   | RELATIONSHIP   | AGE       | BIRTHPLACE |  |
| Sarah                   |   | W              | 44        |            |  |
| Myra                    |   | S              | 18        |            |  |
| Lola                    |   | D              | 16        |            |  |
| Amy                     |   | D              | 15        |            |  |
| Lester                  |   | S              | 13        |            |  |
| Oda                     |   | S              | 11        |            |  |
| Clarence                |   | S              | 9         |            |  |

Form 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

## HEAD OF FAMILY - CONTINUED

LOUISIANA

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME     | RELATION-<br>SHIP | AGE   | BIRTHPLACE |
|----------|-------------------|-------|------------|
| Jennings | S                 | 7     |            |
| Leo      | S                 | 4     |            |
| Gladya   | D                 | 6 1/2 |            |
|          |                   |       |            |
|          |                   |       |            |
|          |                   |       |            |
|          |                   |       |            |
|          |                   |       |            |
|          |                   |       |            |
|          |                   |       |            |
|          |                   |       |            |
|          |                   |       |            |

FORM 10-634a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-OC 18102-P61

|                         |         |                |      |            |  |
|-------------------------|---------|----------------|------|------------|--|
| R200                    |         | HEAD OF FAMILY |      | LOUISIANA  |  |
| COLOR                   | W       | AGE            | 46   | BIRTHPLACE |  |
| COUNTY                  | ACADIA  |                | CITY |            |  |
| OTHER MEMBERS OF FAMILY |         |                |      |            |  |
|                         | NAME    | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
|                         | LARNA   | W              | 42   |            |  |
|                         | LARIE   | D              | 24   |            |  |
|                         | WILLIE  | S              | 23   |            |  |
|                         | BEN     | S              | 22   |            |  |
|                         | HUBBARD | S              | 20   |            |  |
|                         | Estelle | D              | 18   |            |  |
|                         | George  | S              | 16   |            |  |

FORM 10-436 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

## HEAD OF FAMILY - CONTINUED

LOUISIANA

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME   | RELATION-<br>SHIP | AGE | BIRTHPLACE |
|--------|-------------------|-----|------------|
| LILLIE | 0                 | 14  |            |
| JAMES  | 5                 | 12  |            |
| JOSEPH | 5                 | 9   |            |
| GREEN  | 5                 | 5   |            |
| LEON   | 5                 | 2   |            |
|        |                   |     |            |
|        |                   |     |            |
|        |                   |     |            |
|        |                   |     |            |
|        |                   |     |            |

FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18108-P61

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R200                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| Recha                   |     | William A      |     | E.D.       | SHEET |
| COLOR                   | AGE | BIRTHPLACE     |     |            |       |
| W                       | 38  |                |     |            |       |
| COUNTY                  |     | La Salle       |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Emily                   |     | W              | 25  |            |       |
| John                    |     | D              | 9   |            |       |
| Jerry                   |     | S              | 7   |            |       |
| Samuel                  |     | S              | 3/2 |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|   |  |   |            |  |       |
|---|--|---|------------|--|-------|
| R20   |  | NAME OF INDIVIDUAL  |            | LOUISIANA  |       |
| COLOR   |  | AGE   | BIRTHPLACE | E.O.   | SHEET |
| W   |  | 19  |            | 88   | 18    |
| COUNTY  |  |   | CITY       |  |       |
| Natchitoches  |  |   |            |  |       |
| ENUMERATED WITH   |  |   |            |  |       |
| Hoods J. B.   |  |   |            |  |       |
| RELATIONSHIP TO ABOVE   |  |   |            |  |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input checked="" type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |            | <input type="checkbox"/> IMMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |       |

FORM 16-527 (4-22-21)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

16-527-21

|   |  |  |                                |                          |                           |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
|---|--|--|--------------------------------|--------------------------|---------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|--|--|--------------------------------|--|--|
| <b>R200</b>   |  | <b>NAME OF INDIVIDUAL</b><br><i>Mr. William R.</i> |                                | <b>E.C.</b><br><i>90</i> | <b>SHEET</b><br><i>23</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <b>COLOR</b><br><i>W</i>  | <b>AGE</b><br><i>63</i>                            | <b>BIRTHPLACE</b>                                  |                                |                          |                           |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <b>COUNTY</b>   |  |  | <b>CITY</b><br><i>Franklin</i> |                          |                           |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <b>ENUMERATED WITH:</b> <i>Mary</i>   |  |  |                                |                          |                           |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <b>RELATIONSHIP TO ABOVE</b><br><i>Wilsons, Clara</i>   |  |  |                                |                          |                           |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input checked="" type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |                                |                          |                           | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input checked="" type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW                    | <input type="checkbox"/> INMATE                    |                                |                          |                           |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE                     | <input type="checkbox"/> NURSE                     |                                |                          |                           |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW             | <input type="checkbox"/> PATIENT                   |                                |                          |                           |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW             | <input type="checkbox"/> ROOMER                    |                                |                          |                           |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW                | <input type="checkbox"/> SERVANT                   |                                |                          |                           |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW           | <input type="checkbox"/> OTHER (Specify)           |                                |                          |                           |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input checked="" type="checkbox"/> BROTHER-IN-LAW |  |                                |                          |                           |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW             |  |                                |                          |                           |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-PC 10100-P01

## LOUISIANA

|   |  |   |    |           |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|---|--|---|----|-----------|----|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| R200  |  | NAME OF INDIVIDUAL                                  |    | LOUISIANA |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR   | B  | AGE   | 15 | E.D.      | 85 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| BIRTHPLACE  |  | POINT COUPEE  |    | SHEET 16  |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY  |  | CITY  |    |           |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |   |    |           |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |    |           |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |    |           |    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |    |           |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |    |           |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |    |           |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |    |           |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |    |           |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |    |           |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |    |           |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |    |           |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

Form 10-627 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

**1916 CENSUS INDEX - INDIVIDUAL**

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R200                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.O.       | SHEET |
| B                       |  | 47             | Miss       | 117        | 4     |
| COUNTY                  |  |                | CITY       |            |       |
| Webster                 |  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Mary                    |  | W              | 38         | Miss       |       |
| Rae M                   |  | D              | 15         |            |       |
| Hester                  |  | D              | 13         |            |       |
| Albert                  |  | S              | 10         |            |       |
| Flora                   |  | D              | 9          |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |           |                |               |            |       |
|-------------------------|-----------|----------------|---------------|------------|-------|
| R 200                   |           | HEAD OF FAMILY |               | LOUISIANA  |       |
| COLOR                   |           | AGE            | BIRTHPLACE    | E.O.       | SHEET |
| W                       |           | 40             | S. C.         | 31         | 45    |
| COUNTY                  |           |                | CITY          |            |       |
| Caddo                   |           |                | Union Village |            |       |
| OTHER MEMBERS OF FAMILY |           |                |               |            |       |
| NAME                    |           | RELATIONSHIP   | AGE           | BIRTHPLACE |       |
| 1                       | Lillie M. | W              | 30            | Tex.       |       |
|                         |           |                |               |            |       |
|                         |           |                |               |            |       |
|                         |           |                |               |            |       |
|                         |           |                |               |            |       |
|                         |           |                |               |            |       |
|                         |           |                |               |            |       |
|                         |           |                |               |            |       |

Form 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R200                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.O.       | SHEET |
| W                       |  | 23             |            | 89         | 2     |
| COUNTY                  |  |                | CITY       |            |       |
| Natchitoches            |  |                | Promised   |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Osa                     |  | W              | 17         |            |       |
| Loy                     |  | S              | 1          |            |       |
| Harper Farmer           |  | M-L            | 54         |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |            |  |
|-------------------------|---|----------------|-----|------------|--|
| R200                    |   | HEAD OF FAMILY |     | LOUISIANA  |  |
| Richard William S       |   | E.O.           |     | 89         |  |
| SHEET                   |   | 2              |     |            |  |
| COLOR                   | W | AGE            | 52  | BIRTHPLACE |  |
|                         |   | Ala            |     |            |  |
| COUNTY                  |   | Natchitoches   |     | CITY       |  |
|                         |   |                |     | Provençal  |  |
| OTHER MEMBERS OF FAMILY |   |                |     |            |  |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| Wanda E                 |   | W              | 48  |            |  |
| Linda S                 |   | S              | 16  |            |  |
| Harry B                 |   | S              | 9   |            |  |
| + 1 visitor             |   |                |     |            |  |
|                         |   |                |     |            |  |
|                         |   |                |     |            |  |
|                         |   |                |     |            |  |

FORM 16-636 (4-26-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |  |              |     |            |  |
|-------------------------|--|----------------|--|--------------|-----|------------|--|
| 8200                    |  | HEAD OF FAMILY |  | E.O.         |     | SHEET      |  |
| COLOR                   |  | AGE            |  | BIRTHPLACE   |     | 29 13      |  |
| W                       |  | 38             |  |              |     |            |  |
| COUNTY                  |  |                |  | CITY         |     |            |  |
| OTHER MEMBERS OF FAMILY |  |                |  |              |     |            |  |
| NAME                    |  |                |  | RELATIONSHIP | AGE | BIRTHPLACE |  |
| Mary G.                 |  |                |  | W            | 30  |            |  |
| William J.              |  |                |  | S            | 5   |            |  |
|                         |  |                |  |              |     |            |  |
|                         |  |                |  |              |     |            |  |
|                         |  |                |  |              |     |            |  |
|                         |  |                |  |              |     |            |  |
|                         |  |                |  |              |     |            |  |
|                         |  |                |  |              |     |            |  |

FORM 16-536 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |  |                |  |              |  |      |  |            |  |
|-------------------------|--|----------------|--|--------------|--|------|--|------------|--|
| 2200                    |  | HEAD OF FAMILY |  | LOUISIANA    |  | E.D. |  | SHEET      |  |
| COLOR<br>W              |  | AGE<br>25      |  | BIRTHPLACE   |  | 38   |  | 4          |  |
| COUNTY<br>Concordia     |  |                |  | CITY         |  |      |  |            |  |
| OTHER MEMBERS OF FAMILY |  |                |  |              |  |      |  |            |  |
| NAME                    |  |                |  | RELATIONSHIP |  | AGE  |  | BIRTHPLACE |  |
| 1 Alma W                |  |                |  | Wife         |  | 19   |  |            |  |
|                         |  |                |  |              |  |      |  |            |  |
|                         |  |                |  |              |  |      |  |            |  |
|                         |  |                |  |              |  |      |  |            |  |
|                         |  |                |  |              |  |      |  |            |  |
|                         |  |                |  |              |  |      |  |            |  |
|                         |  |                |  |              |  |      |  |            |  |
|                         |  |                |  |              |  |      |  |            |  |

Form 18-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |        |                |     |            |  |
|-------------------------|--------|----------------|-----|------------|--|
| 1200                    |        | HEAD OF FAMILY |     | LOUISIANA  |  |
| Ricks William B         |        | E.D.           |     | SHEET      |  |
| COLOR                   | AGE    | BIRTHPLACE     |     |            |  |
| W                       | 25     |                |     |            |  |
| COUNTY                  |        | CITY           |     |            |  |
| Do Soto                 |        |                |     |            |  |
| OTHER MEMBERS OF FAMILY |        |                |     |            |  |
| NAME                    |        | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| 1                       | Bessie | W              | 20  |            |  |
|                         |        |                |     |            |  |
|                         |        |                |     |            |  |
|                         |        |                |     |            |  |
|                         |        |                |     |            |  |
|                         |        |                |     |            |  |
|                         |        |                |     |            |  |
|                         |        |                |     |            |  |
|                         |        |                |     |            |  |

FORM 18-436 (4-20-51)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R200                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.O.       | SHEET |
| W                       |  | 76             | N.Y.       | 95         | 8     |
| COUNTY St. Tammany      |  |                | CITY       |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Mary                    |  | W              | 40         | Germany    |       |
| Lulu                    |  | D              | 14         |            |       |
| William                 |  | S              | 12         |            |       |
| Theresa                 |  | D              | 10         |            |       |
| George                  |  | S              | 8          |            |       |
| Sophie                  |  | D              | 6          |            |       |

FORM 16-636 (4-20-61)

1916 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |         |                |     |            |       |
|-------------------------|---------|----------------|-----|------------|-------|
| 1202                    |         | HEAD OF FAMILY |     | LOUISIANA  |       |
| ROCKY, William H.       |         | S.D.           |     | 54         |       |
| COLOR                   | W       | AGE            | 33  | BIRTHPLACE | Tenn. |
| COUNTY                  | Jackson |                |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |         |                |     |            |       |
| NAME                    |         | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Esther                  |         | W              | 34  | Ark        |       |
| Jessie May              |         | D              | 8   | Ark        |       |
| Charlie                 |         | S              | 4   |            |       |
| Julie                   |         | SD             | 11  | Ark        |       |
|                         |         |                |     |            |       |
|                         |         |                |     |            |       |
|                         |         |                |     |            |       |

FORM 16-426 (4-20-51)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |              |  |      |  |       |
|--|--------------|--|------|--|-------|
| R-200  |              | NAME OF INDIVIDUAL   |      | LOUISIANA  |       |
| R. 200   |              | R. 200   |      | E.O.   | SHEET |
| SEX  | AGE          | BIRTHPLACE   |      | 145  | 2     |
| W  | 58           | Mo.  |      |  |       |
| COUNTY   | West Carroll |  | CITY |  |       |
| ENUMERATED WITH  |              |  |      |  |       |
| Julius James R.  |              |  |      |  |       |
| RELATIONSHIP TO ABOVE  |              |  |      |  |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |              | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NICE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> WIFE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> WORKER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |       |

FORM 16-637 (4-22-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

UNCOMB 18100-501

|   |  |  |  |                  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|--|------------------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| <i>R 200</i>  |  | NAME OF INDIVIDUAL<br><i>Ricks W. H.</i> |  | LOUISIANA        |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>W</i>   | AGE<br><i>28</i>                         | BIRTHPLACE<br><i>Miss</i>                |  | E.D.<br><i>5</i> |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY  |  | SHEET<br><i>18</i>                       |  |                  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <i>Bienville</i>  |  | CITY                                     |  |                  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Larry John H.</i>   |  |  |  |                  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |  |                  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDOW</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> Niece</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |                  | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | <input type="checkbox"/> MOTHER | <input type="checkbox"/> Niece | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDOW           |  |                  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> Niece           | <input type="checkbox"/> NURSE           |  |                  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |  |                  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |  |                  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |  |                  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |  |                  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |                  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |  |                  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 18-437 (4-22-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18155-P01

| R200                    |     | HEAD OF FAMILY |      | LOUISIANA  |       |
|-------------------------|-----|----------------|------|------------|-------|
| COLOR                   | AGE | BIRTHPLACE     |      | E.D.       | SHEET |
| W                       | 48  | Gla            |      | 71         | 17    |
| COUNTY                  |     |                | CITY |            |       |
| Lincoln                 |     |                |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Mary                    |     | W              | 52   | Gla        |       |
| Addie J.                |     | D              | 23   | Gla        |       |
| Lula M.                 |     | S              | 16   | Gla        |       |
| Thomas V.               |     | S              | 14   | Gla        |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |

Form 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |              |            |       |
|-------------------------|--|----------------|--------------|------------|-------|
| R 200                   |  | HEAD OF FAMILY |              | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE   | E.O.       | SHEET |
| W                       |  | 60             | N. Y.        | 35         | 9     |
| COUNTY                  |  |                | CITY         |            |       |
| Calcasieu               |  |                | Lake Charles |            |       |
| OTHER MEMBERS OF FAMILY |  |                |              |            |       |
| NAME                    |  | RELATIONSHIP   | AGE          | BIRTHPLACE |       |
| / Lydia                 |  | W              | 36           | La.        |       |
| / Julia                 |  | d              | 21           | La.        |       |
| / Clara                 |  | d              | 18           | La.        |       |
|                         |  |                |              |            |       |
|                         |  |                |              |            |       |
|                         |  |                |              |            |       |
|                         |  |                |              |            |       |

Form 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|   |   |
|---|---|
| LOUISIANA   |   |
| NAME OF INDIVIDUAL<br><i>Asao</i>   | ED. <i>75</i> SHEET <i>5</i>  |
| COLOR <i>W</i>  | AGE <i>14</i> BIRTHPLACE <i>Bo. Bo.</i>   |
| COUNTY  | CITY  |
| MARRIED WITH <i>Griffith, Marguerite</i>  |   |
| RELATIONSHIP TO ABOVE   |   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input checked="" type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> Niece<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> WIDOW<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify)   |   |

FORM 16-527 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 1910-P-61

|                         |                  |                |                        |            |          |
|-------------------------|------------------|----------------|------------------------|------------|----------|
| <i>R200</i>             |                  | HEAD OF FAMILY |                        | LOUISIANA  |          |
| COLOR                   |                  | AGE            | BIRTHPLACE             | E.D.       | SHEET    |
| <i>W</i>                |                  | <i>32</i>      | <i>Rice, William J</i> | <i>113</i> | <i>2</i> |
| COUNTY                  |                  |                | CITY                   |            |          |
| <i>St. Tammany</i>      |                  |                |                        |            |          |
| OTHER MEMBERS OF FAMILY |                  |                |                        |            |          |
|                         | NAME             | RELATIONSHIP   | AGE                    | BIRTHPLACE |          |
|                         | <i>Adeline B</i> | <i>w</i>       | <i>33</i>              |            |          |
|                         | <i>Hazel</i>     | <i>d</i>       | <i>6</i>               |            |          |
|                         | <i>David</i>     | <i>s</i>       | <i>5</i>               |            |          |
|                         | <i>Martha</i>    | <i>d</i>       | <i>3</i>               |            |          |
|                         | <i>Harry</i>     | <i>s</i>       | <i>5 1/2</i>           |            |          |
|                         |                  |                |                        |            |          |
|                         |                  |                |                        |            |          |

FORM 10-630 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                   |      |            |       |
|-------------------------|-----|-------------------|------|------------|-------|
| R200                    |     | HEAD OF FAMILY    |      | LOUISIANA  |       |
|                         |     | Ricks, William J. |      | E.D.       | SHEET |
| COLOR                   | AGE | BIRTHPLACE        |      |            |       |
| 24                      | 32  |                   |      |            |       |
| COUNTY                  |     |                   | CITY |            |       |
| Jackson                 |     |                   |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                   |      |            |       |
| NAME                    |     | RELATIONSHIP      | AGE  | BIRTHPLACE |       |
| Annie J.                |     | W                 | 31   |            |       |
| Lora D.                 |     | S                 | 9    |            |       |
| Maggie L.               |     | D                 | 7    |            |       |
| Arthur, H               |     | S                 | 6    |            |       |
| Annie, L                |     | D                 | 4    |            |       |
|                         |     |                   |      |            |       |
|                         |     |                   |      |            |       |

FORM 16-636 (4-26-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R200                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| W                       | 32  |                |     | 55         | 2     |
| COUNTY                  |     | CITY           |     |            |       |
|                         |     | Iberville      |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Mary m                  |     | W              | 57  |            |       |
| Francis                 |     | Li             | 29  |            |       |
| Alicia                  |     | Li             | 27  |            |       |
| Pauline                 |     | Li             | 19  |            |       |
| Lydian                  |     | Li             | 16  |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 16-436 (4-22-31)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |  |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|------------|-------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 1920   | NAME OF INDIVIDUAL<br>Rosen, William K.  |  | E.D.<br>54 | SHEET<br>15 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RACE<br>W  | AGE<br>27                                | BIRTHPLACE<br>Texas                        |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br>Jackson  |  | CITY                                       |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br>Adams, W. B.  |  |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> INMATE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> NUNNE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input checked="" type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> |  |  |            |             | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NUNNE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE            |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NUNNE             |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

Form 16-537 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 16199-P61

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R200                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| W                       |  | 69             | Ireland    | 79         | 8     |
| COUNTY                  |  |                | CITY       |            |       |
| Rapides                 |  |                | Albany     |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Christine               |  | W              | 51         |            |       |
| Emma M.                 |  | D              | 21         |            |       |
| John M.                 |  | D              | 18         |            |       |
| Josephine D.            |  | D              | 14         |            |       |
| Baby L.                 |  | D              | 12         |            |       |
| McHenry, Mrs. Josephine |  | MH             | 69         |            |       |

FORM 18-436 (4-26-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|   |  |  |             |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|-------------|------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R200  | NAME OF INDIVIDUAL<br><i>Case William L.</i> |  | E.D.<br>105 | SHEET<br>1 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>B</i>   | AGE<br><i>21</i>                             | BIRTHPLACE                                 |             |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>St Tammany</i>   | CITY<br><i>Shidell</i>                       |  |             |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Comeaux George</i>  |  |  |             |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |             |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> UNDAVE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |             |            | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> UNDAVE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW              | <input type="checkbox"/> UNDAVE            |             |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE               | <input type="checkbox"/> NURSE             |             |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW       | <input type="checkbox"/> PATIENT           |             |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW       | <input checked="" type="checkbox"/> ROOMER |             |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW          | <input type="checkbox"/> SERVANT           |             |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW     | <input type="checkbox"/> OTHER (Specify)   |             |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW      |  |             |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW       |  |             |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-437 (4-22-51)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 15100-P01

|                         |  |                |  |                  |  |            |  |
|-------------------------|--|----------------|--|------------------|--|------------|--|
| R 200                   |  | HEAD OF FAMILY |  | ROACH William L. |  | LOUISIANA  |  |
| COLOR                   |  | AGE            |  | BIRTHPLACE       |  | E.D. SHEET |  |
| W                       |  | 28             |  | Tex              |  | 109 7      |  |
| COUNTY                  |  |                |  | Winn             |  | CITY       |  |
| OTHER MEMBERS OF FAMILY |  |                |  |                  |  |            |  |
| NAME                    |  |                |  | RELATIONSHIP     |  | AGE        |  |
| Maud C                  |  |                |  | W                |  | 34         |  |
| Lemuel                  |  |                |  | D                |  | 5          |  |
| John                    |  |                |  | S                |  | 1 1/2      |  |
| Howell John B.          |  |                |  | B. L             |  | 20         |  |
|                         |  |                |  |                  |  |            |  |
|                         |  |                |  |                  |  |            |  |
|                         |  |                |  |                  |  |            |  |
|                         |  |                |  |                  |  |            |  |

FORM 16-636 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |           | HEAD OF FAMILY      |     | LOUISIANA  |             |
|-------------------------|-----------|---------------------|-----|------------|-------------|
| R 200                   |           | Rice Wm L           |     | E.D.<br>62 | SHEET<br>32 |
| COLOR<br>W              | AGE<br>27 | BIRTHPLACE<br>Penn. |     |            |             |
| COUNTY<br>Greene        |           | CITY                |     |            |             |
| OTHER MEMBERS OF FAMILY |           |                     |     |            |             |
| NAME                    |           | RELATIONSHIP        | AGE | BIRTHPLACE |             |
| 1 Roberta               |           | W                   | 25  |            |             |
| Robert Edwin            |           | F-l                 | 55  | I. C.      |             |
| 1 Arthur Lee            |           | S-l                 | 16  |            |             |
| 1 Anna D                |           | S-l                 | 12  |            |             |
| Rice George T           |           | F                   | 66  | Penn       |             |
| 1 Josephine             |           | M                   | 58  | Penn       |             |
|                         |           |                     |     |            |             |

FORM 18-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |              |           |            |
|-------------------------|--|----------------|--------------|-----------|------------|
| R200                    |  | HEAD OF FAMILY |              | LOUISIANA |            |
| COLOR                   |  | AGE            | BIRTHPLACE   | E.D.      | SHEET      |
| W                       |  | D              |              | 109       | 17         |
| COUNTY                  |  |                | Sabine       | CITY      |            |
| OTHER MEMBERS OF FAMILY |  |                |              |           |            |
| NAME                    |  |                | RELATIONSHIP | AGE       | BIRTHPLACE |
| / Annie E               |  |                | W            | 23        |            |
| Dora O                  |  |                | D            | 1/2       |            |
|                         |  |                |              |           |            |
|                         |  |                |              |           |            |
|                         |  |                |              |           |            |
|                         |  |                |              |           |            |
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|                         |  |                |              |           |            |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |  |
|-------------------------|-----|----------------|-----|------------|--|
| K200                    |     | HEAD OF FAMILY |     | LOUISIANA  |  |
| Rush, William R         |     | E.D.           |     | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |     |            |  |
| W                       | 54  |                |     |            |  |
| COUNTY                  |     | CITY           |     |            |  |
| Avoyelles               |     |                |     |            |  |
| OTHER MEMBERS OF FAMILY |     |                |     |            |  |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| Living Alone            |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
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|                         |     |                |     |            |  |

FORM 16-636 (4-26-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |        |                |       |            |     |
|-------------------------|--------|----------------|-------|------------|-----|
| R 202                   |        | HEAD OF FAMILY |       | LOUISIANA  |     |
| Kass, William S.        |        | E.D.           |       | 59         |     |
| COLOR                   | W      | AGE            | 35    | BIRTHPLACE | Ga. |
| COUNTY                  | Grant  |                | CITY  | Colfax     |     |
| OTHER MEMBERS OF FAMILY |        |                |       |            |     |
|                         | NAME   | RELATIONSHIP   | AGE   | BIRTHPLACE |     |
|                         | Fannie | W              | 20    | Miss       |     |
|                         | Mattie | D              | 7 1/2 |            |     |
|                         | Joe    | B              | 19    |            |     |
|                         |        |                |       |            |     |
|                         |        |                |       |            |     |
|                         |        |                |       |            |     |
|                         |        |                |       |            |     |
|                         |        |                |       |            |     |

FORM 10-436 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |                |            |    |
|-------------------------|---|----------------|----------------|------------|----|
| R 200                   |   | HEAD OF FAMILY |                | LOUISIANA  |    |
| COLOR                   | W | AGE            | 38             | E.D.       | 45 |
|                         |   | BIRTHPLACE     |                | SHEET 6    |    |
| COUNTY                  |   |                | East Feliciana | CITY       |    |
|                         |   |                |                | Clidex     |    |
| OTHER MEMBERS OF FAMILY |   |                |                |            |    |
| NAME                    |   | RELATIONSHIP   | AGE            | BIRTHPLACE |    |
| Stella W                |   | Sis            | 47             |            |    |
| Mary L                  |   | Sis            | 41             |            |    |
|                         |   |                |                |            |    |
|                         |   |                |                |            |    |
|                         |   |                |                |            |    |
|                         |   |                |                |            |    |
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FORM 18-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |        |                |      |            |       |
|-------------------------|--------|----------------|------|------------|-------|
| R200                    |        | HEAD OF FAMILY |      | LOUISIANA  |       |
| R                       |        | R              |      | E.O.       | SHEET |
| COLOR                   | AGE    | BIRTHPLACE     |      |            |       |
| W                       | 52     |                |      |            |       |
| COUNTY                  |        |                | CITY |            |       |
| Richland                |        |                |      |            |       |
| OTHER MEMBERS OF FAMILY |        |                |      |            |       |
| NAME                    |        | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| 1                       | Mary D | W              | 63   | Miss       |       |
|                         |        |                |      |            |       |
|                         |        |                |      |            |       |
|                         |        |                |      |            |       |
|                         |        |                |      |            |       |
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FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                    |     |            |       |
|-------------------------|-----|--------------------|-----|------------|-------|
| R-200                   |     | HEAD OF FAMILY     |     | LOUISIANA  |       |
| R-200                   |     | Richard William J. |     | E.D.       | SHEET |
| COLOR                   | AGE | BIRTHPLACE         |     |            |       |
| W                       | 34  | Lenn.              |     |            |       |
| COUNTY                  |     | St. Landry         |     | CITY       |       |
|                         |     |                    |     | Washington |       |
| OTHER MEMBERS OF FAMILY |     |                    |     |            |       |
| NAME                    |     | RELATIONSHIP       | AGE | BIRTHPLACE |       |
| — Agnes J.              |     | W                  | 8   | Ind        |       |
|                         |     |                    |     |            |       |
|                         |     |                    |     |            |       |
|                         |     |                    |     |            |       |
|                         |     |                    |     |            |       |
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FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R200                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| W                       |  | 45             | Miss       | 30         | 7     |
| COUNTY                  |  |                | CITY       |            |       |
| Calcasieu               |  |                | Kinder     |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Bernell                 |  | W              | 40         | Ark        |       |
| Jerome                  |  | D              | 18         | Miss       |       |
| Bernell, Frances        |  | miss           | 80         | Ga         |       |
| Barber, Sallie          |  | miss           | 80         | Ga         |       |
| and 8 Boarders          |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |  |                |             |            |       |
|-------------------------|--|----------------|-------------|------------|-------|
| R200                    |  | HEAD OF FAMILY |             | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE  | E.O.       | SHEET |
| W                       |  | 50             |             | 90         | 36    |
| COUNTY St. Mary         |  |                | CITY Gretna |            |       |
| OTHER MEMBERS OF FAMILY |  |                |             |            |       |
| NAME                    |  | RELATIONSHIP   | AGE         | BIRTHPLACE |       |
| 1 Deliciana             |  | M              | 71          |            |       |
|                         |  |                |             |            |       |
|                         |  |                |             |            |       |
|                         |  |                |             |            |       |
|                         |  |                |             |            |       |
|                         |  |                |             |            |       |
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|                         |  |                |             |            |       |
|                         |  |                |             |            |       |

FORM 18-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |  |   |                   |
|--|--|---|-------------------|
| NAME OF INDIVIDUAL<br><i>Russa Willie</i>  |  | E.D.<br><i>130</i>  | SHEET<br><i>4</i> |
| COLOR<br><i>W</i>  | AGE<br><i>24</i>   | BIRTHPLACE  |                   |
| COUNTY   | CITY<br><i>St. Martin</i>  | CITY<br><i>Brownsville</i>  |                   |
| ENUMERATED WITH<br><i>Grilbeau, Russa</i>  |  |   |                   |
| RELATIONSHIP TO ABOVE  |  |   |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input checked="" type="checkbox"/> MOTHER<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> WIDOW<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                   |

FORM 10-437 (4-20-51)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1930 CENSUS INDEX - INDIVIDUAL

USCIB-DC 18100-PSI

|                         |  |                |  |                  |  |                  |  |
|-------------------------|--|----------------|--|------------------|--|------------------|--|
| A 202                   |  | HEAD OF FAMILY |  | Joss Willie      |  | LOUISIANA        |  |
| COLOR B                 |  | AGE 33         |  | BIRTHPLACE       |  | E.D. 20 SHEET 17 |  |
| COUNTY East Baton Rouge |  |                |  | CITY Baton Rouge |  |                  |  |
| OTHER MEMBERS OF FAMILY |  |                |  |                  |  |                  |  |
| NAME                    |  | RELATIONSHIP   |  | AGE              |  | BIRTHPLACE       |  |
| 1 Effie                 |  | A              |  | 7                |  |                  |  |
| Bell Rose               |  | B              |  | 37               |  |                  |  |
| 1 Carrie                |  | ni             |  | 22               |  |                  |  |
| Annie                   |  | ni             |  | 20               |  |                  |  |
| Rose                    |  | ni             |  | 17               |  |                  |  |
|                         |  |                |  |                  |  |                  |  |
|                         |  |                |  |                  |  |                  |  |

FORM 18-434 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |  |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |          |                                |  |  |
|--|--|--|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|----------|--------------------------------|--|--|
| R 200  | NAME OF INDIVIDUAL<br><i>Reas Willis</i> |  | E.D.<br><i>25</i> | SHEET<br><i>11</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |          |                                |  |  |
| COLOR<br><i>W</i>  | AGE<br><i>34</i>                         | BIRTHPLACE                               |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |          |                                |  |  |
| COUNTY<br><i>East Baton Rouge</i>  | CITY<br><i>Baton Rouge</i>               |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |          |                                |  |  |
| ENUMERATED WITH<br><i>Reas Ed</i>  |  |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |          |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |          |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>B</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |                   |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>B</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |          |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |          |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |          |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |          |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |          |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |          |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  | <i>B</i>                                 |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |          |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |          |                                |  |  |

FORM 16-537 (4-26-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18195-P51

LOUISIANA

|   |   |  |                   |
|---|---|--|-------------------|
| NAME OF INDIVIDUAL<br><i>Roger Hillis</i>   |   | E.O.<br><i>121</i>   | SHEET<br><i>5</i> |
| COLOR<br><i>B</i>   | AGE<br><i>19</i>  | BIRTHPLACE   |                   |
| COUNTY<br><i>Jackson</i>  |   | CITY<br><i>Newellton</i>   |                   |
| ENUMERATED WITH<br><i>William Edward</i>  |   |  |                   |
| RELATIONSHIP TO ABOVE   |   |  |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input checked="" type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                   |

FORM 16-577 16-50-511

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 16186-P61

|                         |     |                |     |            |  |
|-------------------------|-----|----------------|-----|------------|--|
| R200                    |     | HEAD OF FAMILY |     | LOUISIANA  |  |
| Rose Willie             |     | E.D.           |     | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |     |            |  |
| 13                      | 39  |                |     |            |  |
| COUNTY                  |     | CITY           |     |            |  |
| Calcasieu               |     | Lake Charles   |     |            |  |
| OTHER MEMBERS OF FAMILY |     |                |     |            |  |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| Annie                   |     | W              | 40  |            |  |
| Beulah                  |     | D              | 18  |            |  |
| Beulah                  |     | P              | 15  |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|   |   |   |                  |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |                 |                                |  |  |
|---|---|---|------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|-------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|-----------------|--------------------------------|--|--|
| R 200   | NAME OF INDIVIDUAL<br><i>Ross, Willie</i> |   | E.O.<br><i>6</i> | SHEET<br><i>6</i> |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |                 |                                |  |  |
| COLOR<br><i>B</i>   | AGE<br><i>8</i>                           | BIRTHPLACE  |                  |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |                 |                                |  |  |
| COUNTY<br><i>Assumption</i>   | CITY                                      |   |                  |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |                 |                                |  |  |
| ENUMERATED WITH<br><i>Lawson, Mitchell</i>  |   |   |                  |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |                 |                                |  |  |
| RELATIONSHIP TO ABOVE   |   |   |                  |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |                 |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>Step-son</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |   |   |                  |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>Step-son</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW           | <input type="checkbox"/> WIDATE                     |                  |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |                 |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NECE             | <input type="checkbox"/> NURSE                      |                  |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |                 |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW    | <input type="checkbox"/> PATIENT                    |                  |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |                 |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW    | <input type="checkbox"/> ROOMER                     |                  |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |                 |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW       | <input type="checkbox"/> SERVANT                    |                  |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |                 |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW  | <input checked="" type="checkbox"/> OTHER (Specify) |                  |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |                 |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW   | <i>Step-son</i>                                     |                  |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |                 |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW    |   |                  |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |                 |                                |  |  |

FORM 10-437 (4-29-31)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18160-001

|                         |           |                   |      |            |  |
|-------------------------|-----------|-------------------|------|------------|--|
| R200                    |           | HEAD OF FAMILY    |      | LOUISIANA  |  |
| ROSS WILLIE             |           | E.O.              |      | SHEET      |  |
| COLOR                   | AGE       | BIRTHPLACE        |      |            |  |
| B                       | 26        |                   |      |            |  |
| COUNTY                  | Jefferson |                   | CITY |            |  |
| OTHER MEMBERS OF FAMILY |           |                   |      |            |  |
| NAME                    |           | RELATION-<br>SHIP | AGE  | BIRTHPLACE |  |
| 1 ROSS                  |           | w                 | 24   |            |  |
| DAISY PAUL              |           | sd                | 5    |            |  |
| 1 LAMAR                 |           | sd                | 3    |            |  |
|                         |           |                   |      |            |  |
|                         |           |                   |      |            |  |
|                         |           |                   |      |            |  |
|                         |           |                   |      |            |  |
|                         |           |                   |      |            |  |

FORM 16-636 (4-29-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |     |                |     |            |  |
|-------------------------|-----|----------------|-----|------------|--|
| 1930                    |     | HEAD OF FAMILY |     | LOUISIANA  |  |
| Bickas Willie           |     | E.D.           |     | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |     |            |  |
| mn                      | 25  |                |     |            |  |
| COUNTY                  |     | Lafourche      |     | CITY       |  |
| OTHER MEMBERS OF FAMILY |     |                |     |            |  |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| 1 Julia                 |     | W              | 20  |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |  |   |                    |
|--|--|---|--------------------|
| NAME OF INDIVIDUAL<br><i>Rice Willie</i> |  | U.S.<br><i>718</i>                                  | SHEET<br><i>19</i> |
| COLOR<br><i>B</i>                        | AGE<br><i>21</i>                         | BIRTHPLACE  |                    |
| COUNTY<br><i>Webster</i>                 |  | CITY  |                    |
| ENUMERATED WITH<br><i>White Robert</i>   |  |   |                    |
| RELATIONSHIP TO ABOVE                    |  |   |                    |
| <input type="checkbox"/> FATHER          | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIFE                       | <i>C</i>           |
| <input type="checkbox"/> MOTHER          | <input type="checkbox"/> Niece           | <input type="checkbox"/> HOUSE                      |                    |
| <input type="checkbox"/> GRANDFATHER     | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |                    |
| <input type="checkbox"/> GRANDMOTHER     | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |                    |
| <input type="checkbox"/> GRANDSON        | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |                    |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |                    |
| <input type="checkbox"/> AUNT            | <input type="checkbox"/> BROTHER-IN-LAW  |   |                    |
| <input type="checkbox"/> UNCLE           | <input type="checkbox"/> SISTER-IN-LAW   |   |                    |

FORM 10-437 (4-29-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

LOUISIANA

|  |  |  |  |             |  |             |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|--|-------------|--|-------------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| B-200  |  | NAME OF INDIVIDUAL<br>Ross Willie          |  | R.O.<br>115 |  | SHEET<br>11 |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br>M   |  | AGE<br>30                                  |  | BIRTHPLACE  |  |             |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br>Webster  |  |  |  | CITY        |  |             |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br>Dena Willie   |  |  |  |             |  |             |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |  |             |  |             |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> INMATE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input checked="" type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> |  |  |  |             |  |             |  | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE            |  |             |  |             |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE             |  |             |  |             |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |  |             |  |             |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER |  |             |  |             |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |  |             |  |             |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |  |             |  |             |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |             |  |             |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |  |             |  |             |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 16-437 (4-22-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 16100-P61

|                         |     |                |      |            |  |
|-------------------------|-----|----------------|------|------------|--|
| R200                    |     | HEAD OF FAMILY |      | LOUISIANA  |  |
| Roach Willie            |     | E.D.           |      | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |      |            |  |
| B                       | 34  |                |      |            |  |
| COUNTY                  |     |                | CITY |            |  |
| Ouachita                |     |                |      |            |  |
| OTHER MEMBERS OF FAMILY |     |                |      |            |  |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| Josephine W             |     | W              | 30   |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |

FORM 18-536 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |        |                |            |            |            |
|-------------------------|--------|----------------|------------|------------|------------|
| R200                    |        | HEAD OF FAMILY |            | LOUISIANA  |            |
| COLOR                   |        | AGE            | BIRTHPLACE |            | E.D. SHEET |
| B                       |        | 40             |            |            | 13421      |
| COUNTY                  |        |                | CITY       |            |            |
| Union                   |        |                |            |            |            |
| OTHER MEMBERS OF FAMILY |        |                |            |            |            |
|                         | NAME   | RELATIONSHIP   | AGE        | BIRTHPLACE |            |
|                         | Jessie | W              | 35         |            |            |
|                         | James  | S              | 17         |            |            |
|                         | Myrtle | D              | 13         |            |            |
|                         | Leona  | D              | 9          |            |            |
|                         | Jack   | S              | 6          |            |            |
|                         | Susan  | D              | 11         |            |            |
|                         | Leah   | D              | 5          |            |            |

FORM 16-506 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |  |                |            |            |            |
|-------------------------|--|----------------|------------|------------|------------|
| K200                    |  | HEAD OF FAMILY |            | LOUISIANA  |            |
| COLOR                   |  | AGE            | BIRTHPLACE |            | E.D. SHEET |
| B                       |  | 31             |            |            | 86 17      |
| COUNTY                  |  |                | CITY       |            |            |
| St. John the Baptist    |  |                |            |            |            |
| OTHER MEMBERS OF FAMILY |  |                |            |            |            |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |            |
| Living alone            |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |  |   |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |                                      |  |
|--|--|---|--|--------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--------------------------------------|--|
| R 200  |  | NAME OF INDIVIDUAL<br><i>Robert Willie</i>          |  | E.D.<br><i>114</i> | SHEET<br><i>6</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |                                      |  |
| COLOR<br><i>Mr</i>   | AGE<br><i>8</i>                          | BIRTHPLACE  |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |                                      |  |
| COUNTY<br><i>Richland</i>  |  | CITY  |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |                                      |  |
| GENERATED WITH<br><i>Strong Sam</i>  |  |   |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |                                      |  |
| RELATIONSHIP TO ABOVE  |  |   |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |                                      |  |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> INMATE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input checked="" type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> WIFE-IN-LAW</td><td></td></tr></tbody></table> |  |   |  |                    |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> WIFE-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |                                      |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |                                      |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |                                      |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |                                      |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |                                      |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |                                      |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |                                      |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> WIFE-IN-LAW     |   |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |                                      |  |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCMM-DC 10100-P01



|   |  |   |  |                         |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
|---|--|---|--|-------------------------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|---|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R207  |  | NAME OF INDIVIDUAL<br><i>Rush, Willie</i>   |  | LOUISIANA               |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>W</i>   |  | AGE<br><i>21</i>                            |  | BIRTHPLACE<br><i>La</i> |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>Richland</i>   |  | CITY  |  |                         |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Attorney John</i>   |  |   |  |                         |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |  |                         |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input checked="" type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |                         |  | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input checked="" type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE             |  |                         |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE              |  |                         |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT            |  |                         |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER             |  |                         |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input checked="" type="checkbox"/> SERVANT |  |                         |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)    |  |                         |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |                         |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |  |                         |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |

FORM 18-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P01

|                         |     |                |      |            |  |
|-------------------------|-----|----------------|------|------------|--|
| P200                    |     | HEAD OF FAMILY |      | LOUISIANA  |  |
| Rock Hillie             |     | E.D.           |      | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |      |            |  |
| B                       | 28  |                |      |            |  |
| COUNTY                  |     |                | CITY |            |  |
| Rod River               |     |                |      |            |  |
| OTHER MEMBERS OF FAMILY |     |                |      |            |  |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| Annie                   |     | W              | 26   |            |  |
| George, Luba            |     | SD             | 12   |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |

FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |    |                |              |             |            |           |  |
|-------------------------|----|----------------|--------------|-------------|------------|-----------|--|
| R200                    |    | HEAD OF FAMILY |              | Rosa Willie |            | LOUISIANA |  |
| COLOR                   | Mu | AGE            | 24           | BIRTHPLACE  |            |           |  |
| COUNTY                  |    |                |              | St. Charles | CITY       |           |  |
| OTHER MEMBERS OF FAMILY |    |                |              |             |            |           |  |
|                         |    | NAME           | RELATIONSHIP | AGE         | BIRTHPLACE |           |  |
|                         |    | Harriet        | W            | 29          |            |           |  |
|                         |    | Isaac          | S            | 8 1/2       |            |           |  |
|                         |    |                |              |             |            |           |  |
|                         |    |                |              |             |            |           |  |
|                         |    |                |              |             |            |           |  |
|                         |    |                |              |             |            |           |  |
|                         |    |                |              |             |            |           |  |
|                         |    |                |              |             |            |           |  |

FORM 16-436 (4-22-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R200                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | S.D.       | SHEET |
| B                       |  | 30             |            | 70         | 8     |
| COUNTY                  |  |                | CITY       |            |       |
| St. James               |  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| 1 Orelia                |  | w              | 30         |            |       |
| Collins, Willie         |  | S.S            | 8          |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 19-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |      |            |  |
|-------------------------|-----|----------------|------|------------|--|
| R200                    |     | HEAD OF FAMILY |      | LOUISIANA  |  |
| Keggs, Willie           |     | E.D.           |      | SHEET      |  |
| 131                     |     | 28             |      |            |  |
| COLOR                   | AGE | BIRTHPLACE     |      |            |  |
| me                      | 38  |                |      |            |  |
| COUNTY                  |     |                | CITY |            |  |
| St. Martin              |     |                |      |            |  |
| OTHER MEMBERS OF FAMILY |     |                |      |            |  |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| Eugene                  |     | H              | 35   |            |  |
| Gabriel                 |     | S              | 17   |            |  |
| Martha                  |     | D              | 16   |            |  |
| Lola                    |     | D              | 14   |            |  |
| Frank                   |     | F              | 12   |            |  |
| Regina                  |     | D              | 11   |            |  |
| Louise                  |     | D              | 10   |            |  |

FORM 18-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| 1 | NAME      | RELATIONSHIP | AGE | BIRTHPLACE |
|---|-----------|--------------|-----|------------|
|   | Adelaide  | D            | 9   |            |
|   | Nicola    | D            | 8   |            |
|   | Edmund    | D            | 7   |            |
|   | Josephine | D            | 5   |            |
|   | Lucy      | D            | 4   |            |
|   | Martin    | S            | 2   |            |
|   |           |              |     |            |
|   |           |              |     |            |
|   |           |              |     |            |

FORM 16-536a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18198-P61

|                         |  |                |  |                        |  |                |                 |
|-------------------------|--|----------------|--|------------------------|--|----------------|-----------------|
| <i>Russ</i>             |  | HEAD OF FAMILY |  | <i>Russell, Willie</i> |  | LOUISIANA      |                 |
| COLOR <i>B</i>          |  | AGE <i>7</i>   |  | BIRTHPLACE             |  | E.O. <i>56</i> | SHEET <i>20</i> |
| COUNTY <i>Iberville</i> |  |                |  | CITY <i>Baguenne</i>   |  |                |                 |
| OTHER MEMBERS OF FAMILY |  |                |  |                        |  |                |                 |
| NAME                    |  | RELATIONSHIP   |  | AGE                    |  | BIRTHPLACE     |                 |
| <i>1 Mabel</i>          |  | <i>w</i>       |  | <i>7</i>               |  |                |                 |
|                         |  |                |  |                        |  |                |                 |
|                         |  |                |  |                        |  |                |                 |
|                         |  |                |  |                        |  |                |                 |
|                         |  |                |  |                        |  |                |                 |
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|                         |  |                |  |                        |  |                |                 |
|                         |  |                |  |                        |  |                |                 |
|                         |  |                |  |                        |  |                |                 |
|                         |  |                |  |                        |  |                |                 |

FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                |              |           |            |
|-------------------------|----------------|--------------|-----------|------------|
| R200                    | HEAD OF FAMILY |              | LOUISIANA |            |
|                         | Cass, Willie   |              | E.O.      | SHEET      |
| COLOR                   | AGE            | BIRTHPLACE   |           |            |
| Mo                      | 21             |              |           |            |
| COUNTY                  |                | CITY         |           |            |
|                         |                | Iberville    |           |            |
| OTHER MEMBERS OF FAMILY |                |              |           |            |
| NAME                    |                | RELATIONSHIP | AGE       | BIRTHPLACE |
| Rosa                    |                | W            | 19        |            |
| Edna                    |                | D            | 7/12      |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |            |                |     |              |  |
|-------------------------|------------|----------------|-----|--------------|--|
| R 202                   |            | HEAD OF FAMILY |     | LOUISIANA    |  |
| B                       |            | 45             |     | Bess, Willie |  |
| COLOR                   |            | AGE            |     | BIRTHPLACE   |  |
| COUNTY                  |            | IBerville      |     | CITY         |  |
| OTHER MEMBERS OF FAMILY |            |                |     |              |  |
|                         | NAME       | RELATIONSHIP   | AGE | BIRTHPLACE   |  |
|                         | Andy       | W              | 42  |              |  |
|                         | Louisa     | D              | 20  |              |  |
|                         | Clementine | D              | 16  |              |  |
|                         | Louis      | S              | 13  |              |  |
|                         | Thilda     | D              | 9   |              |  |
|                         | Thelvin    | S              | 4   |              |  |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |               |                                     |           |                |                 |
|-------------------------|---------------|-------------------------------------|-----------|----------------|-----------------|
| <i>P200</i>             |               | HEAD OF FAMILY <i>Reese, Willie</i> |           | LOUISIANA      |                 |
| COLOR <i>B</i>          | AGE <i>30</i> | BIRTHPLACE                          |           | E.O. <i>52</i> | SHEET <i>19</i> |
| COUNTY <i>Iberville</i> |               | CITY                                |           |                |                 |
| OTHER MEMBERS OF FAMILY |               |                                     |           |                |                 |
| NAME                    |               | RELATIONSHIP                        | AGE       | BIRTHPLACE     |                 |
| <i>1 Mary</i>           |               | <i>W</i>                            | <i>25</i> |                |                 |
| <i>Boena</i>            |               | <i>D</i>                            | <i>7</i>  |                |                 |
|                         |               |                                     |           |                |                 |
|                         |               |                                     |           |                |                 |
|                         |               |                                     |           |                |                 |
|                         |               |                                     |           |                |                 |
|                         |               |                                     |           |                |                 |
|                         |               |                                     |           |                |                 |

FORM 18-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |          |                |      |            |  |
|-------------------------|----------|----------------|------|------------|--|
| R200                    |          | HEAD OF FAMILY |      | LOUISIANA  |  |
| E.O.                    |          | SHEET          |      | 63 6       |  |
| COLOR                   | AGE      | BIRTHPLACE     |      |            |  |
| W                       | 29       | Ark            |      |            |  |
| COUNTY                  | La Salle |                | CITY |            |  |
| OTHER MEMBERS OF FAMILY |          |                |      |            |  |
| NAME                    |          | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| Maggie                  |          | W              | 27   | Ark        |  |
| Furrintine Nettie       |          | SD             | 12   | 1          |  |
|                         |          |                |      |            |  |
|                         |          |                |      |            |  |
|                         |          |                |      |            |  |
|                         |          |                |      |            |  |
|                         |          |                |      |            |  |

FORM 18-536 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                                |  |                       |                     |                  |                   |             |              |
|--------------------------------|--|-----------------------|---------------------|------------------|-------------------|-------------|--------------|
| <b>R 200</b>                   |  | <b>HEAD OF FAMILY</b> |                     | <b>LOUISIANA</b> |                   | <b>E.D.</b> | <b>SHEET</b> |
| <b>COLOR</b>                   |  | <b>AGE</b>            | <b>BIRTHPLACE</b>   |                  | <b>55</b>         |             | <b>2</b>     |
| <b>B</b>                       |  | <b>27</b>             |                     |                  |                   |             |              |
| <b>COUNTY</b>                  |  |                       | <b>Caddo</b>        | <b>CITY</b>      |                   |             |              |
| <b>OTHER MEMBERS OF FAMILY</b> |  |                       |                     |                  |                   |             |              |
| <b>NAME</b>                    |  |                       | <b>RELATIONSHIP</b> | <b>AGE</b>       | <b>BIRTHPLACE</b> |             |              |
| <i>Living alone</i>            |  |                       |                     |                  |                   |             |              |
|                                |  |                       |                     |                  |                   |             |              |
|                                |  |                       |                     |                  |                   |             |              |
|                                |  |                       |                     |                  |                   |             |              |
|                                |  |                       |                     |                  |                   |             |              |
|                                |  |                       |                     |                  |                   |             |              |
|                                |  |                       |                     |                  |                   |             |              |
|                                |  |                       |                     |                  |                   |             |              |
|                                |  |                       |                     |                  |                   |             |              |
|                                |  |                       |                     |                  |                   |             |              |

FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |          |   |    |  |     |           |       |
|---|----------|---|----|--|-----|-----------|-------|
| 1200  |          | NAME OF INDIVIDUAL  |    | Rush, Willie A   |     | LOUISIANA |       |
| COLOR   | 13       | AGE   | 72 | BIRTHPLACE   | Ala | E.D.      | SHEET |
| COUNTY  | Ouachita |   |    | CITY   |     |           |       |
| ENUMERATED WITH   |          |   |    | Richardson, Emma   |     |           |       |
| RELATIONSHIP TO ABOVE   |          |   |    |  |     |           |       |
| <input type="checkbox"/> FATHER<br><input checked="" type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |          | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> Niece<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |    | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |     |           |       |

FORM 16-637 (10-22-31)

1930 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 16106-P01

|                         |     |                |      |            |  |
|-------------------------|-----|----------------|------|------------|--|
| R202                    |     | HEAD OF FAMILY |      | LOUISIANA  |  |
| Roux, Willie A          |     | E.D.           |      | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |      |            |  |
| W                       | 24  |                |      |            |  |
| COUNTY                  |     |                | CITY |            |  |
| Cameron                 |     |                |      |            |  |
| OTHER MEMBERS OF FAMILY |     |                |      |            |  |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| Ross                    |     | W              | 23   |            |  |
| Archie                  |     | S              | 4    |            |  |
| Georg B                 |     | S              | 2    |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |

FORM 16-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |            |                |     |            |  |
|-------------------------|------------|----------------|-----|------------|--|
| R200                    |            | HEAD OF FAMILY |     | LOUISIANA  |  |
| Rose, Willie A          |            | E.O.           |     | 111        |  |
| COLOR                   | B          | AGE            | 45  | BIRTHPLACE |  |
| COUNTY                  | St. Landry |                |     | CITY       |  |
| OTHER MEMBERS OF FAMILY |            |                |     |            |  |
| NAME                    |            | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| Lem A                   |            | W              | 42  |            |  |
| Roberta                 |            | d              | 23  |            |  |
| Rosita                  |            | d              | 22  |            |  |
| Larence                 |            | s              | 16  |            |  |
| Mary                    |            | d              | 14  |            |  |
| Willie                  |            | d              | 12  |            |  |
| Richard                 |            | s              | 10  |            |  |

FORM 10-436 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS





|  |   | LOUISIANA  |                     |
|--|---|--|---------------------|
| R200   | NAME OF INDIVIDUAL<br><i>Ross, Willie Ann</i>   |  | E.O. SHEET<br>99 15 |
| COLOR<br><i>B</i>  | AGE<br><i>56</i>  | BIRTHPLACE   |                     |
| COUNTY<br><i>St. Mary</i>  | CITY<br><i>Benwick</i>  |  |                     |
| ENUMERATED WITH<br><i>Mathew, Lubeta</i>   |   |  |                     |
| RELATIONSHIP TO ABOVE  |   |  |                     |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> IMMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>Al</i> |                     |

FORM 10-437 (4-29-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 18100-P61

|                         |            |                |     |            |  |
|-------------------------|------------|----------------|-----|------------|--|
| R200                    |            | HEAD OF FAMILY |     | LOUISIANA  |  |
| COLOR W                 |            | AGE 27         |     | BIRTHPLACE |  |
| COUNTY                  |            | CITY           |     | E.D. 26    |  |
|                         |            |                |     | SHEET 8    |  |
| OTHER MEMBERS OF FAMILY |            |                |     |            |  |
|                         | NAME       | RELATIONSHIP   | AGE | BIRTHPLACE |  |
|                         | Lillie B   | W              | 24  |            |  |
|                         | Welmer D   |                | 3   |            |  |
|                         | Eloise D   |                | 1   |            |  |
|                         | Fleming Si |                | 31  |            |  |
|                         | Leonard B  |                | 19  |            |  |
|                         | Robert B   |                | 21  |            |  |
|                         | Lillian Si |                | 17  |            |  |

FORM 16-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |            |                |     |            |       |
|-------------------------|------------|----------------|-----|------------|-------|
| R200                    |            | HEAD OF FAMILY |     | LOUISIANA  |       |
| Ricks                   |            | Willie W.      |     | E.D.       | SHEET |
| COLOR                   | W          | AGE            | 27  | BIRTHPLACE |       |
| COUNTY                  | Tangipahoa |                |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |            |                |     |            |       |
| NAME                    |            | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Laura C.                |            | W              | 27  |            |       |
| Lrona C.                |            | D              | 8   |            |       |
| John J.                 |            | S              | 6   |            |       |
| Willie C.               |            | S              | 5   |            |       |
| Daniel F.               |            | S              | 3   |            |       |
| Aubrey S.               |            | S              | 1/2 |            |       |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |  |              |  |           |  |
|-------------------------|--|----------------|--|--------------|--|-----------|--|
| R200                    |  | HEAD OF FAMILY |  | Rose Killian |  | LOUISIANA |  |
| COLOR                   |  | AGE            |  | BIRTHPLACE   |  | E.D.      |  |
| B                       |  | 43             |  |              |  | 107       |  |
| COUNTY                  |  |                |  | Ouachita     |  | CITY      |  |
| OTHER MEMBERS OF FAMILY |  |                |  |              |  |           |  |
| NAME                    |  |                |  | RELATIONSHIP |  | AGE       |  |
| Irene                   |  |                |  | W            |  | 32        |  |
| Robert                  |  |                |  | S            |  | 14        |  |
| Joseph                  |  |                |  | S            |  | 12        |  |
| Serenah                 |  |                |  | D            |  | 10        |  |
| Edeline                 |  |                |  | D            |  | 9         |  |
| Rosette                 |  |                |  | D            |  | 8         |  |
| John                    |  |                |  | S            |  | 6         |  |

Form 10-636 (4-20-41)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

## LOUISIANA

CARD 2 OF 2

**OTHER MEMBERS OF FAMILY**

[illegible]

FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMA-DC 15198-P61

|  |  |   |  |                   |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
|--|--|---|--|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|-------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|----------|--------------------------------|--|--|
| R-200  |  | NAME OF INDIVIDUAL<br><i>Rascoe Willman</i>         |  | LOUISIANA         |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| COLOR<br><i>W</i>  | AGE<br><i>30</i>                         | BIRTHPLACE  |  | E.D.<br><i>69</i> | SHEET<br><i>23</i> |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| COUNTY<br><i>De Soto</i>   |  | CITY  |  |                   |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| ENUMERATED WITH<br><i>Rascoe George</i>  |  |   |  |                   |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   |  |                   |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>B</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |                   |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>B</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |  |                   |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NECE            | <input type="checkbox"/> NURSE                      |  |                   |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |                   |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |                   |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |                   |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |                   |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  | <i>B</i>  |  |                   |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |   |  |                   |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |

FORM 16-637 (4-29-61)

1930 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMB-DC 16199-P61

|  |                  |   |  |  |  |
|--|------------------|---|--|--|--|
| R200   |                  | NAME OF INDIVIDUAL  |  | LOUISIANA  |  |
| Rouse Wilmer   |                  | E.O.  |  | SHEET  |  |
| COLOR  | AGE              | BIRTHPLACE  |  |  |  |
| W  | 18               |   |  |  |  |
| COUNTY   | East Baton Rouge | CITY  |  |  |  |
|  |                  | Baton Rouge   |  |  |  |
| ENUMERATED WITH  |                  |   |  |  |  |
| O'Neal Beverly   |                  |   |  |  |  |
| RELATIONSHIP TO ABOVE  |                  |   |  |  |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input checked="" type="checkbox"/> WIFE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |  |

FORM 19-637 (4-29-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 1919-P61

|                         |              |              |            |
|-------------------------|--------------|--------------|------------|
| HEAD OF FAMILY          |              | LOUISIANA    |            |
| NAME                    | AGE          | E.O.         | SHEET      |
| <i>Reas</i>             | <i>34</i>    | <i>49</i>    | <i>2</i>   |
| COLOR                   | BIRTHPLACE   |              |            |
| <i>W</i>                | <i>W</i>     |              |            |
| COUNTY                  | CITY         |              |            |
| <i>Plaquemines</i>      |              |              |            |
| OTHER MEMBERS OF FAMILY |              |              |            |
| NAME                    | RELATIONSHIP | AGE          | BIRTHPLACE |
| <i>Idéal</i>            | <i>W</i>     | <i>26</i>    |            |
| <i>Ernie</i>            | <i>D</i>     | <i>5</i>     |            |
| <i>Wilson</i>           | <i>S</i>     | <i>3</i>     |            |
| <i>Henry</i>            | <i>S</i>     | <i>8 1/2</i> |            |
|                         |              |              |            |
|                         |              |              |            |
|                         |              |              |            |
|                         |              |              |            |



LOUISIANA

|  |                  |   |  |   |                    |
|--|------------------|---|--|---|--------------------|
| R 200  |                  | NAME OF INDIVIDUAL<br><i>Rose, William</i>  |  | E.D.<br><i>90</i>   | SHEET<br><i>15</i> |
| COLOR<br><i>B</i>  | AGE<br><i>28</i> | BIRTHPLACE  |  |   |                    |
| COUNTY<br><i>St. Mary</i>  |                  | CITY<br><i>Franklin</i>   |  |   |                    |
| ENUMERATED WITH<br><i>Brown, Rose</i>  |                  |   |  |   |                    |
| RELATIONSHIP TO ABOVE  |                  |   |  |   |                    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>B</i> |                    |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18198-P81

LOUISIANA

|                         |                |               |      |            |
|-------------------------|----------------|---------------|------|------------|
| R200                    | HEAD OF FAMILY | Roscoe Wilson | E.D. | SHEET      |
| COLOR                   | AGE            | BIRTHPLACE    | 71   | 8          |
| M                       | 28             |               |      |            |
| COUNTY                  | St. James      | CITY          |      |            |
| OTHER MEMBERS OF FAMILY |                |               |      |            |
|                         | NAME           | RELATIONSHIP  | AGE  | BIRTHPLACE |
|                         | Louise         | W             | 29   |            |
|                         | Agnes          | D             | 5    |            |
|                         | Eleanor        | D             | 4    |            |
|                         |                |               |      |            |
|                         |                |               |      |            |
|                         |                |               |      |            |
|                         |                |               |      |            |
|                         |                |               |      |            |
|                         |                |               |      |            |

FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|                         |          |                |     |            |       |
|-------------------------|----------|----------------|-----|------------|-------|
| B200                    |          | HEAD OF FAMILY |     | E.D.       | SHEET |
|                         |          | Randy Wilson   |     | 57         | 8     |
| COLOR                   | AGE      | BIRTHPLACE     |     |            |       |
| W                       | 58       | Iowa           |     |            |       |
| COUNTY                  | La Salle |                |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |          |                |     |            |       |
| NAME                    |          | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| / R. Wilson             |          | W              | 57  | Iowa       |       |
| / Ruth                  |          | D              | 18  | Iowa       |       |
|                         |          |                |     |            |       |
|                         |          |                |     |            |       |
|                         |          |                |     |            |       |
|                         |          |                |     |            |       |
|                         |          |                |     |            |       |
|                         |          |                |     |            |       |

FORM 16-636 (4-20-67)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|                         |                |              |      |            |
|-------------------------|----------------|--------------|------|------------|
| R 200                   | HEAD OF FAMILY |              | E.D. | SHEET      |
|                         | Rice Wilson    |              | 29   | 14         |
| COLOR                   | AGE            | BIRTHPLACE   |      |            |
| W                       | 23             |              |      |            |
| COUNTY                  | Calcasieu      |              | CITY |            |
| OTHER MEMBERS OF FAMILY |                |              |      |            |
| NAME                    |                | RELATIONSHIP | AGE  | BIRTHPLACE |
| 1 Nancy                 |                | W            | 69   |            |
| Fontenot Samuel         |                | G.S.         | 16   |            |
|                         |                |              |      |            |
|                         |                |              |      |            |
|                         |                |              |      |            |
|                         |                |              |      |            |
|                         |                |              |      |            |
|                         |                |              |      |            |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|                         |                |              |             |            |       |
|-------------------------|----------------|--------------|-------------|------------|-------|
| R200                    | HEAD OF FAMILY |              | Rois, Wiltz | E.D.       | SHEET |
| W                       | 27             | BIRTHPLACE   |             |            |       |
| COUNTY                  |                | Aveyelles    |             | CITY       |       |
| OTHER MEMBERS OF FAMILY |                |              |             |            |       |
| NAME                    |                | RELATIONSHIP | AGE         | BIRTHPLACE |       |
| Bertha                  |                | W            | 28          |            |       |
| Zilda                   |                | D            | 5           |            |       |
| Desclair                |                | S            | 4           |            |       |
| Lucile                  |                | D            | 2           |            |       |
|                         |                |              |             |            |       |
|                         |                |              |             |            |       |
|                         |                |              |             |            |       |

FORM 16-635 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |  |  |  |             |  |      |  |       |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|--|-------------|--|------|--|-------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| Rao  |  | NAME OF INDIVIDUAL                         |  | Rao Winfred |  | E.O. |  | SHEET |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| 1  |  | 1  |  | 7           |  |      |  |       |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR  |  | AGE  |  | BIRTHPLACE  |  |      |  |       |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| W  |  | 15   |  |             |  |      |  |       |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY   |  |  |  | CITY        |  |      |  |       |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|  |  |  |  | Arcadia     |  |      |  |       |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH  |  |  |  |             |  |      |  |       |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Beer W. W.   |  |  |  |             |  |      |  |       |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |  |             |  |      |  |       |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> INMATE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input checked="" type="checkbox"/> SPOUSE</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> |  |  |  |             |  |      |  |       |  | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> SPOUSE | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE            |  |             |  |      |  |       |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE             |  |             |  |      |  |       |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |  |             |  |      |  |       |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> SPOUSE |  |             |  |      |  |       |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |  |             |  |      |  |       |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |  |             |  |      |  |       |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |             |  |      |  |       |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |  |             |  |      |  |       |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1970 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 1969-701

LOUISIANA

|   |  |  |    |             |      |    |       |   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|----|-------------|------|----|-------|---|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R200  |  | NAME OF INDIVIDUAL                       |    | Russ Winnis | E.D. | 16 | SHEET | 3 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR   | B  | AGE                                      | 78 | BIRTHPLACE  | Ala  |    |       |   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY  | Clai borne                               |  |    | CITY        |      |    |       |   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |  |    |             |      |    |       |   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Turner Mathew   |  |  |    |             |      |    |       |   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |    |             |      |    |       |   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> IMMATE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> |  |  |    |             |      |    |       |   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> IMMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> IMMATE          |    |             |      |    |       |   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |    |             |      |    |       |   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |    |             |      |    |       |   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |    |             |      |    |       |   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |    |             |      |    |       |   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |    |             |      |    |       |   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |    |             |      |    |       |   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |    |             |      |    |       |   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

Form 10-637 (4-30-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 1910-P-1

LOUISIANA

|  |  |   |  |            |             |
|--|--|---|--|------------|-------------|
| R 200  |  | NAME OF INDIVIDUAL<br><i>Russ. Minnie</i> |  | E.D.<br>70 | SHEET<br>14 |
| COLOR<br><i>W</i>                            | AGE<br><i>22</i>                         | BIRTHPLACE                                |  |            |             |
| COUNTY<br><i>Lincoln</i>                     |  | CITY<br><i>Ruston</i>                     |  |            |             |
| ENUMERATED WITH<br><i>Lester Thomas, Jr.</i> |  |   |  |            |             |
| RELATIONSHIP TO ABOVE                        |  |   |  |            |             |
| <input type="checkbox"/> FATHER              | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE           |  |            |             |
| <input type="checkbox"/> MOTHER              | <input type="checkbox"/> NIECE           | <input checked="" type="checkbox"/> NURSE |  |            |             |
| <input type="checkbox"/> GRANDFATHER         | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT          |  |            |             |
| <input type="checkbox"/> GRANDMOTHER         | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER           |  |            |             |
| <input type="checkbox"/> GRANDSON            | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT          |  |            |             |
| <input type="checkbox"/> GRANDDAUGHTER       | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)  |  |            |             |
| <input type="checkbox"/> AUNT                | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |            |             |
| <input type="checkbox"/> UNCLE               | <input type="checkbox"/> SISTER-IN-LAW   |   |  |            |             |

FORM 10-637 (4-29-31)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 1919-P-1



LOUISIANA

|   |  |  |                   |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|-------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R200  | NAME OF INDIVIDUAL<br><i>Rose Winnie</i> |  | E.O.<br><i>39</i> | SHEET<br><i>35</i> |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|   | COLOR<br><i>mc</i>                       | AGE<br><i>3 1/2</i>  | BIRTHPLACE        |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>Calcasieu</i>  |  | CITY   |                   |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Irvin Valine</i>  |  |  |                   |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |                   |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> INMATE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NICE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input checked="" type="checkbox"/> OTHER (Specify)<br/><i>Sister</i></td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> |  |  |                   |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NICE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify)<br><i>Sister</i> | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                                      |                   |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NICE            | <input type="checkbox"/> NURSE                                       |                   |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                                     |                   |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                                      |                   |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                                     |                   |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify)<br><i>Sister</i> |                   |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |                   |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |                   |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-437 (4-20-31)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18195-P01

LOUISIANA

|  |  |  |             |
|--|--|--|-------------|
| P200                                   | NAME OF INDIVIDUAL<br>Ross Winston       | E.D.<br>107                                | SHEET<br>20 |
| COLOR<br>B                             | AGE<br>18                                | BIRTHPLACE                                 |             |
| COUNTY<br>Tangipahoa                   | CITY<br>Kentwood                         |  |             |
| ENUMERATED WITH<br>Stalling Chaney     |  |  |             |
| RELATIONSHIP TO ABOVE                  |  |  |             |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE            |             |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NICE            | <input type="checkbox"/> NURSE             |             |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |             |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER |             |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |             |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |             |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW  |  |             |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> WINTER-IN-LAW   |  |             |

FORM 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1930 CENSUS INDEX - INDIVIDUAL

USCOMM-OC 16100-P01

LOUISIANA

|                         |     |              |     |            |  |
|-------------------------|-----|--------------|-----|------------|--|
| HEAD OF FAMILY          |     | E.O.         |     | SHEET      |  |
| Paw                     |     | Roach Ship   |     | 45/16      |  |
| COLOR                   | AGE | BIRTHPLACE   |     |            |  |
| B                       | 24  |              |     |            |  |
| COUNTY                  |     | CITY         |     |            |  |
| Lafourche               |     |              |     |            |  |
| OTHER MEMBERS OF FAMILY |     |              |     |            |  |
| NAME                    |     | RELATIONSHIP | AGE | BIRTHPLACE |  |
| 2 ls                    |     |              |     |            |  |
| Roach Nora              |     | W            | 18  |            |  |
|                         |     |              |     |            |  |
|                         |     |              |     |            |  |
|                         |     |              |     |            |  |
|                         |     |              |     |            |  |
|                         |     |              |     |            |  |
|                         |     |              |     |            |  |
|                         |     |              |     |            |  |

FORM 16-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |  |   |             |
|--|--|---|-------------|
| 1200                                   | NAME OF INDIVIDUAL<br><del>TO</del> Rush Wichung | E.D.<br>69  | SHEET<br>24 |
| COLOR<br>W                             | AGE<br>25  | BIRTHPLACE  |             |
| COUNTY<br>De Soto                      |  | CITY  |             |
| ENUMERATED WITH<br>Brown Sarah B.      |  |   |             |
| RELATIONSHIP TO ABOVE                  |  |   |             |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW                  | <input type="checkbox"/> INMATE                           |             |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NIECE                   | <input type="checkbox"/> NURSE                            |             |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW           | <input type="checkbox"/> PATIENT                          |             |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW           | <input type="checkbox"/> ROOMER                           |             |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW              | <input type="checkbox"/> SERVANT                          |             |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW         | <input checked="" type="checkbox"/> OTHER (Specify)<br>Bo |             |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW          |   |             |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> NEVER-IN-LAW            |   |             |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 18188-P81

LOUISIANA

|                         |                |              |                        |             |          |
|-------------------------|----------------|--------------|------------------------|-------------|----------|
| <i>R200</i>             | HEAD OF FAMILY |              | <i>Ross W. Sanford</i> | E.D.        | SHEET    |
|                         |                |              |                        | <i>128</i>  | <i>8</i> |
| COLOR                   | AGE            | BIRTHPLACE   |                        |             |          |
| <i>W</i>                | <i>57</i>      |              |                        |             |          |
| COUNTY                  | Tensas         |              |                        | CITY        |          |
| OTHER MEMBERS OF FAMILY |                |              |                        |             |          |
| NAME                    |                | RELATIONSHIP | AGE                    | BIRTHPLACE  |          |
| <i>1 Jennie</i>         |                | <i>W</i>     | <i>40</i>              | <i>W.C.</i> |          |
| <i>Smith Hulme</i>      |                | <i>W</i>     | <i>15</i>              |             |          |
| <i>1 Sylvia</i>         |                | <i>W</i>     | <i>12</i>              |             |          |
|                         |                |              |                        |             |          |
|                         |                |              |                        |             |          |
|                         |                |              |                        |             |          |
|                         |                |              |                        |             |          |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |              |            | LOUISIANA         |       |
|-------------------------|--------------|------------|-------------------|-------|
| HEAD OF FAMILY          |              |            | E.O.              | SHEET |
| Rice Woodie W           |              |            | 36                | 34    |
| COLOR                   | AGE          | BIRTHPLACE |                   |       |
| B                       | 29           |            |                   |       |
| COUNTY                  | Calcasieu    |            | CITY Lake Charles |       |
| OTHER MEMBERS OF FAMILY |              |            |                   |       |
| NAME                    | RELATIONSHIP | AGE        | BIRTHPLACE        |       |
| 1. Rose                 | W            | 24         |                   |       |
| Mary                    | D            | 1          |                   |       |
|                         |              |            |                   |       |
|                         |              |            |                   |       |
|                         |              |            |                   |       |
|                         |              |            |                   |       |
|                         |              |            |                   |       |
|                         |              |            |                   |       |
|                         |              |            |                   |       |
|                         |              |            |                   |       |

Form 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |              |              | LOUISIANA |            |
|-------------------------|--------------|--------------|-----------|------------|
| HEAD OF FAMILY          |              |              | E.D.      | SHEET      |
| Rosa                    |              |              | 72        | 8          |
| COLOR                   | AGE          | BIRTHPLACE   |           |            |
| B                       | 53           | Rock Wright  |           |            |
| COUNTY                  |              |              | CITY      |            |
| De Soto                 |              |              |           |            |
| OTHER MEMBERS OF FAMILY |              |              |           |            |
| NAME                    |              | RELATIONSHIP | AGE       | BIRTHPLACE |
|                         | Juan         | W            | 41        |            |
|                         | Uncle        | S            | 21        |            |
|                         | Anna         | D            | 18        |            |
|                         | Juan         | D            | 13        |            |
|                         | Lela         | D            | 10        |            |
|                         | Bit ...      | S            | 9         |            |
|                         | Manon Robert | S S          | 19        |            |

Form 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |                  |   |  |   |                    |
|--|------------------|---|--|---|--------------------|
| No. <i>20</i>  |                  | NAME OF INDIVIDUAL<br><i>Rossie Zahrah</i>  |  | E.O.<br><i>4</i>  | SHEET<br><i>11</i> |
| COLOR<br><i>W</i>  | AGE<br><i>22</i> | BIRTHPLACE<br><i>Lyra</i>   |  |   |                    |
| COUNTY<br><i>ADDISON</i>   |                  | CITY<br><i>Donaldville Village</i>  |  |   |                    |
| ENUMERATED WITH<br><i>Page Ellie</i>   |                  |   |  |   |                    |
| RELATIONSHIP IS ABOVE  |                  |   |  |   |                    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                    |

FORM 16-437 (4-29-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18108-P61



LOUISIANA

|                         |     |                |  |              |     |            |  |
|-------------------------|-----|----------------|--|--------------|-----|------------|--|
| R200                    |     | HEAD OF FAMILY |  | E.O.         |     | SHEET      |  |
| 124                     |     | 20             |  | 124          |     | 20         |  |
| COLOR                   | AGE | BIRTHPLACE     |  |              |     |            |  |
| B                       | 60  |                |  |              |     |            |  |
| COUNTY                  |     |                |  | CITY         |     |            |  |
| JONES                   |     |                |  |              |     |            |  |
| OTHER MEMBERS OF FAMILY |     |                |  |              |     |            |  |
| NAME                    |     |                |  | RELATIONSHIP | AGE | BIRTHPLACE |  |
| Sarah                   |     |                |  | W            | 50  |            |  |
| Spencer                 |     |                |  | S            | 19  |            |  |
| Zachary                 |     |                |  | S            | 16  |            |  |
|                         |     |                |  |              |     |            |  |
|                         |     |                |  |              |     |            |  |
|                         |     |                |  |              |     |            |  |
|                         |     |                |  |              |     |            |  |
|                         |     |                |  |              |     |            |  |

FORM 16-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                  | LOUISIANA |            |
|-------------------------|-----|------------------|-----------|------------|
| HEAD OF FAMILY          |     | E.D.             | SHEET     |            |
| R 32                    |     | Losa, John J. M. | 114       | 5          |
| COLOR                   | AGE | BIRTHPLACE       |           |            |
| B                       | 60  |                  |           |            |
| COUNTY                  |     | CITY             |           |            |
| St. Landry              |     |                  |           |            |
| OTHER MEMBERS OF FAMILY |     |                  |           |            |
| NAME                    |     | RELATIONSHIP     | AGE       | BIRTHPLACE |
| Eunice                  |     | D                | 36        |            |
| Louisa                  |     | SD               | 9         |            |
| Louisa                  |     | SD               | 3/12      |            |
|                         |     |                  |           |            |
|                         |     |                  |           |            |
|                         |     |                  |           |            |
|                         |     |                  |           |            |
|                         |     |                  |           |            |

FORM 10-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |           |  |  |   |            |
|--|-----------|--|--|---|------------|
| R200                                   |           | NAME OF INDIVIDUAL<br>Rose Zellmer       |  | E.D.<br>60  | SHEET<br>7 |
| COLOR<br>B                             | AGE<br>14 | BIRTHPLACE                               |  |   |            |
| COUNTY                                 |           | St. Bernard CITY                         |  |   |            |
| ENUMERATED WITH<br>Garwick John        |           |  |  |   |            |
| RELATIONSHIP TO ABOVE                  |           |  |  |   |            |
| <input type="checkbox"/> FATHER        |           | <input type="checkbox"/> NEPHER          |  | <input type="checkbox"/> INMATE                     |            |
| <input type="checkbox"/> MOTHER        |           | <input type="checkbox"/> NIECE           |  | <input type="checkbox"/> NURSE                      |            |
| <input type="checkbox"/> GRANDFATHER   |           | <input type="checkbox"/> FATHER-IN-LAW   |  | <input type="checkbox"/> PATIENT                    |            |
| <input type="checkbox"/> GRANDMOTHER   |           | <input type="checkbox"/> MOTHER-IN-LAW   |  | <input type="checkbox"/> ROOMER                     |            |
| <input type="checkbox"/> GRANDSON      |           | <input type="checkbox"/> SON-IN-LAW      |  | <input type="checkbox"/> SERVANT                    |            |
| <input type="checkbox"/> GRANDDAUGHTER |           | <input type="checkbox"/> DAUGHTER-IN-LAW |  | <input checked="" type="checkbox"/> OTHER (Specify) |            |
| <input type="checkbox"/> AUNT          |           | <input type="checkbox"/> BROTHER-IN-LAW  |  | SD  |            |
| <input type="checkbox"/> UNCLE         |           | <input type="checkbox"/> SISTER-IN-LAW   |  |   |            |

FORM 10-637 (4-20-51)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-PC 16100-P01

LOUISIANA

|  |  |  |      |                    |                   |
|--|--|--|------|--------------------|-------------------|
| R210                                       |  | NAME OF INDIVIDUAL<br><i>Rice, Fajah</i> |      | E.O.<br><i>106</i> | SHEET<br><i>3</i> |
| COLOR<br><i>B</i>                          | AGE<br><i>60</i>                         | BIRTHPLACE                               |      |                    |                   |
| COUNTY<br><i>Tangipahoa</i>                |  |  | CITY |                    |                   |
| ENUMERATED WITH<br><i>Rice, Sal</i>        |  |  |      |                    |                   |
| RELATIONSHIP TO ABOVE                      |  |  |      |                    |                   |
| <input type="checkbox"/> FATHER            | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |      |                    |                   |
| <input checked="" type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |      |                    |                   |
| <input type="checkbox"/> GRANDFATHER       | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |      |                    |                   |
| <input type="checkbox"/> GRANDMOTHER       | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |      |                    |                   |
| <input type="checkbox"/> GRANDSON          | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |      |                    |                   |
| <input type="checkbox"/> GRANDDAUGHTER     | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |      |                    |                   |
| <input type="checkbox"/> AUNT              | <input type="checkbox"/> BROTHER-IN-LAW  |  |      |                    |                   |
| <input type="checkbox"/> UNCLE             | <input type="checkbox"/> SISTER-IN-LAW   |  |      |                    |                   |

FORM 10-437 (4-30-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1960 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 10190-P61

|  |  |   |             |   |       |
|--|--|---|-------------|---|-------|
| R200   |  | NAME OF INDIVIDUAL  |             | LOUISIANA   |       |
| COLOR  |  | AGE   | BIRTHPLACE  | E.D.  | SHEET |
| mu   |  | 15  | Rock, Julie | 92  | 25    |
| COUNTY   |  |   | CITY        |   |       |
| Natchitoches   |  |   |             |   |       |
| ENUMERATED WITH  |  |   |             |   |       |
| Bodoin, Philamine  |  |   |             |   |       |
| RELATIONSHIP TO ABOVE  |  |   |             |   |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |             | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br>29 |       |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 19100-P61

|                         |   |                |    |                 |      |            |     |
|-------------------------|---|----------------|----|-----------------|------|------------|-----|
| R323                    |   | HEAD OF FAMILY |    | ROCHESTER Q. I. |      | LOUISIANA  |     |
| COLOR                   | W | AGE            | 50 | BIRTHPLACE      | MISS | E.D.       | 100 |
| COUNTY                  |   | Quachita       |    | CITY            |      | SHEET      |     |
|                         |   |                |    |                 |      | 8.         |     |
| OTHER MEMBERS OF FAMILY |   |                |    |                 |      |            |     |
| NAME                    |   |                |    | RELATIONSHIP    | AGE  | BIRTHPLACE |     |
| S. M.                   |   |                |    | W               | 48   |            |     |
| C. E.                   |   |                |    | S               | 16   |            |     |
|                         |   |                |    |                 |      |            |     |
|                         |   |                |    |                 |      |            |     |
|                         |   |                |    |                 |      |            |     |
|                         |   |                |    |                 |      |            |     |
|                         |   |                |    |                 |      |            |     |
|                         |   |                |    |                 |      |            |     |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                | LOUISIANA     |            |
|-------------------------|----------------|---------------|------------|
| R 220                   | HEAD OF FAMILY | Richard, Abel |            |
| COLOR                   | AGE            | E.D.          | SHEET      |
| W                       | 24             | 75            | 5          |
| BIRTHPLACE              |                |               |            |
| COUNTY                  | Lafayette      |               | CITY       |
|                         |                |               |            |
| OTHER MEMBERS OF FAMILY |                |               |            |
| NAME                    | RELATIONSHIP   | AGE           | BIRTHPLACE |
| / Essie                 | W              | 22            |            |
|                         |                |               |            |
|                         |                |               |            |
|                         |                |               |            |
|                         |                |               |            |
|                         |                |               |            |
|                         |                |               |            |
|                         |                |               |            |
|                         |                |               |            |

FORM 10-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |  |  |             |
|--|--|--|-------------|
| R210                                   | NAME OF INDIVIDUAL<br>Ricky Asa          | E.D.<br>142                              | SHEET<br>22 |
| COLOR<br>W                             | AGE<br>19                                | BIRTHPLACE<br>Ala                        |             |
| COUNTY<br>West Carroll                 | CITY                                     |  |             |
| ENUMERATED WITH<br>Shannon Killian     |  |  |             |
| RELATIONSHIP TO ABOVE                  |  |  |             |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |             |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |             |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |             |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |             |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |             |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |             |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW  |  |             |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW   |  |             |

Form 16-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18199-P91



LOUISIANA

|  |  |  |             |            |                                 |                                 |                                  |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|-------------|------------|---------------------------------|---------------------------------|----------------------------------|---------------------------------|-------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R220   | NAME OF INDIVIDUAL<br>Roses Adeline                |  | E.O.<br>118 | SHEET<br>2 |                                 |                                 |                                  |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br>N   | AGE<br>98  | BIRTHPLACE                               |             |            |                                 |                                 |                                  |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br>St. Landry   |  | CITY                                     |             |            |                                 |                                 |                                  |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br>Veillon, Louis  |  |  |             |            |                                 |                                 |                                  |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |             |            |                                 |                                 |                                  |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> HUSBAND</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> WIFE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input checked="" type="checkbox"/> BROTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |             |            | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> HUSBAND | <input type="checkbox"/> MOTHER | <input type="checkbox"/> WIFE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input checked="" type="checkbox"/> BROTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW                    | <input type="checkbox"/> HUSBAND         |             |            |                                 |                                 |                                  |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> WIFE                      | <input type="checkbox"/> NURSE           |             |            |                                 |                                 |                                  |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW             | <input type="checkbox"/> PATIENT         |             |            |                                 |                                 |                                  |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input checked="" type="checkbox"/> BROTHER-IN-LAW | <input type="checkbox"/> ROOMER          |             |            |                                 |                                 |                                  |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW                | <input type="checkbox"/> SERVANT         |             |            |                                 |                                 |                                  |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW           | <input type="checkbox"/> OTHER (Specify) |             |            |                                 |                                 |                                  |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW            |  |             |            |                                 |                                 |                                  |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW             |  |             |            |                                 |                                 |                                  |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-637 (4-30-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 19100-P01

LOUISIANA

|                         |  |                |     |            |       |
|-------------------------|--|----------------|-----|------------|-------|
| P 216                   |  | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   |  | AGE            |     | E.D.       | SHEET |
| B                       |  | 52             |     | 57         | 3     |
| BIRTHPLACE              |  | Adam           |     |            |       |
| COUNTY                  |  | Iberville      |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |  |                |     |            |       |
| NAME                    |  | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Charlotte               |  | W              | 40  |            |       |
| Adam Jr.                |  | S              | 12  |            |       |
|                         |  |                |     |            |       |
|                         |  |                |     |            |       |
|                         |  |                |     |            |       |
|                         |  |                |     |            |       |
|                         |  |                |     |            |       |
|                         |  |                |     |            |       |

FORM 10-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |  |              |  |           |  |
|-------------------------|--|----------------|--|--------------|--|-----------|--|
| R 220                   |  | HEAD OF FAMILY |  | Rozas Adam   |  | LOUISIANA |  |
| COLOR                   |  | AGE            |  | BIRTHPLACE   |  | E.D.      |  |
| W                       |  | 29             |  |              |  | 118       |  |
| COUNTY                  |  |                |  | CITY         |  |           |  |
| St. Landry              |  |                |  |              |  |           |  |
| OTHER MEMBERS OF FAMILY |  |                |  |              |  |           |  |
| NAME                    |  |                |  | RELATIONSHIP |  | AGE       |  |
| Margurita               |  |                |  | M            |  | 64        |  |
| Byrd A.                 |  |                |  | B            |  | 29        |  |
|                         |  |                |  |              |  |           |  |
|                         |  |                |  |              |  |           |  |
|                         |  |                |  |              |  |           |  |
|                         |  |                |  |              |  |           |  |
|                         |  |                |  |              |  |           |  |
|                         |  |                |  |              |  |           |  |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

| R222                    |     | HEAD OF FAMILY |       | LOUISIANA  |       |
|-------------------------|-----|----------------|-------|------------|-------|
| COLOR                   | AGE | BIRTHPLACE     |       | E.D.       | SHEET |
| W                       | 29  |                |       | 118        | 1     |
| COUNTY                  |     | St. Landry     |       | CITY       |       |
| OTHER MEMBERS OF FAMILY |     |                |       |            |       |
| NAME                    |     | RELATIONSHIP   | AGE   | BIRTHPLACE |       |
| Bathilde                |     | W              | 24    |            |       |
| Lisney                  |     | S              | 6     |            |       |
| Anelike                 |     | D              | 3     |            |       |
| Eota                    |     | D              | 2     |            |       |
| Hilda                   |     | D              | 7 1/2 |            |       |
| Meyu                    |     | C              | 19    |            |       |
| Gulloy Clem             |     | C              | 18    |            |       |

LOUISIANA

|  |   |  |            |             |
|--|---|--|------------|-------------|
| R225                                   | NAME OF INDIVIDUAL<br>Roisignone Adelle             |  | ED.<br>132 | SHEET<br>33 |
| COLOR<br>Mu                            | AGE<br>35   | BIRTHPLACE                               |            |             |
| COUNTY<br>St. Martin                   |   | CITY                                     |            |             |
| EMIGRATED WITH<br>Roisignone Hilare    |   |  |            |             |
| RELATIONSHIP TO ABOVE                  |   |  |            |             |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW                     | <input type="checkbox"/> WIDOW           |            |             |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NIECE                      | <input type="checkbox"/> NURSE           |            |             |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW              | <input type="checkbox"/> PATIENT         |            |             |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW              | <input type="checkbox"/> ROOMER          |            |             |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW                 | <input type="checkbox"/> SERVANT         |            |             |
| <input type="checkbox"/> GRANDDAUGHTER | <input checked="" type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |            |             |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW             |  |            |             |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> BROTHER-IN-LAW             |  |            |             |

FORM 16-437 (4-26-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 16100-P61

|                         |     |                 |     |            |  |
|-------------------------|-----|-----------------|-----|------------|--|
| R216                    |     | HEAD OF FAMILY  |     | LOUISIANA  |  |
| Resweber Adolph         |     | E.D.            |     | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE      |     |            |  |
| w                       | 59  |                 |     |            |  |
| COUNTY                  |     | CITY            |     |            |  |
| St. Martin              |     | St. Martinville |     |            |  |
| OTHER MEMBERS OF FAMILY |     |                 |     |            |  |
| NAME                    |     | RELATIONSHIP    | AGE | BIRTHPLACE |  |
| Therese                 |     | w               | 53  |            |  |
| Adolphina               |     | D               | 27  |            |  |
| Felicie                 |     | D               | 26  |            |  |
| Adolph                  |     | S               | 24  |            |  |
| Pauline                 |     | D               | 22  |            |  |
| Paul                    |     | S               | 21  |            |  |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |                |  |           |  |
|-------------------------|---|----------------|-----|----------------|--|-----------|--|
| P220                    |   | HEAD OF FAMILY |     | Passant Claude |  | LOUISIANA |  |
| COLOR                   | W | AGE            | 35  | BIRTHPLACE     |  |           |  |
| COUNTY                  |   | Terrebonne     |     | CITY           |  |           |  |
| OTHER MEMBERS OF FAMILY |   |                |     |                |  |           |  |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE     |  |           |  |
| Laperouse Camile        |   | 5              | 19  |                |  |           |  |
| 1 Anna                  |   | 8              | 16  |                |  |           |  |
| Passant Mary            |   | 0              | 7   |                |  |           |  |
| Olivier                 |   | 5              | 4   |                |  |           |  |
|                         |   |                |     |                |  |           |  |
|                         |   |                |     |                |  |           |  |
|                         |   |                |     |                |  |           |  |
|                         |   |                |     |                |  |           |  |

FORM 18-536 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |    |                 |     |              |     |
|-------------------------|---|----------------|----|-----------------|-----|--------------|-----|
| R216                    |   | HEAD OF FAMILY |    | Resweber Albert |     | LOUISIANA    |     |
| COLOR                   | W | AGE            | 55 | BIRTHPLACE      |     | E.D.         | 126 |
|                         |   |                |    |                 |     | SHEET 4      |     |
| COUNTY                  |   |                |    | St. Martin      |     | CITY         |     |
|                         |   |                |    |                 |     | Martinsville |     |
| OTHER MEMBERS OF FAMILY |   |                |    |                 |     |              |     |
| NAME                    |   |                |    | RELATIONSHIP    | AGE | BIRTHPLACE   |     |
| Edgard                  |   |                |    | S               | 27  |              |     |
| Rene                    |   |                |    | S               | 25  |              |     |
| Edmond                  |   |                |    | S               | 23  |              |     |
| Alois                   |   |                |    | S               | 18  |              |     |
| Eunice                  |   |                |    | D               | 17  |              |     |
| Inez                    |   |                |    | D               | 13  |              |     |
|                         |   |                |    |                 |     |              |     |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |  |                |       |               |  |
|-------------------------|--|----------------|-------|---------------|--|
| R215                    |  | HEAD OF FAMILY |       | LOUISIANA     |  |
| COLOR                   |  | AGE            |       | E.D.          |  |
| W                       |  | 29             |       | 130           |  |
| COUNTY                  |  | BIRTHPLACE     |       | SHEET         |  |
|                         |  | St. Martin     |       | 3             |  |
|                         |  | CITY           |       | Breaux Bridge |  |
| OTHER MEMBERS OF FAMILY |  |                |       |               |  |
| NAME                    |  | RELATIONSHIP   | AGE   | BIRTHPLACE    |  |
| Camelia                 |  | W              | 28    |               |  |
| Ruth                    |  | D              | 3     |               |  |
| James                   |  | S              | 1 1/2 |               |  |
|                         |  |                |       |               |  |
|                         |  |                |       |               |  |
|                         |  |                |       |               |  |
|                         |  |                |       |               |  |
|                         |  |                |       |               |  |
|                         |  |                |       |               |  |

FORM 18-636 (4-30-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |  |  |                                 |
|--|--|--|--|---------------------------------|
| R210   |  | NAME OF INDIVIDUAL<br><i>Reggie Albert</i>   |  | LOUISIANA                       |
| COLOR<br><i>W</i>  | AGE<br><i>16</i>   | BIRTHPLACE<br><i>Ark</i>   |  | S.D. <i>142</i> SHEET <i>22</i> |
| COUNTY<br><i>West Carroll</i>  |  | CITY   |  |                                 |
| ENUMERATED WITH<br><i>Shannon Williams</i>   |  |  |  |                                 |
| RELATIONSHIP TO ABOVE  |  |  |  |                                 |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input checked="" type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |  |                                 |

FORM 16-637 (4-22-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 1910-P-81

|  |   |   |   |                                 |                                  |
|--|---|---|---|---------------------------------|----------------------------------|
| R213                                     |   | NAME OF INDIVIDUAL<br><i>Dasseff, Alton</i> |   | LOUISIANA                       |                                  |
| COLOR<br><i>W</i>                        | AGE<br><i>24</i>                        | BIRTHPLACE                                  |   | ED.<br><i>63</i>                | SHEET<br><i>2</i>                |
| COUNTRY                                  |   | CITY<br><i>La Salle</i>                     |   |                                 |                                  |
| ENUMERATED WITH<br><i>Hebb, Miles F.</i> |   |   |   |                                 |                                  |
| RELATIONSHIP TO ABOVE                    |   |   |   |                                 |                                  |
| <input type="checkbox"/> FATHER          | <input type="checkbox"/> NEPHEW         | <input type="checkbox"/> WIFE               | <input type="checkbox"/> UNMATE                     | <input type="checkbox"/> NURSE  | <input type="checkbox"/> PATIENT |
| <input type="checkbox"/> MOTHER          | <input type="checkbox"/> NICE           | <input type="checkbox"/> FATHER-IN-LAW      | <input type="checkbox"/> MOTHER                     | <input type="checkbox"/> ROOMER | <input type="checkbox"/> SERVANT |
| <input type="checkbox"/> GRANDFATHER     | <input type="checkbox"/> MOTHER-IN-LAW  | <input type="checkbox"/> SON-IN-LAW         | <input checked="" type="checkbox"/> OTHER (Specify) | <i>Bo</i>                       |                                  |
| <input type="checkbox"/> GRANDMOTHER     | <input type="checkbox"/> SON            | <input type="checkbox"/> DAUGHTER-IN-LAW    |   |                                 |                                  |
| <input type="checkbox"/> GRANDSON        | <input type="checkbox"/> BROTHER-IN-LAW |   |   |                                 |                                  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> SISTER-IN-LAW  |   |   |                                 |                                  |
| <input type="checkbox"/> AUNT            |   |   |   |                                 |                                  |
| <input type="checkbox"/> UNCLE           |   |   |   |                                 |                                  |

FORM 10-437 (4-35-57)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 1910B-P01

| A 223                   |     | HEAD OF FAMILY |     | LOUISIANA  |       |
|-------------------------|-----|----------------|-----|------------|-------|
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| W                       | 57  | Ohio           |     | 21         | 10    |
| COUNTY                  |     | Avoyelles      |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Marguerite              |     | W              | 54  | Ohio       |       |
| Ann                     |     | D              | 20  | See        |       |
| Robert                  |     | S              | 17  | See        |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |       |            |       |
|-------------------------|-----|----------------|-------|------------|-------|
| P220                    |     | HEAD OF FAMILY |       | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |       | E.D.       | SHEET |
| W                       | 41  |                |       | 69         | 25    |
| COUNTY                  |     | Do Soto        |       | CITY       |       |
| OTHER MEMBERS OF FAMILY |     |                |       |            |       |
| NAME                    |     | RELATIONSHIP   | AGE   | BIRTHPLACE |       |
| Daisy                   |     | W              | 29    |            |       |
| John                    |     | S              | 8     |            |       |
| Lester                  |     | S              | 7     |            |       |
| Edna June               |     | D              | 1 1/2 |            |       |
|                         |     |                |       |            |       |
|                         |     |                |       |            |       |
|                         |     |                |       |            |       |

FORM 18-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |            |                |
|-------------------------|---|----------------|-----|------------|----------------|
| R 216                   |   | HEAD OF FAMILY |     | LOUISIANA  |                |
| COLOR                   | W | AGE            | 49  | BIRTHPLACE | RASACKY ALONZO |
| COUNTY                  |   | Acadia         |     | CITY       |                |
| OTHER MEMBERS OF FAMILY |   |                |     |            |                |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |                |
| ANALISE                 |   | W              | 48  |            |                |
| ALBERT                  |   | S              | 19  |            |                |
| MAY                     |   | D              | 17  |            |                |
| SIDNEY                  |   | S              | 15  |            |                |
| AMOS                    |   | S              | 13  |            |                |
| MARCEL                  |   | D              | 11  |            |                |
| HARRIS                  |   | S              | 7   |            |                |

Form 10-636, (4-28-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|  |  |   |  |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|--|--|---|--|-----------|-------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| 13220  |  | NAME OF INDIVIDUAL                                  |  | LOUISIANA |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR  | AGE                                      | BIRTHPLACE  |  | E.B.      | SHEET |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| W  | 11                                       | Parrish, Arthur                                     |  | 50        | 15    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY   |  | CITY  |  |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|  |  | Berwick   |  |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH  |  |   |  |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| Bradshaw, Cyrene   |  |   |  |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   |  |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDOW</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> Niece</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | <input type="checkbox"/> MOTHER | <input type="checkbox"/> Niece | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDOW                      |  |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> Niece           | <input type="checkbox"/> NURSE                      |  |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |   |  |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| S-O  |  |   |  |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |   |                |     |            |             |
|-------------------------|---|----------------|-----|------------|-------------|
| R220                    |   | HEAD OF FAMILY |     | LOUISIANA  |             |
| COLOR                   | W | AGE            | 38  | BIRTHPLACE | Ross, Amile |
| COUNTY                  |   | St. Landry     |     | CITY       |             |
| OTHER MEMBERS OF FAMILY |   |                |     |            |             |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |             |
| Alice                   |   | 10             | 28  |            |             |
| Eselle                  |   | 2              | 18  |            |             |
| Edny                    |   | 2              | 11  |            |             |
| Joseph                  |   | 2              | 5   |            |             |
| Annie                   |   | 2              | 3   |            |             |
|                         |   |                |     |            |             |
|                         |   |                |     |            |             |

FORM 16-436 (4-30-31)  
1916 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R220                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| W                       | 35  |                |     | 121        | 34    |
| COUNTY                  |     | CITY           |     |            |       |
| St. Landry              |     |                |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Vena                    |     | w              | 33  |            |       |
| Frenon                  |     | r              | 10  |            |       |
| Curley                  |     | r              | 9   |            |       |
| Laura                   |     | d              | 5   |            |       |
| Lina                    |     | d              | 4   |            |       |
| Anna                    |     | d              | 1   |            |       |

FORM 16-636 (4-22-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |          |                |     |              |  |           |   |
|-------------------------|----------|----------------|-----|--------------|--|-----------|---|
| R220                    |          | HEAD OF FAMILY |     | Rizer Andrew |  | LOUISIANA |   |
| COLOR                   | B        | AGE            | 50  | BIRTHPLACE   |  | E.D.      | 3 |
|                         |          |                |     |              |  | SHEET     | 5 |
| COUNTY                  |          |                |     | Caldwell     |  | CITY      |   |
| OTHER MEMBERS OF FAMILY |          |                |     |              |  |           |   |
| NAME                    |          | RELATIONSHIP   | AGE | BIRTHPLACE   |  |           |   |
| 1                       | Zenobia  | W              | 55  |              |  |           |   |
|                         | Oran     | Da             | 14  |              |  |           |   |
| 1                       | Mardella | Da             | 12  |              |  |           |   |
|                         |          |                |     |              |  |           |   |
|                         |          |                |     |              |  |           |   |
|                         |          |                |     |              |  |           |   |
|                         |          |                |     |              |  |           |   |
|                         |          |                |     |              |  |           |   |

FORM 16-436 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                 |     |            |       |
|-------------------------|-----|-----------------|-----|------------|-------|
| R 216                   |     | HEAD OF FAMILY  |     | LOUISIANA  |       |
| COLOR                   | AGE | NAME            |     | E.D.       | SHEET |
| B                       | 61  | Raspire, Andrew |     | 97         | 30    |
| COUNTY                  |     | BIRTHPLACE      |     |            |       |
| St. Mary                |     | Ga.             |     |            |       |
| CITY                    |     | Morgan          |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                 |     |            |       |
| NAME                    |     | RELATIONSHIP    | AGE | BIRTHPLACE |       |
| Mary                    |     | W               | 51  | Ga.        |       |
| Angelina                |     | D               | 25  |            |       |
| Jones                   |     | S               | 21  |            |       |
| Robert                  |     | S               | 6   |            |       |
| Virginia                |     | D               | 3   |            |       |
| Halley                  |     | D               | 2   |            |       |

FORM 16-636 (4-26-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |      |            |    |
|-------------------------|---|----------------|------|------------|----|
| R220                    |   | HEAD OF FAMILY |      | LOUISIANA  |    |
| COLOR                   | W | AGE            | 38   | BIRTHPLACE |    |
|                         |   | Rosa Ange      |      | E.D.       | 51 |
|                         |   |                |      | SHEET      | 15 |
| COUNTY                  |   |                | CITY |            |    |
| Plaquemine              |   |                |      |            |    |
| OTHER MEMBERS OF FAMILY |   |                |      |            |    |
| NAME                    |   | RELATIONSHIP   | AGE  | BIRTHPLACE |    |
| Emma                    |   | W              | 37   |            |    |
| William                 |   | S              | 6    |            |    |
| Hilliard                |   | S              | 4    |            |    |
| Dillard                 |   | S              | 2    |            |    |
| Wilson                  |   | S              | 1    |            |    |
|                         |   |                |      |            |    |
|                         |   |                |      |            |    |
|                         |   |                |      |            |    |

FORM 18-436 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                  |       |            |       |
|-------------------------|-----|------------------|-------|------------|-------|
| R225                    |     | HEAD OF FAMILY   |       | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE       |       | E.D.       | SHEET |
| mu                      | 21  | Rassimon Angeles |       | 132        | 33    |
| COUNTY                  |     | CITY             |       |            |       |
| St. Martin              |     |                  |       |            |       |
| OTHER MEMBERS OF FAMILY |     |                  |       |            |       |
| NAME                    |     | RELATIONSHIP     | AGE   | BIRTHPLACE |       |
| Adelle                  |     | W                | 28    |            |       |
| Agnes                   |     | D                | 4     |            |       |
| Rose                    |     | D                | 1 1/2 |            |       |
| Geneva                  |     | Bo               | 66    |            |       |
|                         |     |                  |       |            |       |
|                         |     |                  |       |            |       |
|                         |     |                  |       |            |       |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |  |  |           |       |
|---|--|--|--|-----------|-------|
| R225  |  | NAME OF INDIVIDUAL                       |  | LOUISIANA |       |
| COLOR   | AGE                                      | BIRTHPLACE                               |  | E.D.      | SHEET |
| White   | 12                                       |  |  | 132       | 53    |
| COUNTY  |  | CITY                                     |  |           |       |
| St. Martin  |  |  |  |           |       |
| ENUMERATED WITH                                   |  |  |  |           |       |
| Roisignon Kiluire                                 |  |  |  |           |       |
| RELATIONSHIP TO ABOVE                             |  |  |  |           |       |
| <input type="checkbox"/> FATHER                   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |  |           |       |
| <input type="checkbox"/> MOTHER                   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |  |           |       |
| <input type="checkbox"/> GRANDFATHER              | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |  |           |       |
| <input type="checkbox"/> GRANDMOTHER              | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |  |           |       |
| <input type="checkbox"/> GRANDSON                 | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |  |           |       |
| <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |  |           |       |
| <input type="checkbox"/> AUNT                     | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |           |       |
| <input type="checkbox"/> UNCLE                    | <input type="checkbox"/> MISTRESS        |  |  |           |       |

FORM 10-537 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USC0100-DC 15100-P41

|  |  |   |      |           |       |                                 |                                 |                                |                                 |                                |                               |                                      |  |                                 |                                      |  |                                  |                                   |                                     |                                 |  |  |                                  |                               |   |   |                                |  |  |
|--|--|---|------|-----------|-------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------|-------------------------------|--------------------------------------|--|---------------------------------|--------------------------------------|--|----------------------------------|-----------------------------------|-------------------------------------|---------------------------------|--|--|----------------------------------|-------------------------------|---|---|--------------------------------|--|--|
| R-220  |  | NAME OF INDIVIDUAL                                  |      | LOUISIANA |       |                                 |                                 |                                |                                 |                                |                               |                                      |  |                                 |                                      |  |                                  |                                   |                                     |                                 |  |  |                                  |                               |   |   |                                |  |  |
| COLOR  | AGE                                      | BIRTHPLACE  |      | S.D.      | SHEET |                                 |                                 |                                |                                 |                                |                               |                                      |  |                                 |                                      |  |                                  |                                   |                                     |                                 |  |  |                                  |                               |   |   |                                |  |  |
| W  | 23                                       | Bay cock Anna                                       |      | 34        | 21    |                                 |                                 |                                |                                 |                                |                               |                                      |  |                                 |                                      |  |                                  |                                   |                                     |                                 |  |  |                                  |                               |   |   |                                |  |  |
| COUNTY   |  |   | CITY |           |       |                                 |                                 |                                |                                 |                                |                               |                                      |  |                                 |                                      |  |                                  |                                   |                                     |                                 |  |  |                                  |                               |   |   |                                |  |  |
| Aveyelles  |  |   |      |           |       |                                 |                                 |                                |                                 |                                |                               |                                      |  |                                 |                                      |  |                                  |                                   |                                     |                                 |  |  |                                  |                               |   |   |                                |  |  |
| ENUMERATED WITH  |  |   |      |           |       |                                 |                                 |                                |                                 |                                |                               |                                      |  |                                 |                                      |  |                                  |                                   |                                     |                                 |  |  |                                  |                               |   |   |                                |  |  |
| Hardie Maria   |  |   |      |           |       |                                 |                                 |                                |                                 |                                |                               |                                      |  |                                 |                                      |  |                                  |                                   |                                     |                                 |  |  |                                  |                               |   |   |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   |      |           |       |                                 |                                 |                                |                                 |                                |                               |                                      |  |                                 |                                      |  |                                  |                                   |                                     |                                 |  |  |                                  |                               |   |   |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> UNCLE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> WIFE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> MURDER</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |      |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> UNCLE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> WIFE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> MURDER | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> UNCLE                      |      |           |       |                                 |                                 |                                |                                 |                                |                               |                                      |  |                                 |                                      |  |                                  |                                   |                                     |                                 |  |  |                                  |                               |   |   |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> WIFE                       |      |           |       |                                 |                                 |                                |                                 |                                |                               |                                      |  |                                 |                                      |  |                                  |                                   |                                     |                                 |  |  |                                  |                               |   |   |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> MURDER                     |      |           |       |                                 |                                 |                                |                                 |                                |                               |                                      |  |                                 |                                      |  |                                  |                                   |                                     |                                 |  |  |                                  |                               |   |   |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |      |           |       |                                 |                                 |                                |                                 |                                |                               |                                      |  |                                 |                                      |  |                                  |                                   |                                     |                                 |  |  |                                  |                               |   |   |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> ROOMER                     |      |           |       |                                 |                                 |                                |                                 |                                |                               |                                      |  |                                 |                                      |  |                                  |                                   |                                     |                                 |  |  |                                  |                               |   |   |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> SERVANT                    |      |           |       |                                 |                                 |                                |                                 |                                |                               |                                      |  |                                 |                                      |  |                                  |                                   |                                     |                                 |  |  |                                  |                               |   |   |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  | <input checked="" type="checkbox"/> OTHER (Specify) |      |           |       |                                 |                                 |                                |                                 |                                |                               |                                      |  |                                 |                                      |  |                                  |                                   |                                     |                                 |  |  |                                  |                               |   |   |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |   |      |           |       |                                 |                                 |                                |                                 |                                |                               |                                      |  |                                 |                                      |  |                                  |                                   |                                     |                                 |  |  |                                  |                               |   |   |                                |  |  |
| Daughter   |  |   |      |           |       |                                 |                                 |                                |                                 |                                |                               |                                      |  |                                 |                                      |  |                                  |                                   |                                     |                                 |  |  |                                  |                               |   |   |                                |  |  |

FORM 16-517 (4-10-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|  |   |  |    |   |           |
|--|---|--|----|---|-----------|
| R20  |   | NAME OF INDIVIDUAL   |    | LOUISIANA   |           |
| COLOR  | B | AGE  | 10 | BIRTH PLACE   | Morehouse |
| COUNTY   |   | CITY   |    | Bishop  |           |
| ENUMERATED WITH  |   | Cressie Kati   |    |   |           |
| RELATIONSHIP TO ABOVE  |   |  |    |   |           |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |   | <input type="checkbox"/> NEPHEW<br><input checked="" type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |    | <input type="checkbox"/> ROOMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |           |

FORM 16-537 (4-22-57)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |            |                     |
|-------------------------|---|----------------|-----|------------|---------------------|
| R 220                   |   | HEAD OF FAMILY |     | LOUISIANA  |                     |
| COLOR                   | W | AGE            | 21  | BIRTHPLACE | Richmond, Louisiana |
| COUNTY                  |   | Lafourche      |     | CITY       |                     |
| OTHER MEMBERS OF FAMILY |   |                |     |            |                     |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |                     |
| / Amanda                |   | W              | 21  |            |                     |
| Eunice                  |   | D              | 1/2 |            |                     |
|                         |   |                |     |            |                     |
|                         |   |                |     |            |                     |
|                         |   |                |     |            |                     |
|                         |   |                |     |            |                     |
|                         |   |                |     |            |                     |
|                         |   |                |     |            |                     |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |     |   |  |  |       |
|---|-----|---|--|--|-------|
| P216  |     | NAME OF INDIVIDUAL  |  | LOUISIANA  |       |
| COLOR   | AGE | BIRTHPLACE  |  | E.D.   | SHEET |
| W   | 51  | Italy   |  | 12   | 5     |
| COUNTY  |     | Iberia  |  | CITY   |       |
| ENUMERATED WITH   |     |   |  |  |       |
| Racfort Vincent   |     |   |  |  |       |
| RELATIONSHIP TO ABOVE   |     |   |  |  |       |
| <input type="checkbox"/> FATHER<br><input checked="" type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |       |

FORM 16-637 (4-25-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18199-P61

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R216                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | S.D.       | SHEET |
| B                       | 58  | Arch           |     | 18         | 4     |
| COUNTY                  |     | CITY           |     |            |       |
| Clai borne              |     | Hampdenville   |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| 1 Chase                 |     | W              | 44  |            |       |
| Snider                  |     | S              | 24  |            |       |
| Oraker, Hattie M.       |     | Ad. D          | 14  |            |       |
| x 2 boarders            |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 18-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                 |     |            |    |
|-------------------------|---|-----------------|-----|------------|----|
| R220                    |   | HEAD OF FAMILY  |     | LOUISIANA  |    |
| COLOR                   | W | AGE             | 52  | BIRTHPLACE |    |
|                         |   | Rogers Aristide |     | E.D.       | 51 |
|                         |   |                 |     | SHEET      | 16 |
| COUNTY                  |   | Plaquemines     |     | CITY       |    |
| OTHER MEMBERS OF FAMILY |   |                 |     |            |    |
| NAME                    |   | RELATIONSHIP    | AGE | BIRTHPLACE |    |
| Bridget                 |   | W               | 50  |            |    |
| Ella                    |   | S               | 15  |            |    |
| Henry                   |   | S               | 12  |            |    |
| Heard                   |   | S               | 6   |            |    |
|                         |   |                 |     |            |    |
|                         |   |                 |     |            |    |
|                         |   |                 |     |            |    |
|                         |   |                 |     |            |    |

Form 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| A 220                   |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| W                       | 35  |                |     | 110        | 9     |
| COUNTY                  |     | CITY           |     |            |       |
| Terrebonne              |     |                |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Annette                 |     | W              | 23  |            |       |
| Pearl                   |     | D              | 6   |            |       |
| Myrtle                  |     | D              | 5   |            |       |
| Percy                   |     | S              | 3   |            |       |
| Julia                   |     | D              | 2   |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

Form 16-636 (4-20-61)

1918 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| 8220                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| W                       | 73  |                |     | 13         | 14    |
| COUNTY                  |     | CITY           |     |            |       |
| Iberia                  |     |                |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| 1 Theresa               |     | W              | 63  |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 16-636 (4-20-61)

1916 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |  |  |           |             |             |
|---|--|--|--|-----------|-------------|-------------|
| R225                                      |  | NAME OF INDIVIDUAL<br><i>Rosignon Angela</i> |  | LOUISIANA | E.O.<br>132 | SHEET<br>53 |
| COLOR<br><i>M</i>                         | AGE<br><i>66</i>                         | BIRTHPLACE                                   |  |           |             |             |
| COUNTY<br><i>St. Martin</i>               |  | CITY   |  |           |             |             |
| ENUMERATED WITH<br><i>Rosignon Angela</i> |  |  |  |           |             |             |
| RELATIONSHIP TO ABOVE                     |  |  |  |           |             |             |
| <input type="checkbox"/> FATHER           | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDOW               |  |           |             |             |
| <input type="checkbox"/> MOTHER           | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE               |  |           |             |             |
| <input type="checkbox"/> GRANDFATHER      | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT             |  |           |             |             |
| <input type="checkbox"/> GRANDMOTHER      | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER   |  |           |             |             |
| <input type="checkbox"/> GRANDSON         | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT             |  |           |             |             |
| <input type="checkbox"/> GRANDDAUGHTER    | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)     |  |           |             |             |
| <input type="checkbox"/> SONY             | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |           |             |             |
| <input type="checkbox"/> UNCLE            | <input type="checkbox"/> SISTER-IN-LAW   |  |  |           |             |             |

FORM 16-537 (4-29-61)

1930 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-PC 16166-P61



|  |   |   |    |   |                |
|--|---|---|----|---|----------------|
| R 216  |   | NAME OF INDIVIDUAL  |    | LOUISIANA   |                |
| COLOR  | B | AGE   | 10 | BIRTHPLACE  | Raspberry Bell |
| COUNTY   |   | CITY  |    | ED. SHEET   |                |
| ENUMERATED WITH  |   | Do Soto   |    | 62 7  |                |
| RELATIONSHIP TO ABOVE  |   | Pipkins Monroe  |    |   |                |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |   | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |    | <input type="checkbox"/> ORGATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br>SD |                |

FORM 18-457 (4-29-61)

1970 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |     |   |  |  |       |
|--|-----|---|--|--|-------|
| R220   |     | NAME OF INDIVIDUAL  |  | LOUISIANA  |       |
| COLOR  | AGE | BIRTHPLACE  |  | E.D.   | SHEET |
| W  | 70  | Bachaud, August   |  | 11   | 4     |
| COUNTY   |     | CITY  |  |  |       |
| IBERIA   |     |   |  |  |       |
| ENUMERATED WITH  |     |   |  |  |       |
| Domingue, Alfa   |     |   |  |  |       |
| RELATIONSHIP TO ABOVE  |     |   |  |  |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> WIDATE<br><input type="checkbox"/> MURDER<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> WORKER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |       |

Form 16-637 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |                 |   |  |  |                   |
|--|-----------------|---|--|--|-------------------|
| R216   |                 | NAME OF INDIVIDUAL<br><i>Rosebina Bonnie</i>  |  | LOUISIANA  |                   |
| COLOR<br><i>B</i>  | AGE<br><i>3</i> | BIRTHPLACE  |  | E.O.<br><i>32</i>  | SHEET<br><i>6</i> |
| COUNTY<br><i>Caddo</i>   |                 | CITY  |  |  |                   |
| ENUMERATED WITH<br><i>Ragster Anna</i>   |                 |   |  |  |                   |
| RELATIONSHIP TO ABOVE  |                 |   |  |  |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                 | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>Step Son</i> |                   |

FORM 10-437 (4-30-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| R220   |  | NAME OF INDIVIDUAL   |  | LOUISIANA  |  |
| W  |  | Wachous Bernard  |  | 12   |  |
| AGE  |  | BIRTHPLACE   |  | 11   |  |
| 11/2   |  | None   |  | CITY   |  |
| COUNTY   |  | None   |  | CITY   |  |
| ENUMERATED WITH  |  | Wachous Schiphon   |  |  |  |
| RELATIONSHIP TO ABOVE  |  |  |  |  |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input checked="" type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> MATE<br><input type="checkbox"/> NUNCE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |  |

FORM 10-437 (4-30-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |      |            |       |
|-------------------------|-----|----------------|------|------------|-------|
| 8230                    |     | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |      | E.D.       | SHEET |
| Mrs                     | 24  | Boggs, Benton  |      | 57         | 2     |
| COUNTY                  |     | CITY           |      |            |       |
| Plaquemine              |     |                |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Aristillia H.           |     | W              | 31   |            |       |
| Leo                     |     | S              | 11   |            |       |
| Jessamine               |     | D              | 10   |            |       |
| Samuel                  |     | S              | 8    |            |       |
| August                  |     | S              | 6    |            |       |
| Wallace                 |     | S              | 2    |            |       |
| Edward                  |     | S              | 7/10 |            |       |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |     |   |  |  |       |
|--|-----|---|--|--|-------|
| R216   |     | NAME OF INDIVIDUAL  |  | LOUISIANA  |       |
| COLOR  | AGE | BIRTHPLACE  |  | E.D.   | SHEET |
| W  | 20  | Italy   |  | 12   | 5     |
| COUNTY   |     | CITY  |  |  |       |
|  |     | 18812   |  |  |       |
| EMIGRATED WITH   |     |   |  |  |       |
| Racefort Vincent   |     |   |  |  |       |
| RELATIONSHIP TO ABOVE  |     |   |  |  |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> IMMATE<br><input type="checkbox"/> NUNCE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br>S |       |

FORM 16-577 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCENS-OC 1910-P61



|                         |                |              |                |            |
|-------------------------|----------------|--------------|----------------|------------|
| 1220                    | HEAD OF FAMILY |              | LOUISIANA      |            |
| COLOR                   | AGE            | BIRTHPLACE   | E.O.           | SHEET      |
| W                       | 43             | Italy        | 84             | 5          |
| COUNTY                  | Pointe Coupee  |              | CITY New Roads |            |
| OTHER MEMBERS OF FAMILY |                |              |                |            |
| NAME                    |                | RELATIONSHIP | AGE            | BIRTHPLACE |
| Living Alone            |                |              |                |            |
|                         |                |              |                |            |
|                         |                |              |                |            |
|                         |                |              |                |            |
|                         |                |              |                |            |
|                         |                |              |                |            |
|                         |                |              |                |            |
|                         |                |              |                |            |

FORM 18-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R 23                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| Rochester               |     | Bundy          |     | E.D.       | SHEET |
| COLOR                   | AGE | BIRTHPLACE     |     | 36         | 26    |
| 8                       | 31  |                |     |            |       |
| COUNTY                  |     | CITY           |     |            |       |
| Calcasieu               |     | Lake Charles   |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| / Bob                   |     | W              | 22  |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |  |           |           |    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|-----------|-----------|----|---------------------------------|---------------------------------|---------------------------------|---------------------------------|-------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R 220   |  | NAME OF INDIVIDUAL                       |           | LOUISIANA |    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR   | B  | AGE                                      | 80        | E.O.      | 70 |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|   |  | BIRTHPLACE                               |           | SHEET 40  |    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY  |  |  | CITY      |           |    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Lafayette   |  |  | Lafayette |           |    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| EDUCATED WITH   |  |  |           |           |    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Hersie, Lezina  |  |  |           |           |    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |           |           |    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> IMMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NICE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |           |           |    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> IMMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NICE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> IMMATE          |           |           |    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NICE            | <input type="checkbox"/> NURSE           |           |           |    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |           |           |    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |           |           |    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |           |           |    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |           |           |    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |           |           |    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |           |           |    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 16-437 (4-26-61)

1970 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 10195-P61

|  |          |  |  |  |             |
|--|----------|--|--|--|-------------|
| Rm   |          | NAME OF INDIVIDUAL<br>Rachaus Charles  |  | LOUISIANA  |             |
| CO. OF<br>W  | AGE<br>9 | BIRTHPLACE   |  | S.D.<br>12   | SHEET<br>11 |
| COUNTY   |          | Morris   |  | CITY   |             |
| ENUMERATED BY<br>Rachaus Telephone   |          |  |  |  |             |
| RELATIONSHIP TO ABOVE  |          |  |  |  |             |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |          | <input checked="" type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> WIFE<br><input type="checkbox"/> HOUSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |             |

FORM 19-637 (4-29-61)

1919 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 1919-PST

|                         |     |                |      |            |       |
|-------------------------|-----|----------------|------|------------|-------|
| R 220                   |     | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |      | E.D.       | SHEET |
| W                       | 43  |                |      | 67         | 2     |
| COUNTY                  |     |                | CITY |            |       |
| Do Soto                 |     |                |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Ida                     |     | W              | 44   |            |       |
| Foster                  |     | S              | 19   |            |       |
| Rogant                  |     | S              | 15   |            |       |
| Paul                    |     | S              | 13   |            |       |
| Leola                   |     | D              | 11   |            |       |
| Iva                     |     | D              | 8    |            |       |
| Carry                   |     | S              | 5    |            |       |

FORM 16-436 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUE

Rassoc

Charles M

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME            | RELATIONSHIP | AGE | BIRTHPLACE |
|-----------------|--------------|-----|------------|
| Radin           | S            | 3   |            |
| Madge           | D            | 1/2 |            |
| Savonport Alvie | N            | 18  |            |
|                 |              |     |            |
|                 |              |     |            |
|                 |              |     |            |
|                 |              |     |            |
|                 |              |     |            |
|                 |              |     |            |
|                 |              |     |            |

FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U. S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 16196-P01

|                         |     |                   |     |            |       |
|-------------------------|-----|-------------------|-----|------------|-------|
| R216                    |     | HEAD OF FAMILY    |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE        |     | E.D.       | SHEET |
| B                       | 55  | Rosenberg Charles |     | 78         | 5     |
| COUNTY                  |     | De Soto           |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |     |                   |     |            |       |
| NAME                    |     | RELATIONSHIP      | AGE | BIRTHPLACE |       |
| Frank                   |     | S                 | 18  |            |       |
| Fidel                   |     | 10                | 16  |            |       |
| Estela                  |     | 10                | 14  |            |       |
| Lucile                  |     | D                 | 12  |            |       |
| Stellen                 |     | S                 | 10  |            |       |
|                         |     |                   |     |            |       |
|                         |     |                   |     |            |       |

FORM 15-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |  |              |  |      |  |            |  |
|-------------------------|--|----------------|--|--------------|--|------|--|------------|--|
| R210                    |  | HEAD OF FAMILY |  | Louisiana    |  | E.D. |  | SHEET      |  |
| COLOR                   |  | AGE            |  | BIRTHPLACE   |  | 58   |  | 13         |  |
| B                       |  | 30             |  |              |  |      |  |            |  |
| COUNTY                  |  |                |  | Boutte       |  | CITY |  |            |  |
| OTHER MEMBERS OF FAMILY |  |                |  |              |  |      |  |            |  |
| NAME                    |  |                |  | RELATIONSHIP |  | AGE  |  | BIRTHPLACE |  |
| Catherine               |  |                |  | W            |  | 30   |  |            |  |
| Beretley Albert         |  |                |  | L            |  | 25   |  |            |  |
|                         |  |                |  |              |  |      |  |            |  |
|                         |  |                |  |              |  |      |  |            |  |
|                         |  |                |  |              |  |      |  |            |  |
|                         |  |                |  |              |  |      |  |            |  |
|                         |  |                |  |              |  |      |  |            |  |
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Form 18-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |      |            |    |
|-------------------------|---|----------------|------|------------|----|
| 1916                    |   | HEAD OF FAMILY |      | LOUISIANA  |    |
| COLOR                   | W | AGE            | 38   | BIRTHPLACE | 28 |
|                         |   |                |      | SHEET 13   |    |
| COUNTY                  |   |                | CITY |            |    |
| Calcasieu               |   |                |      |            |    |
| OTHER MEMBERS OF FAMILY |   |                |      |            |    |
| NAME                    |   | RELATIONSHIP   | AGE  | BIRTHPLACE |    |
| Louis                   |   | W              | 37   |            |    |
| Bessie                  |   | D              | 18   |            |    |
| Ruth                    |   | D              | 16   |            |    |
| Callie                  |   | D              | 13   |            |    |
| Julius                  |   | S              | 9    |            |    |
| Berry                   |   | S              | 5    |            |    |
| Johnson, Rose T.        |   | S              | 36   |            |    |

FORM 10-636 (4-20-61)

1916 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |     |                  |     |            |       |
|-------------------------|-----|------------------|-----|------------|-------|
| 15220                   |     | HEAD OF FAMILY   |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE       |     | E.O.       | SHEET |
| W                       | 24  | St. Charles, La. |     | 18         | 42    |
| COUNTY                  |     | CITY             |     |            |       |
| Lafourche               |     |                  |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                  |     |            |       |
| NAME                    |     | RELATIONSHIP     | AGE | BIRTHPLACE |       |
| L. Sally                |     | W                | 18  |            |       |
|                         |     |                  |     |            |       |
|                         |     |                  |     |            |       |
|                         |     |                  |     |            |       |
|                         |     |                  |     |            |       |
|                         |     |                  |     |            |       |
|                         |     |                  |     |            |       |
|                         |     |                  |     |            |       |

Form 15-436 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                    |       |            |  |
|-------------------------|--|--------------------|-------|------------|--|
| R220                    |  | HEAD OF FAMILY     |       | LOUISIANA  |  |
| COLOR                   |  | AGE                |       | S.D. SHEET |  |
| 16                      |  | 34                 |       | 99 11      |  |
| BIRTHPLACE              |  | Richie's Columbus. |       |            |  |
| COUNTY                  |  |                    | CITY  |            |  |
| Ouachita                |  |                    |       |            |  |
| OTHER MEMBERS OF FAMILY |  |                    |       |            |  |
| NAME                    |  | RELATIONSHIP       | AGE   | BIRTHPLACE |  |
| Olla                    |  | W                  | 36    |            |  |
| Clay                    |  | S                  | 4 1/2 |            |  |
| Dora                    |  | D                  | 7     |            |  |
|                         |  |                    |       |            |  |
|                         |  |                    |       |            |  |
|                         |  |                    |       |            |  |
|                         |  |                    |       |            |  |
|                         |  |                    |       |            |  |
|                         |  |                    |       |            |  |

FORM 16-636 (4-26-61)

1930 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |    |                |    |                  |     |            |    |
|-------------------------|----|----------------|----|------------------|-----|------------|----|
| R222                    |    | HEAD OF FAMILY |    | Riquies, Coralie |     | LOUISIANA  |    |
| COLOR                   | Wh | AGE            | 46 | BIRTHPLACE       |     | E.D.       | 70 |
| COUNTY                  |    |                |    | CITY             |     |            |    |
|                         |    |                |    | Lafayette        |     |            |    |
| OTHER MEMBERS OF FAMILY |    |                |    |                  |     |            |    |
| NAME                    |    |                |    | RELATIONSHIP     | AGE | BIRTHPLACE |    |
| Martin, Beulah          |    |                |    | Hi               | 16  |            |    |
| Leet, Antonio           |    |                |    | Hi               | 17  |            |    |
|                         |    |                |    |                  |     |            |    |
|                         |    |                |    |                  |     |            |    |
|                         |    |                |    |                  |     |            |    |
|                         |    |                |    |                  |     |            |    |
|                         |    |                |    |                  |     |            |    |
|                         |    |                |    |                  |     |            |    |

FORM 18-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |  |
|-------------------------|-----|----------------|-----|------------|--|
| R223                    |     | HEAD OF FAMILY |     | LOUISIANA  |  |
| Register Cuff J.        |     | E.D.           |     | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |     |            |  |
| 21                      | 21  | Tex            |     |            |  |
| COUNTY                  |     | De Soto        |     | CITY       |  |
| OTHER MEMBERS OF FAMILY |     |                |     |            |  |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| 1 Mattie                |     | W              | 19  |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |

FORM 10-436 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |              |  |
|-------------------------|---|----------------|-----|--------------|--|
| 1220                    |   | HEAD OF FAMILY |     | LOUISIANA    |  |
| COLOR                   | W | AGE            | 48  | REGAN CYPRIN |  |
| COUNTY                  |   | Plaquemines    |     | CITY         |  |
| OTHER MEMBERS OF FAMILY |   |                |     |              |  |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE   |  |
| Emelia                  |   | W              | 45  |              |  |
| Frank                   |   | S              | 19  |              |  |
| Victorin                |   | S              | 17  |              |  |
| Anne                    |   | D              | 15  |              |  |
| Rina                    |   | D              | 12  |              |  |
| Paul                    |   | S              | 10  |              |  |
| Delmont                 |   | S              | 8   |              |  |

FORM 18-636 (4-26-61)

1970 CENSUS INDEX : FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

HEAD OF FAMILY - CONTINUED

**LOUISIANA**

CARD 2 OF 3

**OTHER MEMBERS OF FAMILY**

[illegible]

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMA-DC 18150-P01

|   |  |   |  |  |       |
|---|--|---|--|--|-------|
| R225  |  | NAME OF INDIVIDUAL  |  | LOUISIANA  |       |
| COLOR   |  | AGE   |  | E.D.   | SHEET |
| Blk   |  | 3   |  | 192  | 27    |
| BIRTH PLACE   |  | CITY  |  |  |       |
| COUNTY  |  | St. Martin  |  |  |       |
| ENUMERATED WITH   |  |   |  |  |       |
| Roisson Hilaire   |  |   |  |  |       |
| RELATIONSHIP TO ABOVE   |  |   |  |  |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input checked="" type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> WIDATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |       |

FORM 16-637 (4-29-61)

1930 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

| HEAD OF FAMILY          |               | LOUISIANA  |            |
|-------------------------|---------------|------------|------------|
| COLOR                   | AGE           | E.D.       | SHEET      |
| R 310                   | 81            | 81         | 16         |
| W                       | N R           | Birthplace |            |
| COUNTY                  | Pointe Coupee | CITY       |            |
| OTHER MEMBERS OF FAMILY |               |            |            |
| NAME                    | RELATIONSHIP  | AGE        | BIRTHPLACE |
| Philomine               | W             | 37         |            |
| Ann                     | D             | 16         |            |
| Edna                    | D             | 13         |            |
| Thelma                  | D             | 4          |            |
|                         |               |            |            |
|                         |               |            |            |
|                         |               |            |            |
|                         |               |            |            |

FORM 16-635 (4-20-61)

1916 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|  |                  |   |  |  |                    |
|--|------------------|---|--|--|--------------------|
| R214   |                  | NAME OF INDIVIDUAL<br><i>Reinfield Dave</i>   |  | LOUISIANA  |                    |
| COLOR<br><i>W</i>  | AGE<br><i>36</i> | BIRTH PLACE<br><i>Turkey</i>  |  | E.D.<br><i>11</i>  | SHEET<br><i>15</i> |
| COUNTY<br><i>Acadia</i>  |                  | CITY<br><i>Crowley</i>  |  |  |                    |
| ENUMERATED WITH<br><i>Clements Anna M.</i>   |                  |   |  |  |                    |
| RELATIONSHIP TO ABOVE  |                  |   |  |  |                    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> WIFE<br><input type="checkbox"/> MURDER<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                    |

FORM 10-437 (4-20-31)

1910 CENSUS INDEX - INDIVIDUAL

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 1910-P-61

|                         |     |                |     |            |  |
|-------------------------|-----|----------------|-----|------------|--|
| R220                    |     | HEAD OF FAMILY |     | LOUISIANA  |  |
| Kozar David             |     | E.D.           |     | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |     |            |  |
| W                       | 22  |                |     |            |  |
| COUNTY                  |     | St. Landry     |     | CITY       |  |
| OTHER MEMBERS OF FAMILY |     |                |     |            |  |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| 1 Odile                 |     | W              | 15  |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |

FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| B216                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| W                       |  | 56             | Miss.      | 4          | 33    |
| COUNTY                  |  |                | CITY       |            |       |
| Acadia                  |  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| 1 Mother                |  | W              | 46         |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                 |                |            |            |       |
|-------------------------|-----------------|----------------|------------|------------|-------|
| P 223                   |                 | HEAD OF FAMILY |            | LOUISIANA  |       |
| REGISTERED              |                 | AGE            |            | E.O.       | SHEET |
| COLOR                   | 4               | 39             | BIRTHPLACE | 77         | 12    |
| COUNTY                  |                 | De Soto        |            | CITY       |       |
| OTHER MEMBERS OF FAMILY |                 |                |            |            |       |
| NAME                    |                 | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
|                         | Cordie          | W              | 25         |            |       |
|                         | Ellen           | W              | 6          |            |       |
|                         | Marvin          | S              | 5          |            |       |
|                         | Herman          | S              | 3          |            |       |
|                         | Wayman          | S              | 1          |            |       |
|                         | Stephenson West | Boarder        | 34         |            |       |
|                         | Allie           | W              | 29         |            |       |

FORM 16-436 (4-22-31)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

## HEAD OF FAMILY - CONTINUED

LOUISIANA

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME               | RELATIONSHIP | AGE       | BIRTHPLACE |
|--------------------|--------------|-----------|------------|
| 1 <i>Thurman</i>   | <i>S</i>     | <i>5</i>  |            |
| <i>Berket Best</i> | <i>Son</i>   | <i>25</i> |            |
|                    |              |           |            |
|                    |              |           |            |
|                    |              |           |            |
|                    |              |           |            |
|                    |              |           |            |
|                    |              |           |            |
|                    |              |           |            |
|                    |              |           |            |
|                    |              |           |            |

FORM 16-436a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 15166-P02

|                         |  |                 |     |            |  |
|-------------------------|--|-----------------|-----|------------|--|
| R220                    |  | HEAD OF FAMILY: |     | LOUISIANA  |  |
| COLOR                   |  | W               |     | E.D. 121   |  |
| SEX                     |  | M               |     | SHEET 49   |  |
| BIRTHPLACE              |  | Kojas Dayrise   |     |            |  |
| COUNTY                  |  | St. Landry      |     | CITY       |  |
| OTHER MEMBERS OF FAMILY |  |                 |     |            |  |
| NAME                    |  | RELATIONSHIP    | AGE | BIRTHPLACE |  |
| Marie                   |  | W               | 31  |            |  |
| Perry                   |  | 5               | 7   |            |  |
| Alvord                  |  | 5               | 6   |            |  |
| Curry                   |  | 5               | 2   |            |  |
|                         |  |                 |     |            |  |
|                         |  |                 |     |            |  |
|                         |  |                 |     |            |  |
|                         |  |                 |     |            |  |

FORM 18-636 (4-26-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R216                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| B                       |  | 72             |            | 13         | 9     |
| COUNTY                  |  |                | CITY       |            |       |
| Iberia                  |  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Living Alone            |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 16-436 (4-20-27)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |  |            |           |       |
|--|--|--|------------|-----------|-------|
| B210                                   |  | NAME OF INDIVIDUAL                       |            | LOUISIANA |       |
| COLOR                                  |  | AGE                                      | BIRTHPLACE | E.O.      | SHEET |
| W                                      |  | 11                                       | Calcasieu  | 44        | 37    |
| COUNTY                                 |  |  | CITY       |           |       |
| Calcasieu                              |  |  |            |           |       |
| ENUMERATED WITH                        |  |  |            |           |       |
| Rigby, John D.                         |  |  |            |           |       |
| RELATIONSHIP TO ABOVE                  |  |  |            |           |       |
| <input type="checkbox"/> FATHER        | <input checked="" type="checkbox"/> NEPHER | <input type="checkbox"/> INMATE          |            |           |       |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NIECE             | <input type="checkbox"/> HOUSE           |            |           |       |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW     | <input type="checkbox"/> PATIENT         |            |           |       |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW     | <input type="checkbox"/> ROOMER          |            |           |       |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW        | <input type="checkbox"/> SERVANT         |            |           |       |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW   | <input type="checkbox"/> OTHER (Specify) |            |           |       |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW    |  |            |           |       |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW     |  |            |           |       |

FORM 16-627 (6-20-31)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 16100-P01



|   |  |  |  |           |            |             |                                 |  |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|--|-----------|------------|-------------|---------------------------------|--|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R210  |  | NAME OF INDIVIDUAL<br><i>Rigley, Douglas</i> |  | LOUISIANA | E.D.<br>44 | SHEET<br>37 |                                 |  |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>W</i>   | AGE<br><i>11</i>                           | BIRTH PLACE<br><i>Tex</i>                    |  |           |            |             |                                 |  |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>Calcasieu</i>  |  | CITY   |  |           |            |             |                                 |  |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Rigley, John D</i>  |  |  |  |           |            |             |                                 |  |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |  |           |            |             |                                 |  |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input checked="" type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |           |            |             | <input type="checkbox"/> FATHER | <input checked="" type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input checked="" type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE              |  |           |            |             |                                 |  |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE             | <input type="checkbox"/> NURSE               |  |           |            |             |                                 |  |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW     | <input type="checkbox"/> PATIENT             |  |           |            |             |                                 |  |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW     | <input type="checkbox"/> ROOMER              |  |           |            |             |                                 |  |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW        | <input type="checkbox"/> SERVANT             |  |           |            |             |                                 |  |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW   | <input type="checkbox"/> OTHER (Specify)     |  |           |            |             |                                 |  |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW    |  |  |           |            |             |                                 |  |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW     |  |  |           |            |             |                                 |  |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 16-637 (4-20-31)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 1910C-P01

|  |  |   |  |             |             |
|--|--|---|--|-------------|-------------|
| R 210                                      |  | NAME OF INDIVIDUAL<br><i>Ricky Dudley</i>           |  | E.O.<br>121 | SHEET<br>14 |
| COLOR<br><i>B</i>                          | AGE<br><i>2</i>                          | BIRTHPLACE  |  |             |             |
| COUNTY<br><i>St. Landry</i>                |  | CITY<br><i>Cunice</i>                               |  |             |             |
| ENUMERATED WITH<br><i>Bellard Victoria</i> |  |   |  |             |             |
| RELATIONSHIP TO ABOVE                      |  |   |  |             |             |
| <input type="checkbox"/> FATHER            | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |  |             |             |
| <input type="checkbox"/> MOTHER            | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |  |             |             |
| <input type="checkbox"/> GRANDFATHER       | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |             |             |
| <input type="checkbox"/> GRANDMOTHER       | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |             |             |
| <input type="checkbox"/> GRANDSON          | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |             |             |
| <input type="checkbox"/> GRANDDAUGHTER     | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |             |             |
| <input type="checkbox"/> AUNT              | <input type="checkbox"/> BROTHER-IN-LAW  | <i>son</i>  |  |             |             |
| <input type="checkbox"/> UNCLE             | <input type="checkbox"/> SISTER-IN-LAW   |   |  |             |             |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |  |  |  |       |
|--|--|--|--|--|-------|
| R210   |  | NAME OF INDIVIDUAL   |  | LOUISIANA  |       |
| COLOR  |  | AGE  |  | E.D.   | SHEET |
| W  |  | 15   |  | 44   | 37    |
| BIRTHPLACE   |  | CALCASIEU  |  |  |       |
| COUNTY   |  | CITY   |  |  |       |
| ENUMERATED WITH  |  |  |  |  |       |
| Rigley, John D   |  |  |  |  |       |
| RELATIONSHIP TO ABOVE  |  |  |  |  |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input checked="" type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |       |

FORM 16-637 (4-20-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USC&amp;MS-DC 1919-P61

|  |     |   |  |  |       |
|--|-----|---|--|--|-------|
| R 210  |     | NAME OF INDIVIDUAL  |  | LOUISIANA  |       |
| COLOR  | AGE | BIRTHPLACE  |  | E.D.   | SHEET |
| W  | 15  | Calcasieu, La.  |  | 44   | 37    |
| COUNTY   |     | CITY  |  |  |       |
|  |     | Calcasieu   |  |  |       |
| ENUMERATED WITH  |     |   |  |  |       |
| Rigby, John D.   |     |   |  |  |       |
| RELATIONSHIP TO ABOVE  |     |   |  |  |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input checked="" type="checkbox"/> NEPHEW<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |       |

FORM 19-427 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 19100-P01

|  |  |  |  |
|--|--|--|--|
|  |  | LOUISIANA  |  |
| NAME OF INDIVIDUAL<br><i>Reese</i>   |  | E.D. <i>69</i> SHEET <i>23</i>   |  |
| COLOR<br><i>W</i>  | AGE<br><i>4</i>  | BIRTHPLACE<br><i>Tex</i>   |  |
| COUNTY<br><i>Do Soto</i>   |  | CITY   |  |
| ENUMERATED WITH<br><i>Hallowell Thomas W.</i>  |  |  |  |
| RELATIONSHIP TO ABOVE  |  |  |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input checked="" type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) _____ |  |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 10100-P01

|                         |              |                |       |            |       |
|-------------------------|--------------|----------------|-------|------------|-------|
| R-220                   |              | HEAD OF FAMILY |       | LOUISIANA  |       |
| Bague                   |              | Edd            |       | E.D.       | SHEET |
| COLOR                   | AGE          | BIRTHPLACE     |       | 142        | 13    |
| W                       | 36           | Ark            |       |            |       |
| COUNTY                  | West Carroll |                | CITY  |            |       |
| OTHER MEMBERS OF FAMILY |              |                |       |            |       |
| NAME                    |              | RELATIONSHIP   | AGE   | BIRTHPLACE |       |
|                         | Maggie       | W              | 36    | Ark        |       |
|                         | Lillie       | D              | 14    |            |       |
|                         | Pearly       | D              | 13    |            |       |
|                         | Jewell       | D              | 7     |            |       |
|                         | Edwin        | S              | 5     |            |       |
|                         | Ester        | D              | 3     |            |       |
|                         | Maggie       | D              | 3 1/2 |            |       |

FORM 18-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

+ 130

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |            |
|-------------------------|--|----------------|------------|------------|------------|
| R222                    |  | HEAD OF FAMILY |            | LOUISIANA  |            |
| COLOR                   |  | AGE            | BIRTHPLACE |            | E.O. SHEET |
| W                       |  | 48             | Edgar      |            | 51 16      |
| COUNTY                  |  |                | CITY       |            |            |
| Plaquemine              |  |                |            |            |            |
| OTHER MEMBERS OF FAMILY |  |                |            |            |            |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |            |
| 1 Regina                |  | L              | 40         |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |

FORM 18-636 (4-28-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |  |  |       |  |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
|--|--|--|-------|--|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|---|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R225   | NAME OF INDIVIDUAL                       |  | R. D. |  | SHEET |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
|  | Raignon, Edmie                           |  | 132   |  | 93    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| SEX  | AGE                                      | BIRTHPLACE                               |       |  |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| mu   | 9  |  |       |  |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| COUNTY   | St. Martin                               |  | CITY  |  |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH  |  |  |       |  |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| Raignon, Heloise   |  |  |       |  |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |       |  |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> INMATE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input checked="" type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> |  |  |       |  |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |       |  |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |       |  |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |       |  |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |       |  |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |       |  |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |       |  |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |       |  |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |       |  |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |

FORM 10-437 (4-29-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1970 CENSUS INDEX - INDIVIDUAL

USCOMM-PC 10102-P31



| R225                    |     | HEAD OF FAMILY  |     | LOUISIANA  |       |
|-------------------------|-----|-----------------|-----|------------|-------|
| COLOR                   | AGE | BIRTHPLACE      |     | E.C.       | SHEET |
| X                       | 35  | Richmond Edmund |     | 68         | 7     |
| COUNTY                  |     | Livingston      |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |     |                 |     |            |       |
| NAME                    |     | RELATIONSHIP    | AGE | BIRTHPLACE |       |
| Nancy                   |     | X               | 26  |            |       |
| Lula                    |     | S               | 3   |            |       |
| Howard                  |     | S               | 1   |            |       |
|                         |     |                 |     |            |       |
|                         |     |                 |     |            |       |
|                         |     |                 |     |            |       |
|                         |     |                 |     |            |       |
|                         |     |                 |     |            |       |
|                         |     |                 |     |            |       |

FORM 10-434 (4-22-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |   |   |             |   |       |
|---|---|---|-------------|---|-------|
| R220  |   | NAME OF INDIVIDUAL  |             | LOUISIANA   |       |
|   |   | Regas Ella  |             | E.O.  | SHEET |
| COLOR   | W | AGE   | 10<br>12    | 54  | 15    |
| COUNTY  |   |   | Plaquemines | CITY  |       |
| ENUMERATED WITH   |   |   |             |   |       |
| Buras Marcelon  |   |   |             |   |       |
| RELATIONSHIP TO ABOVE   |   |   |             |   |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input checked="" type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |   | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> Niece<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |             | <input type="checkbox"/> INMATE<br><input type="checkbox"/> PRISONER<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |       |

FORM 10-637 (4-30-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USC904-DC 18100-P01

|  |  |   |            |   |                 |
|--|--|---|------------|---|-----------------|
| R220   |  | NAME OF INDIVIDUAL <i>Regas Eledine</i>   |            | LOUISIANA   |                 |
| COLOR <i>W</i>   |  | AGE <i>18</i>   | BIRTHPLACE | E.D. <i>57</i>  | SHEET <i>15</i> |
| COUNTY <i>Plaquemines</i>  |  |   | CITY       |   |                 |
| ENUMERATED WITH <i>Buras Marceline</i>   |  |   |            |   |                 |
| RELATIONSHIP TO ABOVE  |  |   |            |   |                 |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |            | <input type="checkbox"/> MATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>D</i> |                 |

FORM 18-637 (4-26-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

|                         |  |                |             |            |       |
|-------------------------|--|----------------|-------------|------------|-------|
| R 220                   |  | HEAD OF FAMILY |             | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE  | E.D.       | SHEET |
| W                       |  | 28             | France      | 16         | 1     |
| COUNTY                  |  |                | CITY        |            |       |
| East Baton Rouge        |  |                | Baton Rouge |            |       |
| OTHER MEMBERS OF FAMILY |  |                |             |            |       |
| NAME                    |  | RELATIONSHIP   | AGE         | BIRTHPLACE |       |
| 1 Edna M                |  | W              | 23          |            |       |
|                         |  |                |             |            |       |
|                         |  |                |             |            |       |
|                         |  |                |             |            |       |
|                         |  |                |             |            |       |
|                         |  |                |             |            |       |
|                         |  |                |             |            |       |
|                         |  |                |             |            |       |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |                  |            |       |
|-------------------------|--|----------------|------------------|------------|-------|
| R 210                   |  | HEAD OF FAMILY |                  | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE       | E.D.       | SHEET |
| me                      |  | 47             | Rousselle, Emile | 77         | 8     |
| COUNTY                  |  |                | CITY             |            |       |
| St. John the Baptist    |  |                |                  |            |       |
| OTHER MEMBERS OF FAMILY |  |                |                  |            |       |
| NAME                    |  | RELATIONSHIP   | AGE              | BIRTHPLACE |       |
| Helena                  |  | W              | 45               |            |       |
| Duckman, Delia          |  | D              | 25               |            |       |
|                         |  |                |                  |            |       |
|                         |  |                |                  |            |       |
|                         |  |                |                  |            |       |
|                         |  |                |                  |            |       |
|                         |  |                |                  |            |       |
|                         |  |                |                  |            |       |

FORM 16-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |             |      |           |         |
|-------------------------|---|----------------|-----|-------------|------|-----------|---------|
| R 220                   |   | HEAD OF FAMILY |     | HOUSE, Emma |      | LOUISIANA |         |
| COLOR                   | B | AGE            | 32  | BIRTHPLACE  |      | E. 58     | SHEET B |
| COUNTY                  |   |                |     | Deville     | CITY |           |         |
| OTHER MEMBERS OF FAMILY |   |                |     |             |      |           |         |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE  |      |           |         |
| 1. Lizzie               |   | W              | 36  |             |      |           |         |
| white, Mary             |   | B              | 36  |             |      |           |         |
| Samp                    |   | A              | 7   |             |      |           |         |
|                         |   |                |     |             |      |           |         |
|                         |   |                |     |             |      |           |         |
|                         |   |                |     |             |      |           |         |
|                         |   |                |     |             |      |           |         |

FORM 19-436 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |            |
|-------------------------|--|----------------|------------|------------|------------|
| R220                    |  | HEAD OF FAMILY |            | LOUISIANA  |            |
| COLOR                   |  | AGE            | BIRTHPLACE |            | E.D. SHEET |
| W                       |  | 41             |            |            | #3 26      |
| COUNTY                  |  |                | CITY       |            |            |
| Lafourche               |  |                |            |            |            |
| OTHER MEMBERS OF FAMILY |  |                |            |            |            |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |            |
| Clara                   |  | W              | 32         |            |            |
| Rita                    |  | D              | 9          |            |            |
| Dorier                  |  | S              | 7          |            |            |
| Emile                   |  | S              | 5          |            |            |
| James                   |  | S              | 4          |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |

FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |     |              |       |
|-------------------------|--|----------------|-----|--------------|-------|
| R 223                   |  | HEAD OF FAMILY |     | LOUISIANA    |       |
| COLOR                   |  | AGE            |     | E.O.         | SHEET |
| B                       |  | 50             |     | 36           | 27    |
| COUNTY                  |  | Calcasieu      |     | CITY         |       |
|                         |  |                |     | Lake Charles |       |
| OTHER MEMBERS OF FAMILY |  |                |     |              |       |
| NAME                    |  | RELATIONSHIP   | AGE | BIRTHPLACE   |       |
| James                   |  | W              | 45  |              |       |
| Jennie                  |  | D              | 32  |              |       |
| Cliff                   |  | S              | 29  |              |       |
| Sydney                  |  | S              | 26  |              |       |
| Martin                  |  | S              | 21  |              |       |
| Lorna                   |  | D              | 22  |              |       |
| Augusta                 |  | D              | 20  |              |       |

FORM 10-434 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS





|                         |  |                |  |                                 |  |      |  |            |  |
|-------------------------|--|----------------|--|---------------------------------|--|------|--|------------|--|
| R 220                   |  | HEAD OF FAMILY |  | Louisiana                       |  | E.O. |  | SHEET      |  |
| COLOR<br>Ym             |  | AGE<br>32      |  | BIRTHPLACE<br>Raguen, Louisiana |  | 91   |  | 24         |  |
| COUNTY                  |  |                |  | CITY                            |  |      |  |            |  |
|                         |  |                |  | Natchitoches                    |  |      |  |            |  |
| OTHER MEMBERS OF FAMILY |  |                |  |                                 |  |      |  |            |  |
| NAME                    |  |                |  | RELATIONSHIP                    |  | AGE  |  | BIRTHPLACE |  |
| Edie                    |  |                |  | W                               |  | 25   |  |            |  |
| Antoine                 |  |                |  | S                               |  | 5    |  |            |  |
| Joseph                  |  |                |  | S                               |  | 4    |  |            |  |
| Mary                    |  |                |  | D                               |  | 2    |  |            |  |
| Raguen                  |  |                |  | U                               |  | 73   |  |            |  |
| Raguen                  |  |                |  | M-L                             |  | 48   |  |            |  |
| Jusine                  |  |                |  | Si-L                            |  | 21   |  |            |  |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|   |   |  |  |             |  |            |  |                                 |                                 |                                  |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|---|--|--|-------------|--|------------|--|---------------------------------|---------------------------------|----------------------------------|---------------------------------|---|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| A225  |   | NAME OF INDIVIDUAL<br>Rosen Eula         |  | L.O.<br>128 |  | SHEET<br>9 |  |                                 |                                 |                                  |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br>B  |   | AGE<br>14                                |  | BIRTHPLACE  |  |            |  |                                 |                                 |                                  |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br>Winn  |   |  |  | CITY        |  |            |  |                                 |                                 |                                  |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br>Boek Ellis   |   |  |  |             |  |            |  |                                 |                                 |                                  |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |   |  |  |             |  |            |  |                                 |                                 |                                  |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> WIDWIFE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input checked="" type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> |   |  |  |             |  |            |  | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDWIFE | <input type="checkbox"/> MOTHER | <input checked="" type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW           | <input type="checkbox"/> WIDWIFE         |  |             |  |            |  |                                 |                                 |                                  |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input checked="" type="checkbox"/> NIECE | <input type="checkbox"/> NURSE           |  |             |  |            |  |                                 |                                 |                                  |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW    | <input type="checkbox"/> PATIENT         |  |             |  |            |  |                                 |                                 |                                  |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW    | <input type="checkbox"/> ROOMER          |  |             |  |            |  |                                 |                                 |                                  |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW       | <input type="checkbox"/> SERVANT         |  |             |  |            |  |                                 |                                 |                                  |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW  | <input type="checkbox"/> OTHER (Specify) |  |             |  |            |  |                                 |                                 |                                  |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW   |  |  |             |  |            |  |                                 |                                 |                                  |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW    |  |  |             |  |            |  |                                 |                                 |                                  |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 16-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 16196-P61

| R223                    |              | HEAD OF FAMILY |            | LOUISIANA |  |
|-------------------------|--------------|----------------|------------|-----------|--|
| COLOR                   | AGE          | BIRTHPLACE     | E.O.       | SHEET     |  |
| 2k                      | 42           |                | 92         | 39        |  |
| COUNTY                  |              | Natchitoches   |            | CITY      |  |
| OTHER MEMBERS OF FAMILY |              |                |            |           |  |
| NAME                    | RELATIONSHIP | AGE            | BIRTHPLACE |           |  |
| Ella                    | 2k           | 35             |            |           |  |
| Maryann                 | S            | 17             |            |           |  |
| Stath                   | S            | 14             |            |           |  |
| Lawrence                | S            | 11             |            |           |  |
| Edna                    | S            | 7              |            |           |  |
| Jim M                   | S            | 2              |            |           |  |
| Lena                    | S            | 5              |            |           |  |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                            |  |                             |                                |
|----------------------------|--|-----------------------------|--------------------------------|
|                            |  | LOUISIANA                   |                                |
| <i>R220</i>                | HEAD OF FAMILY<br><i>Regus, Rev Father</i> |                             | E.D. <i>14</i> SHEET <i>16</i> |
| COLOR<br><i>W</i>          | AGE<br><i>65</i>                           | BIRTHPLACE<br><i>France</i> |                                |
| COUNTY<br><i>Avoyelles</i> | <i>Avoyell's</i>                           | CITY                        |                                |
| OTHER MEMBERS OF FAMILY    |  |                             |                                |
| NAME                       |  | RELATIONSHIP                | AGE                            |
| <i>living alone</i>        |  |                             |                                |
|                            |  |                             |                                |
|                            |  |                             |                                |
|                            |  |                             |                                |
|                            |  |                             |                                |
|                            |  |                             |                                |
|                            |  |                             |                                |
|                            |  |                             |                                |
|                            |  |                             |                                |
|                            |  |                             |                                |

| HEAD OF FAMILY          |              | LOUISIANA  |            |
|-------------------------|--------------|------------|------------|
| R325 Rossignol Felix    |              | E.O.       | SHEET      |
| COLOR                   | AGE          | BIRTHPLACE |            |
| W                       | 29           |            |            |
| COUNTY                  | CITY         |            |            |
| Tulrebonne              |              |            |            |
| OTHER MEMBERS OF FAMILY |              |            |            |
| NAME                    | RELATIONSHIP | AGE        | BIRTHPLACE |
| Emile                   | W            | 24         |            |
| George                  | S            | 4          |            |
| Roland                  | S            | 2          |            |
| Landry                  | S            | 10         |            |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |

FORM 19-636 (4-26-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |             |            |       |
|-------------------------|--|----------------|-------------|------------|-------|
| R 220                   |  | HEAD OF FAMILY |             | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE  | E.D.       | SHEET |
| W                       |  | 55             | Regas Felix | 54         | 17    |
| COUNTY                  |  |                | CITY        |            |       |
| Plaquemines             |  |                |             |            |       |
| OTHER MEMBERS OF FAMILY |  |                |             |            |       |
| NAME                    |  | RELATIONSHIP   | AGE         | BIRTHPLACE |       |
| Elesma                  |  | W              | 47          |            |       |
| Zoea                    |  | D              | 18          |            |       |
| George D.               |  | S              | 13          |            |       |
| Sena                    |  | D              | 10          |            |       |
| Josephine               |  | D              | 8           |            |       |
|                         |  |                |             |            |       |
|                         |  |                |             |            |       |

FORM 16-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                   |            |            |       |
|-------------------------|-------------------|------------|------------|-------|
| R220                    | HEAD OF FAMILY    |            | LOUISIANA  |       |
|                         | Richoux, Felix    |            | E.D.       | SHEET |
| COLOR                   | AGE               | BIRTHPLACE |            |       |
| W                       | 47                |            |            |       |
| COUNTY                  |                   | CITY       |            |       |
| Lafourche               |                   |            |            |       |
| OTHER MEMBERS OF FAMILY |                   |            |            |       |
| NAME                    | RELATION-<br>SHIP | AGE        | BIRTHPLACE |       |
| Andre                   | S                 | 18         |            |       |
| Edith                   | D                 | 16         |            |       |
| Estelle                 | D                 | 13         |            |       |
| Felix                   | D                 | 11         |            |       |
|                         |                   |            |            |       |
|                         |                   |            |            |       |
|                         |                   |            |            |       |

FORM 16-526 (4-20-51)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



| LOUISIANA               |                |            |            |
|-------------------------|----------------|------------|------------|
| R216                    | HEAD OF FAMILY |            | E.D. 13    |
| COLOR B                 | Baskerry Floyd |            | SHEET 28   |
| AGE 27                  | BIRTHPLACE     |            |            |
| COUNTY                  | Wichita        | CITY Delhi |            |
| OTHER MEMBERS OF FAMILY |                |            |            |
| NAME                    | RELATIONSHIP   | AGE        | BIRTHPLACE |
| Francis W               |                | 28         |            |
|                         |                |            |            |
|                         |                |            |            |
|                         |                |            |            |
|                         |                |            |            |
|                         |                |            |            |
|                         |                |            |            |
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|                         |                |            |            |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R 220                   |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| W                       |  | 30             |            | 118        | 5     |
| COUNTY                  |  |                | CITY       |            |       |
| St. Landry              |  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Nicse                   |  | W              | 25         |            |       |
| Dora                    |  | D              | 7          |            |       |
| Drew C.                 |  | D              | 5          |            |       |
| Dasa                    |  | D              | 3          |            |       |
| Messey                  |  | D              | 1          |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |           |  |  |  |             |
|--|-----------|--|--|--|-------------|
| R216                                   |           | NAME OF INDIVIDUAL<br>Rockfort, Frank    |  | E.O.<br>574                              | SHEET<br>16 |
| COLOR<br>W                             | AGE<br>22 | BIRTHPLACE<br>Italy                      |  |  |             |
| COUNTY                                 |           | CITY                                     |  |  |             |
| ENUMERATED WITH<br>Rople, Tony         |           |  |  |  |             |
| RELATIONSHIP TO ABOVE                  |           |  |  |  |             |
| <input type="checkbox"/> FATHER        |           | <input type="checkbox"/> NEPHEW          |  | <input type="checkbox"/> INMATE          |             |
| <input type="checkbox"/> MOTHER        |           | <input type="checkbox"/> NIECE           |  | <input type="checkbox"/> NURSE           |             |
| <input type="checkbox"/> GRANDFATHER   |           | <input type="checkbox"/> FATHER-IN-LAW   |  | <input type="checkbox"/> PATIENT         |             |
| <input type="checkbox"/> GRANDMOTHER   |           | <input type="checkbox"/> MOTHER-IN-LAW   |  | <input type="checkbox"/> ROOMER          |             |
| <input type="checkbox"/> GRANDSON      |           | <input type="checkbox"/> SON-IN-LAW      |  | <input type="checkbox"/> SERVANT         |             |
| <input type="checkbox"/> GRANDDAUGHTER |           | <input type="checkbox"/> DAUGHTER-IN-LAW |  | <input type="checkbox"/> OTHER (Specify) |             |
| <input type="checkbox"/> AUNT          |           | <input type="checkbox"/> BROTHER-IN-LAW  |  | C  |             |
| <input type="checkbox"/> UNCLE         |           | <input type="checkbox"/> SISTER-IN-LAW   |  |  |             |

FORM 10-537 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1950 CENSUS INDEX - INDIVIDUAL

USCOMB-DC 18100-P61

| R212                    |              | HEAD OF FAMILY |            | LOUISIANA |  |
|-------------------------|--------------|----------------|------------|-----------|--|
| COLOR                   | AGE          | BIRTHPLACE     | E.D.       | SHEET     |  |
| W                       | 29           | Italy          | 71         | 21        |  |
| COUNTY                  |              | CITY           |            |           |  |
| OTHER MEMBERS OF FAMILY |              |                |            |           |  |
| NAME                    | RELATIONSHIP | AGE            | BIRTHPLACE |           |  |
| Mary                    | W            | 19             | Italy      |           |  |
| Boch                    | D            | 13 1/2         |            |           |  |
|                         |              |                |            |           |  |
|                         |              |                |            |           |  |
|                         |              |                |            |           |  |
|                         |              |                |            |           |  |
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|                         |              |                |            |           |  |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |           |                 |      |            |        |
|-------------------------|-----------|-----------------|------|------------|--------|
| R212                    |           | HEAD OF FAMILY  |      | LOUISIANA  |        |
| R212                    |           | Reesebeck Frank |      | E.D.       | SHEET  |
| COLOR                   | W         | AGE             | 42   | BIRTHPLACE | Indian |
| COUNTY                  | Calcasieu |                 | CITY |            |        |
| OTHER MEMBERS OF FAMILY |           |                 |      |            |        |
| NAME                    |           | RELATIONSHIP    | AGE  | BIRTHPLACE |        |
| 1 / Grace               |           | D               | 16   | Mo         |        |
| Lizzie                  |           | Si              | 47   | Indian     |        |
| Behr                    |           | Da              | 23   | Korean     |        |
|                         |           |                 |      |            |        |
|                         |           |                 |      |            |        |
|                         |           |                 |      |            |        |
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FORM 16-536 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |        |                |      |            |  |
|-------------------------|--------|----------------|------|------------|--|
| R 2 30                  |        | HEAD OF FAMILY |      | LOUISIANA  |  |
| E.D.                    |        | SHEET          |      | 198 6      |  |
| COLOR                   | AGE    | BIRTHPLACE     |      |            |  |
| W                       | 47     | Austria        |      |            |  |
| COUNTY                  | Vernon |                | CITY |            |  |
| Laufing                 |        |                |      |            |  |
| OTHER MEMBERS OF FAMILY |        |                |      |            |  |
| NAME                    |        | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| Living alone            |        |                |      |            |  |
|                         |        |                |      |            |  |
|                         |        |                |      |            |  |
|                         |        |                |      |            |  |
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FORM 18-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |      |            |       |
|-------------------------|-----|----------------|------|------------|-------|
| R220                    |     | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |      | S.D.       | SHEET |
| Mar                     | 36  |                |      | 63         | 14    |
| COUNTY                  |     |                | CITY |            |       |
| St. Charles             |     |                |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Alice                   |     | W              | 34   |            |       |
| Stella                  |     | D              | 13   |            |       |
| Bess                    |     | D              | 11   |            |       |
| Alvin                   |     | D              | 10   |            |       |
| Janita                  |     | D              | 8    |            |       |
| Gladys                  |     | D              | 6    |            |       |
| Minnie                  |     | D              | 5    |            |       |

FORM 16-626 (4-22-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME     | RELATIONSHIP | AGE | BIRTHPLACE |
|----------|--------------|-----|------------|
| Frank J. | S            | 2   |            |
| Alice    | D            | 1/2 |            |
|          |              |     |            |
|          |              |     |            |
|          |              |     |            |
|          |              |     |            |
|          |              |     |            |
|          |              |     |            |
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|          |              |     |            |
|          |              |     |            |
|          |              |     |            |

FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18105-P01



LOUISIANA

|  |   |   |                   |
|--|---|---|-------------------|
| NAME OF INDIVIDUAL<br><i>Frank</i>   |   | E.D.<br><i>86</i>   | SHEET<br><i>6</i> |
| AGE<br><i>30</i>   | BIRTHPLACE  |   |                   |
| COUNTY<br><i>W</i>   | CITY<br><i>Rapides</i>  |   |                   |
| ENUMERATED WITH<br><i>Mrs. J. H.</i>   |   |   |                   |
| RELATIONSHIP TO ABOVE  |   |   |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> WIFE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                   |

FORM 10-617 (4-29-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18198-P01

LOUISIANA

| R223                    | HEAD OF FAMILY<br>Rochester Frank |                   | E.O.<br>3 | SHEET<br>22 |
|-------------------------|-----------------------------------|-------------------|-----------|-------------|
| COLOR<br>13             | AGE<br>32                         | BIRTHPLACE        |           |             |
| COUNTY<br>Acadia        |                                   | CITY              |           |             |
| OTHER MEMBERS OF FAMILY |                                   |                   |           |             |
| NAME                    |                                   | RELATION-<br>SHIP | AGE       | BIRTHPLACE  |
| Zora                    |                                   | W                 | 31        |             |
| Virginia                |                                   | D                 | 8         |             |
| Ophelia                 |                                   | D                 | 6         |             |
| Valerie                 |                                   | S                 | 3         |             |
| Alice                   |                                   | D                 | 2 1/2     |             |
|                         |                                   |                   |           |             |
|                         |                                   |                   |           |             |
|                         |                                   |                   |           |             |

FORM 16-536 (4-30-67)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|                         |                |              |                    |      |      |            |  |
|-------------------------|----------------|--------------|--------------------|------|------|------------|--|
| R223                    | HEAD OF FAMILY |              | Robertson Frank G. |      | S.D. | SHEET      |  |
| COLOR                   | AGE            | BIRTHPLACE   |                    |      |      |            |  |
| W                       | 27             | Illinois     |                    |      |      |            |  |
| COUNTY                  |                | Acadia       |                    | CITY |      | Crawley    |  |
| OTHER MEMBERS OF FAMILY |                |              |                    |      |      |            |  |
| NAME                    |                | RELATIONSHIP |                    | AGE  |      | BIRTHPLACE |  |
| 1 Edna L                |                | w            |                    | 25   |      |            |  |
|                         |                |              |                    |      |      |            |  |
|                         |                |              |                    |      |      |            |  |
|                         |                |              |                    |      |      |            |  |
|                         |                |              |                    |      |      |            |  |
|                         |                |              |                    |      |      |            |  |
|                         |                |              |                    |      |      |            |  |
|                         |                |              |                    |      |      |            |  |

FORM 19-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|                         |  |                |              |                |            |      |       |
|-------------------------|--|----------------|--------------|----------------|------------|------|-------|
| R 220                   |  | HEAD OF FAMILY |              | Rauscher, Jack |            | E.O. | SHEET |
| COLOR                   |  | AGE            | BIRTHPLACE   |                |            |      |       |
| W                       |  | 36             |              |                |            |      |       |
| COUNTY                  |  |                | Thriville    | CITY           |            |      |       |
| OTHER MEMBERS OF FAMILY |  |                |              |                |            |      |       |
| NAME                    |  |                | RELATIONSHIP | AGE            | BIRTHPLACE |      |       |
| / Olive                 |  |                | W            | 32             |            |      |       |
| / Inella                |  |                | D            | 3              |            |      |       |
| Hearts, Gustave         |  |                | F-1          | 67             |            |      |       |
| / Cecile                |  |                | M-4          | 48             |            |      |       |
| / Carl                  |  |                | B-4          | 16             |            |      |       |
|                         |  |                |              |                |            |      |       |
|                         |  |                |              |                |            |      |       |

FORM 18-536 (4-22-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

| R220                    |              | HEAD OF FAMILY |            | LOUISIANA |  |
|-------------------------|--------------|----------------|------------|-----------|--|
| COLOR                   | AGE          | BIRTHPLACE     | E.D.       | SHEET     |  |
| W                       | 44           | Miss.          | 34         | 5         |  |
| COUNTY                  | Calcasieu    |                | CITY       |           |  |
| OTHER MEMBERS OF FAMILY |              |                |            |           |  |
| NAME                    | RELATIONSHIP | AGE            | BIRTHPLACE |           |  |
| Mary                    | W            | 38             | Miss       |           |  |
| Eddie                   | D            | 19             |            |           |  |
| D. W.                   | S            | 17             | Tex        |           |  |
| J. T. B.                | S            | 12             | Miss       |           |  |
|                         | S            | 10             | Miss       |           |  |
| A. C.                   | S            | 5              |            |           |  |

LOUISIANA

|                         |                                    |                         |                 |                 |
|-------------------------|------------------------------------|-------------------------|-----------------|-----------------|
| R 210                   | HEAD OF FAMILY <i>Ruby, George</i> |                         | E.O. <i>109</i> | SHEET <i>22</i> |
| COLOR <i>B</i>          | AGE <i>30</i>                      | BIRTHPLACE <i>Texas</i> |                 |                 |
| COUNTY <i>Sabine</i>    |                                    | CITY                    |                 |                 |
| OTHER MEMBERS OF FAMILY |                                    |                         |                 |                 |
| NAME                    |                                    | RELATIONSHIP            | AGE             | BIRTHPLACE      |
| <i>Annie</i>            |                                    | <i>W</i>                | <i>25</i>       |                 |
| <i>Harriett</i>         |                                    | <i>D</i>                | <i>2</i>        |                 |
| <i>Hattie</i>           |                                    | <i>D</i>                | <i>1 3/2</i>    |                 |
|                         |                                    |                         |                 |                 |
|                         |                                    |                         |                 |                 |
|                         |                                    |                         |                 |                 |
|                         |                                    |                         |                 |                 |
|                         |                                    |                         |                 |                 |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|   |              |   |  |  |            |
|---|--------------|---|--|--|------------|
| R216  |              | NAME OF INDIVIDUAL<br>Berry George  |  | E.O.<br>68   | SHEET<br>9 |
| COLOR<br>W  | AGE<br>5 1/2 | BIRTHPLACE  |  |  |            |
| COUNTY<br>Lincoln   |              | CITY  |  |  |            |
| ENUMERATED WITH<br>Berry L. L.  |              |   |  |  |            |
| RELATIONSHIP TO ABOVE   |              |   |  |  |            |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input checked="" type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |              | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> WIDATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) _____ |            |

FORM 16-537 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCORN-DC 1910-P-61

LOUISIANA

|                         |                |            |              |     |            |       |
|-------------------------|----------------|------------|--------------|-----|------------|-------|
| R220                    | HEAD OF FAMILY |            | Rafas George |     | E.D.       | SHEET |
| COLOR                   | AGE            | BIRTHPLACE |              |     |            |       |
| W                       | 26             |            |              |     |            |       |
| COUNTY                  |                |            | CITY         |     |            |       |
| Jefferson               |                |            |              |     |            |       |
| OTHER MEMBERS OF FAMILY |                |            |              |     |            |       |
| NAME                    |                |            | RELATIONSHIP | AGE | BIRTHPLACE |       |
| And 3 Bs                |                |            |              |     |            |       |
|                         |                |            |              |     |            |       |
|                         |                |            |              |     |            |       |
|                         |                |            |              |     |            |       |
|                         |                |            |              |     |            |       |
|                         |                |            |              |     |            |       |
|                         |                |            |              |     |            |       |
|                         |                |            |              |     |            |       |
|                         |                |            |              |     |            |       |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



LOUISIANA

|   |  |  |             |
|---|--|--|-------------|
| R220  | NAME OF INDIVIDUAL<br><i>Riggins Henderson</i> | E.D.<br>35                               | SHEET<br>18 |
| COLOR<br>B  | AGE<br>5                                       | BIRTHPLACE                               |             |
| COUNTY<br>Concordia                               | CITY   |  |             |
| ENUMERATED WITH<br><i>Stewart Henry</i>           |  |  |             |
| RELATIONSHIP TO ABOVE                             |  |  |             |
| <input type="checkbox"/> FATHER                   | <input type="checkbox"/> NEPHEW                | <input type="checkbox"/> INMATE          |             |
| <input type="checkbox"/> MOTHER                   | <input type="checkbox"/> NIECE                 | <input type="checkbox"/> NURSE           |             |
| <input type="checkbox"/> GRANDFATHER              | <input type="checkbox"/> FATHER-IN-LAW         | <input type="checkbox"/> PATIENT         |             |
| <input type="checkbox"/> GRANDMOTHER              | <input type="checkbox"/> MOTHER-IN-LAW         | <input type="checkbox"/> ROOMER          |             |
| <input type="checkbox"/> GRANDSON                 | <input type="checkbox"/> SON-IN-LAW            | <input type="checkbox"/> SERVANT         |             |
| <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW       | <input type="checkbox"/> OTHER (Specify) |             |
| <input type="checkbox"/> AUNT                     | <input type="checkbox"/> BROTHER-IN-LAW        |  |             |
| <input type="checkbox"/> UNCLE                    | <input type="checkbox"/> SISTER-IN-LAW         |  |             |

FORM 18-437 (4-22-51)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1950 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 16185-P61

LOUISIANA

|                         |   |                |     |                    |  |       |       |
|-------------------------|---|----------------|-----|--------------------|--|-------|-------|
| R216                    |   | HEAD OF FAMILY |     | Rackport, Litcheno |  | E.D.  | SHEET |
| COLOR                   | W | AGE            | 40  | BIRTHPLACE         |  | Italy |       |
| COUNTY                  |   | Iberville      |     | CITY               |  |       |       |
| OTHER MEMBERS OF FAMILY |   |                |     |                    |  |       |       |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE         |  |       |       |
| Bertha                  |   | W              | 38  | Italy              |  |       |       |
| Joe                     |   | S              | 19  |                    |  |       |       |
| Francis                 |   | D              | 17  |                    |  |       |       |
| Mary                    |   | D              | 10  |                    |  |       |       |
| Rosa                    |   | GD             | 12  |                    |  |       |       |
| Monica (Philip)         |   | SL             | 24  | Italy              |  |       |       |

Form 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|   |  |   |  |      |  |       |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|---|--|---|--|------|--|-------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| 13220   |  | NAME OF INDIVIDUAL                                  |  | E.D. |  | SHEET |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|   |  | Requigny, Isaac                                     |  | 50   |  | 14    |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR   | AGE                                      | BIRTH PLACE   |  |      |  |       |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| W   | 7  |   |  |      |  |       |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY  |  | Iberville   |  | CITY |  |       |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |   |  |      |  |       |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| Rendreaux, Cyren  |  |   |  |      |  |       |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |  |      |  |       |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |      |  |       |  | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |  |      |  |       |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |  |      |  |       |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |      |  |       |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |      |  |       |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |      |  |       |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |      |  |       |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |      |  |       |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |  |      |  |       |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

3-D

FORM 10-437 (2-20-01)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USC&amp;GS-DC 1910-P01

|                         |           |                        |     |            |  |
|-------------------------|-----------|------------------------|-----|------------|--|
| R220                    |           | HEAD OF FAMILY         |     | LOUISIANA  |  |
| Rogis Gustave           |           | E.D. 6                 |     | SHEET 9    |  |
| COLOR<br>B              | AGE<br>44 | BIRTHPLACE             |     |            |  |
| COUNTY<br>Ascension     |           | CITY<br>Donaldsonville |     |            |  |
| OTHER MEMBERS OF FAMILY |           |                        |     |            |  |
| NAME                    |           | RELATION-<br>SHIP      | AGE | BIRTHPLACE |  |
| Durdin Gustine          |           | m                      | 90  |            |  |
| Antoine                 |           | s                      | 19  |            |  |
| Gustave Jr.             |           | s                      | 13  |            |  |
| Octave                  |           | s                      | 9   |            |  |
| Edme                    |           | d                      | 7   |            |  |
|                         |           |                        |     |            |  |
|                         |           |                        |     |            |  |

FORM 16-436 (4-22-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |   |   |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
|--|---|---|-------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|-----------|--------------------------------|--|--|
| 1926   | NAME OF INDIVIDUAL<br><i>Racefort Hanna</i> |   | E.D.<br><i>12</i> | SHEET<br><i>5</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| COLOR<br><i>W</i>  | AGE<br><i>15</i>                            | BIRTHPLACE<br><i>Italy</i>                          |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| COUNTY<br><i>Iberia</i>  |   | <i>City</i>   |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| ENUMERATED WITH<br><i>Racefort Vincent</i>   |   |   |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| RELATIONSHIP TO ABOVE  |   |   |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>si</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |   |   |                   |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>si</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW             | <input type="checkbox"/> INMATE                     |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE              | <input type="checkbox"/> NURSE                      |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW      | <input type="checkbox"/> PATIENT                    |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW      | <input type="checkbox"/> ROOMER                     |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW         | <input type="checkbox"/> SERVANT                    |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW    | <input checked="" type="checkbox"/> OTHER (Specify) |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW     | <i>si</i>   |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW      |   |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |

FORM 16-637 (4-23-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1916 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18196-P61

LOUISIANA

|  |           |  |  |  |             |
|--|-----------|--|--|--|-------------|
| C 216  |           | NAME OF INDIVIDUAL<br>Rashbury, Harry  |  | E.D.<br>54   | SHEET<br>29 |
| COLOR<br>B   | AGE<br>28 | BIRTHPLACE   |  |  |             |
| COUNTY<br>Jackson  |           | CITY   |  |  |             |
| ENumerated WITH<br>Rashbury, William G.  |           |  |  |  |             |
| RELATIONSHIP TO ABOVE  |           |  |  |  |             |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |           | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NICE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> NEAUTE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br>B |             |

FORM 16-437 (4-22-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 16100-P01

|  |   |  |      |   |       |
|--|---|--|------|---|-------|
| R220   |   | NAME OF INDIVIDUAL   |      | LOUISIANA   |       |
|  |   | Riggs Harry  |      | E.O.  | SHEET |
| COLOR  | W | AGE  | 26   | BIRTHPLACE  | 54 15 |
| COUNTY   |   |  | CITY |   |       |
| Plaquemines  |   |  |      |   |       |
| ENUMERATED WITH  |   |  |      |   |       |
| Riggs Marceline  |   |  |      |   |       |
| RELATIONSHIP TO ABOVE  |   |  |      |   |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |   | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input checked="" type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> WIDOW<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |       |

Form 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-OC 15100-P61

LOUISIANA

|  |     |  |  |  |       |
|--|-----|--|--|--|-------|
| B220   |     | NAME OF INDIVIDUAL                       |  | E.D.                                     | SHEET |
|  |     | Rayna Barry                              |  | 64                                       | 10    |
| COLOR  | AGE | BIRTHPLACE                               |  |  |       |
| B  | 6   |  |  |  |       |
| COUNTY                                       |     | CITY                                     |  |  |       |
|  |     | Grant                                    |  |  |       |
| ENUMERATED WITH                              |     |  |  |  |       |
| Whelan Lucie                                 |     |  |  |  |       |
| RELATIONSHIP TO ABOVE                        |     |  |  |  |       |
| <input type="checkbox"/> FATHER              |     | <input type="checkbox"/> NEPHEW          |  | <input type="checkbox"/> BOARDER         |       |
| <input type="checkbox"/> MOTHER              |     | <input type="checkbox"/> NIECE           |  | <input type="checkbox"/> HOUSE           |       |
| <input type="checkbox"/> GRANDFATHER         |     | <input type="checkbox"/> FATHER-IN-LAW   |  | <input type="checkbox"/> PATIENT         |       |
| <input type="checkbox"/> GRANDMOTHER         |     | <input type="checkbox"/> MOTHER-IN-LAW   |  | <input type="checkbox"/> ROOMER          |       |
| <input checked="" type="checkbox"/> GRANDSON |     | <input type="checkbox"/> SON-IN-LAW      |  | <input type="checkbox"/> SERVANT         |       |
| <input type="checkbox"/> GRANDDAUGHTER       |     | <input type="checkbox"/> DAUGHTER-IN-LAW |  | <input type="checkbox"/> OTHER (Specify) |       |
| <input type="checkbox"/> AUNT                |     | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |       |
| <input type="checkbox"/> UNCLE               |     | <input type="checkbox"/> SISTER-IN-LAW   |  |  |       |

FORM 16-637 (4-23-51)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1930 CENSUS INDEX - INDIVIDUAL

VCEBMA-DC 1930-701



|  |  |
|--|--|
| LOUISIANA  |  |
| R216   | NAME OF INDIVIDUAL<br><i>Restford Henry</i>  |
| E.O.<br>133  | SHEET<br>6   |
| COLOR<br><i>W</i>  | AGE<br>31  |
| COUNTY<br><i>Washington</i>  | CITY<br><i>Thiara</i>  |
| ENUMERATED WITH<br><i>William Lawa</i>   |  |
| RELATIONSHIP TO ABOVE  |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NICE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> WORKER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify)  |  |

FORM 16-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 1910-P-81

LOUISIANA

|  |  |  |             |
|--|--|--|-------------|
| R216                                   | NAME OF INDIVIDUAL<br>Peaberg, Henry     | E.D.<br>115                                | SHEET<br>18 |
| COLOR<br>B                             | AGE<br>20                                | BIRTHPLACE                                 |             |
| COUNTY<br>Richland                     | CITY                                     |  |             |
| ENUMERATED WITH<br>Holiday, Daisy      |  |  |             |
| RELATIONSHIP TO ABOVE                  |  |  |             |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDATE            |             |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE             |             |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |             |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER |             |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |             |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |             |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW  |  |             |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW   |  |             |

FORM 10-437 (4-30-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P01

|                         |                |              |           |            |
|-------------------------|----------------|--------------|-----------|------------|
| R220                    | HEAD OF FAMILY |              | LOUISIANA |            |
| COLOR                   | AGE            | BIRTHPLACE   |           | E.O.       |
| B                       | 42             |              |           | 89         |
| COUNTY                  |                | CITY         |           |            |
| Natchitoches            |                | Proussence   |           |            |
| OTHER MEMBERS OF FAMILY |                |              |           |            |
| NAME                    |                | RELATIONSHIP | AGE       | BIRTHPLACE |
| Bentley                 |                | W            | 32        |            |
| Abellan                 |                | D            | 4 1/2     |            |
| Walter                  |                | S            | 14        |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |

FORM 16-636 (4-30-61)

1970 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |            |                |     |             |  |           |     |
|-------------------------|------------|----------------|-----|-------------|--|-----------|-----|
| R-220                   |            | HEAD OF FAMILY |     | Rykes Henry |  | LOUISIANA |     |
| COLOR                   | W          | AGE            | 57  | BIRTHPLACE  |  | E.D.      | 126 |
|                         |            |                |     |             |  | SHEET     | 4   |
| COUNTY                  | Washington |                |     | CITY        |  |           |     |
| OTHER MEMBERS OF FAMILY |            |                |     |             |  |           |     |
|                         | NAME       | RELATIONSHIP   | AGE | BIRTHPLACE  |  |           |     |
|                         | Jane       | W              | 48  |             |  |           |     |
|                         | Edwards    | S              | 19  |             |  |           |     |
|                         | Eloise     | D              | 18  |             |  |           |     |
|                         | Luey       | S              | 14  |             |  |           |     |
|                         | Carrie     | D              | 12  |             |  |           |     |
|                         | Chester    | S              | 10  |             |  |           |     |
|                         | Dorise     | S              | 8   |             |  |           |     |

|  |              |   |              |   |       |
|--|--------------|---|--------------|---|-------|
| R 24   |              | NAME OF INDIVIDUAL  |              | LOUISIANA   |       |
| D  |              | Rosevelt, Herman  |              | E.D.  | SHEET |
| COLOR  | AGE          | BIRTHPLACE  |              | 37  | 17    |
|  | 28           | Germany   |              |   |       |
| COUNTY   | LOCALITY     |   | CITY         |   |       |
|  | Lake Charles |   | Lake Charles |   |       |
| ENUMERATED WITH  |              |   |              |   |       |
| Wilcox, Thomas E.  |              |   |              |   |       |
| RELATIONSHIP TO ABOVE  |              |   |              |   |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |              | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |              | <input type="checkbox"/> IMMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |       |

FORM 16-537 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18122-P01

|                         |         |                |     |            |                    |
|-------------------------|---------|----------------|-----|------------|--------------------|
| P 205                   |         | HEAD OF FAMILY |     | LOUISIANA  |                    |
| COLOR                   | my      | AGE            | 72  | BIRTHPLACE | Rossignol Hillsire |
| COUNTY                  |         | St. Martin     |     | CITY       |                    |
| OTHER MEMBERS OF FAMILY |         |                |     |            |                    |
|                         | NAME    | RELATIONSHIP   | AGE | BIRTHPLACE |                    |
|                         | Pierre  | S              | 35  |            |                    |
|                         | Adelle  | S 1            | 35  |            |                    |
|                         | Anna    | S 2            | 12  |            |                    |
|                         | Pauline | S 3            | 11  |            |                    |
|                         | Edna    | S 4            | 9   |            |                    |
|                         | Noah    | S 5            | 6   |            |                    |
|                         | Daniel  | S 6            | 3   |            |                    |

Form 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |     |                |      |            |       |
|-------------------------|-----|----------------|------|------------|-------|
| 12 12                   |     | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |      | E.D.       | SHEET |
| B                       | 28  |                |      | 125        | 21    |
| COUNTY                  |     |                | CITY |            |       |
| IOWA                    |     |                |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Jane                    |     | W              | 26   |            |       |
| Gus                     |     | S              | 7    |            |       |
| Elly                    |     | D              | 5    |            |       |
| Viola                   |     | D              | 3    |            |       |
| May                     |     | D              | 2    |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |

FORM 10-436 (4-30-07)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|  |  |  | LOUISIANA  |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
|--|--|--|------------|-------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|---|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R-220  | NAME OF INDIVIDUAL<br>Raycock Lona       |  | E.O.<br>24 | SHEET<br>21 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| COLOR<br>W   | AGE<br>5 1/2                             | BIRTHPLACE                               |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| COUNTY<br>Avoyelles  |  | CITY                                     |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br>Hardie Maria  |  |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tbody> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </tbody> </table> |  |  |            |             | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |

FORM 10-637 (4-22-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCIB-DC 1910-P-1

|   |   |   |      |                    |                   |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|---|---|------|--------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R 225   |   | NAME OF INDIVIDUAL<br><i>Rosseson Irene</i> |      | LOUISIANA          |                   |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>B</i>   | AGE<br><i>15</i>                          | BIRTHPLACE                                  |      | E.D.<br><i>128</i> | SHEET<br><i>9</i> |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY  |   |   | CITY |                    |                   |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH <sup>Wife</sup> <i>Wife</i>   |   |   |      |                    |                   |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE<br><i>Boek Ellis</i>  |   |   |      |                    |                   |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input checked="" type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |   |   |      |                    |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input checked="" type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW           | <input type="checkbox"/> INMATE             |      |                    |                   |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input checked="" type="checkbox"/> NIECE | <input type="checkbox"/> NURSE              |      |                    |                   |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW    | <input type="checkbox"/> PATIENT            |      |                    |                   |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW    | <input type="checkbox"/> ROOMER             |      |                    |                   |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW       | <input type="checkbox"/> SERVANT            |      |                    |                   |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW  | <input type="checkbox"/> OTHER (Specify)    |      |                    |                   |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW   |   |      |                    |                   |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW    |   |      |                    |                   |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 18-437 (4-20-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMB-DC 18128-P61

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R 220                   |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| W                       |  | 25             |            | 44         | 29    |
| COUNTY                  |  |                | CITY       |            |       |
| Calcasieu               |  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| 1 Pearl                 |  | W              | 20         | Miss       |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 16-636 (4-20-21)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                   |            |            |    |
|-------------------------|---|-------------------|------------|------------|----|
| R 216                   |   | HEAD OF FAMILY    |            | LOUISIANA  |    |
| COLOR                   | W | AGE               | 48         | E.D.       | 18 |
|                         |   | BIRTHPLACE        |            | SHEET 11   |    |
| COUNTY                  |   |                   | Clai borne | CITY       |    |
| OTHER MEMBERS OF FAMILY |   |                   |            |            |    |
| NAME                    |   | RELATION-<br>SHIP | AGE        | BIRTHPLACE |    |
| Emma                    |   | W                 | 48         | Mo.        |    |
| Lizzie                  |   | D                 | 22         |            |    |
| Lena                    |   | D                 | 20         |            |    |
| Willie                  |   | S                 | 18         |            |    |
| Hazel                   |   | S                 | 16         |            |    |
| Mattie                  |   | D                 | 13         |            |    |
| Edna                    |   | S                 | 10         |            |    |

FORM 10-636 (4-20-31)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

HEAD OF FAMILY - CONTINUED

## LOUISIANA

CARD 2 OF 2

**OTHER MEMBERS OF FAMILY**

[illegible]

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMDA DC 15100-P61

LOUISIANA

|                         |   |                |       |               |  |      |       |
|-------------------------|---|----------------|-------|---------------|--|------|-------|
| R 216                   |   | HEAD OF FAMILY |       | Baskery J. H. |  | E.O. | SHEET |
| COLOR                   | W | AGE            | 33    | BIRTHPLACE    |  |      |       |
| COUNTY                  |   |                |       | Lincoln       |  | CITY |       |
| OTHER MEMBERS OF FAMILY |   |                |       |               |  |      |       |
| NAME                    |   | RELATIONSHIP   | AGE   | BIRTHPLACE    |  |      |       |
| Liddy                   |   | W              | 28    |               |  |      |       |
| Carline                 |   | D              | 6     |               |  |      |       |
| Lightowers              |   | S              | 3     |               |  |      |       |
| Carline                 |   | D              | 1 3/4 |               |  |      |       |
|                         |   |                |       |               |  |      |       |
|                         |   |                |       |               |  |      |       |
|                         |   |                |       |               |  |      |       |
|                         |   |                |       |               |  |      |       |

FORM 16-636 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|   |  |   |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
|---|--|---|------------|------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|---|--|
| R216  | NAME OF INDIVIDUAL<br>Rockford, J. M.    |   | E.O.<br>93 | SHEET<br>1 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| COLOR<br>W  | AGE<br>34                                | BIRTHPLACE<br>Mo.                           |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| COUNTY<br>Morehouse   |  | CITY<br>New Rouge                           |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| ENUMERATED WITH<br>Cassidy, H. P.   |  |   |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| RELATIONSHIP TO ABOVE   |  |   |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> Niece</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> WIDOWER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> </table> |  |   |            |            | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> Niece | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> WIDOWER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> BROTHER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE             |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> Niece           | <input type="checkbox"/> NURSE              |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT            |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> WIDOWER |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT            |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)    |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> BROTHER-IN-LAW  |   |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |

FORM 16-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOP-DC 18100-P-1

## LOUISIANA

|  |                 |   |      |   |                   |
|--|-----------------|---|------|---|-------------------|
| 1220   |                 | NAME OF INDIVIDUAL<br><i>Roseau, James</i>  |      | E.O.<br><i>140</i>  | SHEET<br><i>6</i> |
| COLOR<br><i>B</i>  | AGE<br><i>7</i> | BIRTHPLACE  |      |   |                   |
| COUNTY<br><i>West Baton Rouge</i>  |                 |   | CITY |   |                   |
| ENUMERATED WITH<br><i>Willa Susan</i>  |                 |   |      |   |                   |
| RELATIONSHIP TO ABOVE  |                 |   |      |   |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                 | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> IMMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>5-5</i> |                   |

FORM 16-637 (4-20-51)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-PC 13100-P01



LOUISIANA

|                         |                |              |      |            |
|-------------------------|----------------|--------------|------|------------|
| R216                    | HEAD OF FAMILY |              | E.D. | SHEET      |
|                         | Resueben James |              | 126  | 23         |
| COLOR                   | AGE            | BIRTHPLACE   |      |            |
| W                       | 49             |              |      |            |
| COUNTY                  |                |              |      |            |
| St. Martinville         |                |              |      |            |
| OTHER MEMBERS OF FAMILY |                |              |      |            |
| NAME                    |                | RELATIONSHIP | AGE  | BIRTHPLACE |
| Noelie                  |                | W            | 40   |            |
| Eulone                  |                | D            | 17   |            |
| Leonard                 |                | S            | 15   |            |
| Baldie                  |                | D            | 12   |            |
| Collette                |                | P            | 11   |            |
| Louisa                  |                | D            | 9    |            |
|                         |                |              |      |            |

Form 16-634 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |  |   |  |             |            |
|--|--|---|--|-------------|------------|
| R216   |  | NAME OF INDIVIDUAL<br><i>Roscherry, James</i> |  | E.O.<br>113 | SHEET<br>6 |
| COLOR<br><i>W</i>                              | AGE<br><i>78</i>                         | BIRTHPLACE<br><i>La</i>                       |  |             |            |
| COUNTY<br><i>Webster</i>                       |  | CITY  |  |             |            |
| ENUMERATED WITH<br><i>Roscherry, William B</i> |  |   |  |             |            |
| RELATIONSHIP TO ABOVE                          |  |   |  |             |            |
| <input checked="" type="checkbox"/> FATHER     | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> NUNNATE              |  |             |            |
| <input type="checkbox"/> MOTHER                | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                |  |             |            |
| <input type="checkbox"/> GRANDFATHER           | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT              |  |             |            |
| <input type="checkbox"/> GRANDMOTHER           | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER               |  |             |            |
| <input type="checkbox"/> GRANDSON              | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT              |  |             |            |
| <input type="checkbox"/> GRANDDAUGHTER         | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)      |  |             |            |
| <input type="checkbox"/> AUNT                  | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |             |            |
| <input type="checkbox"/> UNCLE                 | <input type="checkbox"/> SISTER-IN-LAW   |   |  |             |            |

FORM 16-537 (4-20-51)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

| R212                    |     | HEAD OF FAMILY |                   | LOUISIANA  |  |
|-------------------------|-----|----------------|-------------------|------------|--|
| COLOR                   | AGE | BIRTHPLACE     | E.D.              | SHEET      |  |
| 0                       | 33  | La             | 53                | 10         |  |
| COUNTY                  |     | Calcasieu      | CITY              |            |  |
|                         |     |                | Luling, Louisiana |            |  |
| OTHER MEMBERS OF FAMILY |     |                |                   |            |  |
| NAME                    |     | RELATIONSHIP   | AGE               | BIRTHPLACE |  |
| 1. Rose                 |     | W              | 18                |            |  |
|                         |     |                |                   |            |  |
|                         |     |                |                   |            |  |
|                         |     |                |                   |            |  |
|                         |     |                |                   |            |  |
|                         |     |                |                   |            |  |
|                         |     |                |                   |            |  |
|                         |     |                |                   |            |  |

Form 10-436 (4-20-31)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

| R210                    |     | HEAD OF FAMILY |      | LOUISIANA  |  |
|-------------------------|-----|----------------|------|------------|--|
| COLOR                   | AGE | BIRTHPLACE     | E.O. | SHEET      |  |
| B                       | 59  | Rugby James    | 59   | 3          |  |
| COUNTY                  |     | Cade           | CITY |            |  |
| OTHER MEMBERS OF FAMILY |     |                |      |            |  |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| Netia                   |     | W              | 60   | Tex        |  |
| Minnie                  |     | D              | 15   |            |  |
| David                   |     | S              | 16   |            |  |
| Walter                  |     | S              | 21   |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

## LOUISIANA

|                               |                                       |                           |                    |                    |
|-------------------------------|---------------------------------------|---------------------------|--------------------|--------------------|
| R-210                         | HEAD OF FAMILY<br><i>Highly James</i> |                           | E.D.<br><i>142</i> | SHEET<br><i>22</i> |
| COLOR<br><i>W</i>             | AGE<br><i>30</i>                      | BIRTHPLACE<br><i>Ark.</i> |                    |                    |
| COUNTY<br><i>West Carroll</i> |                                       | CITY                      |                    |                    |
| OTHER MEMBERS OF FAMILY       |                                       |                           |                    |                    |
| NAME                          |                                       | RELATIONSHIP              | AGE                | BIRTHPLACE         |
| <i>/ Edna</i>                 |                                       | <i>W</i>                  | <i>25</i>          |                    |
| <i>/ Willie</i>               |                                       | <i>S</i>                  | <i>12</i>          |                    |
|                               |                                       |                           |                    |                    |
|                               |                                       |                           |                    |                    |
|                               |                                       |                           |                    |                    |
|                               |                                       |                           |                    |                    |
|                               |                                       |                           |                    |                    |
|                               |                                       |                           |                    |                    |
|                               |                                       |                           |                    |                    |

|                         |  |                |      |            |       |
|-------------------------|--|----------------|------|------------|-------|
| R 210                   |  | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR                   |  | AGE            |      | E.D.       | SHEET |
| W                       |  | 45             |      | 87         | 21    |
| BIRTHPLACE              |  |                |      |            |       |
| COUNTY                  |  |                | CITY |            |       |
| Natchitoches            |  |                |      |            |       |
| OTHER MEMBERS OF FAMILY |  |                |      |            |       |
| NAME                    |  | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Mattie                  |  | W              | 44   | Miss       |       |
| Will                    |  | S              | 20   |            |       |
| Plemer                  |  | S              | 18   |            |       |
| Lela                    |  | D              | 16   |            |       |
| Dallie                  |  | S              | 14   |            |       |
| Ethel                   |  | D              | 12   |            |       |
|                         |  |                |      |            |       |

FORM 10-636 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

LOUISIANA

|                         |     |                   |      |            |  |
|-------------------------|-----|-------------------|------|------------|--|
| HEAD OF FAMILY          |     | E.D.              |      | SHEET      |  |
| 8216                    |     | Rashley, James A. |      | 54 29      |  |
| COLOR                   | AGE | BIRTHPLACE        |      |            |  |
| W                       | 39  |                   |      |            |  |
| COUNTY                  |     |                   | CITY |            |  |
| Jackson                 |     |                   |      |            |  |
| OTHER MEMBERS OF FAMILY |     |                   |      |            |  |
| NAME                    |     | RELATIONSHIP      | AGE  | BIRTHPLACE |  |
| Emma A                  |     | W                 | 35   |            |  |
| Charles                 |     | S                 | 10   |            |  |
| Lennie L                |     | D                 | 5    |            |  |
|                         |     |                   |      |            |  |
|                         |     |                   |      |            |  |
|                         |     |                   |      |            |  |
|                         |     |                   |      |            |  |
|                         |     |                   |      |            |  |

FORM 16-636 (4-22-31)

1918 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|                         |                                   |                   |            |            |
|-------------------------|-----------------------------------|-------------------|------------|------------|
| R 223                   | HEAD OF FAMILY<br>Regiath James M |                   | E.O.<br>43 | SHEET<br>3 |
| COLOR<br>W              | AGE<br>41                         | BIRTHPLACE<br>Tex |            |            |
| COUNTY<br>Calcasieu     |                                   | CITY<br>De Quincy |            |            |
| OTHER MEMBERS OF FAMILY |                                   |                   |            |            |
| NAME                    |                                   | RELATION-<br>SHIP | AGE        | BIRTHPLACE |
| Kath                    |                                   | W                 | 31         | Tex        |
| Jennie Lee              |                                   | D                 | 15         | Tex        |
| William J.              |                                   | S                 | 12         | Tex        |
| Dillard                 |                                   | S                 | 9          | Tx         |
| Ray                     |                                   | S                 | 2          | Tex        |
| Ray M.                  |                                   | S                 | 4/17       |            |
|                         |                                   |                   |            |            |



LOUISIANA

|   |   |  |            |             |
|---|---|--|------------|-------------|
| R 210   | NAME OF INDIVIDUAL<br><i>Kingsley James M.</i>    |  | E.D.<br>29 | SHEET<br>24 |
| COLOR<br><i>W</i>                             | AGE<br><i>65</i>                                  | BIRTHPLACE                               |            |             |
| COUNTY<br><i>Calcasieu</i>                    |   | CITY                                     |            |             |
| ENUMERATED WITH<br><i>Wargrave Matthew V.</i> |   |  |            |             |
| RELATIONSHIP TO ABOVE                         |   |  |            |             |
| <input type="checkbox"/> FATHER               | <input type="checkbox"/> NEPHEW                   | <input type="checkbox"/> INMATE          |            |             |
| <input type="checkbox"/> MOTHER               | <input type="checkbox"/> Niece                    | <input type="checkbox"/> NURSE           |            |             |
| <input type="checkbox"/> GRANDFATHER          | <input checked="" type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT         |            |             |
| <input type="checkbox"/> GRANDMOTHER          | <input type="checkbox"/> MOTHER-IN-LAW            | <input type="checkbox"/> ROOMER          |            |             |
| <input type="checkbox"/> GRANDSON             | <input type="checkbox"/> SON-IN-LAW               | <input type="checkbox"/> SERVANT         |            |             |
| <input type="checkbox"/> GRANDDAUGHTER        | <input type="checkbox"/> DAUGHTER-IN-LAW          | <input type="checkbox"/> OTHER (Specify) |            |             |
| <input type="checkbox"/> AUNT                 | <input type="checkbox"/> BROTHER-IN-LAW           |  |            |             |
| <input type="checkbox"/> UNCLE                | <input type="checkbox"/> SISTER-IN-LAW            |  |            |             |

FORM 10-637 (4-20-51)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 1910-P01

LOUISIANA

|   |   |   |  |                   |                    |                                 |                                 |                                 |                                 |                               |                               |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|---|---|--|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|-------------------------------|-------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|---|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R216  |   | NAME OF INDIVIDUAL<br><i>Lachuz, Jane</i> |  | E.O.<br><i>54</i> | SHEET<br><i>35</i> |                                 |                                 |                                 |                                 |                               |                               |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>W</i>   | AGE<br><i>58</i>                                  | BIRTHPLACE                                |  |                   |                    |                                 |                                 |                                 |                                 |                               |                               |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>Jackson</i>  |   | CITY                                      |  |                   |                    |                                 |                                 |                                 |                                 |                               |                               |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Shaw, W. Hardy</i>  |   |   |  |                   |                    |                                 |                                 |                                 |                                 |                               |                               |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |   |   |  |                   |                    |                                 |                                 |                                 |                                 |                               |                               |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NICE</td> <td><input type="checkbox"/> WIFE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input checked="" type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |   |   |  |                   |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NICE | <input type="checkbox"/> WIFE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input checked="" type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW                   | <input type="checkbox"/> WIDATE           |  |                   |                    |                                 |                                 |                                 |                                 |                               |                               |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NICE                     | <input type="checkbox"/> WIFE             |  |                   |                    |                                 |                                 |                                 |                                 |                               |                               |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW            | <input type="checkbox"/> PATIENT          |  |                   |                    |                                 |                                 |                                 |                                 |                               |                               |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input checked="" type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER           |  |                   |                    |                                 |                                 |                                 |                                 |                               |                               |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW               | <input type="checkbox"/> SERVANT          |  |                   |                    |                                 |                                 |                                 |                                 |                               |                               |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW          | <input type="checkbox"/> OTHER (Specify)  |  |                   |                    |                                 |                                 |                                 |                                 |                               |                               |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW           |   |  |                   |                    |                                 |                                 |                                 |                                 |                               |                               |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW            |   |  |                   |                    |                                 |                                 |                                 |                                 |                               |                               |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 19-637 (4-30-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-OC 18108-P01

|  |  |  |            |           |       |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|------------|-----------|-------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|-------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 19216  |  | NAME OF INDIVIDUAL                         |            | LOUISIANA |       |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR  |  | AGE  | BIRTHPLACE | E.D.      | SHEET |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| W  |  | 18   | Italy      | 44        | 25    |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY   |  | Calcasieu                                  |            | CITY      |       |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH  |  |  |            |           |       |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Griffin, John  |  |  |            |           |       |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |            |           |       |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> WIDOW</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> WIFE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input checked="" type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> |  |  |            |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | <input type="checkbox"/> MOTHER | <input type="checkbox"/> WIFE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDOW             |            |           |       |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> WIFE            | <input type="checkbox"/> NURSE             |            |           |       |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |            |           |       |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER |            |           |       |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |            |           |       |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |            |           |       |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |            |           |       |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |            |           |       |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-437 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-OC 10100-P01

|  |   |   |      |  |    |
|--|---|---|------|--|----|
| R 216  |   | NAME OF INDIVIDUAL  |      | LOUISIANA  |    |
| COLOR  | W | AGE   | 13   | BIRTHPLACE   | 22 |
| COUNTY   |   |   | CITY |  |    |
| Lafayette  |   |   |      |  |    |
| ENUMERATED WITH  |   |   |      |  |    |
| Holies, Ernest   |   |   |      |  |    |
| RELATIONSHIP TO ABOVE  |   |   |      |  |    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |   | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> DEWEE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |    |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R 220                   |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.O.       | SHEET |
| W                       |  | 33             |            | 48         | 29    |
| COUNTY                  |  |                | CITY       |            |       |
| Lafourche               |  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Jasmine                 |  | W              | 31         |            |       |
| Nashut                  |  | S              | 11         |            |       |
| Edna                    |  | D              | 9          |            |       |
| Virginia                |  | D              | 7          |            |       |
| Jean                    |  | D              | 6          |            |       |
| Yvonne                  |  | S              | 4 1/2      |            |       |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |      |            |  |
|-------------------------|-----|----------------|------|------------|--|
| 8215                    |     | HEAD OF FAMILY |      | LOUISIANA  |  |
| Kasheen, Jerry          |     | E.D.           |      | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |      |            |  |
| B                       | 52  |                |      |            |  |
| COUNTY                  |     |                | CITY |            |  |
| Do Butte                |     |                |      |            |  |
| OTHER MEMBERS OF FAMILY |     |                |      |            |  |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| Pally                   |     | 0              | 14   |            |  |
| Renee                   |     | 0              | 12   |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |

FORM 16-436 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |           |                    |  |            |    |   |       |    |
|--|-----------|--------------------|--|------------|----|---|-------|----|
| R210   |           | NAME OF INDIVIDUAL |  | Rigsby Jim | ED | 91  | SHEET | 23 |
| COLOR  | W         | AGE                | 19   | BIRTHPLACE |    |   |       |    |
| COUNTY   | Morehouse |                    |  | CITY       |    |   |       |    |
| ENUMERATED WITH  |           |                    |  |            |    |   |       |    |
| Stakes Carl  |           |                    |  |            |    |   |       |    |
| RELATIONSHIP TO ABOVE  |           |                    |  |            |    |   |       |    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |           |                    | <input checked="" type="checkbox"/> NEPHEW<br><input type="checkbox"/> Niece<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |            |    | <input type="checkbox"/> BOARDER<br><input type="checkbox"/> BOARDER<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |       |    |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMB-DC 10100-P61

|                         |     |                |       |            |  |
|-------------------------|-----|----------------|-------|------------|--|
| R214                    |     | HEAD OF FAMILY |       | LOUISIANA  |  |
| Rockefeller, Joe        |     | E.O.           |       | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |       | 34 10      |  |
| W                       | 42  | Austria        |       |            |  |
| COUNTY                  |     |                | Caddo |            |  |
| CITY                    |     |                |       |            |  |
| OTHER MEMBERS OF FAMILY |     |                |       |            |  |
| NAME                    |     | RELATIONSHIP   | AGE   | BIRTHPLACE |  |
| 1. Maud                 |     | W              | 42    | Irrm.      |  |
| Northrup, Will          |     | SS             | 21    |            |  |
| Emilio                  |     | SS             | 18    |            |  |
| Adolph                  |     | SS             | 16    |            |  |
| Louise                  |     | SD             | 17    |            |  |
| Anna                    |     | SD             | 14    |            |  |
| Rockefeller, Joetta     |     | D              | 5     |            |  |

FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



## HEAD OF FAMILY - CONTINUED

LOUISIANA

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME          | RELATION-<br>SHIP | AGE | BIRTHPLACE |
|---------------|-------------------|-----|------------|
| Rebecca       | D                 | 8   |            |
| Herman        | S                 | 6   |            |
| Marquerate    | D                 | 4   |            |
| Maudie        | D                 | 2   |            |
| and 2 lodgers |                   |     |            |
|               |                   |     |            |
|               |                   |     |            |
|               |                   |     |            |
|               |                   |     |            |
|               |                   |     |            |
|               |                   |     |            |

FORM 10-634a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18198-P61

|                       |           |  |  |           |  |
|-----------------------|-----------|--|--|-----------|--|
| R216                  |           | NAME OF INDIVIDUAL   |  | LOUISIANA |  |
| Rockfort, Joe         |           | E.D.   |  | SHEET     |  |
| COLOR                 | AGE       | BIRTHPLACE   |  |           |  |
| W                     | 10<br>1/2 |  |  |           |  |
| COUNTY                |           | Tobervill-   |  | CITY      |  |
| ENUMERATED WITH       |           | Rogers, Tony   |  |           |  |
| RELATIONSHIP TO ABOVE |           | <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER<br/> <input type="checkbox"/> MOTHER<br/> <input type="checkbox"/> GRANDFATHER<br/> <input type="checkbox"/> GRANDMOTHER<br/> <input type="checkbox"/> GRANDSON<br/> <input type="checkbox"/> GRANDDAUGHTER<br/> <input type="checkbox"/> AUNT<br/> <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW<br/> <input type="checkbox"/> NIECE<br/> <input type="checkbox"/> FATHER-IN-LAW<br/> <input type="checkbox"/> MOTHER-IN-LAW<br/> <input type="checkbox"/> SON-IN-LAW<br/> <input type="checkbox"/> DAUGHTER-IN-LAW<br/> <input type="checkbox"/> BROTHER-IN-LAW<br/> <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE<br/> <input type="checkbox"/> NURSE<br/> <input type="checkbox"/> PATIENT<br/> <input type="checkbox"/> ROOMER<br/> <input type="checkbox"/> SERVANT<br/> <input type="checkbox"/> OTHER (Specify)<br/> <div style="text-align: center;">e</div> </div> </div> |  |           |  |

FORM 18-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |            |                |       |            |        |
|-------------------------|------------|----------------|-------|------------|--------|
| R 220                   |            | HEAD OF FAMILY |       | LOUISIANA  |        |
| Kousens, Joe S.         |            | E.O.           |       | SHEET      |        |
| COLOR                   | W          | AGE            | 26    | BIRTHPLACE | 122 22 |
| COUNTY                  | St. Landry |                |       | CITY       |        |
| OTHER MEMBERS OF FAMILY |            |                |       |            |        |
| NAME                    |            | RELATIONSHIP   | AGE   | BIRTHPLACE |        |
| Isabel                  |            | W              | 48    |            |        |
| Ellen                   |            | D              | 2     |            |        |
| Elisha                  |            | S              | 7 1/2 |            |        |
|                         |            |                |       |            |        |
|                         |            |                |       |            |        |
|                         |            |                |       |            |        |
|                         |            |                |       |            |        |
|                         |            |                |       |            |        |

FORM 18-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |          |   |                  |  |        |
|--|----------|---|------------------|--|--------|
| R223   |          | NAME OF INDIVIDUAL  |                  | LOUISIANA  |        |
| Register John  |          | E.O.  |                  | SHEET  |        |
| COLOR  | W        | AGE   | 76               | BIRTHPLACE   | 106 73 |
| COUNTY   | Ouachita |   | CITY West Monroe |  |        |
| ENUMERATED WITH Register, Leda   |          |   |                  |  |        |
| RELATIONSHIP TO ABOVE  |          |   |                  |  |        |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |          | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |                  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br>B |        |

FORM 10-57 (4-26-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 16106-P61

|                         |  |                |                   |            |       |
|-------------------------|--|----------------|-------------------|------------|-------|
| R220                    |  | HEAD OF FAMILY |                   | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE        | E.D.       | SHEET |
| Wt                      |  | 66             | Philippine Island | 31         | 20    |
| COUNTY                  |  |                | CITY              |            |       |
| Jefferson               |  |                |                   |            |       |
| OTHER MEMBERS OF FAMILY |  |                |                   |            |       |
| NAME                    |  | RELATIONSHIP   | AGE               | BIRTHPLACE |       |
| Thadeline               |  | W              | 56                |            |       |
| Julia                   |  | D              | 16                |            |       |
|                         |  |                |                   |            |       |
|                         |  |                |                   |            |       |
|                         |  |                |                   |            |       |
|                         |  |                |                   |            |       |
|                         |  |                |                   |            |       |
|                         |  |                |                   |            |       |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |   |            |   |       |
|--|--|---|------------|---|-------|
| R220   |  | NAME OF INDIVIDUAL  |            | LOUISIANA   |       |
| COLOR  |  | AGE   | BIRTHPLACE | E.O.  | SHEET |
| W  |  | 18  | Austria    | 54  | 19    |
| COUNTY   |  |   | CITY       |   |       |
|  |  |   | Plaquemine |   |       |
| ENUMERATED WITH  |  |   |            |   |       |
| Rosiek Peter   |  |   |            |   |       |
| RELATIONSHIP TO ABOVE  |  |   |            |   |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |            | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify)<br>B |       |

FORM 10-437 (4-20-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-OC 1910-P-61

|                         |  |                |              |           |            |
|-------------------------|--|----------------|--------------|-----------|------------|
| P 220                   |  | HEAD OF FAMILY |              | LOUISIANA |            |
| COLOR                   |  | AGE            | BIRTHPLACE   | E.D.      | SHEET      |
| W                       |  | 36             | Italy        | 84        | 5          |
| COUNTY                  |  |                | CITY         |           |            |
| Bibb Co.                |  |                | New Roads    |           |            |
| OTHER MEMBERS OF FAMILY |  |                |              |           |            |
| NAME                    |  |                | RELATIONSHIP | AGE       | BIRTHPLACE |
| Living alone            |  |                |              |           |            |
|                         |  |                |              |           |            |
|                         |  |                |              |           |            |
|                         |  |                |              |           |            |
|                         |  |                |              |           |            |
|                         |  |                |              |           |            |
|                         |  |                |              |           |            |
|                         |  |                |              |           |            |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |                    | LOUISIANA |       |
|---|--|--------------------|-----------|-------|
| A 220   |  | NAME OF INDIVIDUAL |           | E.O.  |
| COLOR   |  | AGE                |           | 140   |
| B   |  | 5                  |           | SHEET |
|   |  | BIRTHPLACE         |           | 6     |
| COUNTY  |  | CITY               |           |       |
| West Baton Rouge  |  |                    |           |       |
| GENERATED WITH  |  |                    |           |       |
| Miller, Eleanor   |  |                    |           |       |
| RELATIONSHIP TO ABOVE   |  |                    |           |       |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER<br/> <input type="checkbox"/> MOTHER<br/> <input type="checkbox"/> GRANDFATHER<br/> <input type="checkbox"/> GRANDMOTHER<br/> <input type="checkbox"/> GRANDSON<br/> <input type="checkbox"/> GRANDDAUGHTER<br/> <input type="checkbox"/> AUNT<br/> <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW<br/> <input type="checkbox"/> NIECE<br/> <input type="checkbox"/> FATHER-IN-LAW<br/> <input type="checkbox"/> MOTHER-IN-LAW<br/> <input type="checkbox"/> SON-IN-LAW<br/> <input type="checkbox"/> DAUGHTER-IN-LAW<br/> <input type="checkbox"/> BROTHER-IN-LAW<br/> <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE<br/> <input type="checkbox"/> NURSE<br/> <input type="checkbox"/> PATIENT<br/> <input type="checkbox"/> ROOMER<br/> <input type="checkbox"/> SERVANT<br/> <input checked="" type="checkbox"/> OTHER (Specify)<br/> <div style="text-align: center;">5-5</div> </div> </div> |  |                    |           |       |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18199-P01



|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R216                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| B                       |  | 24             |            | 93         | 14    |
| COUNTY                  |  |                | CITY       |            |       |
| Morehouse               |  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Living Alone            |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 10-634 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |  |
|-------------------------|-----|----------------|-----|------------|--|
| 9216                    |     | HEAD OF FAMILY |     | LOUISIANA  |  |
| Rashry, John            |     | E.D.           |     | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |     |            |  |
| W                       | 54  |                |     |            |  |
| COUNTY                  |     | CITY           |     |            |  |
| St. Landry              |     | Eunice         |     |            |  |
| OTHER MEMBERS OF FAMILY |     |                |     |            |  |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| Mary                    |     | W              | 44  |            |  |
| Lela                    |     | D              | 21  |            |  |
| Prof                    |     | S              | 21  |            |  |
| Evelyn                  |     | S              | 18  |            |  |
| Robert                  |     | S              | 16  |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R-216                   |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.O.       | SHEET |
| W                       |  | 48             | Tex        | 115        | 31    |
| COUNTY                  |  |                | CITY       |            |       |
| Webster                 |  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| 1 Jennie                |  | W              | 38         | Tex        |       |
| 4 7 LEO                 |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |    |              |                  |            |     |
|-------------------------|---|----------------|----|--------------|------------------|------------|-----|
| R216                    |   | HEAD OF FAMILY |    | Rasbury John |                  | LOUISIANA  |     |
| COLOR                   | W | AGE            | 28 | BIRTHPLACE   |                  | E.D.       | 106 |
|                         |   |                |    |              |                  | SHEET 18   |     |
| COUNTY                  |   |                |    | Quachita     | CITY West Monroe |            |     |
| OTHER MEMBERS OF FAMILY |   |                |    |              |                  |            |     |
| NAME                    |   |                |    | RELATIONSHIP | AGE              | BIRTHPLACE |     |
| Mary                    |   |                |    | W            | 31               |            |     |
| Walter                  |   |                |    | S            | 10               |            |     |
| Brooks                  |   |                |    | S            | 9                |            |     |
| Mark                    |   |                |    | S            | 5                |            |     |
| Daisy                   |   |                |    | D            | 12               |            |     |
|                         |   |                |    |              |                  |            |     |
|                         |   |                |    |              |                  |            |     |

Form 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |  |  |                    |                    |                                 |                                 |                                 |                                 |                                |                                 |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|--|--------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R210   |  | NAME OF INDIVIDUAL<br><i>Riggby, John</i>  |  | LOUISIANA          |                    |                                 |                                 |                                 |                                 |                                |                                 |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>B</i>  | AGE<br><i>21</i>                         | SEX<br><i>M</i>                            |  | S.D.<br><i>149</i> | SHEET<br><i>20</i> |                                 |                                 |                                 |                                 |                                |                                 |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>Vernon</i>  |  | CITY<br><i>Fullerton</i>                   |  |                    |                    |                                 |                                 |                                 |                                 |                                |                                 |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| EMMENTED WITH<br><i>Hunt, L. J.</i>  |  |  |  |                    |                    |                                 |                                 |                                 |                                 |                                |                                 |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |  |                    |                    |                                 |                                 |                                 |                                 |                                |                                 |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> MRS. Y</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> MURDER</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |                    |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> MRS. Y | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> MURDER | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> MRS. Y            |  |                    |                    |                                 |                                 |                                 |                                 |                                |                                 |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> MURDER            |  |                    |                    |                                 |                                 |                                 |                                 |                                |                                 |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |  |                    |                    |                                 |                                 |                                 |                                 |                                |                                 |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER |  |                    |                    |                                 |                                 |                                 |                                 |                                |                                 |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |  |                    |                    |                                 |                                 |                                 |                                 |                                |                                 |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |  |                    |                    |                                 |                                 |                                 |                                 |                                |                                 |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |                    |                    |                                 |                                 |                                 |                                 |                                |                                 |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |  |                    |                    |                                 |                                 |                                 |                                 |                                |                                 |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-637 (10-20-67)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 12125-P-1

|  |  |  |      |            |      |
|--|--|--|------|------------|------|
| 12-10                                  |  | NAME OF INDIVIDUAL                         |      | LOUISIANA  |      |
| Risky John                             |  | E.O.                                       |      | 102        |      |
| COLOR                                  | W  | AGE  | 26   | BIRTHPLACE | Lenn |
| COUNTY                                 | Ouachita                                 |  | CITY | Monroe     |      |
| ENUMERATED WITH                        |  |  |      |            |      |
| Lickile Frank                          |  |  |      |            |      |
| RELATIONSHIP TO ABOVE                  |  |  |      |            |      |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE            |      |            |      |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE             |      |            |      |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |      |            |      |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER |      |            |      |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |      |            |      |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |      |            |      |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW  |  |      |            |      |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW   |  |      |            |      |

FORM 16-637 (4-20-61)

1916 CENSUS INDEX - INDIVIDUAL

U. S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R 210                   |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| W                       | 23  | Kingsby John   |     | 87         | 1     |
| COUNTY                  |     | Natchitoches   |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Lond                    |     | W              | 24  |            |       |
| Edwener                 |     | D              | 5   |            |       |
| J. T.                   |     | S              | 4   |            |       |
| Goldie                  |     | D              | 2   |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

Form 10-436 (4-20-11)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R220                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| W                       |  | 58             | Miss       | 28         | 5     |
| COUNTY                  |  |                | CITY       |            |       |
| Natchitoches            |  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Addie                   |  | W              | 50         |            |       |
| Augusta                 |  | S              | 19         |            |       |
| Charles                 |  | S              | 17         |            |       |
| Adeline                 |  | S              | 15         |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 16-636 (6-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |   |                |           |            |      |
|-------------------------|---|----------------|-----------|------------|------|
| 1210                    |   | HEAD OF FAMILY |           | LOUISIANA  |      |
| COLOR                   | W | AGE            | 25        | BIRTHPLACE | La   |
| COUNTY                  |   |                | Calcasieu |            | CITY |
| OTHER MEMBERS OF FAMILY |   |                |           |            |      |
| NAME                    |   | RELATIONSHIP   | AGE       | BIRTHPLACE |      |
| Mamie                   |   | W              | 20        | W. La      |      |
| Gertrude                |   | D              | 1         |            |      |
| Ralph                   |   | Bro            | 37        | La         |      |
| Earl                    |   | N              | 15        |            |      |
| Douglas                 |   | N              | 11        |            |      |
|                         |   |                |           |            |      |
|                         |   |                |           |            |      |

FORM 16-636 (4-22-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |     |            |       |
|-------------------------|--|----------------|-----|------------|-------|
| R 210                   |  | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   |  | AGE            |     | E.D.       | SHEET |
| W                       |  | 25             |     | 44         | 30    |
| BIRTHPLACE              |  | Tex.           |     |            |       |
| COUNTY                  |  | Calcasieu      |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |  |                |     |            |       |
| NAME                    |  | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Mamie                   |  | W              | 20  | Abbe       |       |
| Lester                  |  | W              | 1   |            |       |
| Ralph                   |  | Bro            | 37  | Tex.       |       |
| Earl                    |  | W              | 15  | Tex.       |       |
| Langdon                 |  | W              | 11  | Tex.       |       |
|                         |  |                |     |            |       |
|                         |  |                |     |            |       |

FORM 16-536 (4-20-31)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R 216                   |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| Ym                      | 36  |                |     | 2          | 5     |
| COUNTY                  |     | Lincoln        |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Lincoln                 |     | W              | 30  |            |       |
| Blair                   |     | D              | 15  |            |       |
| Lillie                  |     | D              | 13  |            |       |
| James                   |     | D              | 3   |            |       |
| Ruth                    |     | D              | 4   |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                  |       |            |       |
|-------------------------|-----|------------------|-------|------------|-------|
| 1921                    |     | HEAD OF FAMILY   |       | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE       |       | E.D.       | SHEET |
| 21                      | 37  | Rashbury, John P |       | 55         | 1     |
| COUNTY                  |     |                  | CITY  |            |       |
| Jackson                 |     |                  |       |            |       |
| OTHER MEMBERS OF FAMILY |     |                  |       |            |       |
| NAME                    |     | RELATIONSHIP     | AGE   | BIRTHPLACE |       |
| Leta                    |     | 21               | 23    |            |       |
| Nail E.                 |     | 1                | 1 1/2 |            |       |
| 21C                     |     | 1                | 2 1/2 |            |       |
|                         |     |                  |       |            |       |
|                         |     |                  |       |            |       |
|                         |     |                  |       |            |       |
|                         |     |                  |       |            |       |
|                         |     |                  |       |            |       |

FORM 16-436 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R210                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| R210                    |     | R210           |     | E.O.       | SHEET |
| COLOR                   | AGE | BIRTHPLACE     |     |            |       |
| W                       | 30  |                |     |            |       |
| COUNTY                  |     | CITY           |     |            |       |
| Natchitoches            |     |                |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| 1 Almadin               |     | W              | 16  |            |       |
| James W                 |     | S              | 12  |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 16-636 (4-22-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |      |
|-------------------------|--|----------------|------------|------------|------|
| R223                    |  | HEAD OF FAMILY |            | LOUISIANA  |      |
| COLOR                   |  | AGE            | BIRTHPLACE |            | E.O. |
| 0                       |  | 28             |            |            | 5    |
| COUNTY                  |  |                | CITY       |            |      |
| Acadia                  |  |                |            |            |      |
| OTHER MEMBERS OF FAMILY |  |                |            |            |      |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |      |
| / Mary                  |  | W              | 23         |            |      |
| Joseph Jr.              |  | S              | 8          |            |      |
| Colene                  |  | D              | 6          |            |      |
|                         |  |                |            |            |      |
|                         |  |                |            |            |      |
|                         |  |                |            |            |      |
|                         |  |                |            |            |      |
|                         |  |                |            |            |      |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |          |   |  |  |  |
|--|----------|---|--|--|--|
| 1223   |          | NAME OF INDIVIDUAL  |  | LOUISIANA  |  |
| Register Joseph  |          | E.D.  |  | SHEET  |  |
| COLOR  | AGE      | BIRTHPLACE  |  | 106 23   |  |
| W  | 79       |   |  |  |  |
| COUNTY   | OURCHITA | CITY  |  | West Monroe  |  |
| ENUMERATED WITH  |          |   |  |  |  |
| Register Lida  |          |   |  |  |  |
| RELATIONSHIP TO ABOVE  |          |   |  |  |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |          | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br>B |  |

FORM 10-437 (4-30-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMB-DC 1910-P61

|                         |     |                |     |               |       |
|-------------------------|-----|----------------|-----|---------------|-------|
| R225                    |     | HEAD OF FAMILY |     | LOUISIANA     |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.          | SHEET |
| W                       | 43  |                |     | 40            | 14    |
| COUNTY                  |     | Lafourche      |     | CITY Lockport |       |
| OTHER MEMBERS OF FAMILY |     |                |     |               |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE    |       |
| Athenais                |     | w              | 40  |               |       |
| Robert                  |     | s              | 10  |               |       |
| Louis                   |     | s              | 8   |               |       |
| Adolph                  |     | s              | 6   |               |       |
| Joseph Jr.              |     | s              | 4   |               |       |
| Florence                |     | sd             | 15  |               |       |
| Alice                   |     | sd             | 13  |               |       |

Form 10-436 (4-20-31)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS





|                         |  |                |            |            |            |
|-------------------------|--|----------------|------------|------------|------------|
| R225                    |  | HEAD OF FAMILY |            | LOUISIANA  |            |
| COLOR                   |  | AGE            | BIRTHPLACE |            | E.O. SHEET |
| W                       |  | 42             |            |            | 75 10      |
| COUNTY                  |  |                | CITY       |            |            |
| Madison                 |  |                |            |            |            |
| OTHER MEMBERS OF FAMILY |  |                |            |            |            |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |            |
| Betty                   |  | W              | 32         | Ark        |            |
| Christina               |  | D              | 15         |            |            |
| Mary                    |  | D              | 13         |            |            |
| Cora                    |  | D              | 12         |            |            |
| Joseph Jr               |  | S              | 7          |            |            |
| Louise                  |  | S              | 5          |            |            |
| Louise                  |  | D              | 10         |            |            |
|                         |  |                | 12         |            |            |

FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |   |  |                   |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |            |                                |  |  |
|---|--|---|--|-------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|-------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|------------|--------------------------------|--|--|
| R 221   |  | NAME OF INDIVIDUAL<br><i>Roseanne J. J.</i> |  | LOUISIANA         |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |            |                                |  |  |
| COLOR   | AGE<br><i>23</i>                         | BIRTHPLACE<br><i>La</i>                     |  | E.D.<br><i>65</i> | SHEET<br><i>8</i> |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |            |                                |  |  |
| COUNTY<br><i>St. Charles</i>  |  | CITY  |  |                   |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |            |                                |  |  |
| ENUMERATED WITH<br><i>Frank J. J.</i>   |  |   |  |                   |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |            |                                |  |  |
| RELATIONSHIP TO ABOVE<br><i>J. B.</i>   |  |   |  |                   |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |            |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NICE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>N A</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |                   |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NICE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>N A</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE             |  |                   |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |            |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NICE            | <input type="checkbox"/> NURSE              |  |                   |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |            |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT            |  |                   |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |            |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER             |  |                   |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |            |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT            |  |                   |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |            |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)    |  |                   |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |            |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  | <i>N A</i>                                  |  |                   |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |            |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |  |                   |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |            |                                |  |  |

FORM 10-537 (2-22-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 1910-701

|  |               |   |  |   |  |
|--|---------------|---|--|---|--|
| R220   |               | NAME OF INDIVIDUAL <i>Ragusa Ralph</i>  |  | LOUISIANA   |  |
| E.D. 28  |               | SHEET 44  |  |   |  |
| COLOR <i>W</i>   | AGE <i>19</i> | BIRTHPLACE <i>Italy</i>   |  |   |  |
| COUNTY <i>Jefferson</i>  |               | CITY  |  |   |  |
| ENUMERATED WITH <i>Ragusa Raphael</i>  |               |   |  |   |  |
| RELATIONSHIP TO ABOVE  |               |   |  |   |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |               | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>B</i> |  |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |            |            |               |
|-------------------------|---|----------------|------------|------------|---------------|
| R220                    |   | HEAD OF FAMILY |            | LOUISIANA  |               |
| COLOR                   | W | AGE            | 31         | BIRTHPLACE | Rozas, Joseph |
|                         |   |                |            | E.D.       | 120           |
|                         |   |                |            | SHEET      | 24            |
| COUNTY                  |   |                | St. Landry |            | CITY          |
| OTHER MEMBERS OF FAMILY |   |                |            |            |               |
| NAME                    |   | RELATIONSHIP   | AGE        | BIRTHPLACE |               |
| Theresa                 |   | W              | 28         |            |               |
| Lenny                   |   | S              | 3          |            |               |
|                         |   |                |            |            |               |
|                         |   |                |            |            |               |
|                         |   |                |            |            |               |
|                         |   |                |            |            |               |
|                         |   |                |            |            |               |
|                         |   |                |            |            |               |

FORM 16-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R 220                   |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| W                       |  | 42             |            | 121        | 34    |
| COUNTY                  |  |                | CITY       |            |       |
| St. Landry              |  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Levina                  |  | w              | 36         |            |       |
| Theodore                |  | s              | 17         |            |       |
| Willie                  |  | s              | 16         |            |       |
| May                     |  | s              | 15         |            |       |
| Elizabeth               |  | d              | 13         |            |       |
| Johnny                  |  | s              | 11         |            |       |
| Marcella                |  | d              | 10         |            |       |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

HEAD OF FAMILY - CONTINUED

LOUISIANA

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME    | RELATIONSHIP | AGE | BIRTHPLACE |
|---------|--------------|-----|------------|
| / Julia | S            | 7   |            |
| Raymond | S            | 5   |            |
|         |              |     |            |
|         |              |     |            |
|         |              |     |            |
|         |              |     |            |
|         |              |     |            |
|         |              |     |            |
|         |              |     |            |
|         |              |     |            |
|         |              |     |            |

FORM 10-436a (4-20-01)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18198-P-01

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R 220                   |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.O.       | SHEET |
| W                       |  | 29             |            | 4K         | 30    |
| COUNTY                  |  |                | CITY       |            |       |
| Lafourche               |  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Julie                   |  | W              | 29         |            |       |
| Mabelle                 |  | D              | 3          |            |       |
| Elsie                   |  | D              | 7/12       |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 18-636 (4-26-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |     |                |                |                 |       |
|-------------------------|-----|----------------|----------------|-----------------|-------|
| R216                    |     | HEAD OF FAMILY |                | LOUISIANA       |       |
| Resweber                |     | Joseph         |                | E.O.            | SHEET |
| COLOR                   | AGE | BIRTHPLACE     |                | 126             | 23    |
| w                       | 31  |                |                |                 |       |
| COUNTY                  |     | St. Martin     |                | St. Martinville |       |
| OTHER MEMBERS OF FAMILY |     |                |                |                 |       |
| NAME                    |     | RELATIONSHIP   | AGE            | BIRTHPLACE      |       |
| Edila                   |     | w              | 25             |                 |       |
| Rushton                 |     | s              | 2              |                 |       |
| Laurence                |     | D              | $\frac{2}{10}$ |                 |       |
|                         |     |                |                |                 |       |
|                         |     |                |                |                 |       |
|                         |     |                |                |                 |       |
|                         |     |                |                |                 |       |
|                         |     |                |                |                 |       |

FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

| HEAD OF FAMILY          |              | LOUISIANA     |            |
|-------------------------|--------------|---------------|------------|
| COLOR                   | AGE          | BIRTHPLACE    | SHEET      |
| W                       | 50           | England       | 22 3       |
| COUNTY Lafayette        |              | CITY Bruscard |            |
| OTHER MEMBERS OF FAMILY |              |               |            |
| NAME                    | RELATIONSHIP | AGE           | BIRTHPLACE |
| Clementine              | W            | 48            |            |
| Julia                   | D            | 15            |            |
| Joan                    | S            | 13            |            |
| Harriet                 | S            | 11            |            |
| Josephine               | D            | 8             |            |
| Rella                   | D            | 6             |            |
| Julie                   | D            | 2             |            |

FORM 10-636 (4-30-21)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|  |     |                    |  |           |       |
|--|-----|--------------------|--|-----------|-------|
| P-16   |     | NAME OF INDIVIDUAL |  | LOUISIANA |       |
| COLOR  | AGE | BIRTHPLACE         |  | E.D.      | SHEET |
| W  | 19  | Ascension          |  | 12        | 12    |
| COUNTY   |     | CITY               |  |           |       |
| ENUMERATED WITH  |     |                    |  |           |       |
| Fisher George  |     |                    |  |           |       |
| RELATIONSHIP TO ABOVE  |     |                    |  |           |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE<br><input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW<br><input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify) |     |                    |  |           |       |
| Karl Marx  |     |                    |  |           |       |

FORM 10-637 (4-20-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMA-DC 15156-P51

R213

|                         |  |                |                |            |       |
|-------------------------|--|----------------|----------------|------------|-------|
| <del>R213</del>         |  | HEAD OF FAMILY |                | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE     | E.D.       | SHEET |
| W                       |  | 40             | St.            | 99         | 28    |
| COUNTY                  |  |                | CITY           |            |       |
| St. Mary                |  |                |                |            |       |
| OTHER MEMBERS OF FAMILY |  |                |                |            |       |
| NAME                    |  | RELATIONSHIP   | AGE            | BIRTHPLACE |       |
| Vincennes               |  | W              | 26             |            |       |
| Marion                  |  | D              | 6              |            |       |
| Angelica                |  | D              | 4              |            |       |
| Marenja                 |  | D              | 3              |            |       |
| Jacqueline              |  | D              | 2              |            |       |
| Joseph                  |  | D              | $\frac{8}{12}$ |            |       |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |  |                            |                   |                    |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|----------------------------|-------------------|--------------------|---------------------------------|---------------------------------|----------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| d 2/6  |  | NAME OF INDIVIDUAL<br><i>Rockfort Joseph</i> |                            | LOUISIANA         |                    |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>W</i>  |  | AGE<br><i>78</i>                             | BIRTHPLACE<br><i>Italy</i> | E.D.<br><i>44</i> | SHEET<br><i>25</i> |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>Calcasieu</i>   |  |  | CITY                       |                   |                    |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Driffin, John</i>  |  |  |                            |                   |                    |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |                            |                   |                    |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> BOARDER</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |                            |                   |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> BOARDER | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> BOARDER             |                            |                   |                    |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE               |                            |                   |                    |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT             |                            |                   |                    |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER   |                            |                   |                    |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT             |                            |                   |                    |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)     |                            |                   |                    |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |                            |                   |                    |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |                            |                   |                    |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 16-637 (4-22-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-OC 18100-P01

|                         |  |                |  |              |  |           |  |
|-------------------------|--|----------------|--|--------------|--|-----------|--|
| 8210                    |  | HEAD OF FAMILY |  | Rusby Joseph |  | LOUISIANA |  |
| COLOR                   |  | AGE            |  | BIRTHPLACE   |  | E.D.      |  |
| W                       |  | 84             |  | France       |  | 84        |  |
| COUNTY                  |  |                |  | CITY         |  |           |  |
| Pointe Coupee           |  |                |  | New Roads    |  |           |  |
| OTHER MEMBERS OF FAMILY |  |                |  |              |  |           |  |
| NAME                    |  |                |  | RELATIONSHIP |  | AGE       |  |
| P. rent. Simon          |  |                |  | N            |  | 38        |  |
| Marie                   |  |                |  | Ni           |  | 38        |  |
| Chas. Joseph            |  |                |  | Ad S         |  | 36        |  |
|                         |  |                |  |              |  |           |  |
|                         |  |                |  |              |  |           |  |
|                         |  |                |  |              |  |           |  |
|                         |  |                |  |              |  |           |  |
|                         |  |                |  |              |  |           |  |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |        |   |      |  |  |
|--|--------|---|------|--|--|
| R223   |        | NAME OF INDIVIDUAL  |      | LOUISIANA  |  |
| Register, Joseph C   |        | E.D.  |      | SHEET  |  |
| COLOR  | AGE    | BIRTHPLACE  |      | 130 14   |  |
| 32   |        |   |      |  |  |
| COUNTY   | Tensas |   | CITY |  |  |
| ENUMERATED WITH  |        |   |      |  |  |
| Register Nellie A  |        |   |      |  |  |
| RELATIONSHIP TO ABOVE  |        |   |      |  |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |        | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br>B |  |

FORM 10-437 (4-28-61)

1940 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-NC 18100-P61



|   |  |  |             |                  |              |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |          |                                |  |  |
|---|--|--|-------------|------------------|--------------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|----------|--------------------------------|--|--|
| <b>R216</b>   |  | <b>NAME OF INDIVIDUAL</b>                |             | <b>LOUISIANA</b> |              |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |          |                                |  |  |
|   |  | <b>Rockfort Josephine</b>                |             | <b>E.D.</b>      | <b>SHEET</b> |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |          |                                |  |  |
| <b>COLOR</b>  | <b>AGE</b>                               | <b>BIRTHPLACE</b>                        |             | <b>54</b>        | <b>16</b>    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |          |                                |  |  |
| <b>W</b>  | <b>18</b>                                | <b>Stevenville</b>                       |             |                  |              |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |          |                                |  |  |
| <b>COUNTY</b>   |  |  | <b>CITY</b> |                  |              |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |          |                                |  |  |
|   |  |  |             |                  |              |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |          |                                |  |  |
| <b>ENUMERATED WITH</b>  |  |  |             |                  |              |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |          |                                |  |  |
| <b>Kaple, Joney</b>   |  |  |             |                  |              |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |          |                                |  |  |
| <b>RELATIONSHIP TO ABOVE</b>  |  |  |             |                  |              |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |          |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDOW</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><b>C</b></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |             |                  |              | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <b>C</b> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDOW           |             |                  |              |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |          |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |             |                  |              |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |          |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |             |                  |              |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |          |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |             |                  |              |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |          |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |             |                  |              |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |          |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |             |                  |              |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |          |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  | <b>C</b>                                 |             |                  |              |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |          |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |             |                  |              |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |          |                                |  |  |

FORM 18-537 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 18199-P81

|                         |        |                |  |              |     |            |  |
|-------------------------|--------|----------------|--|--------------|-----|------------|--|
| R220                    |        | HEAD OF FAMILY |  | ROZAS, Josey |     | LOUISIANA  |  |
| COLOR                   |        | AGE            |  | BIRTHPLACE   |     | E.D. SHEET |  |
| W                       |        | 35             |  |              |     | 121 49     |  |
| COUNTY                  |        |                |  | St. Landry   |     | CITY       |  |
| OTHER MEMBERS OF FAMILY |        |                |  |              |     |            |  |
|                         | NAME   |                |  | RELATIONSHIP | AGE | BIRTHPLACE |  |
|                         | Amaise |                |  | W            | 48  |            |  |
|                         | Martha |                |  | D            | 14  |            |  |
|                         | Rose   |                |  | D            | 12  |            |  |
|                         | Ewell  |                |  | S            | 10  |            |  |
|                         |        |                |  |              |     |            |  |
|                         |        |                |  |              |     |            |  |
|                         |        |                |  |              |     |            |  |
|                         |        |                |  |              |     |            |  |

FORM 16-636 (4-20-21)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |                  |  |           |  |
|-------------------------|---|----------------|-----|------------------|--|-----------|--|
| R216                    |   | HEAD OF FAMILY |     | Resweber Jules   |  | LOUISIANA |  |
| E.D.                    |   | SHEET          |     | 126              |  | 24        |  |
| COLOR                   | W | AGE            | 61  | BIRTHPLACE       |  |           |  |
| COUNTY                  |   |                |     | ST. MARTIN       |  |           |  |
| CITY                    |   |                |     | St. Martinsville |  |           |  |
| OTHER MEMBERS OF FAMILY |   |                |     |                  |  |           |  |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE       |  |           |  |
| Nativan A               |   | W              | 53  |                  |  |           |  |
| George                  |   | S              | 23  |                  |  |           |  |
| Amie                    |   | D              | 25  |                  |  |           |  |
| Robert                  |   | S              | 20  |                  |  |           |  |
| Anna                    |   | D              | 15  |                  |  |           |  |
| Arminthe                |   | D              | 13  |                  |  |           |  |

FORM 16-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

| R216                    |     | HEAD OF FAMILY |     | LOUISIANA    |       |
|-------------------------|-----|----------------|-----|--------------|-------|
| COLOR                   | AGE | BIRTHPLACE     |     | S.O.         | SHEET |
| W                       | 33  |                |     | 126          | 50    |
| COUNTY                  |     | ST. MARTIN     |     | CITY         |       |
|                         |     |                |     | Martinsville |       |
| OTHER MEMBERS OF FAMILY |     |                |     |              |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE   |       |
| 1 Marie                 |     | W              | 30  |              |       |
|                         |     |                |     |              |       |
|                         |     |                |     |              |       |
|                         |     |                |     |              |       |
|                         |     |                |     |              |       |
|                         |     |                |     |              |       |
|                         |     |                |     |              |       |
|                         |     |                |     |              |       |
|                         |     |                |     |              |       |

FORM 10-636 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |   |  |                 |                     |         |      |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|---|--|-----------------|---------------------|---------|------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|-------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|---|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R 216  |   | NAME OF INDIVIDUAL                       |                 | Rashburn, Katharine |         | E.D. | SHEET |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR  | 94  | AGE                                      | 68              | BIRTHPLACE          | L. Cal. | 73   | 17    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY   |   |  | Lincoln         | CITY                |         |      |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH  |   |  | Simmons Village |                     |         |      |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |   |  | Daniel, Edgar   |                     |         |      |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> WIFE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input checked="" type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |   |  |                 |                     |         |      |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> WIFE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input checked="" type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW                   | <input type="checkbox"/> INMATE          |                 |                     |         |      |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> WIFE                     | <input type="checkbox"/> NURSE           |                 |                     |         |      |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW            | <input type="checkbox"/> PATIENT         |                 |                     |         |      |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input checked="" type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER          |                 |                     |         |      |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW               | <input type="checkbox"/> SERVANT         |                 |                     |         |      |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW          | <input type="checkbox"/> OTHER (Specify) |                 |                     |         |      |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW           |  |                 |                     |         |      |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW            |  |                 |                     |         |      |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 16-437 (4-29-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVI

USCOM-DC 18185-P61

| R 220                   |     | HEAD OF FAMILY |       | LOUISIANA  |       |
|-------------------------|-----|----------------|-------|------------|-------|
| COLOR                   | AGE | BIRTHPLACE     |       | E.D.       | SHEET |
| W                       | 22  |                |       | 97         | 10    |
| COUNTY                  |     | Morehouse      |       | CITY       |       |
| OTHER MEMBERS OF FAMILY |     |                |       |            |       |
| NAME                    |     | RELATIONSHIP   | AGE   | BIRTHPLACE |       |
| ✓ Viola                 |     | W              | 19    |            |       |
| ✓ Henry W               |     | 5              | 2     |            |       |
| ✓ Ezell                 |     | 11             | 4 1/2 |            |       |
| ✓ 132                   |     |                |       |            |       |
|                         |     |                |       |            |       |
|                         |     |                |       |            |       |
|                         |     |                |       |            |       |
|                         |     |                |       |            |       |

FORM 10-626 (4-20-31)

1916 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |            |                |     |             |  |
|-------------------------|------------|----------------|-----|-------------|--|
| R2/6                    |            | HEAD OF FAMILY |     | LOUISIANA   |  |
| Raspberry, Knowlton     |            | E.D.           |     | SHEET       |  |
| COLOR                   | W          | AGE            | 24  | BIRTHPLACE  |  |
| COUNTY                  | St. Landry |                |     | CITY Eunice |  |
| OTHER MEMBERS OF FAMILY |            |                |     |             |  |
| NAME                    |            | RELATIONSHIP   | AGE | BIRTHPLACE  |  |
| 1 Elizabeth             |            | W              | 24  |             |  |
|                         |            |                |     |             |  |
|                         |            |                |     |             |  |
|                         |            |                |     |             |  |
|                         |            |                |     |             |  |
|                         |            |                |     |             |  |
|                         |            |                |     |             |  |
|                         |            |                |     |             |  |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|   |  |  |      |       |                                 |  |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|------|-------|---------------------------------|--|--------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R216  | NAME OF INDIVIDUAL                         |  | E.D. | SHEET |                                 |  |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Color B   | Resport, Lafayette                         |  | 57   | 22    |                                 |  |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| AGE   | BIRTHPLACE                                 |  |      |       |                                 |  |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| 18  |  |  |      |       |                                 |  |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY  | City                                       |  |      |       |                                 |  |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|   | Iberville                                  |  |      |       |                                 |  |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |  |      |       |                                 |  |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| William, Nellie   |  |  |      |       |                                 |  |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |      |       |                                 |  |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input checked="" type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> WIDOW</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> |  |  |      |       | <input type="checkbox"/> FATHER | <input checked="" type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input checked="" type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW           |      |       |                                 |  |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE             | <input type="checkbox"/> NURSE           |      |       |                                 |  |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW     | <input type="checkbox"/> PATIENT         |      |       |                                 |  |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW     | <input type="checkbox"/> ROOMER          |      |       |                                 |  |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW        | <input type="checkbox"/> SERVANT         |      |       |                                 |  |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW   | <input type="checkbox"/> OTHER (Specify) |      |       |                                 |  |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW    |  |      |       |                                 |  |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW     |  |      |       |                                 |  |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 18-537 (4-29-51)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18105-P81



|  |  |                    |  |                  |  |   |  |       |  |
|--|--|--------------------|--|------------------|--|---|--|-------|--|
| R220   |  | NAME OF INDIVIDUAL |  | LOUISIANA        |  | E.O.  |  | SHEET |  |
| COLOR  |  | AGE                |  | BIRTHPLACE       |  | 130   |  | 13    |  |
| SEX  |  | 22                 |  |                  |  |   |  |       |  |
| COUNTY   |  |                    |  | ST. MARTIN       |  | CITY  |  |       |  |
| ENUMERATED WITH  |  |                    |  | Breary Butze     |  |   |  |       |  |
| RELATIONSHIP TO ABOVE  |  |                    |  | Pierson, William |  |   |  |       |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  |                    | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input checked="" type="checkbox"/> SISTER-IN-LAW |                  |  | <input type="checkbox"/> WIFE<br><input type="checkbox"/> MURDER<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |  |       |  |

FORM 10-427 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 1910-P61

|                         |            |                |     |                      |  |           |  |
|-------------------------|------------|----------------|-----|----------------------|--|-----------|--|
| R 216                   |            | HEAD OF FAMILY |     | Kasherry, Lawrence M |  | LOUISIANA |  |
| COLOR                   | W          | AGE            | 40  | BIRTHPLACE           |  |           |  |
| COUNTY                  | St. Landry |                |     | CITY                 |  |           |  |
| OTHER MEMBERS OF FAMILY |            |                |     |                      |  |           |  |
|                         | NAME       | RELATIONSHIP   | AGE | BIRTHPLACE           |  |           |  |
|                         | Rupert E   | 1              | 19  |                      |  |           |  |
|                         | Willard L  | 2              | 18  |                      |  |           |  |
|                         | Kelen A    | 2              | 15  |                      |  |           |  |
|                         | Allen W    | 1              | 13  |                      |  |           |  |
|                         | Hilda C    | 2              | 1   |                      |  |           |  |
|                         | Bronk B    | 1              | 9   |                      |  |           |  |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |  |
|-------------------------|-----|----------------|-----|------------|--|
| R220                    |     | HEAD OF FAMILY |     | LOUISIANA  |  |
| Pondre, Lena            |     | E.D.           |     | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |     |            |  |
| B                       | 65  | Miss           |     |            |  |
| COUNTY                  |     | Tangipahoe     |     | CITY       |  |
|                         |     |                |     | Hammond    |  |
| OTHER MEMBERS OF FAMILY |     |                |     |            |  |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| + 2 Bo                  |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
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|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |   |   |  |           |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
|---|---|---|--|-----------|------------|------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|---|--|-------------------------------|---|--|--------------------------------|--|--|
| R216  |   | NAME OF INDIVIDUAL<br><i>Rashberry Lena</i> |  | LOUISIANA | E.D.<br>68 | SHEET<br>9 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| COLOR<br>W  | AGE<br>26   | BIRTHPLACE                                  |  |           |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| COUNTY<br>Lincoln   |   | CITY  |  |           |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Rashberry J L</i>   |   |   |  |           |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |   |   |  |           |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input checked="" type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> WISTER-IN-LAW</td> <td></td> </tr> </table> |   |   |  |           |            |            | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input checked="" type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> WISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW                     | <input type="checkbox"/> INMATE             |  |           |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE                      | <input type="checkbox"/> NURSE              |  |           |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW              | <input type="checkbox"/> PATIENT            |  |           |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW              | <input type="checkbox"/> ROOMER             |  |           |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW                 | <input type="checkbox"/> SERVANT            |  |           |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input checked="" type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)    |  |           |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW             |   |  |           |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> WISTER-IN-LAW              |   |  |           |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 1910-0-01

|                         |  |                |             |            |       |
|-------------------------|--|----------------|-------------|------------|-------|
| R220                    |  | HEAD OF FAMILY |             | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE  | E.D.       | SHEET |
| W                       |  | 38             | Roses, Leon | 58         | 14    |
| COUNTY                  |  |                | CITY        |            |       |
| St. Bernard             |  |                |             |            |       |
| OTHER MEMBERS OF FAMILY |  |                |             |            |       |
| NAME                    |  | RELATIONSHIP   | AGE         | BIRTHPLACE |       |
| Living alone            |  |                |             |            |       |
|                         |  |                |             |            |       |
|                         |  |                |             |            |       |
|                         |  |                |             |            |       |
|                         |  |                |             |            |       |
|                         |  |                |             |            |       |
|                         |  |                |             |            |       |
|                         |  |                |             |            |       |

FORM 16-636 (4-20-51)

1919 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                | LOUISIANA    |                   |
|-------------------------|----------------|--------------|-------------------|
| R220                    | HEAD OF FAMILY | Rozas Lester | E.D. 121 SHEET 33 |
| COLOR<br>W              | AGE<br>71      | BIRTHPLACE   |                   |
| COUNTY                  | St. Landry     | CITY         |                   |
| OTHER MEMBERS OF FAMILY |                |              |                   |
| NAME                    | RELATIONSHIP   | AGE          | BIRTHPLACE        |
| Rozas                   | w              | 54           |                   |
| Amos                    | s              | 18           |                   |
| Bertha                  | d              | 14           |                   |
|                         |                |              |                   |
|                         |                |              |                   |
|                         |                |              |                   |
|                         |                |              |                   |
|                         |                |              |                   |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |  |               |  |             |  |
|-------------------------|--|----------------|--|---------------|--|-------------|--|
| R223                    |  | HEAD OF FAMILY |  | Register Lida |  | LOUISIANA   |  |
| COLOR                   |  | AGE            |  | BIRTHPLACE    |  | E.D. SHEET  |  |
| W                       |  | 24             |  |               |  | 106 23      |  |
| COUNTY                  |  |                |  | Ouachita      |  | CITY        |  |
|                         |  |                |  |               |  | West Monroe |  |
| OTHER MEMBERS OF FAMILY |  |                |  |               |  |             |  |
| NAME                    |  | RELATIONSHIP   |  | AGE           |  | BIRTHPLACE  |  |
| Octane                  |  | B              |  | 21            |  |             |  |
| Joseph                  |  | B              |  | 19            |  |             |  |
| Mamie                   |  | Si             |  | 17            |  |             |  |
| John                    |  | B              |  | 16            |  |             |  |
|                         |  |                |  |               |  |             |  |
|                         |  |                |  |               |  |             |  |
|                         |  |                |  |               |  |             |  |
|                         |  |                |  |               |  |             |  |

FORM 16-636 (4-20-31)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |   |  |           |             |             |
|--|--|---|--|-----------|-------------|-------------|
| R-225  |  | NAME OF INDIVIDUAL<br><i>Richeson, Lewis</i>        |  | LOUISIANA | E.O.<br>142 | SHEET<br>10 |
| COLOR<br><i>W</i>                              | AGE<br><i>31</i>                         | BIRTHPLACE  |  |           |             |             |
| COUNTY<br><i>West Carroll</i>                  | CITY                                     |   |  |           |             |             |
| EMERGED WITH<br><i>M<sup>c</sup> Camy R.R.</i> |  |   |  |           |             |             |
| RELATIONSHIP TO ABOVE                          |  |   |  |           |             |             |
| <input type="checkbox"/> FATHER                | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDOW                      |  |           |             |             |
| <input type="checkbox"/> MOTHER                | <input type="checkbox"/> Niece           | <input type="checkbox"/> WIFE                       |  |           |             |             |
| <input type="checkbox"/> GRANDFATHER           | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |           |             |             |
| <input type="checkbox"/> GRANDMOTHER           | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |           |             |             |
| <input type="checkbox"/> GRANDSON              | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |           |             |             |
| <input type="checkbox"/> GRANDDAUGHTER         | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |           |             |             |
| <input type="checkbox"/> AUNT                  | <input type="checkbox"/> BROTHER-IN-LAW  | <i>H.S.</i>   |  |           |             |             |
| <input type="checkbox"/> UNCLE                 | <input type="checkbox"/> SISTER-IN-LAW   |   |  |           |             |             |

FORM 10-537 (4-20-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCENS-DC 15124-P-91



|  |  |   |  |           |  |
|--|--|---|--|-----------|--|
| R213                                   |  | NAME OF PERSONAL                                    |  | LOUISIANA |  |
| E.D.                                   |  | SHEET   |  | 63 2      |  |
| COLOR                                  | AGE                                      | BIRTHPLACE  |  |           |  |
| W                                      | 21                                       |   |  |           |  |
| COUNTY                                 |  | CITY  |  |           |  |
| La Salle                               |  |   |  |           |  |
| ENUMERATED WITH                        |  |   |  |           |  |
| Hebb, Miles F.                         |  |   |  |           |  |
| RELATIONSHIP TO ABOVE                  |  |   |  |           |  |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDATE                     |  |           |  |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> WIFE            | <input type="checkbox"/> NURSE                      |  |           |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |           |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |           |  |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |           |  |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |           |  |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW  | Bo  |  |           |  |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> MISTRESS-IN-LAW |   |  |           |  |

FORM 16-437 (4-10-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |  | LOUISIANA   |              |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|-------------|--------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|-------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| <b>R216</b>   | <b>NAME OF INDIVIDUAL</b>                |  | <b>E.O.</b> | <b>SHEET</b> |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|   | <i>Rachemy, Lin Ben O.</i>               |  | <i>140</i>  | <i>15</i>    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <b>COLOR</b>  | <b>AGE</b>                               | <b>BIRTHPLACE</b>                          |             |              |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <i>W</i>  | <i>37</i>                                | <i>La</i>                                  |             |              |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <b>COUNTY</b>   |  |  | <b>CITY</b> |              |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <i>West Baton Rouge</i>   |  |  |             |              |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <b>ENUMERATED WITH</b>  |  |  |             |              |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <i>Hanney, H.A.</i>   |  |  |             |              |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <b>RELATIONSHIP TO ABOVE</b>  |  |  |             |              |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tbody> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> WIFE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </tbody> </table> |  |  |             |              | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> WIFE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE            |             |              |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> WIFE            | <input type="checkbox"/> NURSE             |             |              |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |             |              |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER |             |              |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |             |              |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |             |              |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |             |              |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |             |              |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 18-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18186-P61

|  |  |   |  |                   |                   |
|--|--|---|--|-------------------|-------------------|
| R212                                     |  | NAME OF INDIVIDUAL<br><i>Reisbeck, Lizzie</i> |  | LOUISIANA         |                   |
| COLOR<br><i>W</i>                        | AGE<br><i>47</i>                         | BIRTHPLACE<br><i>Indiana</i>                  |  | E.D.<br><i>33</i> | SHEET<br><i>3</i> |
| COUNTY<br><i>Calcasieu</i>               |  | CITY  |  |                   |                   |
| ENUMERATED WITH<br><i>Reisbeck Frank</i> |  |   |  |                   |                   |
| RELATIONSHIP TO ABOVE                    |  |   |  |                   |                   |
| <input type="checkbox"/> FATHER          | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE               |  |                   |                   |
| <input type="checkbox"/> MOTHER          | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                |  |                   |                   |
| <input type="checkbox"/> GRANDFATHER     | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT              |  |                   |                   |
| <input type="checkbox"/> GRANDMOTHER     | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER               |  |                   |                   |
| <input type="checkbox"/> GRANDSON        | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT              |  |                   |                   |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)      |  |                   |                   |
| <input type="checkbox"/> AUNT            | <input type="checkbox"/> BROTHER-IN-LAW  | <i>li</i>                                     |  |                   |                   |
| <input type="checkbox"/> UNCLE           | <input type="checkbox"/> SISTER-IN-LAW   |   |  |                   |                   |

FORM 19-637 (4-30-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 1918-P-61

|   |   |  |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|---|--|--------------------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
|   |   | LOUISIANA                                |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| P 216   | NAME OF INDIVIDUAL<br><i>Reese, Lydia</i> |  | E.O.<br><i>59</i>  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>mu</i>  | AGE<br><i>2</i>                           | BIRTHPLACE                               | SHEET<br><i>13</i> |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY  |   | CITY                                     |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|   |   | <i>Iberville</i>                         |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Vollet, Marguerite</i>  |   |  |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |   |  |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDOW</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |   |  |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW           | <input type="checkbox"/> WIDOW           |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE            | <input type="checkbox"/> NURSE           |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW    | <input type="checkbox"/> PATIENT         |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW    | <input type="checkbox"/> ROOMER          |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW       | <input type="checkbox"/> SERVANT         |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW  | <input type="checkbox"/> OTHER (Specify) |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW   |  |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW    |  |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 1910-P81

|  |   |  |  |           |                   |                   |
|--|---|--|--|-----------|-------------------|-------------------|
| R210                                     |   | NAME OF INDIVIDUAL<br><i>Ruby Lattie</i> |  | LOUISIANA | E.O.<br><i>90</i> | SHEET<br><i>4</i> |
| COLOR<br><i>B</i>                        | AGE<br><i>13</i>                          | BIRTH PLACE                              |  |           |                   |                   |
| COUNTY<br><i>Morehouse</i>               |   | CITY<br><i>Bishop</i>                    |  |           |                   |                   |
| ENUMERATED WITH<br><i>Cressie Lattie</i> |   |  |  |           |                   |                   |
| RELATIONSHIP TO ABOVE                    |   |  |  |           |                   |                   |
| <input type="checkbox"/> FATHER          | <input type="checkbox"/> NEPHEW           | <input type="checkbox"/> INMATE          |  |           |                   |                   |
| <input type="checkbox"/> MOTHER          | <input checked="" type="checkbox"/> NIECE | <input type="checkbox"/> NURSE           |  |           |                   |                   |
| <input type="checkbox"/> GRANDFATHER     | <input type="checkbox"/> FATHER-IN-LAW    | <input type="checkbox"/> PATIENT         |  |           |                   |                   |
| <input type="checkbox"/> GRANDMOTHER     | <input type="checkbox"/> MOTHER-IN-LAW    | <input type="checkbox"/> ROOMER          |  |           |                   |                   |
| <input type="checkbox"/> GRANDSON        | <input type="checkbox"/> SON-IN-LAW       | <input type="checkbox"/> SERVANT         |  |           |                   |                   |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW  | <input type="checkbox"/> OTHER (Specify) |  |           |                   |                   |
| <input type="checkbox"/> AUNT            | <input type="checkbox"/> BROTHER-IN-LAW   |  |  |           |                   |                   |
| <input type="checkbox"/> UNCLE           | <input type="checkbox"/> SISTER-IN-LAW    |  |  |           |                   |                   |

FORM 18-437 (4-30-51)

1919 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                |              |           |            |
|-------------------------|----------------|--------------|-----------|------------|
| R220                    | HEAD OF FAMILY |              | LOUISIANA |            |
| COLOR                   | AGE            | BIRTHPLACE   | E.O.      | SHEET      |
| Wm                      | 80             | Louis        | 47        | 22         |
| COUNTY                  | Lafourche      |              | CITY      |            |
| OTHER MEMBERS OF FAMILY |                |              |           |            |
| NAME                    |                | RELATIONSHIP | AGE       | BIRTHPLACE |
| 1 Maria                 |                | W            | 25        |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |

FORM 10-636 (4-20-61)

1970 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R216                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.O.       | SHEET |
| W                       |  | 50             | St.        | 82         | 22    |
| COUNTY                  |  |                | CITY       |            |       |
| St. John the Baptist    |  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Louise                  |  | W              | 43         | St.        |       |
| Joseph                  |  | S              | 17         |            |       |
| Louis Jr.               |  | S              | 14         |            |       |
| Rosa                    |  | D              | 11         |            |       |
| Esteri                  |  | S              | 8          |            |       |
| Blm                     |  | S              | 5          |            |       |
| Leon                    |  | S              | 2          |            |       |

Form 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |            |
|-------------------------|--|----------------|------------|------------|------------|
| R215                    |  | HEAD OF FAMILY |            | LOUISIANA  |            |
| COLOR                   |  | AGE            | BIRTHPLACE |            | E.D. SHEET |
| W                       |  | 21             | Italy      |            | 59 10      |
| COUNTY                  |  |                | CITY       |            |            |
| St. Bernard             |  |                |            |            |            |
| OTHER MEMBERS OF FAMILY |  |                |            |            |            |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |            |
| 1 Sandra                |  | W              | 17         |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |

Form 18-636 (4-28-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |     |                  |     |            |       |
|-------------------------|-----|------------------|-----|------------|-------|
| R214                    |     | HEAD OF FAMILY   |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE       |     | R.D.       | SHEET |
| w                       | 30  |                  |     | 126        | 21    |
| COUNTY                  |     | CITY             |     |            |       |
| St. Martin              |     | St. Martinsville |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                  |     |            |       |
| NAME                    |     | RELATIONSHIP     | AGE | BIRTHPLACE |       |
| / Amelia                |     | w                | 24  |            |       |
| / Louise                |     | D                | 12  |            |       |
|                         |     |                  |     |            |       |
|                         |     |                  |     |            |       |
|                         |     |                  |     |            |       |
|                         |     |                  |     |            |       |
|                         |     |                  |     |            |       |
|                         |     |                  |     |            |       |
|                         |     |                  |     |            |       |

FORM 16-636 (4-22-21)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |  |           |  |       |
|--|--|--|-----------|--|-------|
| R 320  |  | NAME OF INDIVIDUAL   |           | LOUISIANA  |       |
| W  |  | Rigues, Louise   |           | E.D.   | SHEET |
| 6  |  | BIRTHPLACE   |           | 70   | 37    |
| COUNTY   |  |  | CITY      |  |       |
| Lafayette  |  |  | Lafayette |  |       |
| ENUMERATED WITH  |  |  |           |  |       |
| Pelletier, Daniel  |  |  |           |  |       |
| RELATIONSHIP TO ABOVE  |  |  |           |  |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input checked="" type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |           | <input type="checkbox"/> WIDWIFE<br><input type="checkbox"/> WIFE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |       |

FORM 10-437 (4-22-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 1910-201

|  |  |   |           |           |       |
|--|--|---|-----------|-----------|-------|
| 9220                                   |  | NAME OF INDIVIDUAL                          |           | LOUISIANA |       |
| Roussseau                              |  | Louise                                      |           | E.D.      | SHEET |
| COLOR                                  | W  | AGE   | 25        | 96        | 11    |
| BIRTHPLACE                             |  |   |           |           |       |
| COUNTY                                 |  |   | CITY      |           |       |
| St. Tammany                            |  |   | Covington |           |       |
| ENUMERATED WITH                        |  |   |           |           |       |
| Watkins Lester J                       |  |   |           |           |       |
| RELATIONSHIP TO ABOVE                  |  |   |           |           |       |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE             |           |           |       |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE              |           |           |       |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT            |           |           |       |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER             |           |           |       |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW      | <input checked="" type="checkbox"/> SERVANT |           |           |       |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)    |           |           |       |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW  |   |           |           |       |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW   |   |           |           |       |

FORM 16-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

|                         |   |                |    |               |     |            |    |
|-------------------------|---|----------------|----|---------------|-----|------------|----|
| R216                    |   | HEAD OF FAMILY |    | Rasherry Lucy |     | LOUISIANA  |    |
| COLOR                   | 0 | AGE            | 34 | BIRTHPLACE    |     | E.O.       | 62 |
|                         |   |                |    |               |     | SNEY       | 7  |
| COUNTY                  |   |                |    | To Soto       |     | CITY       |    |
| OTHER MEMBERS OF FAMILY |   |                |    |               |     |            |    |
| NAME                    |   |                |    | RELATIONSHIP  | AGE | BIRTHPLACE |    |
| Pipkin Paul             |   |                |    | S             | 19  |            |    |
| Andrew                  |   |                |    | S             | 18  |            |    |
| Tom                     |   |                |    | S             | 17  |            |    |
| Christine               |   |                |    | D             | 14  |            |    |
| Rosa                    |   |                |    | D             | 12  |            |    |
| Idella                  |   |                |    | D             | 10  |            |    |
| Rasherry Levalia        |   |                |    | D             | 8   |            |    |

FORM 16-536 (4-20-31)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUE

*Racherry**Lucy*

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME          | RELATIONSHIP | AGE      | BIRTHPLACE |
|---------------|--------------|----------|------------|
| <i>Scott</i>  | <i>S</i>     | <i>6</i> |            |
| <i>Cap</i>    | <i>3</i>     | <i>4</i> |            |
| <i>Hersey</i> | <i>D</i>     | <i>1</i> |            |
|               |              |          |            |
|               |              |          |            |
|               |              |          |            |
|               |              |          |            |
|               |              |          |            |
|               |              |          |            |
|               |              |          |            |

FORM 10-436a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18109-P01

|   |   |  |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
|---|---|--|--|-----------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|---|--|
| R216  |   | NAME OF INDIVIDUAL                       |  | LOUISIANA |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| Rashbury, Maggie  |   | E.D.                                     |  | SHEET     |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| COLOR   | AGE   | BIRTHPLACE                               |  | 73 17     |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| 96  | 33  |  |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| COUNTY  |   | CITY                                     |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| Lincoln   |   | Simabon Village                          |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| ENUMERATED WITH   |   |  |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| Daniel, Edgar   |   |  |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| RELATIONSHIP TO ABOVE   |   |  |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input checked="" type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |   |  |  |           |  | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input checked="" type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW                   | <input type="checkbox"/> INMATE          |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE                    | <input type="checkbox"/> NURSE           |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW            | <input type="checkbox"/> PATIENT         |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW            | <input type="checkbox"/> ROOMER          |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW               | <input type="checkbox"/> SERVANT         |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW          | <input type="checkbox"/> OTHER (Specify) |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW           |  |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <input type="checkbox"/> UNCLE  | <input checked="" type="checkbox"/> SISTER-IN-LAW |  |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |

FORM 10-537 (4-20-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 15100-P01

|  |  |   |                 |  |        |
|--|--|---|-----------------|--|--------|
| 1225   |  | NAME OF INDIVIDUAL  |                 | LOUISIANA  |        |
| COLOR  |  | AGE   | BIRTH PLACE     |  | SHEET  |
| W  |  | 17  | Register, Mamie |  | 106 23 |
| COUNTY   |  | CITY  |                 |  |        |
|  |  | Ourchita  |                 | West Monroe  |        |
| ENUMERATED WITH  |  |   |                 |  |        |
| Register Leda  |  |   |                 |  |        |
| RELATIONSHIP TO ABOVE  |  |   |                 |  |        |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |                 | <input type="checkbox"/> ROOMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br>Si |        |

FORM 16-437 (4-29-31)

1919 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |                   |  |
|-------------------------|-----|----------------|-----|-------------------|--|
| R200                    |     | HEAD OF FAMILY |     | LOUISIANA         |  |
| Rojas, Manuel           |     | E.D.           |     | SHEET             |  |
| COLOR                   | AGE | BIRTHPLACE     |     |                   |  |
| ilt                     | 33  |                |     |                   |  |
| COUNTY                  |     | Jefferson      |     | CITY              |  |
| OTHER MEMBERS OF FAMILY |     |                |     |                   |  |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE        |  |
| Margeline               |     | W              | 29  |                   |  |
| Emile                   |     | S              | 14  |                   |  |
| Leonie                  |     | D              | 8   |                   |  |
| Augustine, Francis      |     | S-L            | 19  | Philippines-Luzon |  |
|                         |     |                |     |                   |  |
|                         |     |                |     |                   |  |
|                         |     |                |     |                   |  |

FORM 16-536 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|  |     |   |  |  |  |
|--|-----|---|--|--|--|
| R210   |     | NAME OF INDIVIDUAL  |  | LOUISIANA  |  |
| Rashivory Margaret   |     | E.D.  |  | SHEET  |  |
| COLOR  | AGE | BIRTHPLACE  |  |  |  |
| B  | 30  |   |  |  |  |
| COUNTY   |     | CITY  |  |  |  |
| Lincoln  |     |   |  |  |  |
| ENUMERATED WITH  |     |   |  |  |  |
| Rashivory James  |     |   |  |  |  |
| RELATIONSHIP TO ABOVE  |     |   |  |  |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INDIAVE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify) |  |
|  |     |   |  | S  |  |

FORM 16-437 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 1910-P-61

|  |   |
|--|---|
| LOUISIANA  |   |
| 2273   | NAME OF INDIVIDUAL <i>Register Marion A</i>   |
| COLOR <i>N</i>   | E.O. <i>130</i> SHEET <i>14</i>   |
| AGE <i>21</i>  | BIRTHPLACE  |
| COUNTY <i>Jones</i>  | CITY  |
| ENUMERATED WITH <i>Register Willie A</i>   |   |
| RELATIONSHIP TO ABOVE  |   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify) <i>B</i>   |   |

FORM 10-637 (0-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

|  |     |   |  |   |  |
|--|-----|---|--|---|--|
| R216   |     | NAME OF INDIVIDUAL  |  | LOUISIANA   |  |
| Racelart Marie   |     | E.D.  |  | SHEET   |  |
| COLOR  | AGE | BIRTHPLACE  |  |   |  |
| W  | 11  | Italy   |  |   |  |
| COUNTY   |     | CITY  |  |   |  |
|  |     | Iberia  |  |   |  |
| ENUMERATED WITH  |     |   |  |   |  |
| Racelart Vincent   |     |   |  |   |  |
| RELATIONSHIP TO ABOVE  |     |   |  |   |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> URBATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br>sl |  |

FORM 16-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |     |            |  |
|-------------------------|--|----------------|-----|------------|--|
| R 223                   |  | HEAD OF FAMILY |     | LOUISIANA  |  |
| COLOR                   |  | AGE            |     | E.D.       |  |
| 70                      |  | 50             |     | 121        |  |
|                         |  | BIRTHPLACE     |     | 2          |  |
| COUNTY                  |  | CITY           |     |            |  |
| Webster                 |  |                |     |            |  |
| OTHER MEMBERS OF FAMILY |  |                |     |            |  |
| NAME                    |  | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| 1 Ida                   |  | W              | 45  |            |  |
| Pearl                   |  | D              | 19  |            |  |
| And 1 H m               |  |                |     |            |  |
|                         |  |                |     |            |  |
|                         |  |                |     |            |  |
|                         |  |                |     |            |  |
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FORM 16-536 (4-30-61)

1910 CENSUS INDEX - FAMILY

U. S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                 |     |            |       |
|-------------------------|-----|-----------------|-----|------------|-------|
| D220                    |     | HEAD OF FAMILY  |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE      |     | R.D.       | SHEET |
| W                       | 69  | Rogers Marshall |     | 121        | 74    |
| COUNTY                  |     | St. Landry      |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |     |                 |     |            |       |
| NAME                    |     | RELATIONSHIP    | AGE | BIRTHPLACE |       |
| / Ameline               |     | d               | 29  |            |       |
|                         |     |                 |     |            |       |
|                         |     |                 |     |            |       |
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FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |                 |       |
|-------------------------|-----|----------------|-----|-----------------|-------|
| R220                    |     | HEAD OF FAMILY |     | LOUISIANA       |       |
| R220                    |     | Ruscoe Mary    |     | E.O.            | SHEET |
| COLOR                   | AGE | BIRTHPLACE     |     | 41              | 5     |
| W                       | 64  | Ala            |     |                 |       |
| COUNTY                  |     | East Carroll   |     | CITY            |       |
|                         |     |                |     | Lake Providence |       |
| OTHER MEMBERS OF FAMILY |     |                |     |                 |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE      |       |
| Living alone            |     |                |     |                 |       |
|                         |     |                |     |                 |       |
|                         |     |                |     |                 |       |
|                         |     |                |     |                 |       |
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FORM 18-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |            |                   |
|-------------------------|---|----------------|-----|------------|-------------------|
| R216                    |   | HEAD OF FAMILY |     | LOUISIANA  |                   |
| COLOR                   | W | AGE            | 40  | BIRTHPLACE | Rashbury, Madison |
| COUNTY                  |   | Jackson        |     | CITY       |                   |
| OTHER MEMBERS OF FAMILY |   |                |     |            |                   |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |                   |
| Anne                    |   | W              | 38  |            |                   |
| Jessie B                |   | D              | 14  |            |                   |
|                         |   |                |     |            |                   |
|                         |   |                |     |            |                   |
|                         |   |                |     |            |                   |
|                         |   |                |     |            |                   |
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FORM 16-436 (4-20-31)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |  |
|-------------------------|-----|----------------|-----|------------|--|
| B-220                   |     | HEAD OF FAMILY |     | LOUISIANA  |  |
| Kozas Mayo              |     | E.O.           |     | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |     |            |  |
| W                       | 24  |                |     |            |  |
| COUNTY                  |     | CITY           |     |            |  |
| St. Landry              |     |                |     |            |  |
| OTHER MEMBERS OF FAMILY |     |                |     |            |  |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| Dorena                  |     | W              | 21  |            |  |
| Alida                   |     | S              | 3   |            |  |
| Lillian                 |     | D              | 1   |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
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FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|  |                  |   |      |   |                   |
|--|------------------|---|------|---|-------------------|
| R220   |                  | NAME OF INDIVIDUAL<br><i>Rozas Mens</i>   |      | LOUISIANA   |                   |
| COLOR<br><i>W</i>  | AGE<br><i>19</i> | BIRTH PLACE   |      | E.D.<br><i>118</i>  | SHEET<br><i>1</i> |
| COUNTY<br><i>St. Landry</i>  |                  |   | CITY |   |                   |
| ENUMERATED WITH<br><i>ROZAS ALBANE</i>   |                  |   |      |   |                   |
| RELATIONSHIP TO ABOVE  |                  |   |      |   |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>C</i> |                   |

FORM 10-637 (4-30-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMB-DC 18123-P61

|  |                    |            |          |
|--|--------------------|------------|----------|
|  |                    | LOUISIANA  |          |
| R240   | NAME OF INDIVIDUAL | Mildred    | E.D. 29  |
| COLOR  | AGE                | BIRTHPLACE | SHEET 24 |
| W  | 63                 |            |          |
| COUNTY   |                    | CITY       |          |
| Calcasieu  |                    |            |          |
| ENUMERATED WITH  |                    |            |          |
| Hargrove Matthew V.  |                    |            |          |
| RELATIONSHIP TO ABOVE  |                    |            |          |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE<br><input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input checked="" type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW<br><input type="checkbox"/> INMATE<br><input type="checkbox"/> BOARDER<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                    |            |          |

FORM 18-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

R220

R242

LOUISIANA

NAME OF INDIVIDUAL *Russell, Michael D* E.D. *73* SHEET *5*

COLOR *W* AGE *55* BIRTHPLACE

COUNTY *De Soto* CITY

ENUMERATED WITH *Leonard, James B.*

RELATIONSHIP TO ABOVE

|  |   |  |
|--|---|--|
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW                   | <input type="checkbox"/> INMATE          |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NIECE                    | <input type="checkbox"/> NURSE           |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW            | <input type="checkbox"/> PATIENT         |
| <input type="checkbox"/> GRANDMOTHER   | <input checked="" type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER          |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW               | <input type="checkbox"/> SERVANT         |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW          | <input type="checkbox"/> OTHER (Specify) |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW           |  |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW            |  |

FORM 10-637 (4-22-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |     |  |  |  |  |
|--|-----|--|--|--|--|
| R220   |     | NAME OF INDIVIDUAL   |  | LOUISIANA  |  |
| Rachour Mitchell   |     | S.E.   |  | SHEET  |  |
| COLOR  | AGE | BIRTHPLACE   |  |  |  |
| W  | 6   | Iberia   |  |  |  |
| CITY   |     | CITY   |  |  |  |
| ENUMERATED WITH  |     |  |  |  |  |
| Rachour Deliphar   |     |  |  |  |  |
| RELATIONSHIP TO ABOVE  |     |  |  |  |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input checked="" type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |  |

FORM 18-437 (4-22-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                   |              |                 |            |
|-------------------------|-------------------|--------------|-----------------|------------|
| R 220                   | HEAD OF FAMILY    |              | LOUISIANA       |            |
|                         | Couscous, Mittail |              | E.D. 119        | SHEET 5    |
| COLOR<br>W              | AGE<br>46         | BIRTHPLACE   |                 |            |
| COUNTY                  |                   | Tangipahoa   | CITY<br>Hammond |            |
| OTHER MEMBERS OF FAMILY |                   |              |                 |            |
| NAME                    |                   | RELATIONSHIP | AGE             | BIRTHPLACE |
| Living Alone            |                   |              |                 |            |
|                         |                   |              |                 |            |
|                         |                   |              |                 |            |
|                         |                   |              |                 |            |
|                         |                   |              |                 |            |
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Form 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |            |                |
|-------------------------|---|----------------|-----|------------|----------------|
| C220                    |   | HEAD OF FAMILY |     | LOUISIANA  |                |
| COLOR                   | B | AGE            | 34  | BIRTHPLACE | Morgan         |
| COUNTY                  |   | Ascension      |     | CITY       | Bonaldsonville |
| OTHER MEMBERS OF FAMILY |   |                |     |            |                |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |                |
| Oleavia                 |   | W              | 22  |            |                |
| Shark, Auguste          |   | N              | 11  |            |                |
| White, Victoria         |   | Su-h           | 29  |            |                |
|                         |   |                |     |            |                |
|                         |   |                |     |            |                |
|                         |   |                |     |            |                |
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FORM 18-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |                    |            |           |       |
|--|--|--------------------|------------|-----------|-------|
| R 214  |  | NAME OF INDIVIDUAL |            | LOUISIANA |       |
| COLOR  |  | AGE                | BIRTHPLACE | S.D.      | SHEET |
| W  |  | 29                 | Macon      | 91        | 6     |
| COUNTY   |  |                    | CITY       |           |       |
| Natchitoches   |  |                    |            |           |       |
| ENUMERATED WITH  |  |                    |            |           |       |
| Lutton, William B  |  |                    |            |           |       |
| RELATIONSHIP TO ABOVE  |  |                    |            |           |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE<br><input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW<br><input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |  |                    |            |           |       |

Form 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 16106-P01

|                         |         |                  |      |            |       |
|-------------------------|---------|------------------|------|------------|-------|
| 2270                    |         | HEAD OF FAMILY   |      | LOUISIANA  |       |
| 1850                    |         | Ripley, Monroe C |      | E.D.       | SHEET |
| COLOR                   | AGE     | BIRTHPLACE       |      |            |       |
| W                       | 32      | Tex              |      |            |       |
| COUNTY                  | Rapides |                  | CITY | Alexandria |       |
| OTHER MEMBERS OF FAMILY |         |                  |      |            |       |
| NAME                    |         | RELATIONSHIP     | AGE  | BIRTHPLACE |       |
| Clara B                 |         | W                | 28   | Tex        |       |
| Clifton H               |         | S                | 5    |            |       |
| Bertha E                |         | D                | 2    |            |       |
| Addie W                 |         | Sib              | 35   | Tex        |       |
|                         |         |                  |      |            |       |
|                         |         |                  |      |            |       |
|                         |         |                  |      |            |       |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R220                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | NAME           |     | E.D.       | SHEET |
| W                       | 47  | Rozas, Mutile  |     | 121        | 54    |
| COUNTY                  |     | CITY           |     |            |       |
| St. Landry              |     |                |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| 1 Armatine              |     | W              | 45  |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
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FORM 16-436 (4-20-31)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |           |                 |  |
|-------------------------|---|----------------|-----------|-----------------|--|
| R220                    |   | HEAD OF FAMILY |           | LOUISIANA       |  |
| COLOR                   | W | AGE            | 43        | E.D. 67 SHEET 2 |  |
|                         |   | BIRTHPLACE     |           |                 |  |
| COUNTY                  |   | St. Louis      |           | CITY            |  |
| OTHER MEMBERS OF FAMILY |   |                |           |                 |  |
| NAME                    |   | RELATIONSHIP   | AGE       | BIRTHPLACE      |  |
| 1. <i>Paula</i>         |   | <i>d</i>       | <i>24</i> |                 |  |
| <i>Alton</i>            |   | <i>d</i>       | <i>21</i> |                 |  |
|                         |   |                |           |                 |  |
|                         |   |                |           |                 |  |
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Form 16-436 (4-22-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |              |                 |            |           |       |
|-------------------------|--------------|-----------------|------------|-----------|-------|
| R220                    |              | HEAD OF FAMILY  |            | LOUISIANA |       |
| COLOR                   | AGE          | NAME            |            | E.D.      | SHEET |
| mu                      | 26           | Rosaud Napoleon |            | 122       | 7     |
| COUNTY                  |              | CITY            |            |           |       |
| St. Landry              |              |                 |            |           |       |
| OTHER MEMBERS OF FAMILY |              |                 |            |           |       |
| NAME                    | RELATIONSHIP | AGE             | BIRTHPLACE |           |       |
| Felicia                 | W            | 27              |            |           |       |
| Jack                    | S            | 5               |            |           |       |
| Napoleon                | S            | 3               |            |           |       |
| William                 | S            | 2               |            |           |       |
| Cigene                  | D            | 9 1/2           |            |           |       |
| Thelma Amelina          | W            | 14              |            |           |       |
|                         |              |                 |            |           |       |
|                         |              |                 |            |           |       |

Form 78-536 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |  |      |            |                  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|------|------------|------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R 214  |  | NAME OF INDIVIDUAL                       |      | LOUISIANA  |                  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR  | B  | AGE                                      | 20   | BIRTHPLACE | Roosevelt Nelson |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY   | Assumption                               |  | CITY |            |                  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH  |  |  |      |            |                  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |      |            |                  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |      |            |                  | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |      |            |                  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |      |            |                  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |      |            |                  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |      |            |                  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |      |            |                  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |      |            |                  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |      |            |                  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |      |            |                  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 18-437 (4-22-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCENSUS-DC 1910-901

|  |           |                    |           |           |  |
|--|-----------|--------------------|-----------|-----------|--|
| <b>R210</b>  |           | NAME OF INDIVIDUAL |           | LOUISIANA |  |
| COLOR  | AGE       | BIRTHPLACE         | E.D.      | SHEET     |  |
| <i>W</i>   | <i>18</i> |                    | <i>59</i> | <i>27</i> |  |
| COUNTY   |           |                    | CITY      |           |  |
| ENUMERATED WITH  |           |                    |           |           |  |
| RELATIONSHIP TO ABOVE  |           |                    |           |           |  |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER<br/> <input type="checkbox"/> MOTHER<br/> <input type="checkbox"/> GRANDFATHER<br/> <input type="checkbox"/> GRANDMOTHER<br/> <input type="checkbox"/> GRANDSON<br/> <input type="checkbox"/> GRANDDAUGHTER<br/> <input type="checkbox"/> AUNT<br/> <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW<br/> <input type="checkbox"/> NIECE<br/> <input type="checkbox"/> FATHER-IN-LAW<br/> <input type="checkbox"/> MOTHER-IN-LAW<br/> <input type="checkbox"/> SON-IN-LAW<br/> <input type="checkbox"/> DAUGHTER-IN-LAW<br/> <input type="checkbox"/> BROTHER-IN-LAW<br/> <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> WIDWIFE<br/> <input type="checkbox"/> NUNCE<br/> <input type="checkbox"/> PATIENT<br/> <input type="checkbox"/> ROOMER<br/> <input type="checkbox"/> SERVANT<br/> <input checked="" type="checkbox"/> OTHER (Specify) </div> </div> |           |                    |           |           |  |
| <i>3-0</i>   |           |                    |           |           |  |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |      |            |  |
|-------------------------|---|----------------|------|------------|--|
| R216                    |   | HEAD OF FAMILY |      | Louisiana  |  |
| COLOR                   | W | AGE            | 36   | BIRTHPLACE |  |
| COUNTY                  |   | St. Landry     |      | CITY       |  |
| OTHER MEMBERS OF FAMILY |   |                |      |            |  |
| NAME                    |   | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| Annita M                |   | W              | 8    | Ark        |  |
| Lorena R                |   | d              | 15   |            |  |
| Richard M               |   | a              | 13   |            |  |
| Oswell R                |   | a              | 9    |            |  |
| Veloise J               |   | d              | 2    |            |  |
| Lila B                  |   | d              | 8/12 |            |  |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |   |                    |    |            |       |
|--|---|--------------------|----|------------|-------|
| 19216  |   | NAME OF INDIVIDUAL |    | LOUISIANA  |       |
| COLOR  | W | AGE                | 61 | BIRTHPLACE | Italy |
| COUNTY   |   | Iberia             |    | CITY       |       |
| ENUMERATED WITH  |   |                    |    |            |       |
| Racefort Vincent   |   |                    |    |            |       |
| RELATIONSHIP TO ABOVE  |   |                    |    |            |       |
| <input checked="" type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE<br><input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW<br><input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |   |                    |    |            |       |

FORM 19-437 (4-26-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCENS-DC 1910-PS1

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R-220                   |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| W                       | 28  |                |     | 129        | 7     |
| COUNTY                  |     | CITY           |     |            |       |
| Washing.                |     |                |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| William                 |     | W              | 28  |            |       |
| Jimmie                  |     | S              | 5   |            |       |
| Lester                  |     | S              | 4   |            |       |
| Lemuel                  |     | S              | 2   |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|  |  |  |  |           |       |
|--|--|--|--|-----------|-------|
| R225   |  | NAME OF INDIVIDUAL                       |  | LOUISIANA |       |
| COLOR  | AGE                                      | BIRTHPLACE                               |  | E.O.      | SHEET |
| mu   | 6  |  |  | 132       | 33    |
| COUNTY                                       |  | CITY                                     |  |           |       |
| St. Martin                                   |  |  |  |           |       |
| ENUMERATED WITH                              |  |  |  |           |       |
| Raignon Helaine                              |  |  |  |           |       |
| RELATIONSHIP TO ABOVE                        |  |  |  |           |       |
| <input type="checkbox"/> FATHER              | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |  |           |       |
| <input type="checkbox"/> MOTHER              | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |  |           |       |
| <input type="checkbox"/> GRANDFATHER         | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |  |           |       |
| <input type="checkbox"/> GRANDMOTHER         | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |  |           |       |
| <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |  |           |       |
| <input type="checkbox"/> GRANDDAUGHTER       | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |  |           |       |
| <input type="checkbox"/> AUNT                | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |           |       |
| <input type="checkbox"/> UNCLE               | <input type="checkbox"/> SISTER-IN-LAW   |  |  |           |       |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

UNCOM-DC 10120-761

|   |     |                    |  |           |       |
|---|-----|--------------------|--|-----------|-------|
| R214  |     | NAME OF INDIVIDUAL |  | LOUISIANA |       |
| COLOR   | AGE | BIRTHPLACE         |  | E.D.      | SHEET |
| W   | 12  | Rosevelly Nosal    |  | 33        | 8     |
| COUNTY  |     | CITY               |  |           |       |
| Jefferson   |     |                    |  |           |       |
| ENUMERATED WITH   |     |                    |  |           |       |
| Mingot Fred   |     |                    |  |           |       |
| RELATIONSHIP TO ABOVE   |     |                    |  |           |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE<br><input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW<br><input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |     |                    |  |           |       |

FORM 10-427 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |     |   |  |   |       |
|--|-----|---|--|---|-------|
| P223   |     | NAME OF INDIVIDUAL  |  | LOUISIANA   |       |
| COLOR  | AGE | BIRTH PLACE   |  | E.D.  | SHEET |
| W  | 21  | Register, Norman H.   |  | 128   | 8     |
| COUNTY   |     | CITY  |  |   |       |
| JONES  |     |   |  |   |       |
| ENUMERATED WITH  |     |   |  |   |       |
| Gussie J. K.   |     |   |  |   |       |
| RELATIONSHIP TO ABOVE  |     |   |  |   |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |       |

FORM 10-437 (4-30-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |        |                |     |            |             |
|-------------------------|--------|----------------|-----|------------|-------------|
| 8222                    |        | HEAD OF FAMILY |     | LOUISIANA  |             |
| COLOR                   | W      | AGE            | 60  | BIRTHPLACE | Italy       |
| COUNTY                  |        | St. Mary       |     | CITY       | Morgan City |
| OTHER MEMBERS OF FAMILY |        |                |     |            |             |
|                         | NAME   | RELATIONSHIP   | AGE | BIRTHPLACE |             |
| 1                       | Louisa | W              | 45  | Italy      |             |
|                         |        |                |     |            |             |
|                         |        |                |     |            |             |
|                         |        |                |     |            |             |
|                         |        |                |     |            |             |
|                         |        |                |     |            |             |
|                         |        |                |     |            |             |
|                         |        |                |     |            |             |

FORM 10-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |         |   |             |  |                   |
|--|---------|---|-------------|--|-------------------|
| 1223   |         | NAME OF INDIVIDUAL  |             | LOUISIANA  |                   |
| COLOR  | W       | AGE   | 21          | Register, Octane   | E.D. 106 SHEET 23 |
| CITY   | Orchita | CITY  | West Monroe |  |                   |
| ENUMERATED WITH  |         | Register Lida   |             |  |                   |
| RELATIONSHIP TO ABOVE  |         |   |             |  |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |         | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |             | <input type="checkbox"/> WIDOW<br><input type="checkbox"/> MURDER<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                   |
|  |         |   |             | B  |                   |

FORM 10-437 (9-29-51)

1950 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 10182-P61

|   |   |   |  |                  |                   |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|---|---|--|------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| B220  |   | NAME OF INDIVIDUAL<br><i>Bauchens Odile</i> |  | LOUISIANA        |                   |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>W</i>   | AGE<br><i>11</i>                          | BIRTHPLACE                                  |  | E.D.<br><i>4</i> | SHEET<br><i>1</i> |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY  |   | CITY<br><i>Donaldsonville</i>               |  |                  |                   |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Ferris Julia</i>  |   |   |  |                  |                   |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |   |   |  |                  |                   |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input checked="" type="checkbox"/> NIECE</td> <td><input type="checkbox"/> GUNGE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |   |   |  |                  |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input checked="" type="checkbox"/> NIECE | <input type="checkbox"/> GUNGE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW           | <input type="checkbox"/> INMATE             |  |                  |                   |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input checked="" type="checkbox"/> NIECE | <input type="checkbox"/> GUNGE              |  |                  |                   |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW    | <input type="checkbox"/> PATIENT            |  |                  |                   |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW    | <input type="checkbox"/> ROOMER             |  |                  |                   |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW       | <input type="checkbox"/> SERVANT            |  |                  |                   |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW  | <input type="checkbox"/> OTHER (Specify)    |  |                  |                   |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW   |   |  |                  |                   |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW    |   |  |                  |                   |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-437 (10-20-11)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |   |  |  |                    |                    |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|---|--|--|--------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R 210   |   | NAME OF INDIVIDUAL<br><i>Margy Ophelia</i> |  | LOUISIANA          |                    |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>B</i>   | AGE<br><i>20</i>                          | BIRTH PLACE                                |  | E.O.<br><i>121</i> | SHEET<br><i>14</i> |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>St. Landry</i>   |   | CITY<br><i>Eunice</i>                      |  |                    |                    |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Bellard Victoria</i>  |   |  |  |                    |                    |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |   |  |  |                    |                    |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input checked="" type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |   |  |  |                    |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input checked="" type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW           | <input type="checkbox"/> INMATE            |  |                    |                    |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input checked="" type="checkbox"/> NIECE | <input type="checkbox"/> NURSE             |  |                    |                    |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW    | <input type="checkbox"/> PATIENT           |  |                    |                    |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW    | <input type="checkbox"/> ROOMER            |  |                    |                    |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW       | <input type="checkbox"/> SERVANT           |  |                    |                    |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW  | <input type="checkbox"/> OTHER (Specify)   |  |                    |                    |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW   |  |  |                    |                    |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW    |  |  |                    |                    |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-637 (4-20-61)

1970 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |          |                |       |            |              |
|-------------------------|----------|----------------|-------|------------|--------------|
| R 270                   |          | HEAD OF FAMILY |       | LOUISIANA  |              |
| COLOR                   | W        | AGE            | 26    | BIRTHPLACE | Regas, Cuban |
| COUNTY                  |          | Plaquemines    |       | CITY       |              |
| OTHER MEMBERS OF FAMILY |          |                |       |            |              |
|                         | NAME     | RELATIONSHIP   | AGE   | BIRTHPLACE |              |
|                         | Estelina | W              | 21    |            |              |
|                         | Louis O  | S              | 2     |            |              |
|                         | Martin   | S              | 5 1/2 |            |              |
|                         |          |                |       |            |              |
|                         |          |                |       |            |              |
|                         |          |                |       |            |              |
|                         |          |                |       |            |              |
|                         |          |                |       |            |              |

FORM 18-636 (4-30-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |     |                 |       |            |       |
|-------------------------|-----|-----------------|-------|------------|-------|
| R 216                   |     | HEAD OF FAMILY  |       | LOUISIANA  |       |
| Reswehere               |     | Osias P         |       | E.D.       | SHEET |
| COLOR                   | AGE | BIRTHPLACE      |       | 126        | 21    |
| W                       | 40  |                 |       |            |       |
| COUNTY                  |     | CITY            |       |            |       |
| St. Martin              |     | St. Martinville |       |            |       |
| OTHER MEMBERS OF FAMILY |     |                 |       |            |       |
| NAME                    |     | RELATIONSHIP    | AGE   | BIRTHPLACE |       |
| Stella                  |     | W               | 28    |            |       |
| Earl                    |     | S               | 9     |            |       |
| Mildred                 |     | D               | 5     |            |       |
| Lloyd                   |     | S               | 3 1/2 |            |       |
|                         |     |                 |       |            |       |
|                         |     |                 |       |            |       |
|                         |     |                 |       |            |       |
|                         |     |                 |       |            |       |

FORM 16-636 (4-20-51)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |                  |  |  |   |                    |
|--|------------------|--|--|---|--------------------|
| R220   |                  | NAME OF INDIVIDUAL<br><i>Ross, Pablo</i>   |  | LOUISIANA   |                    |
| COLOR<br><i>W</i>  | AGE<br><i>27</i> | BIRTHPLACE<br><i>Mexico</i>  |  | S.D.<br><i>149</i>  | SHEET<br><i>27</i> |
| COUNTY   |                  | CITY<br><i>Vernon</i>  |  |   |                    |
| EMERGED WITH<br><i>Pena, Eligio</i>  |                  |  |  |   |                    |
| RELATIONSHIP TO ABOVE  |                  |  |  |   |                    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHER<br><input type="checkbox"/> NICE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                    |

FORM 16-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18100-P01

|                         |             |                |      |               |          |           |    |
|-------------------------|-------------|----------------|------|---------------|----------|-----------|----|
| P220                    |             | HEAD OF FAMILY |      | ROSEICK Peter |          | LOUISIANA |    |
| COLOR                   | W           | AGE            | 25   | BIRTHPLACE    | Austria  | E.O.      | 54 |
| COUNTY                  | Plaquemines |                | CITY |               | SHEET 19 |           |    |
| OTHER MEMBERS OF FAMILY |             |                |      |               |          |           |    |
| NAME                    |             | RELATIONSHIP   | AGE  | BIRTHPLACE    |          |           |    |
| 1 John                  |             | B              | 18   | Austria       |          |           |    |
| Labor Math              |             | C              | 24   | Austria       |          |           |    |
|                         |             |                |      |               |          |           |    |
|                         |             |                |      |               |          |           |    |
|                         |             |                |      |               |          |           |    |
|                         |             |                |      |               |          |           |    |
|                         |             |                |      |               |          |           |    |
|                         |             |                |      |               |          |           |    |

FORM 18-635 (4-20-67)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| 1220                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| B                       | 32  |                |     | 81         | 30    |
| COUNTY                  |     | CITY           |     |            |       |
| Rapides                 |     | Alexandria     |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Livia                   |     | W              | 29  |            |       |
| Stewenson Daniel        |     | S              | 15  |            |       |
| Gagelin                 |     | D              | 12  |            |       |
| Peter                   |     | S              | 10  |            |       |
| Samuel                  |     | S              | 4   |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| A225                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| MU                      | 27  |                |     | 132        | 30    |
| COUNTY                  |     | ST. Martin     |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Ella                    |     | W              | 24  |            |       |
| August                  |     | S              | 6   |            |       |
| Atilia                  |     | D              | 5   |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |   |  |                  |                    |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
|---|--|---|--|------------------|--------------------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|-------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|----------|--------------------------------|--|--|
| R720  |  | NAME OF INDIVIDUAL<br><i>Regina Phil</i>            |  | LOUISIANA        |                    |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| COLOR<br><i>B</i>   | AGE<br><i>30</i>                         | BIRTHPLACE  |  | E.D.<br><i>3</i> | SHEET<br><i>12</i> |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| COUNTY<br><i>Caldwell</i>   |  | CITY<br><i>Clarks</i>                               |  |                  |                    |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| ENUMERATED WITH<br><i>William James</i>   |  |   |  |                  |                    |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |  |                  |                    |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDOW</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NICE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>B</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |                  |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NICE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>B</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDOW                      |  |                  |                    |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NICE            | <input type="checkbox"/> NURSE                      |  |                  |                    |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |                  |                    |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |                  |                    |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |                  |                    |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |                  |                    |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  | <i>B</i>  |  |                  |                    |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |  |                  |                    |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |

FORM 10-437 (4-30-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18189-P61

|   |   |   |    |  |                |
|---|---|---|----|--|----------------|
| R220  |   | NAME OF INDIVIDUAL  |    | LOUISIANA  |                |
| COLOR   | W | AGE   | 64 | BIRTHPLACE   | Ragusa Phillip |
|   |   |   |    | E.D.   | 28             |
|   |   |   |    | SHEET  | 44             |
| COUNTY  |   | Jefferson   |    | CITY   |                |
|   |   |   |    | Italy  |                |
| ENUMERATED WITH   |   |   |    |  |                |
| Ragusa Raphael  |   |   |    |  |                |
| RELATIONSHIP TO ABOVE   |   |   |    |  |                |
| <input checked="" type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |   | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> WIFE-IN-LAW |    | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                |

FORM 10-537 (4-22-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |  |  |           |       |
|--|--|--|--|-----------|-------|
| R225   |  | NAME OF INDIVIDUAL                       |  | LOUISIANA |       |
| COLOR  | AGE                                      | BIRTHPLACE                               |  | E.O.      | SHEET |
| W  | 1  | Rogerson Preston                         |  | 132       | 33    |
| COUNTY                                       |  | CITY                                     |  |           |       |
| St. Martin                                   |  |  |  |           |       |
| ENUMERATED WITH                              |  |  |  |           |       |
| Rogerson Hilair                              |  |  |  |           |       |
| RELATIONSHIP TO ABOVE                        |  |  |  |           |       |
| <input type="checkbox"/> FATHER              | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |  |           |       |
| <input type="checkbox"/> MOTHER              | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |  |           |       |
| <input type="checkbox"/> GRANDFATHER         | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |  |           |       |
| <input type="checkbox"/> GRANDMOTHER         | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> HOOPER          |  |           |       |
| <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |  |           |       |
| <input type="checkbox"/> GRANDDAUGHTER       | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |  |           |       |
| <input type="checkbox"/> AUNT                | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |           |       |
| <input type="checkbox"/> UNCLE               | <input type="checkbox"/> SISTER-IN-LAW   |  |  |           |       |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 10190-P01



|  |  |   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |                          |                               |   |                |                                |  |  |
|--|--|---|--|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--------------------------|-------------------------------|---|----------------|--------------------------------|--|--|
| B 210  |  | NAME OF INDIVIDUAL<br><i>Biggley, Ralph</i> |  | LOUISIANA         |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |                          |                               |   |                |                                |  |  |
| COLOR<br><i>W</i>  | AGE<br><i>37</i>                         | BIRTHPLACE<br><i>Tex.</i>                   |  | E.O.<br><i>44</i> | SHEET<br><i>37</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |                          |                               |   |                |                                |  |  |
| COUNTY<br><i>Calcasieu</i>   |  | CITY  |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |                          |                               |   |                |                                |  |  |
| ENUMERATED WITH<br><i>Biggley, John D.</i>   |  |   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |                          |                               |   |                |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |                          |                               |   |                |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><i>Brother (Specify)</i></td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>Brother</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |                   |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <i>Brother (Specify)</i> | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>Brother</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE             |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |                          |                               |   |                |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE              |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |                          |                               |   |                |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT            |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |                          |                               |   |                |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER             |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |                          |                               |   |                |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT            |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |                          |                               |   |                |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <i>Brother (Specify)</i>                    |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |                          |                               |   |                |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  | <i>Brother</i>                              |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |                          |                               |   |                |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |                          |                               |   |                |                                |  |  |

FORM 10-637 (4-22-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |   |                    |    |            |           |
|--|---|--------------------|----|------------|-----------|
| R 210  |   | NAME OF INDIVIDUAL |    | LOUISIANA  |           |
| COLOR  | W | AGE                | 37 | BIRTHPLACE | Calcasieu |
| COUNTY   |   | CITY               |    | E.D.       | 44        |
| ENUMERATED WITH  |   | Rigley, John D     |    | SHEET      | 37        |
| RELATIONSHIP TO ABOVE  |   |                    |    |            |           |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE<br><input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW<br><input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><u>Bro</u> |   |                    |    |            |           |

FORM 16-437 (4-26-61)

1919 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|                         |                |     |              |            |            |       |    |       |
|-------------------------|----------------|-----|--------------|------------|------------|-------|----|-------|
| 9220                    | HEAD OF FAMILY |     | Ragusa Ragus | E.O.       | 28         | SHEET | 44 |       |
| COLOR                   | W              | AGE | 22           | BIRTHPLACE |            |       |    | Italy |
| COUNTY                  |                |     | Jefferson    | CITY       |            |       |    |       |
| OTHER MEMBERS OF FAMILY |                |     |              |            |            |       |    |       |
| NAME                    |                |     | RELATIONSHIP | AGE        | BIRTHPLACE |       |    |       |
| / Ragusa                |                |     | W            | 19         | Italy      |       |    |       |
| / Ragusa                |                |     | B            | 19         |            |       |    |       |
| / Ragusa                |                |     | F            | 14         |            |       |    |       |
|                         |                |     |              |            |            |       |    |       |
|                         |                |     |              |            |            |       |    |       |
|                         |                |     |              |            |            |       |    |       |
|                         |                |     |              |            |            |       |    |       |
|                         |                |     |              |            |            |       |    |       |

LOUISIANA

|  |           |   |  |   |             |
|--|-----------|---|--|---|-------------|
| R220   |           | NAME OF INDIVIDUAL<br>Ragas, Regina   |  | E.O.<br>51  | SHEET<br>16 |
| COLOR<br>W   | AGE<br>40 | BIRTHPLACE  |  |   |             |
| COUNTY<br>Plaquemines  |           | CITY  |  |   |             |
| ENUMERATED WITH<br>Ragas, Edgar  |           |   |  |   |             |
| RELATIONSHIP TO ABOVE  |           |   |  |   |             |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |           | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br>di |             |

FORM 16-437 (4-29-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 1910-P01

LOUISIANA

|  |   |   |                   |
|--|---|---|-------------------|
| NAME OF INDIVIDUAL<br><i>Report, Retd</i>  |   | E.D.<br><i>57</i>   | SHEET<br><i>2</i> |
| COLOR<br><i>B</i>  | AGE<br><i>18</i>  | BIRTHPLACE  |                   |
| COUNTY   |   | CITY  |                   |
| ENUMERATED WITH<br><i>Williams Willie</i>  |   | <i>Iberville</i>  |                   |
| RELATIONSHIP TO ABOVE  |   |   |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHER<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>5-5</i> |                   |

FORM 10-437 (4-26-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18106-P01

|                         |      |                |                  |            |       |
|-------------------------|------|----------------|------------------|------------|-------|
| R214                    |      | HEAD OF FAMILY |                  | LOUISIANA  |       |
| COLOR                   |      | AGE            | BIRTHPLACE       | E.O.       | SHEET |
| B                       |      | 45             | Passery, Richard | 39         | 3     |
| COUNTY                  |      |                | CITY             |            |       |
| East Carroll            |      |                |                  |            |       |
| OTHER MEMBERS OF FAMILY |      |                |                  |            |       |
|                         | NAME | RELATIONSHIP   | AGE              | BIRTHPLACE |       |
| 1                       | Jane | W              | 41               |            |       |
|                         |      |                |                  |            |       |
|                         |      |                |                  |            |       |
|                         |      |                |                  |            |       |
|                         |      |                |                  |            |       |
|                         |      |                |                  |            |       |
|                         |      |                |                  |            |       |
|                         |      |                |                  |            |       |

FORM 18-636 (4-30-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |              | HEAD OF FAMILY |            | LOUISIANA |    |
|-------------------------|--------------|----------------|------------|-----------|----|
| COLOR                   | AGE          | BIRTHPLACE     | E.D.       | SHEET     |    |
| R2/2                    | W            | 36             | Pa         | 33        | 17 |
| COUNTY                  |              |                | Caddo      | CITY      |    |
| OTHER MEMBERS OF FAMILY |              |                |            |           |    |
| NAME                    | RELATIONSHIP | AGE            | BIRTHPLACE |           |    |
| Agnes                   | W            | 33             | Pa         |           |    |
| Clara                   | S            | 10             | Pa         |           |    |
| Dorinda                 | S            | 9              | Pa         |           |    |
| Eugene                  | S            | 7              | Pa         |           |    |
| Harry                   | S            | 5              | Pa         |           |    |
| Charles                 | S            | 2              | Pa         |           |    |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |              |            | LOUISIANA  |       |
|-------------------------|--------------|------------|------------|-------|
| HEAD OF FAMILY          |              |            | E.D.       | SHEET |
| 1316                    |              |            | 16         | 2     |
| COLOR                   | AGE          | BIRTHPLACE |            |       |
| W                       | 73           | Ala        |            |       |
| COUNTY                  |              | CITY       |            |       |
| Clai borne              |              |            |            |       |
| OTHER MEMBERS OF FAMILY |              |            |            |       |
| NAME                    | RELATIONSHIP | AGE        | BIRTHPLACE |       |
| 1 Matilda               | W            | 70         | Ala        |       |
|                         |              |            |            |       |
|                         |              |            |            |       |
|                         |              |            |            |       |
|                         |              |            |            |       |
|                         |              |            |            |       |
|                         |              |            |            |       |
|                         |              |            |            |       |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



LOUISIANA

|  |  |  |  |                   |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|--|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|-------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R216   |  | NAME OF INDIVIDUAL<br><i>Robust</i>      |  | E.O.<br><i>54</i> | SHEET<br><i>35</i> |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>W</i>  | AGE<br><i>14</i>                         | BIRTHPLACE                               |  |                   |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>Jackson</i>   |  | CITY                                     |  |                   |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Shaw, W. Hudy</i>  |  |  |  |                   |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |  |                   |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> IMMATE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NICE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> |  |  |  |                   |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> IMMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NICE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> IMMATE          |  |                   |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NICE            | <input type="checkbox"/> NURSE           |  |                   |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |  |                   |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |  |                   |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |  |                   |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |  |                   |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |                   |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |  |                   |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 16-637 (4-26-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

VBCOMM-DC 18199-P61

|                         |  |                |             |            |      |
|-------------------------|--|----------------|-------------|------------|------|
| A216                    |  | HEAD OF FAMILY |             | LOUISIANA  |      |
| COLOR                   |  | AGE            | BIRTHPLACE  |            | E.D. |
| W                       |  | 44             |             |            | 106  |
| COUNTY                  |  |                | SHEET       |            |      |
| Ouachita                |  |                | 13          |            |      |
| CITY                    |  |                | West Monroe |            |      |
| OTHER MEMBERS OF FAMILY |  |                |             |            |      |
| NAME                    |  | RELATIONSHIP   | AGE         | BIRTHPLACE |      |
| Louise                  |  | W              | 35          |            |      |
| Robert                  |  | S              | 12          |            |      |
| Mathilde                |  | D              | 11          |            |      |
| Lucille                 |  | D              | 8           |            |      |
| Ruth                    |  | D              | 7           |            |      |
| Louie                   |  | S              | 5           |            |      |
| Chapman Sarah           |  | M              | 64          |            |      |

FORM 18-636 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |  |                     |  |           |  |
|-------------------------|--|----------------|--|---------------------|--|-----------|--|
| R223                    |  | HEAD OF FAMILY |  | Rockistey Robert R. |  | LOUISIANA |  |
| COLOR                   |  | AGE            |  | BIRTHPLACE          |  | E.D.      |  |
| W                       |  | 25             |  |                     |  | 176       |  |
| COUNTY                  |  |                |  | CITY                |  |           |  |
| Tangipahoa              |  |                |  | Independence        |  |           |  |
| OTHER MEMBERS OF FAMILY |  |                |  |                     |  |           |  |
| NAME                    |  |                |  | RELATIONSHIP        |  | AGE       |  |
| Floria                  |  |                |  | W                   |  | 23        |  |
| John W                  |  |                |  | S                   |  | 4         |  |
| Granite                 |  |                |  | D                   |  | 2         |  |
|                         |  |                |  |                     |  |           |  |
|                         |  |                |  |                     |  |           |  |
|                         |  |                |  |                     |  |           |  |
|                         |  |                |  |                     |  |           |  |
|                         |  |                |  |                     |  |           |  |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |  |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |   |  |  |
|---|--|--|------------|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|---|--|--|
| R220  |  | NAME OF INDIVIDUAL                       |            | LOUISIANA |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |   |  |  |
| COLOR   |  | AGE                                      | BIRTHPLACE | E.D.      | SHEET |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |   |  |  |
| M   |  | 73                                       |            | 91        | 24    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |   |  |  |
| COUNTY  |  |  | CITY       |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |   |  |  |
| Natchitoches  |  |  |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |   |  |  |
| ENUMERATED WITH   |  |  |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |   |  |  |
| Rague, Lorrain  |  |  |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |   |  |  |
| RELATIONSHIP TO ABOVE   |  |  |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |   |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |            |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input checked="" type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |   |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |   |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |   |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |   |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |   |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |   |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |   |  |  |
| <input checked="" type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |   |  |  |

FORM 16-637 14-20-511

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 1910-P61

|   |   |  |  |            |  |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|---|--|--|------------|--|---------------------------------|---------------------------------|-------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|---|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R220  |   | NAME OF INDIVIDUAL                       |  | LOUISIANA  |  |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|   |   | Rogues, Roger                            |  | P.O. SHEET |  |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR   | AGE   | BIRTHPLACE                               |  | 91 25      |  |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Male  | 48  | Natchitoches                             |  |            |  |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY  |   | CITY                                     |  |            |  |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH   |   |  |  |            |  |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Rogues, Commercial  |   |  |  |            |  |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |   |  |  |            |  |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIFE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> Niece</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input checked="" type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |   |  |  |            |  | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIFE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> Niece | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input checked="" type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW                   | <input type="checkbox"/> WIFE            |  |            |  |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> Niece                    | <input type="checkbox"/> NURSE           |  |            |  |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW            | <input type="checkbox"/> PATIENT         |  |            |  |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input checked="" type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER          |  |            |  |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW               | <input type="checkbox"/> SERVANT         |  |            |  |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW          | <input type="checkbox"/> OTHER (Specify) |  |            |  |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW           |  |  |            |  |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW            |  |  |            |  |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 16-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 19193-P61

|  |  |  | LOUISIANA |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
|--|--|--|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|---|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R216   | NAME OF INDIVIDUAL                       |  | E.D.      | SHEET |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
|  | Rockfort, Rosa                           |  | 54        | 15    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| COLOR  | AGE                                      | BIRTHPLACE                               |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| W  | 13                                       |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| COUNTY   |  | CITY                                     |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
|  |  | Bossier                                  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH  |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| Rockfort, Gitero   |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
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| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NEECE           | <input type="checkbox"/> NURSE           |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|   |  |   |  |                   |                    |
|---|--|---|--|-------------------|--------------------|
| R216                                      |  | NAME OF INDIVIDUAL<br><i>Richburgs Peter C.</i> |  | E.O.<br><i>62</i> | SHEET<br><i>13</i> |
| COLOR<br><i>W</i>                         | AGE<br><i>19</i>                         | BIRTHPLACE<br><i>Fla</i>                        |  |                   |                    |
| COUNTY<br><i>Grant</i>                    |  | CITY  |  |                   |                    |
| ENUMERATED WITH<br><i>Ellison James M</i> |  |   |  |                   |                    |
| RELATIONSHIP TO ABOVE                     |  |   |  |                   |                    |
| <input type="checkbox"/> FATHER           | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDOW                  |  |                   |                    |
| <input type="checkbox"/> MOTHER           | <input type="checkbox"/> Niece           | <input type="checkbox"/> NURSE                  |  |                   |                    |
| <input type="checkbox"/> GRANDFATHER      | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                |  |                   |                    |
| <input type="checkbox"/> GRANDMOTHER      | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> WORKER      |  |                   |                    |
| <input type="checkbox"/> GRANDSON         | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                |  |                   |                    |
| <input type="checkbox"/> GRANDDAUGHTER    | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)        |  |                   |                    |
| <input type="checkbox"/> AUNT             | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |                   |                    |
| <input type="checkbox"/> UNCLE            | <input type="checkbox"/> SISTER-IN-LAW   |   |  |                   |                    |

FORM 18-627 (4-26-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

|                         |  |                |         |            |       |
|-------------------------|--|----------------|---------|------------|-------|
| R220                    |  | HEAD OF FAMILY |         | LOUISIANA  |       |
| NAME                    |  | Raper, Rapana  |         | E.O.       | SHEET |
| COLOR                   |  | AGE            |         | 14         | 10    |
| MW                      |  | 23             |         | BIRTHPLACE |       |
| COUNTY                  |  |                | Bossier |            |       |
| CITY                    |  |                |         |            |       |
| OTHER MEMBERS OF FAMILY |  |                |         |            |       |
| NAME                    |  | RELATIONSHIP   | AGE     | BIRTHPLACE |       |
| Living alone            |  |                |         |            |       |
|                         |  |                |         |            |       |
|                         |  |                |         |            |       |
|                         |  |                |         |            |       |
|                         |  |                |         |            |       |
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|                         |  |                |         |            |       |
|                         |  |                |         |            |       |

FORM 18-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



LOUISIANA

|   |  |  |                    |                    |
|---|--|--|--------------------|--------------------|
| R225  | NAME OF INDIVIDUAL<br><i>Rosignon Pawelitz</i> |  | E.D.<br><i>132</i> | SHEET<br><i>33</i> |
| COLOR<br><i>mil</i>                               | AGE<br><i>11</i>                               | BIRTHPLACE                               |                    |                    |
| COUNTY<br><i>S. Martin</i>                        |  | CITY                                     |                    |                    |
| ENUMERATED WITH<br><i>Rosignon Kilsire</i>        |  |  |                    |                    |
| RELATIONSHIP TO ABOVE                             |  |  |                    |                    |
| <input type="checkbox"/> FATHER                   | <input type="checkbox"/> NEPHEW                | <input type="checkbox"/> INMATE          |                    |                    |
| <input type="checkbox"/> MOTHER                   | <input type="checkbox"/> NIECE                 | <input type="checkbox"/> NURSE           |                    |                    |
| <input type="checkbox"/> GRANDFATHER              | <input type="checkbox"/> FATHER-IN-LAW         | <input type="checkbox"/> PATIENT         |                    |                    |
| <input type="checkbox"/> GRANDMOTHER              | <input type="checkbox"/> MOTHER-IN-LAW         | <input type="checkbox"/> ROOMER          |                    |                    |
| <input type="checkbox"/> GRANDSON                 | <input type="checkbox"/> SON-IN-LAW            | <input type="checkbox"/> SERVANT         |                    |                    |
| <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW       | <input type="checkbox"/> OTHER (Specify) |                    |                    |
| <input type="checkbox"/> SONT                     | <input type="checkbox"/> BROTHER-IN-LAW        |  |                    |                    |
| <input type="checkbox"/> UNCLE                    | <input type="checkbox"/> SISTER-IN-LAW         |  |                    |                    |

FORM 16-627 (4-26-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1916 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P81

| HEAD OF FAMILY          |              | LOUISIANA  |            |
|-------------------------|--------------|------------|------------|
| E.D.                    | SHEET        |            |            |
| P 223                   | Resister Sam | 77         | 10         |
| COLOR                   | AGE          | BIRTHPLACE |            |
| W                       | 25           |            |            |
| COUNTY                  | De Soto      | CITY       |            |
| OTHER MEMBERS OF FAMILY |              |            |            |
| NAME                    | RELATIONSHIP | AGE        | BIRTHPLACE |
| Orme                    | W            | 19         |            |
| Lettie                  | N            | 3          |            |
| Henson                  | S            | 4 1/2      |            |
| and 1 Labourer          |              |            |            |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |

FORM 19-636 (4-25-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

| R220                    |            | HEAD OF FAMILY |            | LOUISIANA  |       |
|-------------------------|------------|----------------|------------|------------|-------|
|                         |            | Rogusa Sam     |            | E.P.       | SHEET |
| COLOR                   | W          | AGE            | 42         | BIRTHPLACE |       |
|                         |            | Italy          |            |            |       |
| COUNTY                  | Vermillion | Vermill        | Abberville |            |       |
| OTHER MEMBERS OF FAMILY |            |                |            |            |       |
| NAME                    |            | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Rosa                    |            | W              | 40         | Italy      |       |
| Josephine               |            | D              | 10         |            |       |
| Salley                  |            | D              | 3          |            |       |
|                         |            |                |            |            |       |
|                         |            |                |            |            |       |
|                         |            |                |            |            |       |
|                         |            |                |            |            |       |
|                         |            |                |            |            |       |

FORM 16-436 (4-22-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |  |
|-------------------------|-----|----------------|-----|------------|--|
| R 215                   |     | HEAD OF FAMILY |     | LOUISIANA  |  |
| Ruspine, Sammy          |     | E.D.           |     | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |     |            |  |
| W                       | 32  | Italy          |     |            |  |
| COUNTY                  |     | CITY           |     |            |  |
| Terrebonne              |     | Houma          |     |            |  |
| OTHER MEMBERS OF FAMILY |     |                |     |            |  |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| Living alone            |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |    |   |   |   |       |
|--|----|---|---|---|-------|
| R210   |    | NAME OF INDIVIDUAL  |   | LOUISIANA   |       |
| R210   |    | Risky, Samuel   |   | E.D.  | SHEET |
| COLOR  | 41 | AGE   | 3 | 121   | 51    |
| COUNTY   |    | St. Landry  |   | CITY  |       |
| ENUMERATED WITH  |    |   |   |   |       |
| Holt, Lizzie   |    |   |   |   |       |
| RELATIONSHIP TO ABOVE  |    |   |   |   |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |    | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |   | <input type="checkbox"/> WIDATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br>br |       |

FORM 16-637 (4-26-61)

1910 CENSUS INDEX - INDIVID

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 16199-P61

| P 223                   |     | HEAD OF FAMILY |      | LOUISIANA  |  |
|-------------------------|-----|----------------|------|------------|--|
| COLOR                   | AGE | BIRTHPLACE     | E.D. | SHEET      |  |
| M                       | 55  |                | 125  | 23         |  |
| COUNTY                  |     | St. Martin     |      | CITY       |  |
| OTHER MEMBERS OF FAMILY |     |                |      |            |  |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| Estimene                |     | W              | 52   |            |  |
| Loraine                 |     | D              | 25   |            |  |
| Paul                    |     | S              | 20   |            |  |
| Laurie                  |     | S              | 19   |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |   |  |      |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
|--|---|--|------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|-------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|---|--|
| R216   | NAME OF INDIVIDUAL                                |  | U.S. | SHEET |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| W  | Roughney Land                                     |  | 114  | 37    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| AGE  | BIRTH PLACE                                       |  |      |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| 24   |   |  |      |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| COUNTY   |   | CITY                                     |      |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| Richland   |   |  |      |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| ENUMERATED WITH  |   |  |      |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| Fuller James F   |   |  |      |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| RELATIONSHIP TO ABOVE  |   |  |      |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NICE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input checked="" type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |   |  |      |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NICE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input checked="" type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW                   | <input type="checkbox"/> INMATE          |      |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NICE                     | <input type="checkbox"/> NURSE           |      |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW            | <input type="checkbox"/> PATIENT         |      |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW            | <input type="checkbox"/> ROOMER          |      |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW               | <input type="checkbox"/> SERVANT         |      |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW          | <input type="checkbox"/> OTHER (Specify) |      |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW           |  |      |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <input type="checkbox"/> UNCLE   | <input checked="" type="checkbox"/> SISTER-IN-LAW |  |      |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |

FORM 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 13154-P61

| HEAD OF FAMILY            |              | LOUISIANA  |            |
|---------------------------|--------------|------------|------------|
| NAME                      | AGE          | E.D.       | SHEET      |
| <i>Rashbury, Saunders</i> | <i>41</i>    | <i>54</i>  | <i>18</i>  |
| COLOR                     | AGE          | BIRTHPLACE |            |
| <i>W</i>                  | <i>41</i>    |            |            |
| COUNTY                    | CITY         |            |            |
| <i>Jackson</i>            |              |            |            |
| OTHER MEMBERS OF FAMILY   |              |            |            |
| NAME                      | RELATIONSHIP | AGE        | BIRTHPLACE |
| <i>L. ...</i>             | <i>W</i>     |            |            |
| <i>M. ...</i>             | <i>D</i>     |            |            |
| <i>M. Crawford</i>        | <i>S</i>     |            |            |
| <i>Roddy H</i>            | <i>S</i>     |            |            |
| <i>Ila</i>                | <i>D</i>     |            |            |
| <i>James O</i>            | <i>S</i>     |            |            |
| <i>Annie L</i>            | <i>D</i>     |            |            |

FORM 16-636 (4-26-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME       | RELATION-<br>SHIP | AGE | BIRTHPLACE |
|------------|-------------------|-----|------------|
| 1 Edwin M. | 3                 |     |            |
|            |                   |     |            |
|            |                   |     |            |
|            |                   |     |            |
|            |                   |     |            |
|            |                   |     |            |
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FORM 18-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

(18C636A-DC 1556A-P61)

|                         |     |                |      |            |       |
|-------------------------|-----|----------------|------|------------|-------|
| B220                    |     | HEAD OF FAMILY |      | LOUISIANA  |       |
| Regis                   |     | Scott          |      | E.D.       | SHEET |
| COLOR                   | AGE | BIRTHPLACE     |      | 47         | 22    |
| Mrs                     | 68  |                |      |            |       |
| COUNTY                  |     |                | CITY |            |       |
| Lafourche               |     |                |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Living alone            |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
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FORM 18-636 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |                |            |       |
|-------------------------|--|----------------|----------------|------------|-------|
| 19223                   |  | HEAD OF FAMILY |                | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE     | E.D.       | SHEET |
| B                       |  | 27             | Registe, Scott | 40         | 2     |
| COUNTY                  |  |                | CITY           |            |       |
| Lafourche               |  |                |                |            |       |
| OTHER MEMBERS OF FAMILY |  |                |                |            |       |
| NAME                    |  | RELATIONSHIP   | AGE            | BIRTHPLACE |       |
| 1 Alice                 |  | W              | 26             |            |       |
|                         |  |                |                |            |       |
|                         |  |                |                |            |       |
|                         |  |                |                |            |       |
|                         |  |                |                |            |       |
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|                         |  |                |                |            |       |

FORM 16-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |      |            |       |
|-------------------------|-----|----------------|------|------------|-------|
| R210                    |     | HEAD OF FAMILY |      | LOUISIANA  |       |
| Ligatus                 |     | Shale          |      | E.D.       | SHEET |
| COLOR                   | AGE | BIRTHPLACE     |      | 28         | 46    |
| W                       | 28  | Tex            |      |            |       |
| COUNTY                  |     |                | CITY |            |       |
| Calcasieu               |     |                |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| 1 Oliver                |     | W              | 24   | Tex        |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
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|                         |     |                |      |            |       |

Form 16-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |   |  |           |            |            |                                 |  |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|---|--|-----------|------------|------------|---------------------------------|--|--------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R720   |  | NAME OF INDIVIDUAL<br><i>Rachaux Sidney</i> |  | LOUISIANA | E.S.<br>12 | SHEET<br>4 |                                 |  |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>W</i>  | AGE<br>11                                  | BIRTHPLACE                                  |  |           |            |            |                                 |  |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY   |  | Iberia                                      |  | CITY      |            |            |                                 |  |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Rachaux Telegraph</i>  |  |   |  |           |            |            |                                 |  |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   |  |           |            |            |                                 |  |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input checked="" type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDOW</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |           |            |            | <input type="checkbox"/> FATHER | <input checked="" type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input checked="" type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW              |  |           |            |            |                                 |  |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE             | <input type="checkbox"/> NURSE              |  |           |            |            |                                 |  |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW     | <input type="checkbox"/> PATIENT            |  |           |            |            |                                 |  |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW     | <input type="checkbox"/> ROOMER             |  |           |            |            |                                 |  |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW        | <input type="checkbox"/> SERVANT            |  |           |            |            |                                 |  |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW   | <input type="checkbox"/> OTHER (Specify)    |  |           |            |            |                                 |  |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW    |   |  |           |            |            |                                 |  |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW     |   |  |           |            |            |                                 |  |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-437 (4-22-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 10100-P01

| R220                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
|-------------------------|-----|----------------|-----|------------|-------|
| COLOR                   | AGE | BIRTHPLACE     |     | E.O.       | SHEET |
| W                       | 110 |                |     | 51         | 16    |
| COUNTY                  |     | Plaquemine     |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Eugenie                 |     | W              | 54  |            |       |
| Edna                    |     | D              | 27  |            |       |
| Leo Jr                  |     | S              | 25  |            |       |
| Junior                  |     | S              | 23  |            |       |
| Howard                  |     | S              | 18  |            |       |
| Stella                  |     | S              | 16  |            |       |
| Nardie                  |     | S              | 14  |            |       |

FORM 16-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |  |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|--|-----------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R. 246   |  | NAME OF INDIVIDUAL                       |  | LOUISIANA |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Kashery, Stella  |  | E.D.                                     |  | SHEET     |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR  | AGE                                      | BIRTHPLACE                               |  | 28 39     |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| W  | 8  |  |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY   |  | Calcasieu                                |  | CITY      |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|  |  |  |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH  |  |  |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Smith, W <sup>m</sup> M.   |  |  |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> MISTRESS-IN-LAW</td> <td></td> </tr> </table> |  |  |  |           |  | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> MISTRESS-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> MISTRESS-IN-LAW |  |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-637 (4-35-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18108-P61

|                         |     |                |     |            |  |
|-------------------------|-----|----------------|-----|------------|--|
| 1220                    |     | HEAD OF FAMILY |     | LOUISIANA  |  |
| Rusich Stephany         |     | E.O.           |     | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |     |            |  |
| W                       | 50  | Austria        |     |            |  |
| COUNTY                  |     | CITY           |     |            |  |
| Plaquemines             |     |                |     |            |  |
| OTHER MEMBERS OF FAMILY |     |                |     |            |  |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| Marie                   |     | W              | 43  |            |  |
| John                    |     | S              | 22  |            |  |
| Marie                   |     | D              | 19  |            |  |
| Paul                    |     | S              | 18  |            |  |
| Antoinette              |     | D              | 16  |            |  |
| Celestine               |     | D              | 13  |            |  |
| Frank                   |     | S              | 10  |            |  |

Form 16-436 (4-30-01)

1916 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



## HEAD OF FAMILY - CONTINUED

LOUISIANA

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME     | RELATION-<br>SHIP | AGE                            | BIRTHPLACE |
|----------|-------------------|--------------------------------|------------|
| Matilda  | D                 | 8                              |            |
| Fanny    | D                 | 4                              |            |
| Stephany | S                 | 4                              |            |
| Albert   | S                 | 1 <sup>6</sup> / <sub>12</sub> |            |
|          |                   |                                |            |
|          |                   |                                |            |
|          |                   |                                |            |
|          |                   |                                |            |
|          |                   |                                |            |
|          |                   |                                |            |
|          |                   |                                |            |

FORM 10-636a (4-20-01)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 1910-P61

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R210                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| W                       |  | 39             | Mo.        | 20         | 2     |
| COUNTY                  |  |                | CITY       |            |       |
| Grant                   |  |                | Pollock    |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Theodosia               |  | W              | 32         |            |       |
| Lassie                  |  | D              | 12         |            |       |
| Maxie                   |  | D              | 5          |            |       |
| Millard                 |  | S              | 2          |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                   |            |            |       |
|-------------------------|--|-------------------|------------|------------|-------|
| R 216                   |  | HEAD OF FAMILY    |            | LOUISIANA  |       |
| COLOR                   |  | AGE               | BIRTHPLACE | E.D.       | SHEET |
| W                       |  | 66                |            | 68         | 9     |
| COUNTY                  |  |                   | CITY       |            |       |
| Lincoln                 |  |                   |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                   |            |            |       |
| NAME                    |  | RELATION-<br>SHIP | AGE        | BIRTHPLACE |       |
| J. L.                   |  | S                 | 32         |            |       |
| Lena                    |  | DL                | 26         |            |       |
| George                  |  | G-S               | 1 1/2      |            |       |
| J. L.                   |  | S                 | 27         |            |       |
|                         |  |                   |            |            |       |
|                         |  |                   |            |            |       |
|                         |  |                   |            |            |       |

FORM 18-636 (4-20-61)  
1918 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |    |                |     |                  |  |           |    |
|-------------------------|----|----------------|-----|------------------|--|-----------|----|
| R 220                   |    | HEAD OF FAMILY |     | Rachas, Telesina |  | LOUISIANA |    |
| COLOR                   | It | AGE            | 40  | BIRTHPLACE       |  | E.O.      | 92 |
|                         |    |                |     |                  |  | SHEET     | 28 |
| COUNTY                  |    |                |     | Natchitoches     |  | CITY      |    |
| OTHER MEMBERS OF FAMILY |    |                |     |                  |  |           |    |
| NAME                    |    | RELATIONSHIP   | AGE | BIRTHPLACE       |  |           |    |
| Therestina              |    | H              | 40  |                  |  |           |    |
| William                 |    | S              | 18  |                  |  |           |    |
| Octave                  |    | S              | 16  |                  |  |           |    |
| Azeline                 |    | S              | 13  |                  |  |           |    |
| August                  |    | S              | 12  |                  |  |           |    |
| Quina                   |    | S              | 9   |                  |  |           |    |
| Zelma                   |    | S              | 9   |                  |  |           |    |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

HEAD OF FAMILY - CONTINUED

LOUISIANA

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME           | RELATION-<br>SHIP | AGE          | BIRTHPLACE |
|----------------|-------------------|--------------|------------|
| <i>Synthia</i> | <i>D</i>          | <i>4</i>     |            |
| <i>Ida</i>     | <i>D</i>          | <i>2</i>     |            |
| <i>Dolores</i> | <i>D</i>          | <i>4 1/2</i> |            |
|                |                   |              |            |
|                |                   |              |            |
|                |                   |              |            |
|                |                   |              |            |
|                |                   |              |            |
|                |                   |              |            |
|                |                   |              |            |

FORM 10-436 (4-20-31)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

U.S. GOVERNMENT PRINTING OFFICE

|                         |  |                |  |            |  |
|-------------------------|--|----------------|--|------------|--|
| R220                    |  | HEAD OF FAMILY |  | LOUISIANA  |  |
| NAME                    |  | AGE            |  | E.D.       |  |
| Rachous Felisha         |  | 21             |  | 12         |  |
| BIRTHPLACE              |  | CITY           |  | SHEET      |  |
| 11                      |  |                |  | 11         |  |
| COLOR                   |  | COUNTY         |  | CITY       |  |
| W                       |  | Iberia         |  |            |  |
| OTHER MEMBERS OF FAMILY |  |                |  |            |  |
| NAME                    |  | RELATIONSHIP   |  | AGE        |  |
|                         |  |                |  | BIRTHPLACE |  |
| Emrick                  |  | w              |  | 27         |  |
| Sidney                  |  | w              |  | 11         |  |
| Charles                 |  | w              |  | 9          |  |
| Mitchell                |  | w              |  | 6          |  |
| Bernard                 |  | w              |  | 1 1/2      |  |
|                         |  |                |  |            |  |
|                         |  |                |  |            |  |

FORM 10-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |   |   |      |  |       |
|--|---|---|------|--|-------|
| R 216  |   | NAME OF INDIVIDUAL  |      | LOUISIANA  |       |
| COLOR  | W | AGE   | 5    | BIRTHPLACE   | 28 39 |
| COUNTY   |   |   | CITY |  |       |
| Calcasieu  |   |   |      |  |       |
| ENUMERATED WITH  |   |   |      |  |       |
| Smith, W. M.   |   |   |      |  |       |
| RELATIONSHIP TO ABOVE  |   |   |      |  |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |   | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> IMMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br>S-D |       |

FORM 16-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 1910-PS1

|                         |   |                |     |             |    |
|-------------------------|---|----------------|-----|-------------|----|
| 8220                    |   | HEAD OF FAMILY |     | LOUISIANA   |    |
| COLOR                   | W | AGE            | 59  | BIRTHPLACE  | LA |
| COUNTY                  |   | St. Landry     |     | CITY        |    |
|                         |   |                |     | Vill Platte |    |
| OTHER MEMBERS OF FAMILY |   |                |     |             |    |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE  |    |
| / Leonie                |   | W              | 55  |             |    |
| Eva                     |   | D              | 12  |             |    |
| Lestie                  |   | S              | 10  |             |    |
|                         |   |                |     |             |    |
|                         |   |                |     |             |    |
|                         |   |                |     |             |    |
|                         |   |                |     |             |    |
|                         |   |                |     |             |    |

FORM 16-636 (4-26-67)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |     |                     |              |            |       |
|-------------------------|-----|---------------------|--------------|------------|-------|
| P 220                   |     | HEAD OF FAMILY      |              | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE          |              | E.D.       | SHEET |
| W                       | 42  | Rozas, Theophile J. |              | 117        | 3     |
| COUNTY                  |     |                     | CITY         |            |       |
| St. Landry              |     |                     | Ville Platte |            |       |
| OTHER MEMBERS OF FAMILY |     |                     |              |            |       |
| NAME                    |     | RELATIONSHIP        | AGE          | BIRTHPLACE |       |
| Aria                    |     | W                   | 36           |            |       |
| Joseph                  |     | S                   | 19           |            |       |
| Arenie                  |     | S                   | 16           |            |       |
| Alfred                  |     | S                   | 14           |            |       |
| Walter                  |     | S                   | 11           |            |       |
| Edna                    |     | D                   | 8            |            |       |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |      |            |       |
|-------------------------|-----|----------------|------|------------|-------|
| R220                    |     | HEAD OF FAMILY |      | LOUISIANA  |       |
| R220                    |     | R220 Theophile |      | E.O.       | SHEET |
| COLOR                   | AGE | BIRTHPLACE     |      | 51         | 16    |
| W                       | 44  |                |      |            |       |
| COUNTY                  |     |                | CITY |            |       |
| Plaquemine              |     |                |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Palmere                 |     | W              | 40   |            |       |
| Clarence                |     | S              | 8    |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R 216                   |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| B                       |  | 28             | U. S.      | 19         | 5     |
| COUNTY                  |  |                | CITY       |            |       |
| Bossier                 |  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| 1 Lillie                |  | W              | 27         |            |       |
| Lillie                  |  | D              | 14         |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
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Form 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |            |                |      |            |  |
|-------------------------|------------|----------------|------|------------|--|
| R220                    |            | HEAD OF FAMILY |      | LOUISIANA  |  |
| Kozas Thomas            |            | E.O.           |      | SHEET      |  |
| COLOR                   | W          | AGE            | 36   | BIRTHPLACE |  |
| COUNTY                  | St. Landry |                | CITY |            |  |
| OTHER MEMBERS OF FAMILY |            |                |      |            |  |
| NAME                    |            | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| Doroline                |            | w              | 34   |            |  |
| Thela                   |            | d              | 16   |            |  |
| Josina                  |            | d              | 15   |            |  |
| Alla                    |            | d              | 13   |            |  |
| Adara                   |            | s              | 11   |            |  |
| Allie                   |            | d              | 10   |            |  |
| Alaide                  |            | s              | 7    |            |  |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

## HEAD OF FAMILY - CONTINUED

LOUISIANA

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME             | RELATION-<br>SHIP | AGE      | BIRTHPLACE |
|------------------|-------------------|----------|------------|
| 1 <i>Leticia</i> | <i>d</i>          | <i>3</i> |            |
|                  |                   |          |            |
|                  |                   |          |            |
|                  |                   |          |            |
|                  |                   |          |            |
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FORM 10-436a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 15108-P61

|                         |           | HEAD OF FAMILY      |     | LOUISIANA  |             |
|-------------------------|-----------|---------------------|-----|------------|-------------|
| R212                    |           | Racovista, Tony     |     | E.D.<br>71 | SHEET<br>21 |
| COLOR<br>W              | AGE<br>27 | BIRTHPLACE<br>Italy |     |            |             |
| COUNTY<br>St. Louis     |           | CITY                |     |            |             |
| OTHER MEMBERS OF FAMILY |           |                     |     |            |             |
| NAME                    |           | RELATIONSHIP        | AGE | BIRTHPLACE |             |
| 1. Vita                 |           | W                   | 18  | Italy      |             |
| Rosa                    |           | D                   | 3   | J          |             |
|                         |           |                     |     |            |             |
|                         |           |                     |     |            |             |
|                         |           |                     |     |            |             |
|                         |           |                     |     |            |             |
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FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R220                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| W                       |  | 45             | Italy      | 28         | 20    |
| COUNTY                  |  |                | CITY       |            |       |
| Jefferson               |  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Mary                    |  | W              | 46         | Italy      |       |
| Beulah                  |  | D              | 18         |            |       |
| Joe                     |  | S              | 13         |            |       |
| Bois                    |  | D              | 10         |            |       |
| John                    |  | D              | 5          |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 16-436 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |  |  |                    |                   |
|--|--|--|--------------------|-------------------|
| R-223                                  | NAME OF INDIVIDUAL<br><i>Rakist Tony</i> |  | E.D.<br><i>191</i> | SHEET<br><i>6</i> |
| COLOR<br><i>W</i>                      | AGE<br><i>29</i>                         | BIRTHPLACE<br><i>Austria</i>               |                    |                   |
| COUNTY<br><i>Washington</i>            |  | CITY<br><i>Bogalusa</i>                    |                    |                   |
| ENUMERATED WITH<br><i>Sicks Sick</i>   |  |  |                    |                   |
| RELATIONSHIP TO ABOVE                  |  |  |                    |                   |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> IMMATE            |                    |                   |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NICE            | <input type="checkbox"/> NURSE             |                    |                   |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |                    |                   |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER |                    |                   |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |                    |                   |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |                    |                   |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW  |  |                    |                   |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW   |  |                    |                   |

FORM 10-627 (4-29-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

U.S. GOVERNMENT PRINTING OFFICE: 1910



LOUISIANA

|   |   |  |                   |                    |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
|---|---|--|-------------------|--------------------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|---|--|
| <b>R220</b>   | NAME OF INDIVIDUAL<br><i>Reques, Jurine</i>       |  | E.O.<br><i>91</i> | SHEET<br><i>24</i> |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| COLOR<br><i>me</i>  | AGE<br><i>21</i>                                  | BIRTHPLACE                               |                   |                    |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| COUNTY<br><i>Natchitoches</i>   |   | CITY                                     |                   |                    |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| ENUMERATED WITH<br><i>Reques, Commercial</i>  |   |  |                   |                    |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| RELATIONSHIP TO ABOVE   |   |  |                   |                    |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> UNCLE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> MURDER</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input checked="" type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |   |  |                   |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> UNCLE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> MURDER | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input checked="" type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW                   | <input type="checkbox"/> UNCLE           |                   |                    |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE                    | <input type="checkbox"/> MURDER          |                   |                    |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW            | <input type="checkbox"/> PATIENT         |                   |                    |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW            | <input type="checkbox"/> ROOMER          |                   |                    |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW               | <input type="checkbox"/> SERVANT         |                   |                    |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW          | <input type="checkbox"/> OTHER (Specify) |                   |                    |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW           |  |                   |                    |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <input type="checkbox"/> UNCLE  | <input checked="" type="checkbox"/> SISTER-IN-LAW |  |                   |                    |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |

FORM 10-437 (4-30-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVI

USCOM-DC 18100-P01

## LOUISIANA

|                              |   |                   |                   |                   |
|------------------------------|---|-------------------|-------------------|-------------------|
| <i>A220</i>                  | HEAD OF FAMILY<br><i>Rogers, Victor Sr.</i> |                   | E.O.<br><i>57</i> | SHEET<br><i>2</i> |
| COLOR<br><i>mul</i>          | AGE<br><i>38</i>                            | BIRTHPLACE        |                   |                   |
| COUNTY<br><i>Plaquemines</i> |   | CITY              |                   |                   |
| OTHER MEMBERS OF FAMILY      |   |                   |                   |                   |
| NAME                         |   | RELATION-<br>SHIP | AGE               | BIRTHPLACE        |
|                              | <i>Mary H.</i>                              | <i>W</i>          | <i>30</i>         |                   |
|                              | <i>Vidale</i>                               | <i>S</i>          | <i>11</i>         |                   |
|                              | <i>Victor Jr.</i>                           | <i>S</i>          | <i>9</i>          |                   |
|                              | <i>Cecil</i>                                | <i>S</i>          | <i>8</i>          |                   |
|                              | <i>Henry</i>                                | <i>S</i>          | <i>5</i>          |                   |
|                              | <i>Gilbert</i>                              | <i>S</i>          | <i>4</i>          |                   |
|                              | <i>Antonia</i>                              | <i>S</i>          | <i>4 1/2</i>      |                   |

|                         |   |                |     |            |  |
|-------------------------|---|----------------|-----|------------|--|
| R 220                   |   | HEAD OF FAMILY |     | LOUISIANA  |  |
| Richard Victorian       |   | E.D.           |     | SHEET      |  |
| COLOR                   | W | AGE            | 66  | BIRTHPLACE |  |
| COUNTY                  |   | Lafourche      |     | CITY       |  |
| OTHER MEMBERS OF FAMILY |   |                |     |            |  |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| 1 Rebecca               |   | W              | 38  |            |  |
| Pauline                 |   | D              | 17  |            |  |
|                         |   |                |     |            |  |
|                         |   |                |     |            |  |
|                         |   |                |     |            |  |
|                         |   |                |     |            |  |
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FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |  |           |  |
|-------------------------|--|----------------|--|-----------|--|
| R716                    |  | HEAD OF FAMILY |  | LOUISIANA |  |
| W                       |  | 28             |  | E.O. 12   |  |
| BIRTHPLACE              |  | Italy          |  | SHEET 5   |  |
| COUNTY                  |  | Iberia         |  | CITY      |  |
| OTHER MEMBERS OF FAMILY |  |                |  |           |  |
| NAME                    |  | RELATIONSHIP   |  | AGE       |  |
| Nick                    |  | H              |  | 61        |  |
| Antonia                 |  | m              |  | 31        |  |
| James                   |  | si             |  | 15        |  |
| Marrie                  |  | si             |  | 11        |  |
| Charles                 |  | si             |  | 9         |  |
| Bodie                   |  | H              |  | 20        |  |
|                         |  |                |  |           |  |
|                         |  |                |  |           |  |

FORM 16-436 (4-20-07)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |      |            |  |
|-------------------------|-----|----------------|------|------------|--|
| R 216                   |     | HEAD OF FAMILY |      | LOUISIANA  |  |
| Rocoberto Vincenzo      |     | E.D.           |      | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |      |            |  |
| cc                      | 65  | It.            |      |            |  |
| COUNTY                  |     |                | CITY |            |  |
| East Baton Rouge        |     |                |      |            |  |
| OTHER MEMBERS OF FAMILY |     |                |      |            |  |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| 1 Angles                |     | w-             | 63   | It.        |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
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FORM 18-636 (4-26-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|         |  |                |                         |            |  |
|---------|--|----------------|-------------------------|------------|--|
| R 216   |  | HEAD OF FAMILY |                         | LOUISIANA  |  |
| COLOR   |  | AGE            |                         | E.D.       |  |
| W       |  | 23             |                         | 75         |  |
|         |  | BIRTHPLACE     |                         | SHEET      |  |
|         |  | Miss           |                         | 10         |  |
| COUNTY  |  |                | CITY                    |            |  |
| Do Not  |  |                | OTHER MEMBERS OF FAMILY |            |  |
| NAME    |  | RELATIONSHIP   | AGE                     | BIRTHPLACE |  |
| 1 Effie |  | W              | 17                      | Ind        |  |
|         |  |                |                         |            |  |
|         |  |                |                         |            |  |
|         |  |                |                         |            |  |
|         |  |                |                         |            |  |
|         |  |                |                         |            |  |
|         |  |                |                         |            |  |
|         |  |                |                         |            |  |

FORM 70-636 (4-30-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                  |    |            |  |            |       |
|-------------------------|---|------------------|----|------------|--|------------|-------|
| R-220                   |   | HEAD OF FAMILY   |    | LOUISIANA  |  | E.D.       | SHEET |
|                         |   | Rigous, Voorhies |    | 115-       |  | 6          |       |
| COLOR                   | B | AGE              | 23 | BIRTHPLACE |  |            |       |
| COUNTY                  |   | St. Landry       |    | CITY       |  |            |       |
| OTHER MEMBERS OF FAMILY |   |                  |    |            |  |            |       |
| NAME                    |   | RELATIONSHIP     |    | AGE        |  | BIRTHPLACE |       |
| 1 Lela                  |   | w                |    | 20         |  |            |       |
| Percy                   |   | s                |    | 1 1/2      |  |            |       |
| 4 1 Mo.                 |   |                  |    |            |  |            |       |
|                         |   |                  |    |            |  |            |       |
|                         |   |                  |    |            |  |            |       |
|                         |   |                  |    |            |  |            |       |
|                         |   |                  |    |            |  |            |       |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |  |  |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|--|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| <i>622</i><br>NAME OF INDIVIDUAL <i>Rusick, WA</i>  |  | LOUISIANA<br>E.D. <i>91</i>                |  | SHEET<br><i>21</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>W</i>   | AGE<br><i>42</i>                         | BIRTHPLACE<br><i>Miss</i>                  |  |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>Morehouse</i>  |  | CITY<br><i>Oak Ridge</i>                   |  |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Basham, Asway</i>   |  |  |  |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |  |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE            |  |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE             |  |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |  |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER |  |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |  |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |  |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |  |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INOVIC

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18100-P01



|  |   |  |                    |
|--|---|--|--------------------|
| R214   |   | LOUISIANA  |                    |
|  |   | NAME OF INDIVIDUAL<br><i>Laverly Walter</i>  | E.O. 33<br>SHEET 8 |
| COLOR<br><i>W</i>  | AGE<br><i>19</i>  | BIRTHPLACE   |                    |
| COUNTY<br><i>Jefferson</i>   |   | CITY   |                    |
| ENUMERATED WITH<br><i>Myrtle Fred</i>  |   |  |                    |
| RELATIONSHIP TO ABOVE  |   |  |                    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) _____ |                    |

FORM 10-637 (4-30-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18106-P01

|                         |    |                |       |            |                   |
|-------------------------|----|----------------|-------|------------|-------------------|
| P216                    |    | HEAD OF FAMILY |       | LOUISIANA  |                   |
| COLOR                   | 24 | AGE            | 40    | BIRTHPLACE | Roseberry, Walter |
| COUNTY                  |    | Morehouse      |       | CITY       |                   |
| OTHER MEMBERS OF FAMILY |    |                |       |            |                   |
| NAME                    |    | RELATIONSHIP   | AGE   | BIRTHPLACE |                   |
| Sarah                   |    | 24             | 30    | Ark.       |                   |
| Nada                    |    | D              | 5     |            |                   |
| Tom                     |    | D              | 4 1/2 |            |                   |
|                         |    |                |       |            |                   |
|                         |    |                |       |            |                   |
|                         |    |                |       |            |                   |
|                         |    |                |       |            |                   |
|                         |    |                |       |            |                   |

FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|   |  |   |      |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |             |                                |  |  |
|---|--|---|------|------------|------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|-------------|--------------------------------|--|--|
| R216  |  | NAME OF INDIVIDUAL<br>Richard Walton                  |      | E.D.<br>83 | SHEET<br>4 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |             |                                |  |  |
| COLOR<br>B  | AGE<br>11                                | BIRTHPLACE  |      |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |             |                                |  |  |
| COUNTY  |  |   | CITY |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |             |                                |  |  |
| ENUMERATED WITH<br>Natchitoches<br>Huston Ben   |  |   |      |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |             |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |      |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |             |                                |  |  |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> INMATE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input checked="" type="checkbox"/> BROTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td><u>did.</u></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> |  |   |      |            |            | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> BROTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <u>did.</u> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                       |      |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |             |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                        |      |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |             |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                      |      |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |             |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                       |      |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |             |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                      |      |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |             |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> BROTHER (Specify) |      |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |             |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  | <u>did.</u>   |      |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |             |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |      |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |             |                                |  |  |

FORM 10-637 (4-22-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 10100-P01

LOUISIANA

|                         |                 |              |      |            |       |  |
|-------------------------|-----------------|--------------|------|------------|-------|--|
| R-216                   | HEAD OF FAMILY  |              | E.D. |            | SHEET |  |
|                         | Rickburg Wesley |              | 144  |            | 15    |  |
| COLOR                   | AGE             | BIRTHPLACE   |      |            |       |  |
| W                       | 39              |              |      |            |       |  |
| COUNTY                  |                 | West Carroll |      | CITY       |       |  |
|                         |                 |              |      | Oak Grove  |       |  |
| OTHER MEMBERS OF FAMILY |                 |              |      |            |       |  |
| NAME                    |                 | RELATIONSHIP | AGE  | BIRTHPLACE |       |  |
| Anne F                  |                 | W            | 39   | Miss.      |       |  |
| Joseph E                |                 | S            | 13   |            |       |  |
| Wesley                  |                 | S            | 10   |            |       |  |
|                         |                 |              |      |            |       |  |
|                         |                 |              |      |            |       |  |
|                         |                 |              |      |            |       |  |
|                         |                 |              |      |            |       |  |
|                         |                 |              |      |            |       |  |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|                         |                                      |                   |           |             |
|-------------------------|--------------------------------------|-------------------|-----------|-------------|
| R 244                   | HEAD OF FAMILY<br>Roosevelt, Whitney |                   | E.D.<br>5 | SHEET<br>10 |
| COLOR<br>B.             | AGE<br>22                            | BIRTHPLACE        |           |             |
| COUNTY<br>Assumption    |                                      | CITY              |           |             |
| OTHER MEMBERS OF FAMILY |                                      |                   |           |             |
| NAME                    |                                      | RELATION-<br>SHIP | AGE       | BIRTHPLACE  |
| 1                       | Nelson                               | B                 | 20        |             |
|                         |                                      |                   |           |             |
|                         |                                      |                   |           |             |
|                         |                                      |                   |           |             |
|                         |                                      |                   |           |             |
|                         |                                      |                   |           |             |
|                         |                                      |                   |           |             |
|                         |                                      |                   |           |             |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|                         |     |                |  |                |       |            |       |
|-------------------------|-----|----------------|--|----------------|-------|------------|-------|
| R-210                   |     | HEAD OF FAMILY |  | Roseby William |       | E.O.       | SHEET |
| COLOR                   | AGE | BIRTHPLACE     |  |                |       |            |       |
| mu                      | 33  | U.S.           |  |                |       |            |       |
| COUNTY                  |     |                |  | CITY           |       |            |       |
| West Carroll            |     |                |  |                |       |            |       |
| OTHER MEMBERS OF FAMILY |     |                |  |                |       |            |       |
| NAME                    |     |                |  | RELATIONSHIP   | AGE   | BIRTHPLACE |       |
| Ediza                   |     |                |  | W              | 23    |            |       |
| Clarence                |     |                |  | S              | 11/12 |            |       |
|                         |     |                |  |                |       |            |       |
|                         |     |                |  |                |       |            |       |
|                         |     |                |  |                |       |            |       |
|                         |     |                |  |                |       |            |       |
|                         |     |                |  |                |       |            |       |
|                         |     |                |  |                |       |            |       |
|                         |     |                |  |                |       |            |       |

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R216                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| B                       |  | 41             | NC         | 113        | 14    |
| COUNTY                  |  |                | Tangipahoa | CITY       |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| John                    |  | W              | 24         |            |       |
| John                    |  | S              | 7          |            |       |
| Steve                   |  | S              | 4          |            |       |
| Ligon                   |  | S              | 1/2        |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                  | LOUISIANA     |                 |
|-------------------------|------------------|---------------|-----------------|
| R216                    | HEAD OF FAMILY   | Rockford, Wm. | E.D. 17 SHEET 1 |
| COLOR<br>W              | AGE<br>37        | BIRTHPLACE    |                 |
| COUNTY                  | East Baton Rouge | CITY          | Baton Rouge     |
| OTHER MEMBERS OF FAMILY |                  |               |                 |
| NAME                    | RELATIONSHIP     | AGE           | BIRTHPLACE      |
| Lora                    | W                | 35            | Italy           |
| Angelina                | D                | 11            |                 |
| Vincent                 | S                | 4             |                 |
| Salvador                | S                | 3/12          |                 |
|                         |                  |               |                 |
|                         |                  |               |                 |
|                         |                  |               |                 |
|                         |                  |               |                 |

FORM 10-636 (4-29-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



R220

LOUISIANA

|   |   |  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |   |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|---|--|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|---|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| NAME OF INDIVIDUAL<br><i>Ross, William</i>  |   | E.D.<br><i>73</i>                        | SHEET<br><i>5</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |   |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>M</i>   | AGE<br><i>63</i>                                  | BIRTHPLACE<br><i>Ala</i>                 |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |   |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTRY   |   | CITY                                     |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |   |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>De Soto</i><br><i>Kerndon, James B.</i>   |   |  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |   |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |   |  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |   |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input checked="" type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |   |  |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input checked="" type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW                   | <input type="checkbox"/> INMATE          |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |   |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE                    | <input type="checkbox"/> NURSE           |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |   |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input checked="" type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT         |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |   |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW            | <input type="checkbox"/> ROOMER          |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |   |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW               | <input type="checkbox"/> SERVANT         |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |   |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW          | <input type="checkbox"/> OTHER (Specify) |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |   |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW           |  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |   |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW            |  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |   |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-637 (4-30-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P61

LOUISIANA

|  |  |  |            |             |
|--|--|--|------------|-------------|
| 1223   | NAME OF INDIVIDUAL<br>Rochester, William |  | E.D.<br>56 | SHEET<br>18 |
| COLOR<br>B                                   | AGE<br>22                                | BIRTHPLACE                               |            |             |
| COUNTY<br>Plaquemine                         |  | CITY                                     |            |             |
| ENUMERATED WITH<br>Mons, Mrs. Adeline        |  |  |            |             |
| RELATIONSHIP TO ABOVE                        |  |  |            |             |
| <input type="checkbox"/> FATHER              | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIFE            |            |             |
| <input type="checkbox"/> MOTHER              | <input type="checkbox"/> Niece           | <input type="checkbox"/> NURSE           |            |             |
| <input type="checkbox"/> GRANDFATHER         | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |            |             |
| <input type="checkbox"/> GRANDMOTHER         | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |            |             |
| <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |            |             |
| <input type="checkbox"/> GRANDDAUGHTER       | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |            |             |
| <input type="checkbox"/> AUNT                | <input type="checkbox"/> BROTHER-IN-LAW  |  |            |             |
| <input type="checkbox"/> UNCLE               | <input type="checkbox"/> SISTER-IN-LAW   |  |            |             |

FORM 16-437 (4-22-31)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 1910-P01

LOUISIANA

|                         |                     |              |      |            |
|-------------------------|---------------------|--------------|------|------------|
| R 216                   | HEAD OF FAMILY      |              | E.O. | SHEET      |
|                         | Rashberry William D |              | 29   | 23         |
| COLOR                   | AGE                 | BIRTHPLACE   |      |            |
| W                       | 57                  |              |      |            |
| COUNTY                  |                     | CITY         |      |            |
| Calcasieu               |                     |              |      |            |
| OTHER MEMBERS OF FAMILY |                     |              |      |            |
| NAME                    |                     | RELATIONSHIP | AGE  | BIRTHPLACE |
| Minnie                  |                     | W            | 35   |            |
| Flannery                |                     | S            | 17   |            |
| Samuel                  |                     | S            | 15   |            |
| Jett                    |                     | S            | 13   |            |
|                         |                     |              |      |            |
|                         |                     |              |      |            |
|                         |                     |              |      |            |

FORM 16-636 (4-20-01)

1916 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

| H-214                   | HEAD OF FAMILY<br>Rasberry, William B | E.D.<br>118       | SHEET<br>6 |
|-------------------------|---------------------------------------|-------------------|------------|
| COLOR<br>W              | AGE<br>36                             | BIRTHPLACE<br>113 |            |
| COUNTY<br>Webster       |                                       | CITY              |            |
| OTHER MEMBERS OF FAMILY |                                       |                   |            |
| NAME                    | RELATIONSHIP                          | AGE               | BIRTHPLACE |
| Matting                 | W                                     | 26                |            |
| William                 | S                                     | 8                 |            |
| Leland                  | S                                     | 8 1/2             |            |
| James                   | F                                     | 7 1/2             | Ga.        |
|                         |                                       |                   |            |
|                         |                                       |                   |            |
|                         |                                       |                   |            |

FORM 16-636 (4-20-31)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|                         |     |                |        |            |       |
|-------------------------|-----|----------------|--------|------------|-------|
| A216                    |     | HEAD OF FAMILY |        | E.O.       | SHEET |
| Rasbury                 |     | William G      |        | 54         | 29    |
| COLOR                   | AGE | BIRTHPLACE     |        |            |       |
| W                       | 36  |                |        |            |       |
| COUNTY                  |     |                | CITY   |            |       |
| Jackson                 |     |                |        |            |       |
| OTHER MEMBERS OF FAMILY |     |                |        |            |       |
| NAME                    |     | RELATIONSHIP   | AGE    | BIRTHPLACE |       |
| Luz V.                  |     | W              | 28     |            |       |
| Lillian                 |     | D              | 8      |            |       |
| Lenny                   |     | S              | 7      |            |       |
| Hermit                  |     | S              | 14 1/2 |            |       |
| Harry                   |     | B              | 28     |            |       |
| " 1 HM "                |     |                |        |            |       |
| " 1 Bo "                |     |                |        |            |       |

FORM 16-636 (4-22-31)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |  |  |  |             |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|--|-------------|-------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R-223  |  | NAME OF INDIVIDUAL<br>Regester Willie      |  | E.D.<br>138 | SHEET<br>15 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br>A   | AGE<br>38                                | BIRTHPLACE                                 |  |             |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br>West Baton Rouge   |  | CITY                                       |  |             |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br>Johnson, Beulah   |  |  |  |             |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |  |             |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> INMATE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> Niece</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input checked="" type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> |  |  |  |             |             | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> Niece | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE            |  |             |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> Niece           | <input type="checkbox"/> NURSE             |  |             |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |  |             |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER |  |             |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |  |             |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |  |             |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |             |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |  |             |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-437 (4-29-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1960 CENSUS INDEX - INDIVIDUAL

USCDA-DC 19100-P61

LOUISIANA

|  |  |  |   |                   |      |    |       |   |
|--|--|--|---|-------------------|------|----|-------|---|
| R 214  |  | NAME OF INDIVIDUAL                       |   | Roosevelt, Willie | E.O. | 87 | SHEET | 7 |
| COLOR  | B  | AGE                                      | 4 | BIRTHPLACE        |      |    |       |   |
| COUNTY                                       |  |  |   | Madison           | CITY |    |       |   |
| ENUMERATED WITH                              |  | Blackman, Larry                          |   |                   |      |    |       |   |
| RELATIONSHIP TO ABOVE                        |  |  |   |                   |      |    |       |   |
| <input type="checkbox"/> FATHER              | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |   |                   |      |    |       |   |
| <input type="checkbox"/> MOTHER              | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |   |                   |      |    |       |   |
| <input type="checkbox"/> GRANDFATHER         | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |   |                   |      |    |       |   |
| <input type="checkbox"/> GRANDMOTHER         | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |   |                   |      |    |       |   |
| <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |   |                   |      |    |       |   |
| <input type="checkbox"/> GRANDDAUGHTER       | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |   |                   |      |    |       |   |
| <input type="checkbox"/> AUNT                | <input type="checkbox"/> BROTHER-IN-LAW  |  |   |                   |      |    |       |   |
| <input type="checkbox"/> UNCLE               | <input type="checkbox"/> SISTER-IN-LAW   |  |   |                   |      |    |       |   |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIV

USCOM-DC 18108-P61

LOUISIANA

|  |                    |   |                 |   |    |       |   |
|--|--------------------|---|-----------------|---|----|-------|---|
| R228   | NAME OF INDIVIDUAL |   | Rozagew, Willie | E.D.  | 89 | SHEET | 5 |
| COLOR  | W                  | AGE   | 23              | BIRTHPLACE  |    |       |   |
| COUNTY   |                    |   | Rapides         | CITY  |    |       |   |
| ENUMERATED WITH  |                    |   | Calloway, C. P. |   |    |       |   |
| RELATIONSHIP TO ABOVE  |                    |   |                 |   |    |       |   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                    | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |                 | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |    |       |   |

FORM 16-637 (4-22-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-NC 15128-P61



LOUISIANA

|  |   |  |                   |                    |
|--|---|--|-------------------|--------------------|
| <i>R26</i>                             | NAME OF INDIVIDUAL<br><i>Rockburn, Willie</i>     |  | E.D.<br><i>93</i> | SHEET<br><i>13</i> |
| COLOR<br><i>B</i>                      | AGE<br><i>20</i>                                  | BIRTHPLACE                               |                   |                    |
| COUNTY                                 | <i>Morehouse</i>                                  |  | CITY              |                    |
| ENUMERATED WITH<br><i>Bell, Wesley</i> |   |  |                   |                    |
| RELATIONSHIP TO ABOVE                  |   |  |                   |                    |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW                   | <input type="checkbox"/> WIDATE          |                   |                    |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NIECE                    | <input type="checkbox"/> NURSE           |                   |                    |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW            | <input type="checkbox"/> PATIENT         |                   |                    |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW            | <input type="checkbox"/> ROOMER          |                   |                    |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW               | <input type="checkbox"/> SERVANT         |                   |                    |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW          | <input type="checkbox"/> OTHER (Specify) |                   |                    |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW           |  |                   |                    |
| <input type="checkbox"/> UNCLE         | <input checked="" type="checkbox"/> SISTER-IN-LAW |  |                   |                    |

FORM 16-437 (4-20-01)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18190-P01

|                         |                   | LOUISIANA  |            |
|-------------------------|-------------------|------------|------------|
| HEAD OF FAMILY          |                   | E.D.       | SHEET      |
| R 2 23                  | Register Willie A | 130        | 14         |
| COLOR                   | AGE               | BIRTHPLACE |            |
| W                       | 33                |            |            |
| COUNTY                  |                   | CITY       |            |
| Tensas                  |                   |            |            |
| OTHER MEMBERS OF FAMILY |                   |            |            |
| NAME                    | RELATIONSHIP      | AGE        | BIRTHPLACE |
| Rosa                    | W                 | 30         |            |
| William Jr.             | S                 | 4          |            |
| Mary Ann                | D                 | 1 1/2      |            |
| Joseph C                | B                 | 32         |            |
| Mason A                 | B                 | 21         |            |
|                         |                   |            |            |
|                         |                   |            |            |
|                         |                   |            |            |

FORM 18-536 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|                         |                   |              |      |            |
|-------------------------|-------------------|--------------|------|------------|
| 19220                   | HEAD OF FAMILY    |              | E.O. | SHEET      |
|                         | Richardson Wilson |              | 42   | 34         |
| COLOR                   | AGE               | BIRTHPLACE   |      |            |
| W                       | 40                |              |      |            |
| COUNTY                  | Lafourche         |              | CITY |            |
| OTHER MEMBERS OF FAMILY |                   |              |      |            |
|                         | NAME              | RELATIONSHIP | AGE  | BIRTHPLACE |
|                         | Leontine          | W            | 38   |            |
|                         | Wilford           | S            | 19   |            |
|                         | Elson             | S            | 16   |            |
|                         | Edison            | S            | 13   |            |
|                         | Edusry            | S            | 11   |            |
|                         | Leon              | D            | 9    |            |
|                         | Neah              | S            | 8    |            |

FORM 16-436 (4-20-41)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME       | RELATION-<br>SHIP | AGE | BIRTHPLACE |
|------------|-------------------|-----|------------|
| 1 A. T. A. | S                 | 4   |            |
| Wilton     | D                 | 12  |            |
|            |                   |     |            |
|            |                   |     |            |
|            |                   |     |            |
|            |                   |     |            |
|            |                   |     |            |
|            |                   |     |            |
|            |                   |     |            |
|            |                   |     |            |
|            |                   |     |            |

FORM 16-636e (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCDA-100 16100-101

LOUISIANA

|                         |                 |              |       |            |
|-------------------------|-----------------|--------------|-------|------------|
| R 216                   | HEAD OF FAMILY  |              | E.D.  | SHEET      |
|                         | RASBERRY ZANNIE |              | 5     | 25         |
| COLOR                   | AGE             | BIRTHPLACE   |       |            |
| W                       | 26              |              |       |            |
| COUNTY                  |                 | CITY         |       |            |
| Acadia                  |                 |              |       |            |
| OTHER MEMBERS OF FAMILY |                 |              |       |            |
| NAME                    |                 | RELATIONSHIP | AGE   | BIRTHPLACE |
| / MARIA                 |                 | W            | 25    |            |
| LEROY                   |                 | S            | 4     |            |
| OLIE                    |                 | S            | 6 1/2 |            |
|                         |                 |              |       |            |
|                         |                 |              |       |            |
|                         |                 |              |       |            |
|                         |                 |              |       |            |

Form 18-636 (4-20-61)

1918 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R 225                   |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| W                       |  | 69             |            | 38         | 22    |
| COUNTY                  |  |                | CITY       |            |       |
| Lafourche               |  |                | Thibodaux  |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| 1 Euphemie              |  | D              | 32         |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
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FORM 16-636 (4-20-61)

1916 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |         |                |     |            |       |
|-------------------------|---------|----------------|-----|------------|-------|
| R236                    |         | HEAD OF FAMILY |     | LOUISIANA  |       |
|                         |         | Royer Abe      |     | E.D.       | SHEET |
| COLOR                   | AGE     | BIRTHPLACE     |     |            |       |
| B                       | 49      |                |     |            |       |
| COUNTY                  |         | Iberia         |     | CITY       |       |
|                         |         |                |     | Jeanerette |       |
| OTHER MEMBERS OF FAMILY |         |                |     |            |       |
| NAME                    |         | RELATIONSHIP   | AGE | BIRTHPLACE |       |
|                         | Lillian | D              | 19  |            |       |
|                         | Alberta | D              | 17  |            |       |
|                         | Isa     | S              | 14  |            |       |
|                         | Albert  | S              | 12  |            |       |
|                         | Pearl   | D              | 10  |            |       |
|                         | Lenario | S              | 7   |            |       |
|                         | Annie   | D              | 3   |            |       |

FORM 16-636 (4-29-51)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

| HEAD OF FAMILY - CONTINUED |              | CARD 2 OF 2 |            |
|----------------------------|--------------|-------------|------------|
| OTHER MEMBERS OF FAMILY    |              |             |            |
| NAME                       | RELATIONSHIP | AGE         | BIRTHPLACE |
| 1 Arthur                   | S            | 4           |            |
|                            |              |             |            |
|                            |              |             |            |
|                            |              |             |            |
|                            |              |             |            |
|                            |              |             |            |
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|                            |              |             |            |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 16108-P01



LOUISIANA

|  |  |  |  |                     |       |
|--|--|--|--|---------------------|-------|
| R-235                                  |  | NAME OF INDIVIDUAL<br><i>Restin Ada</i>    |  | E.O.<br><i>1294</i> | SHEET |
| COLOR<br><i>W</i>                      | AGE<br><i>21</i>                         | BIRTHPLACE                                 |  |                     |       |
| COUNTY<br><i>Washington</i>            |  | CITY                                       |  |                     |       |
| ENumerated WITH<br><i>Barons Felix</i> |  |  |  |                     |       |
| RELATIONSHIP TO ABOVE                  |  |  |  |                     |       |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE            |  |                     |       |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE             |  |                     |       |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |  |                     |       |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> BOOMER |  |                     |       |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |  |                     |       |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |  |                     |       |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |                     |       |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW   |  |  |                     |       |

FORM 10-437 (4-29-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1960 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 15105-P01

LOUISIANA

| LOUISIANA               |              |            |            |
|-------------------------|--------------|------------|------------|
| HEAD OF FAMILY          |              | E.D.       | SHEET      |
| A 232                   |              | 142        | 4          |
| COLOR                   | AGE          | BIRTHPLACE |            |
| W                       | 35           |            |            |
| COUNTY                  | CITY         |            |            |
| West Feliciana          |              |            |            |
| OTHER MEMBERS OF FAMILY |              |            |            |
| NAME                    | RELATIONSHIP | AGE        | BIRTHPLACE |
| Wife                    |              |            |            |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |
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|                         |              |            |            |

FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|   |  |   |            |            |
|---|--|---|------------|------------|
| R 235                                   | NAME OF INDIVIDUAL<br><i>Resting Adams</i> |   | E.D.<br>79 | SHEET<br>3 |
| COLON<br><i>W</i>                       | AGE<br><i>16</i>                           | BIRTHPLACE  |            |            |
| COUNTY<br><i>St. John the Baptist</i>   |  | CITY  |            |            |
| ENUMERATED WITH<br><i>Caboché Louis</i> |  |   |            |            |
| RELATIONSHIP TO ABOVE                   |  |   |            |            |
| <input type="checkbox"/> FATHER         | <input type="checkbox"/> NEPHEW            | <input type="checkbox"/> INMATE                     |            |            |
| <input type="checkbox"/> MOTHER         | <input type="checkbox"/> NIECE             | <input type="checkbox"/> NURSE                      |            |            |
| <input type="checkbox"/> GRANDFATHER    | <input type="checkbox"/> FATHER-IN-LAW     | <input type="checkbox"/> PATIENT                    |            |            |
| <input type="checkbox"/> GRANDMOTHER    | <input type="checkbox"/> MOTHER-IN-LAW     | <input type="checkbox"/> ROOMER                     |            |            |
| <input type="checkbox"/> GRANDSON       | <input type="checkbox"/> SON-IN-LAW        | <input type="checkbox"/> SERVANT                    |            |            |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW   | <input checked="" type="checkbox"/> OTHER (Specify) |            |            |
| <input type="checkbox"/> AUNT           | <input type="checkbox"/> BROTHER-IN-LAW    | <i>NR</i>   |            |            |
| <input type="checkbox"/> UNCLE          | <input type="checkbox"/> SISTER-IN-LAW     |   |            |            |

Form 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1970 CENSUS INDEX - INDIVIDUAL

USEGMM-DC 10100-P01

LOUISIANA

|                         |                  | LOUISIANA       |             |
|-------------------------|------------------|-----------------|-------------|
| R 236                   | HEAD OF FAMILY   | Pector, Addison | E.D. 171    |
| COLOR                   | AGE              | BIRTHPLACE      |             |
| W                       | 28               |                 |             |
| COUNTY                  | East Baton Rouge | CITY            | Baton Rouge |
| OTHER MEMBERS OF FAMILY |                  |                 |             |
| NAME                    |                  | RELATIONSHIP    | AGE         |
| 1 Fannie                |                  | W               | 30          |
|                         |                  |                 |             |
|                         |                  |                 |             |
|                         |                  |                 |             |
|                         |                  |                 |             |
|                         |                  |                 |             |
|                         |                  |                 |             |
|                         |                  |                 |             |
|                         |                  |                 |             |

FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |  |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
|--|--|--|-------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|---|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R236   | NAME OF INDIVIDUAL<br><i>Leitch, Adeline</i> |  | E.D.<br><i>90</i> | SHEET<br><i>8</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>B</i>  | AGE<br><i>3</i>                              | BIRTHPLACE                               |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>St. Mary</i>  |  | CITY<br><i>Franklin</i>                  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Leitch, Joseph</i>   |  |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> INMATE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input checked="" type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> |  |  |                   |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW              | <input type="checkbox"/> INMATE          |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE               | <input type="checkbox"/> NURSE           |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW       | <input type="checkbox"/> PATIENT         |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW       | <input type="checkbox"/> ROOMER          |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW          | <input type="checkbox"/> SERVANT         |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW     | <input type="checkbox"/> OTHER (Specify) |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW      |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW       |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 10100-P01

|   |   |   |  |            |            |
|---|---|---|--|------------|------------|
| R233                                      |   | NAME OF INDIVIDUAL<br><i>Restuta Adeline</i>      |  | E.D.<br>96 | SHEET<br>4 |
| COLOR<br><i>W</i>                         | AGE<br>25   | BIRTHPLACE<br><i>Italy</i>                        |  |            |            |
| COUNTRY<br><i>St. Mary</i>                |   | CITY<br><i>St. Mary</i>                           |  |            |            |
| ENUMERATED WITH<br><i>Restuta Charles</i> |   |   |  |            |            |
| RELATIONSHIP TO ABOVE                     |   |   |  |            |            |
| <input type="checkbox"/> FATHER           | <input type="checkbox"/> NEPHEW                     | <input type="checkbox"/> INMATE                   |  |            |            |
| <input type="checkbox"/> MOTHER           | <input type="checkbox"/> NIECE                      | <input type="checkbox"/> NURSE                    |  |            |            |
| <input type="checkbox"/> GRANDFATHER      | <input type="checkbox"/> FATHER-IN-LAW              | <input type="checkbox"/> PATIENT                  |  |            |            |
| <input type="checkbox"/> GRANDMOTHER      | <input type="checkbox"/> MOTHER-IN-LAW              | <input type="checkbox"/> ROOMER                   |  |            |            |
| <input type="checkbox"/> GRANDSON         | <input type="checkbox"/> SON-IN-LAW                 | <input type="checkbox"/> SERVANT                  |  |            |            |
| <input type="checkbox"/> GRANDDAUGHTER    | <input checked="" type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER ( <i>Specify</i> ) |  |            |            |
| <input type="checkbox"/> AUNT             | <input type="checkbox"/> BROTHER-IN-LAW             |   |  |            |            |
| <input type="checkbox"/> UNCLE            | <input type="checkbox"/> SISTER-IN-LAW              |   |  |            |            |

FORM 10-637 (4-30-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 18100-P61

LOUISIANA

|                         |                | LOUISIANA      |                   |
|-------------------------|----------------|----------------|-------------------|
| R236                    | HEAD OF FAMILY | Richter Adolph | E.D. 102 SHEET 11 |
| COLOR                   | AGE            | BIRTHPLACE     |                   |
| W                       | 61             | Mo             |                   |
| COUNTY                  | Sabine         |                | CITY              |
| OTHER MEMBERS OF FAMILY |                |                |                   |
| NAME                    |                | RELATIONSHIP   | AGE               |
| Ella                    |                | W              | 49                |
| Maud                    |                | D              | 11                |
|                         |                |                |                   |
|                         |                |                |                   |
|                         |                |                |                   |
|                         |                |                |                   |
|                         |                |                |                   |
|                         |                |                |                   |
|                         |                |                |                   |
|                         |                |                |                   |

FORM 10-636 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|                         |           |                |     |            |       |
|-------------------------|-----------|----------------|-----|------------|-------|
| P235                    |           | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | W         | AGE            | 49  | BIRTHPLACE | Alata |
| COUNTY                  | Iberville |                |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |           |                |     |            |       |
| NAME                    |           | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Vallerone D             |           | W              | 49  |            |       |
| Felice                  |           | D              | 15  |            |       |
| Vawsey                  |           | S              | 12  |            |       |
| Cassie                  |           | D              | 5   |            |       |
| Baphish                 |           | D              | 2   |            |       |
|                         |           |                |     |            |       |
|                         |           |                |     |            |       |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |  |                |                                |            |            |
|-------------------------|--|----------------|--------------------------------|------------|------------|
| R-230                   |  | HEAD OF FAMILY |                                | LOUISIANA  |            |
| COLOR                   |  | AGE            | BIRTHPLACE                     |            | E.O. SHEET |
| B                       |  | 35             |                                |            | 152 22     |
| COUNTY                  |  |                | CITY                           |            |            |
| St. Landry              |  |                |                                |            |            |
| OTHER MEMBERS OF FAMILY |  |                |                                |            |            |
| NAME                    |  | RELATIONSHIP   | AGE                            | BIRTHPLACE |            |
| Clairman                |  | W              | 26                             |            |            |
| Joseph                  |  | S              | 11                             |            |            |
| Paul                    |  | S              | 9                              |            |            |
| Gilbert                 |  | S              | 5                              |            |            |
| Adelie                  |  | D              | 2 <sup>6</sup> / <sub>12</sub> |            |            |
| and one Laborer         |  |                |                                |            |            |
|                         |  |                |                                |            |            |
|                         |  |                |                                |            |            |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R-730                   |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.O.       | SHEET |
| B                       |  | 40             |            | 82         | 13    |
| COUNTY                  |  |                | CITY       |            |       |
| St. John the Baptist    |  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Rosa                    |  | W              | 35         |            |       |
| Wallace                 |  | S              | 6          |            |       |
| Theodore                |  | S              | 4          |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|   |  |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|--------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R230  | NAME OF INDIVIDUAL<br><i>Riley, Albert</i> |  | E.D.<br><i>109</i> | SHEET<br><i>3</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>B</i>   | AGE<br><i>19</i>                           | BIRTHPLACE                               |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>Sabine</i>   |  | CITY<br><i>Pleasant Hill</i>             |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Riley, John</i>   |  |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> INMATE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> |  |  |                    |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> UNCLE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW            | <input type="checkbox"/> INMATE          |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> UNCLE             | <input type="checkbox"/> NURSE           |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW     | <input type="checkbox"/> PATIENT         |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW     | <input type="checkbox"/> ROOMER          |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW        | <input type="checkbox"/> SERVANT         |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW   | <input type="checkbox"/> OTHER (Specify) |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW    |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW     |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 16-637 (4-26-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 16100-P01

|                         |     |                |      |            |       |
|-------------------------|-----|----------------|------|------------|-------|
| R220                    |     | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |      | E.D.       | SHEET |
| W                       | 36  |                |      | 53         | 8     |
| COUNTY                  |     |                | CITY |            |       |
| Plaquemines             |     |                |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Marceline               |     | W              | 24   |            |       |
| John                    |     | S              | 19   |            |       |
| Pearline                |     | D              | 16   |            |       |
| Angelic                 |     | D              | 15   |            |       |
| Antwone                 |     | S              | 13   |            |       |
| Leone                   |     | D              | 11   |            |       |
| Bernestine              |     | D              | 8    |            |       |

FORM 10-670 (4-20-01)

1910 CENSUS INDEX - FAMILY

 U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

HEAD OF FAMILY - CONTINUED

LOUISIANA

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME           | RELATION-<br>SHIP | AGE      | BIRTHPLACE |
|----------------|-------------------|----------|------------|
| <i>Harriet</i> | <i>S</i>          | <i>2</i> |            |
| <i>Pauline</i> | <i>D</i>          | <i>5</i> |            |
| <i>James</i>   | <i>S</i>          | <i>1</i> |            |
|                |                   |          |            |
|                |                   |          |            |
|                |                   |          |            |
|                |                   |          |            |
|                |                   |          |            |
|                |                   |          |            |
|                |                   |          |            |

FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 16106-P61

|  |   |   |  |                   |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
|--|---|---|--|-------------------|--------------------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|---|--|
| R230   |   | NAME OF INDIVIDUAL<br><i>Right, Alice</i> |  | LOUISIANA         |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| COLOR<br><i>B</i>  | AGE<br><i>14</i>                                  | BIRTHPLACE                                |  | E.D.<br><i>59</i> | SHEET<br><i>19</i> |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| COUNTY   |   | CITY                                      |  |                   |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| ENUMERATED WITH<br><i>St. Bernard</i>  |   |   |  |                   |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| RELATIONSHIP TO ABOVE<br><i>Alexander, Frank</i>   |   |   |  |                   |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDOW</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> Niece</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input checked="" type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |   |   |  |                   |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | <input type="checkbox"/> MOTHER | <input type="checkbox"/> Niece | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input checked="" type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW                   | <input type="checkbox"/> WIDOW            |  |                   |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> Niece                    | <input type="checkbox"/> NURSE            |  |                   |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW            | <input type="checkbox"/> PATIENT          |  |                   |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW            | <input type="checkbox"/> ROOMER           |  |                   |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW               | <input type="checkbox"/> SERVANT          |  |                   |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW          | <input type="checkbox"/> OTHER (Specify)  |  |                   |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW           |   |  |                   |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <input type="checkbox"/> UNCLE   | <input checked="" type="checkbox"/> SISTER-IN-LAW |   |  |                   |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |

FORM 18-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |      |                    |  |           |  |
|---|------|--------------------|--|-----------|--|
| R 230   |      | NAME OF INDIVIDUAL |  | LOUISIANA |  |
| E.D.  |      | SHEET              |  |           |  |
| COLOR   | AGE  | BIRTHPLACE         |  |           |  |
|   | 24   | Morehouse          |  |           |  |
| COUNTY  | CITY |                    |  |           |  |
| ENUMERATED WITH   |      |                    |  |           |  |
| Relationship to above   |      |                    |  |           |  |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER<br/> <input type="checkbox"/> MOTHER<br/> <input type="checkbox"/> GRANDFATHER<br/> <input type="checkbox"/> GRANDMOTHER<br/> <input type="checkbox"/> GRANDSON<br/> <input type="checkbox"/> GRANDDAUGHTER<br/> <input type="checkbox"/> AUNT<br/> <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW<br/> <input type="checkbox"/> NIECE<br/> <input type="checkbox"/> FATHER-IN-LAW<br/> <input type="checkbox"/> MOTHER-IN-LAW<br/> <input type="checkbox"/> SON-IN-LAW<br/> <input type="checkbox"/> DAUGHTER-IN-LAW<br/> <input type="checkbox"/> BROTHER-IN-LAW<br/> <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> IMMATE<br/> <input type="checkbox"/> NURSE<br/> <input type="checkbox"/> PATIENT<br/> <input checked="" type="checkbox"/> ROOMER<br/> <input type="checkbox"/> SERVANT<br/> <input type="checkbox"/> OTHER (Specify) </div> </div> |      |                    |  |           |  |

FORM 10-437 (4-30-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

| 1220                    |             | HEAD OF FAMILY |     | LOUISIANA  |       |
|-------------------------|-------------|----------------|-----|------------|-------|
| COLOR                   | AGE         | BIRTHPLACE     |     | E.D.       | SHEET |
| W                       | 63          |                |     | 58         | 10    |
| COUNTY                  | Plaquemines |                |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |             |                |     |            |       |
| NAME                    |             | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Victoria                |             | W              | 45  |            |       |
| Cyril                   |             | S              | 15  |            |       |
|                         |             |                |     |            |       |
|                         |             |                |     |            |       |
|                         |             |                |     |            |       |
|                         |             |                |     |            |       |
|                         |             |                |     |            |       |
|                         |             |                |     |            |       |
|                         |             |                |     |            |       |
|                         |             |                |     |            |       |

Form 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |           |                |      |                |       |
|-------------------------|-----------|----------------|------|----------------|-------|
| 13234                   |           | HEAD OF FAMILY |      | LOUISIANA      |       |
| COLOR                   | AGE       | BIRTHPLACE     |      | E.D.           | SHEET |
| Mu                      | 80        | Reisdal Amesha |      | 6              | 3     |
| COUNTY                  | Ascension |                | CITY | Donaldsonville |       |
| OTHER MEMBERS OF FAMILY |           |                |      |                |       |
| NAME                    |           | RELATIONSHIP   | AGE  | BIRTHPLACE     |       |
|                         |           |                |      |                |       |
|                         |           |                |      |                |       |
|                         |           |                |      |                |       |
|                         |           |                |      |                |       |
|                         |           |                |      |                |       |
|                         |           |                |      |                |       |
|                         |           |                |      |                |       |
|                         |           |                |      |                |       |

FORM 18-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |      |            |       |
|-------------------------|-----|----------------|------|------------|-------|
| A236                    |     | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |      | E.O.       | SHEET |
| B                       | 21  |                |      | 32         | 6     |
| COUNTY                  |     |                | CITY |            |       |
| Caddo                   |     |                |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| 1 Georgian              |     | w              | 23   |            |       |
| Plain Lottie V.         |     | SD             | 7    |            |       |
| Rosebush Bennie         |     | SS             | 3    |            |       |
| Ragster Frank           |     | S              | 1    |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |

Form 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |  |  |           |                    |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |                                      |  |
|--|--|--|--|-----------|--------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|-------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--------------------------------------|--|
| R235   |  | NAME OF INDIVIDUAL<br><i>Rustan Anna</i>                         |  | LOUISIANA | E.O.<br><i>131</i> | SHEET<br><i>1</i> |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |                                      |  |
| COLOR<br><i>B</i>  | AGE<br><i>23</i>                         | BIRTHPLACE<br><i>Ala</i>   |  |           |                    |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |                                      |  |
| COUNTY<br><i>Washington</i>  |  | CITY<br><i>Bogalusa</i>  |  |           |                    |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |                                      |  |
| ENUMERATED WITH<br><i>Johnson Robert</i>   |  |  |  |           |                    |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |                                      |  |
| RELATIONSHIP TO ABOVE  |  |  |  |           |                    |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |                                      |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NICE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)<br/><i>Si</i></td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> WIFE-IN-LAW</td> <td></td> </tr> </table> |  |  |  |           |                    |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NICE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify)<br><i>Si</i> | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> WIFE-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                                  |  |           |                    |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |                                      |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NICE            | <input type="checkbox"/> NURSE                                   |  |           |                    |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |                                      |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                                 |  |           |                    |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |                                      |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                                  |  |           |                    |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |                                      |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                                 |  |           |                    |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |                                      |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify)<br><i>Si</i> |  |           |                    |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |                                      |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |           |                    |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |                                      |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> WIFE-IN-LAW     |  |  |           |                    |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |                                      |  |

FORM 18-437 (4-29-31)

1918 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18182-P01

| K 236                    |     | HEAD OF FAMILY |      | LOUISIANA  |  |
|--------------------------|-----|----------------|------|------------|--|
| COLOR                    | AGE | BIRTHPLACE     | E.D. | SHEET      |  |
| B                        | 23  | Miss.          | 32   | 10         |  |
| COUNTY                   |     | Concordia      |      | CITY       |  |
| OTHER MEMBERS OF FAMILY  |     |                |      |            |  |
| NAME                     |     | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| W. C. Mullins Lower Camp |     |                |      |            |  |
|                          |     |                |      |            |  |
|                          |     |                |      |            |  |
|                          |     |                |      |            |  |
|                          |     |                |      |            |  |
|                          |     |                |      |            |  |
|                          |     |                |      |            |  |
|                          |     |                |      |            |  |
|                          |     |                |      |            |  |

FORM 10-436 (4-20-31)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| P 220                   |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.O.       | SHEET |
| W                       | 52  | It.            |     | 135        | 10    |
| COUNTY                  |     | CITY           |     |            |       |
| Vermillion              |     |                |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Caterina                |     | W              | 48  | It         |       |
| Salustiana              |     | S              | 22  | It         |       |
| Joseph                  |     | S              | 20  | It         |       |
| Calogus                 |     | S              | 18  | It         |       |
| Giglippi                |     | S              | 16  | It         |       |
| Antonio                 |     | S              | 10  |            |       |
| Francis                 |     | S              | 5   |            |       |

FORM 10-436 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|   |  |   |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
|---|--|---|--|-------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|----------|--------------------------------|--|--|
| R 235   |  | NAME OF INDIVIDUAL<br><i>Rogston Andrew L.</i>      |  | LOUISIANA         |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| COLOR<br><i>B</i>   | AGE<br><i>8 1/2</i>                      | BIRTHPLACE  |  | E.D.<br><i>84</i> | SHEET<br><i>6</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| COUNTY<br><i>Archibald</i>  |  | CITY  |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| ENUMERATED WITH<br><i>Lane Andrew</i>   |  |   |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>d</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |                   |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>d</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  | <i>d</i>  |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |

FORM 16-637 (4-22-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |   |      |           |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|--|--|---|------|-----------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|-------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| R230   |  | NAME OF INDIVIDUAL                                  |      | LOUISIANA |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| Rust, Annie  |  | E.O.  |      | SHEET     |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR  | AGE                                      | BIRTHPLACE  |      |           |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| 24   | 35                                       |   |      |           |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY   |  |   | CITY |           |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| Iberia   |  |   |      |           |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH  |  |   |      |           |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| Rust, Franklin P.  |  |   |      |           |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   |      |           |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NICE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |      |           |  | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NICE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |      |           |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NICE            | <input type="checkbox"/> NURSE                      |      |           |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |      |           |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |      |           |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |      |           |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |      |           |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |   |      |           |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |   |      |           |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 16-437 (4-30-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|  |                  |  |  |   |                    |
|--|------------------|--|--|---|--------------------|
| R 730  |                  | NAME OF INDIVIDUAL<br><i>Right Annie</i>   |  | LOUISIANA   |                    |
| COLOR<br><i>B</i>  | AGE<br><i>21</i> | BIRTHPLACE<br><i>Miss</i>  |  | E.O.<br><i>149</i>  | SHEET<br><i>24</i> |
| COUNTY<br><i>Vernon</i>  |                  | CITY<br><i>Fullerton</i>   |  |   |                    |
| ENDEARED WITH<br><i>Hammerson, Charles</i>   |                  |  |  |   |                    |
| RELATIONSHIP TO ABOVE  |                  |  |  |   |                    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NICE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>5-0</i> |                    |

FORM 10-437 (4-10-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |                    |   |                    |  |   |  |       |  |
|--|--|--------------------|---|--------------------|--|---|--|-------|--|
| R 230  |  | NAME OF INDIVIDUAL |   | LOUISIANA          |  | E.D.  |  | SHEET |  |
| COLOR  |  | AGE                |   | BIRTHPLACE         |  | 111   |  | 1     |  |
| B  |  | 12                 |   | Miss               |  |   |  |       |  |
| COUNTY   |  |                    |   | CITY               |  |   |  |       |  |
| Enumerated with  |  |                    |   | Duchenne           |  |   |  |       |  |
| Relationship to above  |  |                    |   | Williamson, Sallie |  |   |  |       |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  |                    | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |                    |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify) |  |       |  |
|  |  |                    |   |                    |  | 13  |  |       |  |

FORM 10-457 (4-22-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |           |                |     |            |       |
|-------------------------|-----------|----------------|-----|------------|-------|
| R220                    |           | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | W         | AGE            | 26  | BIRTHPLACE | Italy |
| COUNTY                  | St. James | CITY           |     |            |       |
| OTHER MEMBERS OF FAMILY |           |                |     |            |       |
| NAME                    |           | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Latuso Mary             |           | M              | 57  | Italy      |       |
| Regata Josephine        |           | SI             | 24  | Italy      |       |
| Concetta                |           | SI             | 17  | Italy      |       |
|                         |           |                |     |            |       |
|                         |           |                |     |            |       |
|                         |           |                |     |            |       |
|                         |           |                |     |            |       |
|                         |           |                |     |            |       |

FORM 10-436 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |  |  |           |       |
|--|--|--|--|-----------|-------|
| R230   |  | NAME OF INDIVIDUAL                       |  | LOUISIANA |       |
| COLOR  | AGE                                      | BIRTHPLACE                               |  | E.D.      | SHEET |
| W  | 4  | Arthur                                   |  | 130       | 3     |
| COUNTY                                       |  | Winn                                     |  | CITY      |       |
| ENUMERATED WITH                              |  |  |  |           |       |
| Boyett, Nancy                                |  |  |  |           |       |
| RELATIONSHIP TO ABOVE                        |  |  |  |           |       |
| <input type="checkbox"/> FATHER              | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |  |           |       |
| <input type="checkbox"/> MOTHER              | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |  |           |       |
| <input type="checkbox"/> GRANDFATHER         | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |  |           |       |
| <input type="checkbox"/> GRANDMOTHER         | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |  |           |       |
| <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |  |           |       |
| <input type="checkbox"/> GRANDDAUGHTER       | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |  |           |       |
| <input type="checkbox"/> AUNT                | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |           |       |
| <input type="checkbox"/> UNCLE               | <input type="checkbox"/> SISTER-IN-LAW   |  |  |           |       |

FORM 18-637 (4-28-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18198-P81

|  |                  |   |  |  |                    |
|--|------------------|---|--|--|--------------------|
| R 236  |                  | NAME OF INDIVIDUAL<br><i>Register Arthur</i>  |  | LOUISIANA  |                    |
| COLOR<br><i>mu</i>   | AGE<br><i>10</i> | BIRTHPLACE  |  | E.O.<br><i>61</i>  | SHEET<br><i>17</i> |
| COUNTY<br><i>St. Bernard</i>   |                  | CITY  |  |  |                    |
| ENUMERATED WITH<br><i>Altamus, Austin</i>  |                  |   |  |  |                    |
| RELATIONSHIP TO ABOVE  |                  |   |  |  |                    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> IMMIGRANT<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>S</i> |                    |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |  |            |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|------------|-------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R23   |  | NAME OF INDIVIDUAL<br><i>Rust Astie</i>    |            | LOUISIANA         |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>mw</i>  |  | AGE<br><i>22</i>                           | BIRTHPLACE | E.O.<br><i>83</i> | SHEET<br><i>3</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>Natchitoches</i>   |  |  | CITY       |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Jackson</i>   |  |  |            |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE<br><i>son</i>   |  |  |            |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |            |                   |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE            |            |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE             |            |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |            |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER |            |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |            |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |            |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |            |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |            |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 19-437 (4-29-51)

1919 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |         |                |     |            |      |
|-------------------------|---------|----------------|-----|------------|------|
| R236                    |         | HEAD OF FAMILY |     | LOUISIANA  |      |
| COLOR                   | W       | AGE            | 35  | BIRTHPLACE | Miss |
| COUNTY                  |         | Washington     |     | CITY       |      |
| OTHER MEMBERS OF FAMILY |         |                |     |            |      |
|                         | NAME    | RELATIONSHIP   | AGE | BIRTHPLACE |      |
|                         | Mattie  | W              | 33  | Miss       |      |
|                         | Nettie  | D              | 12  |            |      |
|                         | Austin  | S              | 10  |            |      |
|                         | Halbert | S              | 8   |            |      |
|                         | Owen    | S              | 5   |            |      |
|                         | Vernon  | D              | 2   |            |      |

FORM 10-636 (4-20-31)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R236                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| W                       | 38  |                |     | 32         | 6     |
| COUNTY                  |     | CITY           |     |            |       |
| Jefferson               |     |                |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Virginia                |     | W              | 31  |            |       |
| Pauline                 |     | D              | 6   |            |       |
| Ida                     |     | D              | 42  |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |   |                |     |            |              |
|-------------------------|---|----------------|-----|------------|--------------|
| R 230                   |   | HEAD OF FAMILY |     | LOUISIANA  |              |
| COLOR                   | W | AGE            | 44  | BIRTHPLACE | Rest. August |
| COUNTY                  |   | East Feliciana |     | CITY       | Clinton      |
| OTHER MEMBERS OF FAMILY |   |                |     |            |              |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |              |
| Marya                   |   | W              | 26  |            |              |
| Sarah J                 |   | D              | 19  |            |              |
| Laurie B                |   | D              | 17  |            |              |
| Jessie B                |   | D              | 15  |            |              |
| 4 Boarders              |   |                |     |            |              |
| 2 servants              |   |                |     |            |              |

FORM 10-636 (4-20-87)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                |                  |            |      |
|-------------------------|----------------|------------------|------------|------|
| K 230                   | HEAD OF FAMILY |                  | LOUISIANA  |      |
| COLOR                   | AGE            | BIRTHPLACE       |            | E.D. |
| W                       | 61             | Sicaud, Augustin |            | 16   |
| COUNTY                  |                | SHEET            |            |      |
| Avoyelles               |                | 7                |            |      |
| CITY                    |                |                  |            |      |
| OTHER MEMBERS OF FAMILY |                |                  |            |      |
| NAME                    | RELATIONSHIP   | AGE              | BIRTHPLACE |      |
| Angela                  | D              | 16               |            |      |
| Wilmere                 | S              | 14               |            |      |
| Gaston                  | S              | 11               |            |      |
|                         |                |                  |            |      |
|                         |                |                  |            |      |
|                         |                |                  |            |      |
|                         |                |                  |            |      |
|                         |                |                  |            |      |
|                         |                |                  |            |      |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |      |            |  |
|-------------------------|---|----------------|------|------------|--|
| P 235                   |   | HEAD OF FAMILY |      | LOUISIANA  |  |
| Rigdon, B. G.           |   | E.O.           |      | SHEET      |  |
| COLOR                   | W | AGE            | 37   | BIRTHPLACE |  |
| COUNTY                  |   |                | CITY |            |  |
| Bienville               |   |                |      |            |  |
| OTHER MEMBERS OF FAMILY |   |                |      |            |  |
| NAME                    |   | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| Sarah G.                |   | W              | 35   |            |  |
| Thomas S.               |   | S              | 14   |            |  |
| Katie C.                |   | D              | 10   |            |  |
| Lura F.                 |   | S              | 7    |            |  |
| Benjamin F.             |   | S              | 6    |            |  |
| Doriel L.               |   | S              | 3    |            |  |
| David L.                |   | S              | 1/2  |            |  |

FORM 16-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |              |  |           |     |
|-------------------------|---|----------------|-----|--------------|--|-----------|-----|
| R234                    |   | HEAD OF FAMILY |     | Ragsdale Ben |  | LOUISIANA |     |
| COLOR                   | 3 | AGE            | 17  | BIRTHPLACE   |  | E.D.      | 118 |
| COUNTY                  |   |                |     | Tangipahoa   |  |           |     |
| CITY                    |   |                |     |              |  |           |     |
| OTHER MEMBERS OF FAMILY |   |                |     |              |  |           |     |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE   |  |           |     |
| Ruth                    |   | W              | 25  | Unac         |  |           |     |
| Harris                  |   | S              | 6   |              |  |           |     |
| Young                   |   | S              | 5   |              |  |           |     |
| Olive                   |   | D              | 8   |              |  |           |     |
| Ben                     |   | S              | 1   |              |  |           |     |
|                         |   |                |     |              |  |           |     |
|                         |   |                |     |              |  |           |     |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |      |             |  |           |       |
|-------------------------|---|----------------|------|-------------|--|-----------|-------|
| R230                    |   | HEAD OF FAMILY |      | Rashits Ben |  | LOUISIANA |       |
| COLOR                   | W | AGE            | 53   | BIRTHPLACE  |  | E.D.      | SHEET |
|                         |   |                |      |             |  | 64        | 22    |
| COUNTY                  |   |                |      | CITY        |  |           |       |
|                         |   |                |      |             |  |           |       |
| OTHER MEMBERS OF FAMILY |   |                |      |             |  |           |       |
| NAME                    |   | RELATIONSHIP   | AGE  | BIRTHPLACE  |  |           |       |
| Mollie                  |   | W              | 37   |             |  |           |       |
| Adell                   |   | S              | 7    |             |  |           |       |
| Adelia                  |   | D              | 6    |             |  |           |       |
| Modeline                |   | D              | 4    |             |  |           |       |
| Pauline                 |   | D              | 2    |             |  |           |       |
| Sammie                  |   | Julia A        | M R. | 67          |  |           |       |
|                         |   |                |      |             |  |           |       |
|                         |   |                |      |             |  |           |       |

FORM 16-636 (4-26-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |  |
|-------------------------|-----|----------------|-----|------------|--|
| R 235                   |     | HEAD OF FAMILY |     | LOUISIANA  |  |
| Kruston Betsy           |     | E.D.           |     | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |     |            |  |
| MW                      | 80  | La             |     |            |  |
| COUNTY                  |     | CITY           |     |            |  |
| East Baton Rouge        |     |                |     |            |  |
| OTHER MEMBERS OF FAMILY |     |                |     |            |  |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| Living alone            |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |

FORM 16-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |  |  |                     |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
|---|--|--|--|---------------------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|---|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R230  |  | NAME OF INDIVIDUAL<br><i>Rough (Bennett)</i> |  | LOUISIANA           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| COLOR<br>B  |  | AGE<br>14                                    |  | ED. SHEET<br>112 18 |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| COUNTRY   |  | BIRTHPLACE                                   |  |                     |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br>Tangipahoa  |  | CITY   |  |                     |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Bennett Darnaud</i>   |  |  |  |                     |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |  |                     |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input checked="" type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |                     |  | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input checked="" type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE              |  |                     |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE               |  |                     |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT             |  |                     |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER              |  |                     |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input checked="" type="checkbox"/> SERVANT  |  |                     |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)     |  |                     |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |                     |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |  |                     |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |

FORM 13-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 15100-P01

|                         |              |                |     |              |    |           |    |
|-------------------------|--------------|----------------|-----|--------------|----|-----------|----|
| 19235                   |              | HEAD OF FAMILY |     | Rayton C. F. |    | LOUISIANA |    |
| COLOR                   | W            | AGE            | 52  | BIRTHPLACE   |    | E.D.      | 88 |
| COUNTY                  | Natchitoches |                |     | CITY         | 14 |           |    |
| OTHER MEMBERS OF FAMILY |              |                |     |              |    |           |    |
| NAME                    |              | RELATIONSHIP   | AGE | BIRTHPLACE   |    |           |    |
| M. C.                   |              | W              | 52  |              |    |           |    |
| Walter E.               |              | S              | 23  |              |    |           |    |
| 15c                     |              |                |     |              |    |           |    |
|                         |              |                |     |              |    |           |    |
|                         |              |                |     |              |    |           |    |
|                         |              |                |     |              |    |           |    |
|                         |              |                |     |              |    |           |    |
|                         |              |                |     |              |    |           |    |
|                         |              |                |     |              |    |           |    |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |  |                |              |            |       |
|-------------------------|--|----------------|--------------|------------|-------|
| R235                    |  | HEAD OF FAMILY |              | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE   | E.D.       | SHEET |
| W                       |  | 29             |              | 80         | 9     |
| COUNTY                  |  |                | CITY         |            |       |
| Natchitoches            |  |                | Natchitoches |            |       |
| OTHER MEMBERS OF FAMILY |  |                |              |            |       |
| NAME                    |  | RELATIONSHIP   | AGE          | BIRTHPLACE |       |
| Lessie                  |  | W              | 33           |            |       |
|                         |  |                |              |            |       |
|                         |  |                |              |            |       |
|                         |  |                |              |            |       |
|                         |  |                |              |            |       |
|                         |  |                |              |            |       |
|                         |  |                |              |            |       |
|                         |  |                |              |            |       |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |  |  |  |            |            |
|--|--|--|--|------------|------------|
| R233   |  | NAME OF INDIVIDUAL<br>Restuta Carlo      |  | E.D.<br>96 | SHEET<br>4 |
| COLOR<br>W                                   | AGE<br>1/2                               | BIRTHPLACE                               |  |            |            |
| COUNTY<br>St. Mary                           |  | CITY                                     |  |            |            |
| ENumerated WITH<br>Restuta Charles?          |  |  |  |            |            |
| RELATIONSHIP TO ABOVE                        |  |  |  |            |            |
| <input type="checkbox"/> FATHER              | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |  |            |            |
| <input type="checkbox"/> MOTHER              | <input type="checkbox"/> WIFE            | <input type="checkbox"/> NURSE           |  |            |            |
| <input type="checkbox"/> GRANDFATHER         | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |  |            |            |
| <input type="checkbox"/> GRANDMOTHER         | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |  |            |            |
| <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |  |            |            |
| <input type="checkbox"/> GRANDDAUGHTER       | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |  |            |            |
| <input type="checkbox"/> AUNT                | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |            |            |
| <input type="checkbox"/> UNCLE               | <input type="checkbox"/> SISTER-IN-LAW   |  |  |            |            |

FORM 10-637 (4-22-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18100-P61

|   |   |   |      |  |     |
|---|---|---|------|--|-----|
| R230  |   | NAME OF INDIVIDUAL  |      | LOUISIANA  |     |
| COLOR   | W | AGE   | 8    | E.O.   | 130 |
|   |   | BIRTHPLACE  |      | SHEET 3  |     |
| COUNTY  |   |   | CITY |  |     |
| Winn  |   |   |      |  |     |
| ENUMERATED WITH   |   |   |      |  |     |
| Bayett, nancy   |   |   |      |  |     |
| RELATIONSHIP TO ABOVE   |   |   |      |  |     |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input checked="" type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |   | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> Niece<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |     |

FORM 18-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|   |   |  |                    |
|---|---|--|--------------------|
| NAME OF INDIVIDUAL<br><i>Riquad, Cecil</i>  |   | E.O.<br><i>52</i>  | SHEET<br><i>10</i> |
| COLOR<br><i>W</i>   | AGE<br><i>70</i>  | BIRTHPLACE<br><i>France</i>  |                    |
| COUNTY<br><i>Plaquemines</i>  | CITY  |  |                    |
| ENUMERATED WITH<br><i>Riquad, John</i>  |   |  |                    |
| RELATIONSHIP TO ABOVE   |   |  |                    |
| <input type="checkbox"/> FATHER<br><input checked="" type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                    |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18108-P01

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R230                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| W                       |  | 49             | France     | 142        | 24    |
| COUNTY                  |  |                | CITY       |            |       |
| Vermillion              |  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Louis                   |  | D              | 20         |            |       |
| Theresa                 |  | D              | 18         |            |       |
| James                   |  | D              | 17         |            |       |
| Christine               |  | D              | 14         |            |       |
| Blanche                 |  | D              | 12         |            |       |
| Agnes                   |  | D              | 11         |            |       |
| F. Leonard              |  | D              | 9          |            |       |

FORM 16-636 (4-26-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

HEAD OF FAMILY - CONTINUED

LOUISIANA

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME      | RELATION-<br>SHIP | AGE | BIRTHPLACE |
|-----------|-------------------|-----|------------|
| Jeanne    | D                 | 7   |            |
| Domin M   | S                 | 5   |            |
| Thomazine | D                 | 16  |            |
|           |                   |     |            |
|           |                   |     |            |
|           |                   |     |            |
|           |                   |     |            |
|           |                   |     |            |
|           |                   |     |            |
|           |                   |     |            |

FORM 10-638a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-117 18108-101

|   |  |   |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |                  |                                |  |  |
|---|--|---|-------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|------------------|--------------------------------|--|--|
|   |  | LOUISIANA   |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |                  |                                |  |  |
| R250  | NAME OF INDIVIDUAL<br><i>Rosette Celestine</i> |   | E.D.<br>152 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |                  |                                |  |  |
| COLOR<br>B  | AGE<br>17                                      | BIRTHPLACE  | SHEET<br>17 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |                  |                                |  |  |
| COUNTY<br><i>St. Landry</i>   |  | CITY  |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |                  |                                |  |  |
| ENUMERATED WITH<br><i>Johns Houston</i>   |  |   |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |                  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |                  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>Concubine</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |             | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>Concubine</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW                | <input type="checkbox"/> INMATE                     |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |                  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE                 | <input type="checkbox"/> NURSE                      |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |                  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW         | <input type="checkbox"/> PATIENT                    |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |                  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW         | <input type="checkbox"/> ROOMER                     |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |                  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW            | <input type="checkbox"/> SERVANT                    |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |                  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW       | <input checked="" type="checkbox"/> OTHER (Specify) |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |                  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW        | <i>Concubine</i>                                    |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |                  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW         |   |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |                  |                                |  |  |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIV

USCOMM-DC 18100-P-1

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R230                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.O.       | SHEET |
| B                       |  | 42             |            | 86         | 17    |
| COUNTY                  |  |                | CITY       |            |       |
| A                       |  |                | Rapides    |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| / Julia                 |  | D              | 34         |            |       |
| / Stearn                |  | S              | 21         |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
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|                         |  |                |            |            |       |

FORM 10-630 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



| R233                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
|-------------------------|--|----------------|------------|------------|-------|
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| W                       |  | 50             | Italy      | 96         | 4     |
| COUNTY                  |  |                | CITY       |            |       |
| St. Mary                |  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Adeline                 |  | W              | 56         | Italy      |       |
| Williams                |  | S              | 11         |            |       |
| Mary                    |  | D              | 13         |            |       |
| James                   |  | S              | 25         | Italy      |       |
| Adeline                 |  | DL             | 25         | Italy      |       |
| Josephine               |  | GD             | 6          |            |       |
| Lena                    |  | GD             | 4          |            |       |

Form 10-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME         | RELATIONSHIP | AGE        | BIRTHPLACE |
|--------------|--------------|------------|------------|
| <i>Lucy</i>  | <i>GS</i>    | <i>2</i>   |            |
| <i>Carlo</i> | <i>GS</i>    | <i>1/2</i> |            |
|              |              |            |            |
|              |              |            |            |
|              |              |            |            |
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|              |              |            |            |

FORM 18-635a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMB-DC 18106-P61

|                         |              |                |             |           |            |
|-------------------------|--------------|----------------|-------------|-----------|------------|
| R234                    |              | HEAD OF FAMILY |             | Louisiana |            |
| COLOR                   |              | AGE            | BIRTHPLACE  |           | E.O. SHEET |
| W 43                    |              |                |             |           | 64 27      |
| COUNTY                  |              |                | St. Charles |           | CITY       |
| OTHER MEMBERS OF FAMILY |              |                |             |           |            |
| NAME                    | RELATIONSHIP | AGE            | BIRTHPLACE  |           |            |
| Emma                    | W            | 37             |             |           |            |
| Charles                 | S            | 17             |             |           |            |
| Anita                   | D            | 10             |             |           |            |
| Wesley                  | S            | 14             |             |           |            |
| Alvin                   | D            | 12             |             |           |            |
| Glady                   | D            | 10             |             |           |            |
| Simon                   | D            | 8              |             |           |            |

Form 18-636 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME    | RELATION-<br>SHIP | AGE | BIRTHPLACE |
|---------|-------------------|-----|------------|
| 1 Norma | D                 | 6   |            |
| Alma    | D                 | 4   |            |
|         |                   |     |            |
|         |                   |     |            |
|         |                   |     |            |
|         |                   |     |            |
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|         |                   |     |            |
|         |                   |     |            |

FORM 16-436a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18189-P01

|  |  |  |                              |  |                   |
|--|--|--|------------------------------|--|-------------------|
| R 235  |  | NAME OF INDIVIDUAL<br><i>Justin Charles</i>  |                              | LOUISIANA  |                   |
| COLOR<br><i>N</i>  |  | AGE<br><i>23</i>   | BIRTHPLACE                   | E.D.<br><i>85</i>  | SHEET<br><i>2</i> |
| COUNTY<br><i>Natchitoches</i>  |  |  | CITY<br><i>Campti CAMPTI</i> |  |                   |
| ENUMERATED WITH<br><i>Cloutier P. a</i>  |  |  |                              |  |                   |
| RELATIONSHIP TO ABOVE  |  |  |                              |  |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NICE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |                              | <input type="checkbox"/> WMAVE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                   |

FORM 10-437 (0-20-41)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |   |             |   |   |
|---|--|---|-------------|---|---|
| <b>R230</b>   |  | <b>NAME OF INDIVIDUAL</b><br><i>John Charles</i>  |             | <b>LOUISIANA</b>  |   |
| <b>COLOR</b><br><i>W</i>  |  | <b>AGE</b><br><i>16</i>   |             | <b>BIRTHPLACE</b>   | <b>E.D.</b><br><i>59</i><br><b>SHEET</b><br><i>28</i> |
| <b>COUNTY</b><br><i>Iberville</i>   |  |   | <b>CITY</b> |   |   |
| <b>ENUMERATED WITH</b><br><i>Wife, Child, &amp; L</i>   |  |   |             |   |   |
| <b>RELATIONSHIP TO ABOVE</b>  |  |   |             |   |   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input checked="" type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |             | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify)<br><hr/> |   |

FORM 16-537 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |  |                  |            |          |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|------------------|------------|----------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| <b>R2 30</b>  |  | NAME OF INDIVIDUAL                         |                  | LOUISIANA  |          |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR   |  | AGE  | BIRTHPLACE       | E.D.       | SHEET    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <b>13</b>   |  | <b>4</b>                                   |                  | <b>107</b> | <b>5</b> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY  |  |  | CITY             |            |          |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <b>St. Landry</b>   |  |  | <b>Opelousas</b> |            |          |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |  |                  |            |          |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <b>Johnson, Shana</b>   |  |  |                  |            |          |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |                  |            |          |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHER</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> WORKER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |                  |            |          | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHER | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> WORKER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHER          | <input type="checkbox"/> INMATE            |                  |            |          |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE             |                  |            |          |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |                  |            |          |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> WORKER |                  |            |          |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |                  |            |          |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |                  |            |          |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |                  |            |          |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |                  |            |          |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

Form 18-637 (4-30-61)

1970 CENSUS INDEX - INDIVID

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                                |  |                       |                   |                   |              |
|--------------------------------|--|-----------------------|-------------------|-------------------|--------------|
| <b>R230</b>                    |  | <b>HEAD OF FAMILY</b> |                   | <b>LOUISIANA</b>  |              |
| <b>COLOR</b>                   |  | <b>AGE</b>            | <b>BIRTHPLACE</b> | <b>E.O.</b>       | <b>SHEET</b> |
| <b>W</b>                       |  | <b>29</b>             |                   | <b>34</b>         | <b>5</b>     |
| <b>COUNTY</b>                  |  |                       | <b>Jefferson</b>  | <b>CITY</b>       |              |
| <b>OTHER MEMBERS OF FAMILY</b> |  |                       |                   |                   |              |
| <b>NAME</b>                    |  | <b>RELATIONSHIP</b>   | <b>AGE</b>        | <b>BIRTHPLACE</b> |              |
| <b>Josephine</b>               |  | <b>W</b>              | <b>23</b>         |                   |              |
| <b>Cristina</b>                |  | <b>D</b>              | <b>4</b>          |                   |              |
| <b>Josie</b>                   |  | <b>D</b>              | <b>1</b>          |                   |              |
|                                |  |                       |                   |                   |              |
|                                |  |                       |                   |                   |              |
|                                |  |                       |                   |                   |              |
|                                |  |                       |                   |                   |              |
|                                |  |                       |                   |                   |              |

FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|  |   |
|--|---|
| LOUISIANA  |   |
| E230   | NAME OF INDIVIDUAL Rusti, Charles   |
| R.D. 87  | SHEET 23  |
| COLOR W  | AGE 4   |
| BIRTHPLACE   |   |
| COUNTY   | CITY Madison  |
| ENUMERATED WITH Purvis, Sam  |   |
| RELATIONSHIP TO ABOVE  |   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify) SS   |   |

FORM 18-637 (9-28-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1918 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P61

|                                |            |                        |            |                   |              |
|--------------------------------|------------|------------------------|------------|-------------------|--------------|
| <b>R230</b>                    |            | <b>HEAD OF FAMILY</b>  |            | <b>LOUISIANA</b>  |              |
|                                |            | <i>Daskto, Charles</i> |            | <b>E.D.</b>       | <b>SHEET</b> |
| <b>COLOR</b>                   | <b>AGE</b> | <b>BIRTHPLACE</b>      |            |                   |              |
| <i>W</i>                       | <i>46</i>  |                        |            |                   |              |
| <b>COUNTY</b>                  |            | <b>Natchitoches</b>    |            | <b>CITY</b>       |              |
|                                |            |                        |            |                   |              |
| <b>OTHER MEMBERS OF FAMILY</b> |            |                        |            |                   |              |
| <b>NAME</b>                    |            | <b>RELATIONSHIP</b>    | <b>AGE</b> | <b>BIRTHPLACE</b> |              |
| <i>Ageline</i>                 |            | <i>W</i>               | <i>41</i>  |                   |              |
| <i>Frank</i>                   |            | <i>S</i>               | <i>18</i>  |                   |              |
| <i>Melissa</i>                 |            | <i>D</i>               | <i>16</i>  |                   |              |
| <i>Felix</i>                   |            | <i>S</i>               | <i>14</i>  |                   |              |
| <i>Clara</i>                   |            | <i>D</i>               | <i>12</i>  |                   |              |
| <i>Carrie</i>                  |            | <i>D</i>               | <i>10</i>  |                   |              |
| <i>Allice</i>                  |            | <i>D</i>               | <i>8</i>   |                   |              |

FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME           | RELATIONSHIP | AGE      | BIRTHPLACE |
|----------------|--------------|----------|------------|
| <i>Minnie</i>  | <i>0</i>     | <i>6</i> |            |
| <i>Julie</i>   | <i>0</i>     | <i>4</i> |            |
| <i>Charles</i> | <i>5</i>     | <i>1</i> |            |
|                |              |          |            |
|                |              |          |            |
|                |              |          |            |
|                |              |          |            |
|                |              |          |            |
|                |              |          |            |
|                |              |          |            |

FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 16100-7-01

|  |     |   |  |   |       |
|--|-----|---|--|---|-------|
| R 232  |     | NAME OF INDIVIDUAL  |  | LOUISIANA   |       |
| COLOR  | AGE | BIRTH PLACE   |  | E.D.  | SHEET |
| mu   | 4   |   |  | 3   | 5     |
| COUNTY   |     | CITY  |  |   |       |
|  |     | Caldwell  |  | Columbia  |       |
| ENUMERATED WITH  |     | Howard, Hannah  |  |   |       |
| RELATIONSHIP TO ABOVE  |     |   |  |   |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br>GG S |       |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P01

|                         |  |                |             |            |       |
|-------------------------|--|----------------|-------------|------------|-------|
| R230                    |  | HEAD OF FAMILY |             | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE  | E.O.       | SHEET |
| B                       |  | 50             |             | 103        | 20    |
| COUNTY                  |  |                | Jettrebonne |            |       |
|                         |  |                | CITY        |            |       |
| OTHER MEMBERS OF FAMILY |  |                |             |            |       |
| NAME                    |  | RELATIONSHIP   | AGE         | BIRTHPLACE |       |
| / Caroline              |  | W              | 49          |            |       |
| / Mrs. Annie            |  | SS             | 16          |            |       |
| / Emma                  |  | SS             | 15          |            |       |
| / Edward                |  | SS             | 13          |            |       |
| / William, Jr.          |  | Bl             | 54          |            |       |
|                         |  |                |             |            |       |
|                         |  |                |             |            |       |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |  |                 |  |            |  |
|-------------------------|--|----------------|--|-----------------|--|------------|--|
| R230                    |  | HEAD OF FAMILY |  | ROCKETT CHARLIE |  | LOUISIANA  |  |
| COLOR                   |  | AGE            |  | BIRTHPLACE      |  | E.O. SHEET |  |
| W                       |  | 26             |  |                 |  | 134 4      |  |
| COUNTY                  |  |                |  | CITY            |  |            |  |
| UNION                   |  |                |  |                 |  |            |  |
| OTHER MEMBERS OF FAMILY |  |                |  |                 |  |            |  |
| NAME                    |  | RELATIONSHIP   |  | AGE             |  | BIRTHPLACE |  |
| Linn                    |  | W              |  | 21              |  |            |  |
| Frank                   |  | S              |  | 4               |  |            |  |
| Cecil                   |  | D              |  | 3               |  |            |  |
| Elna                    |  | D              |  | 17 1/2          |  |            |  |
|                         |  |                |  |                 |  |            |  |
|                         |  |                |  |                 |  |            |  |
|                         |  |                |  |                 |  |            |  |
|                         |  |                |  |                 |  |            |  |

FORM 16-536 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |   |  |           |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |                                      |  |
|---|--|---|--|-----------|------------|------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--------------------------------------|--|
| R 230   |  | NAME OF INDIVIDUAL<br><i>Right Charlotte</i>        |  | LOUISIANA | E.D.<br>23 | SHEET<br>9 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |                                      |  |
| COLOR<br>1  | AGE<br>8                                 | BIRTHPLACE  |  |           |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |                                      |  |
| COUNTY  |  | CITY  |  |           |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |                                      |  |
| ENUMERATED WITH<br><i>Blanche Williams</i>  |  |   |  |           |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |                                      |  |
| RELATIONSHIP TO ABOVE   |  |   |  |           |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |                                      |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> WIFE-IN-LAW</td> <td></td> </tr> </table> |  |   |  |           |            |            | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> WIFE-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |  |           |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |                                      |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |  |           |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |                                      |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |           |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |                                      |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |           |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |                                      |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |           |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |                                      |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |           |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |                                      |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |           |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |                                      |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> WIFE-IN-LAW     |   |  |           |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |                                      |  |

FORM 10-637 (4-29-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1930 CENSUS INDEX - INDIVIDUAL

USCOMB-DC 1930-761

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R232                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| W                       |  | 35             | Cicula     | 25         | 8     |
| COUNTY                  |  |                | CITY       |            |       |
| St. Charles             |  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Gas                     |  | S              | 19         |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|   |   |   |  |                           |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
|---|---|---|--|---------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|---|--|-------------------------------|---|--|--------------------------------|--|--|
| R236  |   | NAME OF INDIVIDUAL<br><i>Leite, Clara</i> |  | LOUISIANA                 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| COLOR<br><i>B</i>   | AGE<br><i>31</i>                                    | BIRTHPLACE                                |  | I.D. SHEET<br><i>90 8</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| COUNTY<br><i>St. Mary</i>   |   | CITY<br><i>Franklin</i>                   |  |                           |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Leite, Joseph</i>   |   |   |  |                           |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |   |   |  |                           |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input checked="" type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |   |   |  |                           | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input checked="" type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW                     | <input type="checkbox"/> INMATE           |  |                           |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE                      | <input type="checkbox"/> NURSE            |  |                           |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW              | <input type="checkbox"/> PATIENT          |  |                           |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW              | <input type="checkbox"/> ROOMER           |  |                           |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW                 | <input type="checkbox"/> SERVANT          |  |                           |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input checked="" type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)  |  |                           |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW             |   |  |                           |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW              |   |  |                           |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1930 CENSUS INDEX - INDIVIDUAL

USCOM-DC 10106-P61

LOUISIANA

|  |           |  |  |  |             |
|--|-----------|--|--|--|-------------|
| R236                                   |           | NAME OF INDIVIDUAL<br>Rastham Clay       |  | E.O.<br>64                                 | SHEET<br>11 |
| COLOR<br>W                             | AGE<br>32 | BIRTHPLACE                               |  |  |             |
| COUNTY<br>Livingston                   |           | CITY<br>Blenham Springs                  |  |  |             |
| ENUMERATED WITH<br>Frank Mrs. L. J.    |           |  |  |  |             |
| RELATIONSHIP TO ABOVE                  |           |  |  |  |             |
| <input type="checkbox"/> FATHER        |           | <input type="checkbox"/> NEPHEW          |  | <input type="checkbox"/> INMATE            |             |
| <input type="checkbox"/> MOTHER        |           | <input type="checkbox"/> WIFE            |  | <input type="checkbox"/> NURSE             |             |
| <input type="checkbox"/> GRANDFATHER   |           | <input type="checkbox"/> FATHER-IN-LAW   |  | <input type="checkbox"/> PATIENT           |             |
| <input type="checkbox"/> GRANDMOTHER   |           | <input type="checkbox"/> MOTHER-IN-LAW   |  | <input checked="" type="checkbox"/> ROOMER |             |
| <input type="checkbox"/> GRANDSON      |           | <input type="checkbox"/> SON-IN-LAW      |  | <input type="checkbox"/> SERVANT           |             |
| <input type="checkbox"/> GRANDDAUGHTER |           | <input type="checkbox"/> DAUGHTER-IN-LAW |  | <input type="checkbox"/> OTHER (Specify)   |             |
| <input type="checkbox"/> AUNT          |           | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |             |
| <input type="checkbox"/> UNCLE         |           | <input type="checkbox"/> SISTER-IN-LAW   |  |  |             |

FORM 10-637 (4-29-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 10190-P61

LOUISIANA

|                         |  |                |            |            |            |
|-------------------------|--|----------------|------------|------------|------------|
| R230                    |  | HEAD OF FAMILY |            | LOUISIANA  |            |
| COLOR                   |  | AGE            | BIRTHPLACE |            | E.O. SHEET |
| B                       |  | 39             |            |            | 138 15     |
| COUNTY                  |  |                | CITY       |            |            |
| West Baton Rouge        |  |                |            |            |            |
| OTHER MEMBERS OF FAMILY |  |                |            |            |            |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |            |
| 1 Melville              |  | Ind S          | 7          |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |

FORM 10-636 (4-20-07)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |   |  | LOUISIANA |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
|--|---|--|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|---|--|-------------------------------|---|--|--------------------------------|--|--|
| R236   | NAME OF INDIVIDUAL                                  |  | E.D.      | SHEET |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
|  | Harris, Christiane                                  |  | 90        | 8     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| COLOR  | AGE   | BIRTHPLACE                               |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| B  | 22  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| COUNTY   |   | CITY                                     |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| St. Mary   |   | Greenville                               |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| ENUMERATED WITH  |   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| Harris, Joseph   |   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <table border="0"> <tbody> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input checked="" type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </tbody> </table> |   |  |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input checked="" type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW                     | <input type="checkbox"/> WIDATE          |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE                      | <input type="checkbox"/> NURSE           |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW              | <input type="checkbox"/> PATIENT         |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW              | <input type="checkbox"/> ROOMER          |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW                 | <input type="checkbox"/> SERVANT         |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input checked="" type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW             |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW              |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |

FORM 16-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCIB-CC 18100-P01

|  |   |   |            |
|--|---|---|------------|
|  |   | LOUISIANA   |            |
| R 230  | NAME OF INDIVIDUAL<br><i>Begaud, Clementine</i>   |   | E D.<br>52 |
| COLOR<br>W   | AGE<br>20   | BIRTHPLACE<br>8   |            |
| COUNTY<br>Plaquemines  | CITY  |   |            |
| ENUMERATED WITH<br><i>Burns, Andrew</i>  |   |   |            |
| RELATIONSHIP TO ABOVE  |   |   |            |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>D</i> |            |

FORM 10-637 (4-30-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                  |              |            |
|-------------------------|------------------|--------------|------------|
| HEAD OF FAMILY          |                  | LOUISIANA    |            |
| R 230                   | Kaselle Clifford |              | E.D. 15323 |
| COLOR                   | AGE              | BIRTHPLACE   |            |
| B                       | 32               |              |            |
| COUNTY                  | St. Landry       | CITY         |            |
| OTHER MEMBERS OF FAMILY |                  |              |            |
| NAME                    |                  | RELATIONSHIP | AGE        |
| Fragene                 |                  | W            | 30         |
| John                    |                  | L            | 10         |
| Mary                    |                  | sl           | 8          |
| Archie                  |                  | son          | 6          |
| Nancy                   |                  | L            | 4          |
| Effey                   |                  | L            | 2          |
|                         |                  |              |            |
|                         |                  |              |            |
|                         |                  |              |            |
|                         |                  |              |            |
|                         |                  |              |            |

Form 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |  |
|-------------------------|-----|----------------|-----|------------|--|
| R 230                   |     | HEAD OF FAMILY |     | LOUISIANA  |  |
| E. D.                   |     | SHEET          |     |            |  |
| COLOR                   | AGE | BIRTHPLACE     |     |            |  |
| B                       | 22  |                |     |            |  |
| COUNTY                  |     | De Soto        |     | CITY       |  |
| OTHER MEMBERS OF FAMILY |     |                |     |            |  |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| Easter                  |     | W              | 20  |            |  |
| Cecilia                 |     | S              | 12  |            |  |
| Georgia                 |     | D              | 4   |            |  |
| Lemmas, Marguerite      |     | M L            | 60  |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |

FORM 16-636 (4-26-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|   |  |   |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
|---|--|---|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|-----------|--------------------------------|--|--|
| R 230   | NAME OF INDIVIDUAL<br><i>Rigata Concaths</i> |   | E.D.<br><i>74</i> | SHEET<br><i>13</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| COLOR<br><i>W</i>   | AGE<br><i>17</i>                             | BIRTHPLACE<br><i>Italy</i>                          |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| COUNTY<br><i>St. James</i>  |  | CITY<br><i></i>                                     |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| ENUMERATED WITH<br><i>Rigata Anthony</i>  |  |   |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHER</td><td><input type="checkbox"/> INMATE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input checked="" type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td><i>Si</i></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> |  |   |                   |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHER | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>Si</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHER              | <input type="checkbox"/> INMATE                     |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE               | <input type="checkbox"/> NURSE                      |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW       | <input type="checkbox"/> PATIENT                    |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW       | <input type="checkbox"/> ROOMER                     |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW          | <input type="checkbox"/> SERVANT                    |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW     | <input checked="" type="checkbox"/> OTHER (Specify) |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW      | <i>Si</i>   |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW       |   |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |

FORM 10-537 (4-26-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCDA-DC 18100-P61



| LOUISIANA   |  |  |              |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|--------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| <b>Q-232</b>  | <b>NAME OF INDIVIDUAL</b>                          |  | <b>E.O.</b>  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|   | Restio, Concetti                                   |  | 115          |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <b>COLOR</b>  | <b>AGE</b>   | <b>BIRTHPLACE</b>                        | <b>SHEET</b> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| W   | 56   | It.                                      | 7            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <b>COUNTY</b>   |  | <b>CITY</b>                              |              |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Tangipahoa  |  |  |              |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <b>ENUMERATED WITH</b>  |  |  |              |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Pera, John  |  |  |              |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <b>RELATIONSHIP TO ABOVE</b>  |  |  |              |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tbody> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input checked="" type="checkbox"/> BROTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </tbody> </table> |  |  |              | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input checked="" type="checkbox"/> BROTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW                    | <input type="checkbox"/> INMATE          |              |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE                     | <input type="checkbox"/> NURSE           |              |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW             | <input type="checkbox"/> PATIENT         |              |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input checked="" type="checkbox"/> BROTHER-IN-LAW | <input type="checkbox"/> ROOMER          |              |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW                | <input type="checkbox"/> SERVANT         |              |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW           | <input type="checkbox"/> OTHER (Specify) |              |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW            |  |              |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW             |  |              |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P01

|                         |  |                |              |           |            |      |       |   |
|-------------------------|--|----------------|--------------|-----------|------------|------|-------|---|
| R 230                   |  | HEAD OF FAMILY |              | Louisiana |            | E.O. | SHEET |   |
| COLOR                   |  | AGE            | BIRTHPLACE   |           | 85         |      |       | 2 |
| W                       |  | 38             | Italy        |           |            |      |       |   |
| COUNTY                  |  | Pointe Coupee  |              | CITY      |            |      |       |   |
| OTHER MEMBERS OF FAMILY |  |                |              |           |            |      |       |   |
| NAME                    |  |                | RELATIONSHIP | AGE       | BIRTHPLACE |      |       |   |
| Annie                   |  |                | W            | 40        | Italy      |      |       |   |
| Charles                 |  |                | S            | 19        |            |      |       |   |
| Cortman Jr              |  |                | S            | 17        |            |      |       |   |
| Annie                   |  |                | D            | 15        |            |      |       |   |
| Dominica                |  |                | S            | 13        |            |      |       |   |
| Katharina               |  |                | D            | 9         |            |      |       |   |
| Frank                   |  |                | S            | 6         |            |      |       |   |

FORM 10-436 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

| R 230                   |     | HEAD OF FAMILY |      | LOUISIANA  |  |
|-------------------------|-----|----------------|------|------------|--|
| COLOR                   | AGE | BIRTHPLACE     | E.D. | SHEET      |  |
| 15                      | 65  | Right, Slave   | 16   | 11         |  |
| COUNTY                  |     | Bossier J      |      | CITY       |  |
| OTHER MEMBERS OF FAMILY |     |                |      |            |  |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| Rodie                   |     | W              | 55   | Ala        |  |
| Slave J.                |     | S              | 13   |            |  |
| Licie                   |     | D              | 7    |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |

Form 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R236                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | S.D.       | SHEET |
| B                       |  | 40             | h c        | 119        | 10    |
| COUNTY                  |  |                | CITY       |            |       |
| Tensas                  |  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| L... alone              |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
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FORM 16-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |  |
|-------------------------|-----|----------------|-----|------------|--|
| R235                    |     | HEAD OF FAMILY |     | LOUISIANA  |  |
| Rusting David           |     | E.D.           |     | SHEET      |  |
| 110                     |     | 12             |     |            |  |
| COLOR                   | AGE | BIRTHPLACE     |     |            |  |
| W                       | 49  | Miss           |     |            |  |
| COUNTY                  |     | Tangipahoa     |     | CITY       |  |
| OTHER MEMBERS OF FAMILY |     |                |     |            |  |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| 1 Ernestine             |     | W              | 55  | Miss       |  |
| Thompson Ellen          |     | 12             | 19  | Miss       |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |

FORM 16-636 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |  |              |     |            |       |
|-------------------------|--|----------------|--|--------------|-----|------------|-------|
| P230                    |  | HEAD OF FAMILY |  | Right Delia  |     | LOUISIANA  |       |
| COLOR                   |  | AGE            |  | BIRTHPLACE   |     | E.D.       | SHEET |
| Wm                      |  | 23             |  |              |     | 19         | 2     |
| COUNTY                  |  |                |  | CITY         |     |            |       |
| East Baton Rouge        |  |                |  | Baton Rouge  |     |            |       |
| OTHER MEMBERS OF FAMILY |  |                |  |              |     |            |       |
| NAME                    |  |                |  | RELATIONSHIP | AGE | BIRTHPLACE |       |
| Hampton Corilla         |  |                |  | S            | 7   |            |       |
| McLuside Annal B        |  |                |  | D            | 5   |            |       |
| 1 Morgan                |  |                |  | S            | 2   |            |       |
| and 2 boarders          |  |                |  |              |     |            |       |
|                         |  |                |  |              |     |            |       |
|                         |  |                |  |              |     |            |       |
|                         |  |                |  |              |     |            |       |

FORM 10-626 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |   |                      |   |                |
|--|--|---|----------------------|---|----------------|
| R 236  |  | NAME OF INDIVIDUAL <i>Pector Della</i>  |                      | LOUISIANA   |                |
| COLOR <i>A</i>   |  | AGE <i>22</i>   | BIRTHPLACE <i>Mo</i> | E.D. <i>93</i>  | SHEET <i>2</i> |
| COUNTY <i>Rapides</i>  |  |   | CITY                 |   |                |
| ENUMERATED WITH <i>Looney Fred W</i>   |  |   |                      |   |                |
| RELATIONSHIP TO ABOVE  |  |   |                      |   |                |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |                      | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>housegirl</i> |                |

FORM 16-537 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 15105-P61

LOUISIANA

|                         |                |              |      |            |       |  |
|-------------------------|----------------|--------------|------|------------|-------|--|
| P230                    | HEAD OF FAMILY |              | E.O. |            | SHEET |  |
|                         | Rict, Sammie   |              | 4-   |            | 3     |  |
| COLOR                   | AGE            | BIRTHPLACE   |      |            |       |  |
| W                       | 46             | Italy        |      |            |       |  |
| COUNTY                  | Assumption     |              |      | CITY       |       |  |
| OTHER MEMBERS OF FAMILY |                |              |      |            |       |  |
| NAME                    |                | RELATIONSHIP | AGE  | BIRTHPLACE |       |  |
| 1 Antonia               |                | W            | 49   | Italy      |       |  |
|                         |                |              |      |            |       |  |
|                         |                |              |      |            |       |  |
|                         |                |              |      |            |       |  |
|                         |                |              |      |            |       |  |
|                         |                |              |      |            |       |  |
|                         |                |              |      |            |       |  |
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|                         |                |              |      |            |       |  |

FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|  |                  |   |  |   |                   |                    |
|--|------------------|---|--|---|-------------------|--------------------|
| R 231  |                  | NAME OF INDIVIDUAL<br><i>Pastor Dominique</i>   |  | LOUISIANA   | E.O.<br><i>30</i> | SHEET<br><i>10</i> |
| COLOR<br><i>W</i>  | AGE<br><i>37</i> | BIRTHPLACE<br><i>St. Julien</i>   |  |   |                   |                    |
| COUNTY<br><i>Iberville</i>   |                  | CITY  |  |   |                   |                    |
| ENUMERATED WITH<br><i>Porterich, Joseph</i>  |                  |   |  |   |                   |                    |
| RELATIONSHIP TO ABOVE  |                  |   |  |   |                   |                    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>B</i> |                   |                    |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18195-P81

|                         |  |                |            |            |            |
|-------------------------|--|----------------|------------|------------|------------|
| R230                    |  | HEAD OF FAMILY |            | LOUISIANA  |            |
| COLOR                   |  | AGE            | BIRTHPLACE |            | E.O. SHEET |
| W                       |  | 29             |            |            | 16 10      |
| COUNTY                  |  |                | CITY       |            |            |
| Avoyelles               |  |                |            |            |            |
| OTHER MEMBERS OF FAMILY |  |                |            |            |            |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |            |
| Henrietta               |  | W              | 30         |            |            |
| Virdie                  |  | D              | 7          |            |            |
| Bessie                  |  | D              | 5          |            |            |
| Henrietta               |  | D              | 3          |            |            |
| Ethel                   |  | D              | 1          |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |                           |   |  |  |                   |
|--|---------------------------|---|--|--|-------------------|
| N256   |                           | NAME OF INDIVIDUAL<br><i>Lusk, E. D.</i>  |  | E.D.<br><i>79</i>  | SHEET<br><i>4</i> |
| COLOR<br><i>W</i>  | AGE<br><i>35</i>          | BIRTHPLACE<br><i>Ill.</i>   |  |  |                   |
| COUNTY<br><i>Napides</i>   | CITY<br><i>Alexandria</i> |   |  |  |                   |
| GENERATED WITH<br><i>Birth, Ill. 21.</i>   |                           |   |  |  |                   |
| RELATIONSHIP TO ABOVE  |                           |   |  |  |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                           | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> DOCTOR<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify)<br><hr/> |                   |

FORM 16-637 (4-25-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 16184-P61

|                         |  |                |                     |                       |           |            |           |
|-------------------------|--|----------------|---------------------|-----------------------|-----------|------------|-----------|
| <i>P235</i>             |  | HEAD OF FAMILY |                     | <i>Ricetown E. T.</i> |           | LOUISIANA  |           |
| COLOR                   |  | AGE            | BIRTHPLACE          |                       | E.D.      |            | SHEET     |
| <i>B</i>                |  | <i>50</i>      | <i>ala</i>          |                       | <i>88</i> |            | <i>16</i> |
| COUNTY                  |  |                | <i>Natchitoches</i> |                       | CITY      |            |           |
| OTHER MEMBERS OF FAMILY |  |                |                     |                       |           |            |           |
| NAME                    |  |                |                     | RELATIONSHIP          | AGE       | BIRTHPLACE |           |
| <i>I Matthe</i>         |  |                |                     | <i>W</i>              | <i>46</i> |            |           |
|                         |  |                |                     |                       |           |            |           |
|                         |  |                |                     |                       |           |            |           |
|                         |  |                |                     |                       |           |            |           |
|                         |  |                |                     |                       |           |            |           |
|                         |  |                |                     |                       |           |            |           |
|                         |  |                |                     |                       |           |            |           |
|                         |  |                |                     |                       |           |            |           |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |      |            |  |
|-------------------------|-----|----------------|------|------------|--|
| R 230                   |     | HEAD OF FAMILY |      | LOUISIANA  |  |
| Kougeat, Ed             |     | E.D.           |      | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |      |            |  |
| W                       | 40  |                |      |            |  |
| COUNTY                  |     |                | CITY |            |  |
| Rapides                 |     |                |      |            |  |
| OTHER MEMBERS OF FAMILY |     |                |      |            |  |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| Belle                   |     | W              | 26   |            |  |
| Emma                    |     | D              | 3    |            |  |
| Emily                   |     | S              | 2    |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |

FORM 18-636 (4-26-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                |                    |           |            |
|-------------------------|----------------|--------------------|-----------|------------|
| R234                    | HEAD OF FAMILY |                    | LOUISIANA |            |
|                         | Rusdale Ed     |                    | E.D. 714  | SHEET 22   |
| COLOR<br>B              | AGE<br>40      | BIRTHPLACE<br>Miss |           |            |
| COUNTY<br>Richland      |                | CITY               |           |            |
| OTHER MEMBERS OF FAMILY |                |                    |           |            |
|                         | NAME           | RELATIONSHIP       | AGE       | BIRTHPLACE |
|                         | Easter         | W                  | 45        | Miss       |
|                         | Lillie         | D                  | 19        |            |
|                         | Rena           | D                  | 18        |            |
|                         | Theresa        | D                  | 16        |            |
|                         | Ed Jr          | S                  | 15        |            |
|                         | Lillian        | D                  | 14        |            |
|                         | Adam           | S                  | 13        |            |

Form 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME     | RELATIONSHIP | AGE    | BIRTHPLACE |
|----------|--------------|--------|------------|
| Lizzie   | D            | 11     |            |
| Effie    | D            | 10     |            |
| Berlab   | D            | 10     |            |
| Rose     | D            | 9      |            |
| Walter   | S            | 5      |            |
| John     | S            | 7      |            |
| Richard  | S            | 3      |            |
| Amey     | D            | 18 1/2 |            |
| (Infant) | S            | 9 1/2  |            |

FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U. S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMB-PC 1910-2-61

|                         |   |                |    |               |     |            |    |
|-------------------------|---|----------------|----|---------------|-----|------------|----|
| 19236                   |   | HEAD OF FAMILY |    | Rossiter Edd. |     | LOUISIANA  |    |
| COLOR                   | B | AGE            | 48 | BIRTHPLACE    | La. | E.D.       | 84 |
| COUNTY                  |   | Madison        |    | CITY          |     | SHEET      |    |
|                         |   |                |    |               |     |            |    |
| OTHER MEMBERS OF FAMILY |   |                |    |               |     |            |    |
| NAME                    |   |                |    | RELATIONSHIP  | AGE | BIRTHPLACE |    |
| 1 Anna                  |   |                |    | W             | 35  |            |    |
|                         |   |                |    |               |     |            |    |
|                         |   |                |    |               |     |            |    |
|                         |   |                |    |               |     |            |    |
|                         |   |                |    |               |     |            |    |
|                         |   |                |    |               |     |            |    |
|                         |   |                |    |               |     |            |    |
|                         |   |                |    |               |     |            |    |
|                         |   |                |    |               |     |            |    |

FORM 16-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |     |                |        |            |  |
|-------------------------|-----|----------------|--------|------------|--|
| R23Y                    |     | HEAD OF FAMILY |        | LOUISIANA  |  |
| Ruckstuhl Edward        |     | E.O.           |        | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |        |            |  |
| W                       | 39  | Germany        |        |            |  |
| COUNTY                  |     |                | CITY   |            |  |
| Terrebonne              |     |                |        |            |  |
| OTHER MEMBERS OF FAMILY |     |                |        |            |  |
| NAME                    |     | RELATIONSHIP   | AGE    | BIRTHPLACE |  |
| Louise                  |     | W              | 29     |            |  |
| Charlie                 |     | S              | 11     |            |  |
| Etheldreda              |     | D              | 8      |            |  |
| Edward                  |     | S              | 6      |            |  |
| Russell                 |     | S              | 3      |            |  |
| Lionel                  |     | S              | 16 1/2 |            |  |
|                         |     |                |        |            |  |

FORM 16-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|   |  |  |                       |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|-----------------------|--------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 1292  |  | NAME OF INDIVIDUAL<br><i>Restgill Edward</i> |                       | E.D.<br><i>102</i> | SHEET<br><i>10</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>W</i>   | AGE<br><i>25</i>                         | BIRTHPLACE                                   |                       |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY  |  |  | CITY<br><i>Monroe</i> |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Ouachita</i>  |  |  |                       |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE<br><i>Hannah Joe</i>  |  |  |                       |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NUNCE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> LAWYER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |                       |                    |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NUNCE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> LAWYER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE              |                       |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NUNCE               |                       |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT             |                       |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> LAWYER   |                       |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT             |                       |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)     |                       |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |                       |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |                       |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-637 (4-29-51)

1910 CENSUS INDEX - INDIVIDUAL

U. S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

WCS004-DC 18100-P01

|   |  |  |                 |           |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|-----------------|-----------|------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|--|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| A-250   |  | NAME OF INDIVIDUAL                       |                 | LOUISIANA |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR   |  | AGE                                      | BIRTH PLACE     |           | E.D. SHEET |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| W   |  | 21                                       | Requard, Edward |           | 52 8       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY  |  |  | CITY            |           |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| Plaquemines   |  |  |                 |           |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |  |                 |           |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| Buons, Adeline  |  |  |                 |           |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |                 |           |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input checked="" type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |                 |           |            | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input checked="" type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW                | <input type="checkbox"/> INMATE          |                 |           |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE                 | <input type="checkbox"/> NURSE           |                 |           |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW         | <input type="checkbox"/> PATIENT         |                 |           |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW         | <input type="checkbox"/> ROOMER          |                 |           |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input checked="" type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT         |                 |           |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW       | <input type="checkbox"/> OTHER (Specify) |                 |           |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW        |  |                 |           |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW         |  |                 |           |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVID

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18102-P81

|                         |  |                |  |              |  |      |  |            |  |
|-------------------------|--|----------------|--|--------------|--|------|--|------------|--|
| R 230                   |  | HEAD OF FAMILY |  | Louisiana    |  | E.D. |  | SHEET      |  |
| COLOR                   |  | AGE            |  | BIRTHPLACE   |  | 58   |  | 12         |  |
| B                       |  | 47             |  | Vociville    |  |      |  |            |  |
| COUNTY                  |  |                |  | CITY         |  |      |  |            |  |
| OTHER MEMBERS OF FAMILY |  |                |  |              |  |      |  |            |  |
| NAME                    |  |                |  | RELATIONSHIP |  | AGE  |  | BIRTHPLACE |  |
| Mary                    |  |                |  | W            |  | 37   |  |            |  |
| Leontine                |  |                |  | D            |  | 19   |  |            |  |
| Leon                    |  |                |  | S            |  | 17   |  |            |  |
| Curtis                  |  |                |  | S            |  | 14   |  |            |  |
| Attie                   |  |                |  | D            |  | 12   |  |            |  |
| Gustave                 |  |                |  | S            |  | 11   |  |            |  |
| Evans                   |  |                |  | S            |  | 4    |  |            |  |

Form 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |   |                |     |            |  |
|-------------------------|---|----------------|-----|------------|--|
| R 234                   |   | HEAD OF FAMILY |     | LOUISIANA  |  |
| Bordale, Edward M       |   | E.D.           |     | 78         |  |
| COLOR                   | W | AGE            | 53  | BIRTHPLACE |  |
| COUNTY                  |   | Rapides        |     | CITY       |  |
|                         |   |                |     | Alexandria |  |
| OTHER MEMBERS OF FAMILY |   |                |     |            |  |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| Living alone            |   |                |     |            |  |
|                         |   |                |     |            |  |
|                         |   |                |     |            |  |
|                         |   |                |     |            |  |
|                         |   |                |     |            |  |
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|                         |   |                |     |            |  |
|                         |   |                |     |            |  |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |            |
|-------------------------|--|----------------|------------|------------|------------|
| R236                    |  | HEAD OF FAMILY |            | LOUISIANA  |            |
| COLOR                   |  | AGE            | BIRTHPLACE |            | E.D. SHEET |
| W                       |  | 41             | Miss       |            | 130 9      |
| COUNTY                  |  |                | CITY       |            |            |
| Washington              |  |                |            |            |            |
| OTHER MEMBERS OF FAMILY |  |                |            |            |            |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |            |
| Nancy                   |  | H              | 31         |            |            |
| Emile                   |  | D              | 13         |            |            |
| James                   |  | S              | 11         |            |            |
| Burdie                  |  | D              | 9          |            |            |
| Thomas A                |  | S              | 7          |            |            |
| Edgar                   |  | S              | 4          |            |            |
| Edline                  |  | D              | 5          |            |            |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME     | RELATION-<br>SHIP | AGE | BIRTHPLACE |
|----------|-------------------|-----|------------|
| 1 Bessie | D                 | 3   |            |
| 4 Bo     |                   |     |            |
|          |                   |     |            |
|          |                   |     |            |
|          |                   |     |            |
|          |                   |     |            |
|          |                   |     |            |
|          |                   |     |            |
|          |                   |     |            |
|          |                   |     |            |
|          |                   |     |            |

FORM 10-638a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-4-DC 18100-P-61



|   |  |   | LOUISIANA |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|---|--|---|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|-------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| 230   | NAME OF INDIVIDUAL                       |   | E.O.      | SHEET |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|   | Ridout, Eliza                            |   | 129       | 11    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR   | AGE                                      | BIRTHPLACE  |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| Blk   | 24                                       |   |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY  |  | CITY  |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| Iowa  |  |   |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENRICHED WITH   |  |   |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| Smith, Linda  |  |   |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tbody> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NICE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </tbody> </table> |  |   |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NICE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NICE            | <input type="checkbox"/> NURSE                      |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 10-637 (4-30-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

10100-P01

LOUISIANA

|  |          |   |      |  |             |
|--|----------|---|------|--|-------------|
| R230   |          | NAME OF INDIVIDUAL<br>Rockwood Elizabeth  |      | E.O.<br>85   | SHEET<br>17 |
| COLOR<br>B   | AGE<br>4 | BIRTHPLACE<br>May   |      |  |             |
| COUNTY   |          |   | CITY |  |             |
| ENUMERATED WITH<br>Deprand Manuel  |          |   |      |  |             |
| RELATIONSHIP TO ABOVE  |          |   |      |  |             |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |          | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> WMAFE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br>SD |             |

FORM 16-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1960 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 16169-P61

LOUISIANA

|  |          |   |      |   |             |
|--|----------|---|------|---|-------------|
| R23  |          | NAME OF INDIVIDUAL<br>Rosalotte Eldridge  |      | E.D.<br>51  | SHEET<br>14 |
| COLOR<br>W   | AGE<br>7 | BIRTHPLACE  |      |   |             |
| COUNTY<br>Franklin   |          |   | CITY |   |             |
| ENUMERATED WITH<br>Allen W. William A  |          |   |      |   |             |
| RELATIONSHIP TO ABOVE  |          |   |      |   |             |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |          | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br>SS |             |

Form 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 1910-P61

|  |  |                    |   |                |  |  |  |       |  |
|--|--|--------------------|---|----------------|--|--|--|-------|--|
| R 230  |  | NAME OF INDIVIDUAL |   | ROSETTE ELVINA |  | E.O.   |  | SHEET |  |
| COLOR  |  | AGE                |   | BIRTHPLACE     |  | 100  |  | 7     |  |
| 8  |  | 12                 |   |                |  |  |  |       |  |
| COUNTY   |  |                    |   | CITY           |  |  |  |       |  |
| St. Landry   |  |                    |   |                |  |  |  |       |  |
| ENUMERATED WITH  |  |                    |   |                |  |  |  |       |  |
| Robertson Taylor   |  |                    |   |                |  |  |  |       |  |
| RELATIONSHIP TO ABOVE  |  |                    |   |                |  |  |  |       |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  |                    | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |                |  | <input type="checkbox"/> ORNATE<br><input type="checkbox"/> MARDE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |  |       |  |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |  |
|-------------------------|-----|----------------|-----|------------|--|
| R236                    |     | HEAD OF FAMILY |     | LOUISIANA  |  |
| E.D.                    |     | SHEET          |     |            |  |
| COLOR                   | AGE | BIRTHPLACE     |     |            |  |
| MC                      | 24  |                |     |            |  |
| COUNTY                  |     | St. Mary       |     | CITY       |  |
|                         |     |                |     | Assumption |  |
| OTHER MEMBERS OF FAMILY |     |                |     |            |  |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| / Father                |     | W              | 21  |            |  |
| / William               |     | S              | 5   |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |

Form 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |   |                          |           |            |            |
|---|--|---|--------------------------|-----------|------------|------------|
| R 231   |  | NAME OF INDIVIDUAL<br><i>Restiff Emma</i> |                          | LOUISIANA | E.D.<br>93 | SHEET<br>6 |
| COLOR<br><i>Wm</i>                                | AGE<br>6                                 | BIRTHPLACE                                |                          |           |            |            |
| COUNTY<br><i>S. Mary</i>                          |  |   | CITY<br><i>Patterson</i> |           |            |            |
| ENUMERATED WITH                                   |  |   | <i>Brown Emma</i>        |           |            |            |
| RELATIONSHIP TO ABOVE                             |  |   |                          |           |            |            |
| <input type="checkbox"/> FATHER                   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE           |                          |           |            |            |
| <input type="checkbox"/> MOTHER                   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE            |                          |           |            |            |
| <input type="checkbox"/> GRANDFATHER              | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT          |                          |           |            |            |
| <input type="checkbox"/> GRANDMOTHER              | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER           |                          |           |            |            |
| <input type="checkbox"/> GRANDSON                 | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT          |                          |           |            |            |
| <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)  |                          |           |            |            |
| <input type="checkbox"/> AUNT                     | <input type="checkbox"/> BROTHER-IN-LAW  |   |                          |           |            |            |
| <input type="checkbox"/> UNCLE                    | <input type="checkbox"/> SISTER-IN-LAW   |   |                          |           |            |            |

FORM 10-637 (4-30-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 10100-P01

|   |  |  |  |            |  |       |  |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|--|------------|--|-------|--|---------------------------------|---------------------------------|---------------------------------|--|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R236  |  | NAME OF INDIVIDUAL                       |  | E.D.       |  | SHEET |  |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR   |  | AGE                                      |  | BIRTHPLACE |  | 12 16 |  |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| B   |  | 64                                       |  |            |  |       |  |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY  |  |  |  | CITY       |  |       |  |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Catatoula   |  |  |  |            |  |       |  |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |  |  |            |  |       |  |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Richard   |  |  |  |            |  |       |  |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |  |            |  |       |  |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input checked="" type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |            |  |       |  | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input checked="" type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |  |            |  |       |  |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |  |            |  |       |  |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |  |            |  |       |  |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |  |            |  |       |  |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |  |            |  |       |  |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |  |            |  |       |  |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |            |  |       |  |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |  |            |  |       |  |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18108-P01

LOUISIANA

|  |  |   |      |                    |                   |
|--|--|---|------|--------------------|-------------------|
| 1-230                                      |  | NAME OF INDIVIDUAL<br><i>Registt Emmett</i> |      | E.D.<br><i>125</i> | SHEET<br><i>9</i> |
| COLOR<br><i>W</i>                          | AGE<br><i>21</i>                           | BIRTHPLACE                                  |      |                    |                   |
| COUNTY<br><i>Washington</i>                |  |   | CITY |                    |                   |
| ENUMERATED WITH<br><i>Brookman Therman</i> |  |   |      |                    |                   |
| RELATIONSHIP TO ABOVE                      |  |   |      |                    |                   |
| <input type="checkbox"/> FATHER            | <input checked="" type="checkbox"/> NEPHER | <input type="checkbox"/> INMATE             |      |                    |                   |
| <input type="checkbox"/> MOTHER            | <input type="checkbox"/> NIECE             | <input type="checkbox"/> NURSE              |      |                    |                   |
| <input type="checkbox"/> GRANDFATHER       | <input type="checkbox"/> FATHER-IN-LAW     | <input type="checkbox"/> PATIENT            |      |                    |                   |
| <input type="checkbox"/> GRANDMOTHER       | <input type="checkbox"/> MOTHER-IN-LAW     | <input type="checkbox"/> ROOMER             |      |                    |                   |
| <input type="checkbox"/> GRANDSON          | <input type="checkbox"/> SON-IN-LAW        | <input type="checkbox"/> SERVANT            |      |                    |                   |
| <input type="checkbox"/> GRANDDAUGHTER     | <input type="checkbox"/> DAUGHTER-IN-LAW   | <input type="checkbox"/> OTHER (Specify)    |      |                    |                   |
| <input type="checkbox"/> AUNT              | <input type="checkbox"/> BROTHER-IN-LAW    |   |      |                    |                   |
| <input type="checkbox"/> UNCLE             | <input type="checkbox"/> SISTER-IN-LAW     |   |      |                    |                   |

FORM 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 10100-P01



LOUISIANA

|  |   |  |            |             |
|--|---|--|------------|-------------|
| R230                                   | NAME OF INDIVIDUAL<br>Best Ernest                   |  | E.D.<br>80 | SHEET<br>10 |
| COLOR<br>B                             | AGE<br>5  | BIRTHPLACE                               |            |             |
| COUNTY<br>St. John the Baptist         |   | CITY                                     |            |             |
| ENUMERATED WITH<br>Mills Tillie        |   |  |            |             |
| RELATIONSHIP TO ABOVE                  |   |  |            |             |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHER                     | <input type="checkbox"/> WIFE            |            |             |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NIECE                      | <input type="checkbox"/> NURSE           |            |             |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW              | <input type="checkbox"/> PATIENT         |            |             |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW              | <input type="checkbox"/> ROOMER          |            |             |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW                 | <input type="checkbox"/> SERVANT         |            |             |
| <input type="checkbox"/> GRANDDAUGHTER | <input checked="" type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |            |             |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW             |  |            |             |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW              |  |            |             |

FORM 16-637 (4-20-37)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 1816-P61

|                         |              | LOUISIANA      |            |
|-------------------------|--------------|----------------|------------|
| R 232                   |              | HEAD OF FAMILY | E.D. SHEET |
| COLOR                   | W            | AGE            | 34         |
|                         |              | BIRTHPLACE     |            |
| COUNTY                  | St. Mary     | CITY           | Morgan     |
| OTHER MEMBERS OF FAMILY |              |                |            |
| NAME                    | RELATIONSHIP | AGE            | BIRTHPLACE |
| Gina                    | W            | 25             |            |
| Evert                   | S            | 5              |            |
| George                  | S            | 3              |            |
| Eugenie                 | D            | 1              |            |
|                         |              |                |            |
|                         |              |                |            |
|                         |              |                |            |

FORM 10-435 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |                 |   |  |   |                   |
|--|-----------------|---|--|---|-------------------|
| R230   |                 | NAME OF INDIVIDUAL<br><i>Roggette Eunice</i>  |  | E.D.<br><i>11</i>   | SHEET<br><i>8</i> |
| COLOR<br><i>mu</i>   | AGE<br><i>8</i> | BIRTHPLACE  |  |   |                   |
| COUNTY<br><i>Iberia</i>  |                 | CITY  |  |   |                   |
| ENUMERATED WITH<br><i>Huron, Gustave</i>   |                 |   |  |   |                   |
| RELATIONSHIP TO ABOVE  |                 |   |  |   |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                 | <input type="checkbox"/> NEPHEW<br><input checked="" type="checkbox"/> WIFE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify)<br><hr/> |                   |

FORM 10-637 (4-20-57)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1930 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 19109-P61

LOUISIANA

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| K230                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.O.       | SHEET |
| B                       |  | 36             |            | 13         | 3     |
| COUNTY                  |  |                | Iberia     | CITY       |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Emily                   |  | W              | 36         |            |       |
| Leonice                 |  | S              | 14         |            |       |
| Florence                |  | D              | 13         |            |       |
| Florence                |  | D              | 10         |            |       |
| Elnora                  |  | D              | 5          |            |       |
| Ophelia                 |  | D              | 3          |            |       |

FORM 18-636 (4-30-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |             |       |
|-------------------------|--|----------------|------------|-------------|-------|
| R 230                   |  | HEAD OF FAMILY |            | LOUISIANA   |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.        | SHEET |
| B                       |  | 18             |            | 15          | 5     |
| COUNTY                  |  |                | Clai borne | CITY        |       |
|                         |  |                |            | Summerfield |       |
| OTHER MEMBERS OF FAMILY |  |                |            |             |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE  |       |
| Vtacy, Garney           |  | D              | 2          |             |       |
|                         |  |                |            |             |       |
|                         |  |                |            |             |       |
|                         |  |                |            |             |       |
|                         |  |                |            |             |       |
|                         |  |                |            |             |       |
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|                         |  |                |            |             |       |

FORM 16-636 (6-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |      |                |      |            |  |
|-------------------------|------|----------------|------|------------|--|
| 1230                    |      | HEAD OF FAMILY |      | LOUISIANA  |  |
| RIGHT FANNIE            |      | E.D.           |      | SHEET      |  |
| COLOR                   | W    | AGE            | 64   | BIRTHPLACE |  |
| COUNTY                  | Winn |                | CITY |            |  |
| OTHER MEMBERS OF FAMILY |      |                |      |            |  |
| NAME                    |      | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| 1 Charlie               |      | 5              | 29   |            |  |
| Enoch                   |      | 5              | 28   |            |  |
| Hazel Florence          |      | 10             | 10   |            |  |
|                         |      |                |      |            |  |
|                         |      |                |      |            |  |
|                         |      |                |      |            |  |
|                         |      |                |      |            |  |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |  |              |     |            |       |
|-------------------------|--|----------------|--|--------------|-----|------------|-------|
| R230                    |  | HEAD OF FAMILY |  | Rost Isip    |     | LOUISIANA  |       |
| COLOR                   |  | AGE            |  | BIRTHPLACE   |     | E.D.       | SHEET |
| Mr                      |  | 25             |  |              |     | 63         | 11    |
| COUNTY                  |  |                |  | St. Charles  |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |  |                |  |              |     |            |       |
| NAME                    |  |                |  | RELATIONSHIP | AGE | BIRTHPLACE |       |
| Hill Jonas              |  |                |  | C            | 24  |            |       |
| Jones Mary              |  |                |  | U            | 45  |            |       |
|                         |  |                |  |              |     |            |       |
|                         |  |                |  |              |     |            |       |
|                         |  |                |  |              |     |            |       |
|                         |  |                |  |              |     |            |       |
|                         |  |                |  |              |     |            |       |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |           |                |       |                  |  |           |       |
|-------------------------|-----------|----------------|-------|------------------|--|-----------|-------|
| R230                    |           | HEAD OF FAMILY |       | ROSETE FERDINAND |  | LOUISIANA |       |
| COLOR                   | W         | AGE            | 30    | BIRTHPLACE       |  | E.D.      | SHEET |
|                         |           |                |       |                  |  | 66        | 46    |
| COUNTY                  |           |                |       | St. James        |  | CITY      |       |
| OTHER MEMBERS OF FAMILY |           |                |       |                  |  |           |       |
|                         | NAME      | RELATIONSHIP   | AGE   | BIRTHPLACE       |  |           |       |
|                         | Christine | W.             | 30    |                  |  |           |       |
|                         | Elmer     | S              | 9     |                  |  |           |       |
|                         | Robert    | S              | 8     |                  |  |           |       |
|                         | Herbie    | D              | 6     |                  |  |           |       |
|                         | Burley    | D              | 5     |                  |  |           |       |
|                         | Clarence  | D              | 3     |                  |  |           |       |
|                         | Edelle    | D              | 1 1/2 |                  |  |           |       |

FORM 16-636 (4-28-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |   |                |     |                 |  |           |     |
|-------------------------|---|----------------|-----|-----------------|--|-----------|-----|
| P230                    |   | HEAD OF FAMILY |     | ROCKET, Floyd H |  | LOUISIANA |     |
| COLOR                   | W | AGE            | 34  | BIRTHPLACE      |  | E.D.      | 132 |
|                         |   |                |     |                 |  | SHEET     | 22  |
| COUNTY                  |   |                |     | Union           |  | CITY      |     |
| OTHER MEMBERS OF FAMILY |   |                |     |                 |  |           |     |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE      |  |           |     |
| Carie E                 |   | W              | 31  |                 |  |           |     |
| Verna S                 |   | D              | 13  |                 |  |           |     |
| Dewey H.                |   | S              | 11  |                 |  |           |     |
| Vera E                  |   | D              | 9   |                 |  |           |     |
| Lawie                   |   | S              | 4   |                 |  |           |     |
|                         |   |                |     |                 |  |           |     |
|                         |   |                |     |                 |  |           |     |

FORM 10-630 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R 230                   |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| B                       |  | 27             |            | 59         | 4     |
| COUNTY                  |  |                | CITY       |            |       |
| Iberville               |  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| James A. Jones          |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
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Form 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                                 |                      |     | LOUISIANA  |             |
|-------------------------|---------------------------------|----------------------|-----|------------|-------------|
| R23                     | HEAD OF FAMILY<br>Resatto Frank |                      |     | E.D.<br>36 | SHEET<br>11 |
| COLOR<br>W              | AGE<br>39                       | BIRTHPLACE<br>Italy  |     |            |             |
| COUNTY<br>Calcasieu     |                                 | CITY<br>Lake Charles |     |            |             |
| OTHER MEMBERS OF FAMILY |                                 |                      |     |            |             |
| NAME                    |                                 | RELATIONSHIP         | AGE | BIRTHPLACE |             |
| Lucy                    |                                 | W                    | 28  | Italy      |             |
| Geo. R.                 |                                 | D                    | 19  | Italy      |             |
| Bessie                  |                                 | D                    | 16  | Italy      |             |
| Angela                  |                                 | D                    | 12  | Italy      |             |
| Josephine               |                                 | D                    | 10  |            |             |
| Bertonia                |                                 | D                    | 6   |            |             |
| Lissy                   |                                 | D                    | 4   |            |             |



| HEAD OF FAMILY          |              | LOUISIANA  |            |
|-------------------------|--------------|------------|------------|
| E.O.                    | SHEET        |            |            |
| R 230                   | Frank        | 50         | 1          |
| COLOR                   | AGE          | BIRTHPLACE |            |
| W                       | 41           | Italy      |            |
| COUNTY                  | CITY         |            |            |
| Terrebonne              | White Castle |            |            |
| OTHER MEMBERS OF FAMILY |              |            |            |
| NAME                    | RELATIONSHIP | AGE        | BIRTHPLACE |
| Maria                   | W            | 35         | Italy      |
| Erasmus                 | S            | 16         |            |
| Catherine               | D            | 7          |            |
| Joseph                  | S            | 3          |            |
| Frank Jr                | S            | 6          |            |
| Francisco               | D            | 4          |            |
|                         |              |            |            |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |      |            |  |
|-------------------------|-----|----------------|------|------------|--|
| R 230                   |     | HEAD OF FAMILY |      | LOUISIANA  |  |
| Resault Frank           |     | E.O.           |      | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |      |            |  |
| W                       | 21  |                |      |            |  |
| COUNTY                  |     |                | CITY |            |  |
| St. James               |     |                |      |            |  |
| OTHER MEMBERS OF FAMILY |     |                |      |            |  |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| 1 Ungere                |     | M              | 66   | Italy      |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
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|                         |     |                |      |            |  |

FORM 16-636 (4-30-31)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |      |            |  |
|-------------------------|-----|----------------|------|------------|--|
| R234                    |     | HEAD OF FAMILY |      | LOUISIANA  |  |
| Rosette Frank           |     | E.D.           |      | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |      |            |  |
| B                       | 49  |                |      |            |  |
| COUNTY                  |     |                | CITY |            |  |
| St. Landry              |     |                |      |            |  |
| OTHER MEMBERS OF FAMILY |     |                |      |            |  |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| 1 Madam                 |     | W              | 40   |            |  |
| Cooper Henry            |     | S              | 13   |            |  |
| 1 Viola                 |     | D              | 11   |            |  |
| 1 Leola                 |     | D              | 9    |            |  |
| Green Edward            |     | GS             | 4    |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |   |  |  |                                      |
|--|---|--|--|--------------------------------------|
| R-235  |   | NAME OF INDIVIDUAL<br><i>Rayston Frank</i>   |  | LOUISIANA                            |
| COLOR<br><i>B</i>  | AGE<br><i>24</i>  | BIRTHPLACE   |  | E.D.<br><i>121</i> SHEET<br><i>3</i> |
| COUNTY   |   | CITY<br><i>Newellton</i>   |  |                                      |
| ENUMERATED WITH<br><i>Buckner John</i>   |   |  |  |                                      |
| RELATIONSHIP TO ABOVE  |   |  |  |                                      |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>SS</i> |  |                                      |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-PC 16106-P61



|  |  |   |  |           |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|--|--|---|--|-----------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|-------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| K230   |  | NAME OF INDIVIDUAL                                  |  | LOUISIANA |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| Richard Frank J.   |  | E.O.  |  | SHEET     |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR  | AGE                                      | BIRTHPLACE  |  |           |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| W  | 30                                       |   |  |           |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY   |  | CITY  |  |           |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| East Baton Rouge   |  | Baton Rouge   |  |           |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH  |  |   |  |           |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| Richard Lewis J.   |  |   |  |           |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   |  |           |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NICE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |           |  | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NICE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |  |           |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NICE            | <input type="checkbox"/> NURSE                      |  |           |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |           |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |           |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |           |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |           |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |           |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |   |  |           |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 18-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P61

|                         |  |                |  |                   |  |           |  |
|-------------------------|--|----------------|--|-------------------|--|-----------|--|
| H 230                   |  | HEAD OF FAMILY |  | Rust, Franklin P. |  | LOUISIANA |  |
| COLOR                   |  | AGE            |  | BIRTHPLACE        |  | E.D.      |  |
| H                       |  | 57             |  |                   |  | 15        |  |
| COUNTY                  |  |                |  | CITY              |  |           |  |
| Iberia                  |  |                |  |                   |  |           |  |
| OTHER MEMBERS OF FAMILY |  |                |  |                   |  |           |  |
| NAME                    |  |                |  | RELATIONSHIP      |  | AGE       |  |
|                         |  |                |  |                   |  |           |  |
| Annie                   |  |                |  | Si                |  | 35        |  |
| Louise                  |  |                |  | Si                |  | 38        |  |
|                         |  |                |  |                   |  |           |  |
|                         |  |                |  |                   |  |           |  |
|                         |  |                |  |                   |  |           |  |
|                         |  |                |  |                   |  |           |  |
|                         |  |                |  |                   |  |           |  |
|                         |  |                |  |                   |  |           |  |

FORM 10-436 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |  |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|-------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|--|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R230   | NAME OF INDIVIDUAL<br><i>Right, Fred</i> |  | E.D.<br><i>81</i> | SHEET<br><i>4</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>Mu.</i>  | AGE<br><i>5</i>                          | BIRTHPLACE                               |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>Madison</i>   |  | CITY                                     |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Hall, Henry</i>  |  |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> INMATE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input checked="" type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> |  |  |                   |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-637 (4-29-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMB-DC 1910-P61

|                         |              |            | LOUISIANA  |       |
|-------------------------|--------------|------------|------------|-------|
| HEAD OF FAMILY          |              |            | E.D.       | SHEET |
| R 236                   | Riader, Fred |            | 32         | 18    |
| COLOR                   | AGE          | BIRTHPLACE |            |       |
| W                       | 23           |            |            |       |
| COUNTY                  |              | CITY       |            |       |
| Calcasieu               |              |            |            |       |
| OTHER MEMBERS OF FAMILY |              |            |            |       |
| NAME                    | RELATIONSHIP | AGE        | BIRTHPLACE |       |
| / Edna                  | W            | 17         |            |       |
| Chester                 | S            | 4 1/2      |            |       |
|                         |              |            |            |       |
|                         |              |            |            |       |
|                         |              |            |            |       |
|                         |              |            |            |       |
|                         |              |            |            |       |
|                         |              |            |            |       |

FORM 16-536 (4-20-51)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |          |                |      |            |       |
|-------------------------|----------|----------------|------|------------|-------|
| R 234                   |          | HEAD OF FAMILY |      | LOUISIANA  |       |
| Bassiter                |          | Fred           |      | E.D.       | SHEET |
| COLOR                   | W        | AGE            | 37   | BIRTHPLACE |       |
| COUNTY                  | Caldwell |                | CITY |            |       |
| OTHER MEMBERS OF FAMILY |          |                |      |            |       |
| NAME                    |          | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Elizabeth               |          | W              | 35   |            |       |
| Betty                   |          | d              | 12   |            |       |
| Lizeth                  |          | d              | 11   |            |       |
| Lola                    |          | d              | 8    |            |       |
| Fred Jr                 |          | S              | 6    |            |       |
| Edward                  |          | S              | 5    |            |       |
| Emanuel                 |          | d              | 1    |            |       |

FORM 18-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                  |            |            |          |
|-------------------------|------------------|------------|------------|----------|
| R236                    | HEAD OF FAMILY   |            | LOUISIANA  |          |
|                         | Bustrop Judia J. |            | E.D. 93    | SHEET 27 |
| COLOR W                 | AGE 50           | BIRTHPLACE |            |          |
| COUNTY                  | St. Mary         | CITY       | Patterson  |          |
| OTHER MEMBERS OF FAMILY |                  |            |            |          |
| NAME                    | RELATIONSHIP     | AGE        | BIRTHPLACE |          |
| Annie                   | W                | 43         |            |          |
| Hugh                    | S                | 21         |            |          |
| Thelma                  | S                | 18         |            |          |
| Judia                   | D                | 16         |            |          |
| Ester                   | D                | 14         |            |          |
| Annie                   | D                | 11         |            |          |
| Garrett                 | S                | 9          |            |          |

FORM 18-636 (4-20-61)  
1918 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME     | RELATION-<br>SHIP | AGE | BIRTHPLACE |
|----------|-------------------|-----|------------|
| 1 Polans | S                 | 6   |            |
|          |                   |     |            |
|          |                   |     |            |
|          |                   |     |            |
|          |                   |     |            |
|          |                   |     |            |
|          |                   |     |            |
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|          |                   |     |            |
|          |                   |     |            |
|          |                   |     |            |
|          |                   |     |            |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18106-P81

| HEAD OF FAMILY          |              | LOUISIANA  |            |
|-------------------------|--------------|------------|------------|
| E.O.                    | SHEET        |            |            |
| R 230                   | 68           | 17         |            |
| COLOR                   | AGE          | BIRTHPLACE |            |
| W                       | 34           | Italy      |            |
| COUNTY                  | ST. James    |            | CITY       |
| OTHER MEMBERS OF FAMILY |              |            |            |
| NAME                    | RELATIONSHIP | AGE        | BIRTHPLACE |
| Katarina                | W            | 30         | Italy      |
| Vincenzo                | P            | 13         |            |
| Bologano                | S            | 7          |            |
| Nathia                  | S            | 5          |            |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |



|  |   |
|--|---|
| LOUISIANA  |   |
| R230   | NAME OF INDIVIDUAL <i>Light Path</i>  |
| E.D. <i>59</i>   | SHEET <i>7</i>  |
| COLOR <i>B</i>   | AGE <i>62</i> BIRTHPLACE <i>Miss</i>  |
| COUNTY   | CITY <i>Terrebonne</i>  |
| ENUMERATED WITH  | <i>Hollywood Georgian</i>   |
| RELATIONSHIP TO ABOVE  |   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify) <i>Bo</i>  |   |

FORM 16-637 (4-20-61)

1930 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMB-DC 1930-P61

|                         |             |                     |           |            |       |
|-------------------------|-------------|---------------------|-----------|------------|-------|
| R-236                   |             | HEAD OF FAMILY      |           | LOUISIANA  |       |
|                         |             | <i>Reston Selig</i> |           | E.D.       | SHEET |
| COLOR                   | AGE         | BIRTHPLACE          |           |            |       |
|                         | <i>a 28</i> |                     |           |            |       |
| COUNTY                  |             |                     | CITY      |            |       |
| <i>Washington</i>       |             |                     |           |            |       |
| OTHER MEMBERS OF FAMILY |             |                     |           |            |       |
| NAME                    |             | RELATIONSHIP        | AGE       | BIRTHPLACE |       |
| <i>Charles</i>          |             | <i>W</i>            | <i>28</i> |            |       |
| <i>Father</i>           |             | <i>S</i>            | <i>5</i>  |            |       |
| <i>Ellie</i>            |             | <i>S</i>            | <i>3</i>  |            |       |
| <i>Mary Ellen</i>       |             | <i>D</i>            | <i>6</i>  |            |       |
| <i>Ethel</i>            |             | <i>D</i>            | <i>2</i>  |            |       |
| <i>Jordan Arthur</i>    |             | <i>M</i>            | <i>12</i> |            |       |
|                         |             |                     |           |            |       |

FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |            |    |
|-------------------------|---|----------------|-----|------------|----|
| R 230                   |   | HEAD OF FAMILY |     | LOUISIANA  |    |
| COLOR                   | B | AGE            | 17  | E.D.       | 36 |
|                         |   | BIRTHPLACE     |     | SHEET 3    |    |
| COUNTY                  |   | Bossier        |     | CITY       |    |
| OTHER MEMBERS OF FAMILY |   |                |     |            |    |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |    |
| Bryant, Guernsey        |   | Aunt           | 27  |            |    |
|                         |   |                |     |            |    |
|                         |   |                |     |            |    |
|                         |   |                |     |            |    |
|                         |   |                |     |            |    |
|                         |   |                |     |            |    |
|                         |   |                |     |            |    |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |  |  |             |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|-------------|-------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|--|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R232   | NAME OF INDIVIDUAL<br>Rosette, George    |  | E.D.<br>153 | SHEET<br>23 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br>B   | AGE<br>11                                | BIRTHPLACE                               |             |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br>St. Landry   |  | CITY                                     |             |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br>Warner, Actell  |  |  |             |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |             |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> INMATE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input checked="" type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> |  |  |             |             | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |             |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |             |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |             |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |             |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |             |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |             |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |             |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |             |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18104-P01

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R230                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.O.       | SHEET |
| In                      |  | 69             |            | 105        | 7     |
| COUNTY                  |  |                | CITY       |            |       |
| Sabine                  |  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Maranda                 |  | W              | 49         |            |       |
| Peggie                  |  | D              | 8          |            |       |
| Chas                    |  | D              | 5          |            |       |
| Almon                   |  | D              | 2          |            |       |
| Francis                 |  | D              | 1 1/2      |            |       |
| Horton Eric             |  | SD             | 18         |            |       |
| Lee                     |  | SD             | 16         |            |       |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME              | RELATION-<br>SHIP | AGE       | BIRTHPLACE |
|-------------------|-------------------|-----------|------------|
| <i>Sgt. Sarah</i> | <i>SS</i>         | <i>13</i> |            |
|                   |                   |           |            |
|                   |                   |           |            |
|                   |                   |           |            |
|                   |                   |           |            |
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FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18198-P61

|                         |  |                |  |              |  |      |  |            |  |
|-------------------------|--|----------------|--|--------------|--|------|--|------------|--|
| R 237                   |  | HEAD OF FAMILY |  | LOUISIANA    |  | E.D. |  | SHEET      |  |
| COLOR                   |  | AGE            |  | BIRTHPLACE   |  | 113  |  | 18         |  |
| W                       |  | 51             |  | Tangipahoa   |  |      |  |            |  |
| COUNTY                  |  |                |  | CITY         |  |      |  |            |  |
| Tangipahoa              |  |                |  |              |  |      |  |            |  |
| OTHER MEMBERS OF FAMILY |  |                |  |              |  |      |  |            |  |
| NAME                    |  |                |  | RELATIONSHIP |  | AGE  |  | BIRTHPLACE |  |
| Lucy                    |  |                |  | W            |  | 51   |  |            |  |
|                         |  |                |  |              |  |      |  |            |  |
|                         |  |                |  |              |  |      |  |            |  |
|                         |  |                |  |              |  |      |  |            |  |
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|                         |  |                |  |              |  |      |  |            |  |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |  |
|-------------------------|-----|----------------|-----|------------|--|
| R235                    |     | HEAD OF FAMILY |     | LOUISIANA  |  |
| Kaston George           |     | E.D.           |     | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |     |            |  |
| 10                      | 29  |                |     |            |  |
| COUNTY                  |     | CITY           |     |            |  |
| Natchitoches            |     |                |     |            |  |
| OTHER MEMBERS OF FAMILY |     |                |     |            |  |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| Living alone            |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
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FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |              |                |      |            |       |
|-------------------------|--------------|----------------|------|------------|-------|
| R236                    |              | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR                   | AGE          | BIRTHPLACE     |      | E.D.       | SHEET |
| W                       | 25           | Natchitoches   |      | 90         | 1     |
| COUNTY                  | Natchitoches |                | CITY |            |       |
| OTHER MEMBERS OF FAMILY |              |                |      |            |       |
| NAME                    |              | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Thomas                  |              | W              | 25   |            |       |
| Thomas                  |              | 1              | 2    |            |       |
|                         |              |                |      |            |       |
|                         |              |                |      |            |       |
|                         |              |                |      |            |       |
|                         |              |                |      |            |       |
|                         |              |                |      |            |       |
|                         |              |                |      |            |       |
|                         |              |                |      |            |       |

FORM 18-436 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |             |       |
|-------------------------|--|----------------|------------|-------------|-------|
| A236                    |  | HEAD OF FAMILY |            | LOUISIANA   |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.O.        | SHEET |
| W                       |  | 33             |            | 95          | 17    |
| COUNTY                  |  | St. Mary       |            | CITY        |       |
|                         |  |                |            | Morgan City |       |
| OTHER MEMBERS OF FAMILY |  |                |            |             |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE  |       |
| Victoria                |  | W              | 26         |             |       |
| George W                |  | S              | 8          |             |       |
| R. Henry                |  | D              | 6          |             |       |
| Thomas D                |  | S              | 4          |             |       |
|                         |  |                |            |             |       |
|                         |  |                |            |             |       |
|                         |  |                |            |             |       |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| 8236                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| W                       |  | 58             |            | 146        | 9     |
| COUNTY                  |  |                | Vernon     | CITY       |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Jesse James             |  | S              | 18         |            |       |
| Harriet Delila          |  | D              | 22         |            |       |
| Lula Bell               |  | D              | 15         |            |       |
| John Rogers             |  | S              | 12         |            |       |
| Slaughter, Marie B      |  | GS             | 5          |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |                  |       |            |  |
|-------------------------|--|----------------|------------|------------------|-------|------------|--|
| R232                    |  | HEAD OF FAMILY |            | Rister George R. |       | LOUISIANA  |  |
| COLOR                   |  | AGE            | BIRTHPLACE |                  | E.O.  | SHEET      |  |
| W                       |  | 28             | SC         |                  | 93    | 18         |  |
| COUNTY                  |  |                |            | CITY             |       |            |  |
| OTHER MEMBERS OF FAMILY |  |                |            |                  |       |            |  |
| NAME                    |  |                |            | RELATIONSHIP     | AGE   | BIRTHPLACE |  |
| Minnie                  |  |                |            | W                | 25    |            |  |
| Child unnamed           |  |                |            | D                | 1 1/2 |            |  |
|                         |  |                |            |                  |       |            |  |
|                         |  |                |            |                  |       |            |  |
|                         |  |                |            |                  |       |            |  |
|                         |  |                |            |                  |       |            |  |
|                         |  |                |            |                  |       |            |  |
|                         |  |                |            |                  |       |            |  |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R 236                   |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| W                       |  | 53             | 2210       | 87         | 18    |
| COUNTY                  |  |                | CITY       |            |       |
| Natchitoches            |  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Linda                   |  | W              | 34         |            |       |
| Wendy                   |  | S              | 10         |            |       |
| Beard                   |  | S              | 19         |            |       |
| Lee Ida                 |  | S D            | 13         |            |       |
| Shirley Adeline         |  | M-L            | 64         |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 16-636 (4-26-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |         |                |      |            |       |
|-------------------------|---------|----------------|------|------------|-------|
| R236                    |         | HEAD OF FAMILY |      | LOUISIANA  |       |
|                         |         | Rester Geo. W. |      | E.D.       | SHEET |
| COLOR                   | AGE     | BIRTHPLACE     |      |            |       |
| A 47                    |         |                |      |            |       |
| COUNTY                  |         |                | CITY |            |       |
| Washington              |         |                |      |            |       |
| OTHER MEMBERS OF FAMILY |         |                |      |            |       |
|                         | NAME    | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
|                         | Julian  | W              | 40   |            |       |
|                         | James   | S              | 21   |            |       |
|                         | George  | S              | 16   |            |       |
|                         | William | S              | 14   |            |       |
|                         | Edley   | S              | 10   |            |       |
|                         | Harry   | S              | 8    |            |       |
|                         | Frank   | S              | 6/12 |            |       |

FORM 18-436 (4-20-41)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME            | RELATIONSHIP | AGE       | BIRTHPLACE |
|-----------------|--------------|-----------|------------|
| <i>Israh</i>    | <i>D</i>     | <i>17</i> |            |
| <i>Susan</i>    | <i>D</i>     | <i>12</i> |            |
| <i>Carmelia</i> | <i>D</i>     | <i>5</i>  |            |
| <i>Abelina</i>  | <i>P</i>     | <i>3</i>  |            |
| <i>Harry</i>    | <i>P</i>     | <i>19</i> |            |
|                 |              |           |            |
|                 |              |           |            |
|                 |              |           |            |
|                 |              |           |            |

FORM 10-638a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-OF 1910-1-61

| LOUISIANA  |   |   |                   |
|--|---|---|-------------------|
| R 230  | NAME OF INDIVIDUAL<br><i>Right, Georgia</i>   |   | E.D.<br><i>81</i> |
| COLOR<br><i>mu</i>   | AGE<br><i>22</i>  | BIRTHPLACE  | SHEET<br><i>4</i> |
| COUNTY<br><i>Madison</i>   | CITY  |   |                   |
| ENUMERATED WITH<br><i>Hall, Henry</i>  |   |   |                   |
| RELATIONSHIP TO ABOVE  |   |   |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> ORNATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>A</i> |                   |

FORM 10-437 (4-30-61)

1930 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-OC 10100-P01



| 1910 CENSUS INDEX - INDIVIDUAL         |  |   | LOUISIANA  |      |       |
|--|--|---|------------|------|-------|
| P236                                   |  | NAME OF INDIVIDUAL                                  |            | E.S. | SHEET |
| COLOR                                  |  | AGE   | BIRTHPLACE | 44   | 13    |
| W                                      |  | 23  | La         |      |       |
| COUNTY                                 |  |   | CITY       |      |       |
| Calcasieu                              |  |   |            |      |       |
| ENUMERATED WITH                        |  |   |            |      |       |
| Haddell, Charlie                       |  |   |            |      |       |
| RELATIONSHIP TO ABOVE                  |  |   |            |      |       |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDOW                      |            |      |       |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> Niece           | <input type="checkbox"/> HOUSE                      |            |      |       |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |            |      |       |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |            |      |       |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |            |      |       |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |            |      |       |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW  |   |            |      |       |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW   |   |            |      |       |

FORM 18-637 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |  |            |  |
|-------------------------|--|----------------|--|------------|--|
| R-230                   |  | HEAD OF FAMILY |  | LOUISIANA  |  |
| COLOR                   |  | AGE            |  | E.D. SHEET |  |
| 3                       |  | 28             |  | 88 16      |  |
| COUNTY                  |  | BIRTHPLACE     |  |            |  |
| St. Mary                |  |                |  |            |  |
| CITY                    |  |                |  | Baldwin    |  |
| OTHER MEMBERS OF FAMILY |  |                |  |            |  |
| NAME                    |  | RELATIONSHIP   |  | AGE        |  |
| Catherine               |  | 41             |  | 18         |  |
|                         |  |                |  |            |  |
|                         |  |                |  |            |  |
|                         |  |                |  |            |  |
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|                         |  |                |  |            |  |

FORM 18-636 (4-22-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |  |  |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|--|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|-------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|--|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| A-20   |  | NAME OF INDIVIDUAL                       |  | LOUISIANA |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR  | AGE                                      | BIRTHPLACE                               |  | E.D.      | SHEET |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| B  | 3  | Louisiana                                |  | 86        | 7     |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY   |  | CITY                                     |  |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH  |  | Harris, Andrew L.                        |  |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |  |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> WIFE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> WIFE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |  |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> WIFE            | <input type="checkbox"/> NURSE           |  |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |  |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |  |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |  |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |  |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |  |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18162-P61

|   |                 |   |  |  |                   |
|---|-----------------|---|--|--|-------------------|
| R233  |                 | NAME OF INDIVIDUAL<br><i>Restuta Guy</i>  |  | LOUISIANA  |                   |
| COLOR<br><i>W</i>   | AGE<br><i>2</i> | BIRTHPLACE  |  | E.O.<br><i>96</i>  | SHEET<br><i>4</i> |
| COUNTY<br><i>St. Mary</i>   |                 | CITY  |  |  |                   |
| ENUMERATED WITH<br><i>Restuta Charles</i>   |                 |   |  |  |                   |
| RELATIONSHIP TO ABOVE   |                 |   |  |  |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input checked="" type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                 | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                   |

FORM 10-637 (4-20-61)

1930 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |              |                |            |            |                 |
|-------------------------|--------------|----------------|------------|------------|-----------------|
| R-232                   |              | HEAD OF FAMILY |            | LOUISIANA  |                 |
| COLOR                   | B            | AGE            | 47         | BIRTHPLACE | Righteous, Hamp |
| COUNTY                  |              | East Feliciana |            | CITY       |                 |
| OTHER MEMBERS OF FAMILY |              |                |            |            |                 |
| NAME                    | RELATIONSHIP | AGE            | BIRTHPLACE |            |                 |
| Emmaline                | W            | 52             |            |            |                 |
| Robert                  | S            | 14             |            |            |                 |
| Noah                    | S            | 13             |            |            |                 |
| Joseph                  | S            | 10             |            |            |                 |
| Rosa                    | S            | 9              |            |            |                 |
| Noah                    | S            | 50             |            |            |                 |

FORM 10-636 (4-26-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| 8335                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| B                       | 62  | Miss           |     | 25         | 5     |
| COUNTY                  |     | CITY           |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| William                 |     | 65             | 16  |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 10-436 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |                  |  |  |   |                    |
|---|------------------|--|--|---|--------------------|
| R 236                                   |                  | NAME OF INDIVIDUAL<br><i>Right, Hattie</i> |  | LOUISIANA   |                    |
| COLOR<br><i>B</i>                       | AGE<br><i>24</i> | BIRTHPLACE<br><i>Alabama</i>               |  | E.O.<br><i>28</i>   | SHEET<br><i>16</i> |
| COUNTY<br><i>Calcasieu</i>              |                  | CITY                                       |  |   |                    |
| ENUMERATED WITH<br><i>Brown, Walter</i> |                  |  |  |   |                    |
| RELATIONSHIP TO ABOVE                   |                  |  |  |   |                    |
| <input type="checkbox"/> FATHER         |                  | <input type="checkbox"/> NEPHEW            |  | <input type="checkbox"/> WIDATE                                   |                    |
| <input type="checkbox"/> MOTHER         |                  | <input type="checkbox"/> NIECE             |  | <input type="checkbox"/> NURSE                                    |                    |
| <input type="checkbox"/> GRANDFATHER    |                  | <input type="checkbox"/> FATHER-IN-LAW     |  | <input type="checkbox"/> PATIENT                                  |                    |
| <input type="checkbox"/> GRANDMOTHER    |                  | <input type="checkbox"/> MOTHER-IN-LAW     |  | <input type="checkbox"/> ROOMER                                   |                    |
| <input type="checkbox"/> GRANDSON       |                  | <input type="checkbox"/> SON-IN-LAW        |  | <input type="checkbox"/> SERVANT                                  |                    |
| <input type="checkbox"/> GRANDDAUGHTER  |                  | <input type="checkbox"/> DAUGHTER-IN-LAW   |  | <input checked="" type="checkbox"/> OTHER (Specify)<br><i>Bo.</i> |                    |
| <input type="checkbox"/> AUNT           |                  | <input type="checkbox"/> BROTHER-IN-LAW    |  |   |                    |
| <input type="checkbox"/> UNCLE          |                  | <input type="checkbox"/> SISTER-IN-LAW     |  |   |                    |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCENS-DC 10100-P01

|                                |                       |                    |                   |
|--------------------------------|-----------------------|--------------------|-------------------|
| <b>HEAD OF FAMILY</b>          |                       | <b>LOUISIANA</b>   |                   |
| <b>R 23</b>                    | <b>Rayner Hayward</b> | <b>E.O.</b>        | <b>SHEET</b>      |
| <b>COLOR</b>                   | <b>AGE</b>            | <b>BIRTH PLACE</b> |                   |
| <b>B</b>                       | <b>33</b>             |                    | <b>12 16</b>      |
| <b>COUNTY</b>                  |                       | <b>CITY</b>        |                   |
| <b>Catahoula</b>               |                       |                    |                   |
| <b>OTHER MEMBERS OF FAMILY</b> |                       |                    |                   |
| <b>NAME</b>                    | <b>RELATIONSHIP</b>   | <b>AGE</b>         | <b>BIRTHPLACE</b> |
| <b>Anna</b>                    | <b>W</b>              | <b>25</b>          |                   |
| <b>Richard</b>                 | <b>S</b>              | <b>11 1/2</b>      |                   |
|                                |                       |                    |                   |
|                                |                       |                    |                   |
|                                |                       |                    |                   |
|                                |                       |                    |                   |
|                                |                       |                    |                   |
|                                |                       |                    |                   |

FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|  |     |   |  |  |       |
|--|-----|---|--|--|-------|
| R235   |     | NAME OF INDIVIDUAL  |  | LOUISIANA  |       |
| COLOR  | AGE | BIRTHPLACE  |  | E.D.   | SHEET |
| 13   | 12  | Rayston Hayward   |  | 84   | 1     |
| COUNTY   |     | CITY  |  |  |       |
| Natchitoches   |     |   |  |  |       |
| ENUMERATED WITH  |     | Crocker Benson  |  |  |       |
| RELATIONSHIP TO ABOVE  |     |   |  |  |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> WIDWIFE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input checked="" type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |       |

FORM 16-437 (4-20-61)

1916 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 16122-P61

|   |  |   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|---|--|---|--|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| <b>R 230</b>  |  | NAME OF INDIVIDUAL<br><b>Ross</b>                     |  | LOUISIANA         |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR<br><b>W</b>   | AGE<br><b>9</b>                          | BIRTHPLACE<br><b>Helena</b>                           |  | E.D.<br><b>29</b> | SHEET<br><b>10</b> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY  |  | CITY  |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|   |  | <b>Calcasieu</b>                                      |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><b>Foster Oliver</b>   |  |   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> BROTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |                   |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> BROTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                       |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                        |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                      |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                       |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                      |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> BROTHER (Specify) |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <b>Step 0</b>   |  |   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 10-637 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |            |                 |
|-------------------------|---|----------------|-----|------------|-----------------|
| R 230                   |   | HEAD OF FAMILY |     | LOUISIANA  |                 |
| COLOR                   | B | AGE            | 43  | BIRTHPLACE | Rockwood, Henry |
| COUNTY                  |   | Terrebonne     |     | CITY       |                 |
| OTHER MEMBERS OF FAMILY |   |                |     |            |                 |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |                 |
| Mary                    |   | W              | 37  |            |                 |
| Hattie                  |   | D              | 14  |            |                 |
| Motha                   |   | D              | 12  |            |                 |
| Henry Jr.               |   | S              | 9   |            |                 |
| Willie                  |   | S              | 7   |            |                 |
| Bradford                |   | S              | 5   |            |                 |
| Benjamin                |   | S              | 2   |            |                 |

FORM 16-436 (6-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |     |                |      |            |  |
|-------------------------|-----|----------------|------|------------|--|
| R 230                   |     | HEAD OF FAMILY |      | LOUISIANA  |  |
| Post Henry              |     | E.O.           |      | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |      |            |  |
| B                       | 54  |                |      |            |  |
| COUNTY                  |     |                | CITY |            |  |
| St. John the Baptist    |     |                |      |            |  |
| OTHER MEMBERS OF FAMILY |     |                |      |            |  |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| Joseph                  |     | W              | 42   |            |  |
| Israel                  |     | S              | 17   |            |  |
| Daniel                  |     | S              | 16   |            |  |
| Lawrence                |     | S              | 14   |            |  |
| Mary                    |     | S              | 13   |            |  |
| Molly                   |     | D              | 10   |            |  |
| Don                     |     | S              | 7    |            |  |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

HEAD OF FAMILY - CONTINUE

LOUISIANA

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME   | RELATIONSHIP | AGE | BIRTHPLACE |
|--------|--------------|-----|------------|
| Lake   | S            | 5   |            |
| Cureha | D            | 4   |            |
| Lilly  | D            | 3   |            |
|        |              |     |            |
|        |              |     |            |
|        |              |     |            |
|        |              |     |            |
|        |              |     |            |
|        |              |     |            |
|        |              |     |            |

FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 1910-P61

|   |  |  |      |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
|---|--|--|------|-----------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|--|--|--------------------------------|--|--|
| R230  |  | NAME OF INDIVIDUAL                       |      | LOUISIANA |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| COLOR   | AGE  | BIRTHPLACE                               | E.O. | SHEET     |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| B   | 23   | St. Bernard                              | 59   | 19        |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| COUNTY  |  | CITY                                     |      |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| ENUMERATED WITH   |  |  |      |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |      |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input checked="" type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |      |           |  | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input checked="" type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW                    | <input type="checkbox"/> INMATE          |      |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE                     | <input type="checkbox"/> NURSE           |      |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW             | <input type="checkbox"/> PATIENT         |      |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW             | <input type="checkbox"/> ROOMER          |      |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW                | <input type="checkbox"/> SERVANT         |      |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW           | <input type="checkbox"/> OTHER (Specify) |      |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input checked="" type="checkbox"/> BROTHER-IN-LAW |  |      |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW             |  |      |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |

FORM 16-637 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-PC 15108-P61

|  |  |   |  |   |       |
|--|--|---|--|---|-------|
| R236   |  | NAME OF INDIVIDUAL  |  | LOUISIANA   |       |
| COLOR  |  | AGE   |  | E.D.  | SHEET |
| B  |  | 28  |  | 50  | 18    |
| COUNTY   |  | CITY  |  |   |       |
| Natchitoches   |  | Natchitoches  |  |   |       |
| EMIGRATED WITH   |  |   |  |   |       |
| Neal Louisa  |  |   |  |   |       |
| RELATIONSHIP TO ABOVE  |  |   |  |   |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> WORKER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |       |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |  |                |       |            |       |
|-------------------------|--|----------------|-------|------------|-------|
| R233                    |  | HEAD OF FAMILY |       | LOUISIANA  |       |
| COLOR                   |  | AGE            |       | E.D.       | SHEET |
| B                       |  | 29             |       | 21         | 27    |
| COUNTY                  |  | BRIGHTON HEAVY |       |            |       |
|                         |  | CITY           |       |            |       |
| OTHER MEMBERS OF FAMILY |  |                |       |            |       |
| NAME                    |  | RELATIONSHIP   | AGE   | BIRTHPLACE |       |
| Sadie                   |  | W              | 23    |            |       |
| Henry Jr                |  | S              | 3     |            |       |
| John                    |  | S              | 1 1/2 |            |       |
|                         |  |                |       |            |       |
|                         |  |                |       |            |       |
|                         |  |                |       |            |       |
|                         |  |                |       |            |       |
|                         |  |                |       |            |       |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R 734                   |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.O.       | SHEET |
| B                       |  | 30             | Thermy     | 82         | 1     |
| COUNTY                  |  |                | CITY       |            |       |
| Natchitoches            |  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| 1 Mary                  |  | W              | 26         |            |       |
| Thermy                  |  | S              | 6          |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 10-634 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |  |
|-------------------------|-----|----------------|-----|------------|--|
| R235                    |     | HEAD OF FAMILY |     | LOUISIANA  |  |
| Ripston, Henry          |     | ED             |     | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |     |            |  |
| W                       | 39  |                |     |            |  |
| COUNTY                  |     | Bienville      |     | CITY       |  |
| OTHER MEMBERS OF FAMILY |     |                |     |            |  |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| Francis                 |     | W              | 33  |            |  |
| William                 |     | S              | 16  |            |  |
| Corbush                 |     | S              | 14  |            |  |
| Charles                 |     | S              | 12  |            |  |
| Lilly May               |     | D              | 9   |            |  |
| Thomas                  |     | D              | 8   |            |  |
| Delia                   |     | D              | 4   |            |  |

FORM 16-536 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|  |  |  |  |  |  |      |  |       |  |
|--|--|--|--|--|--|------|--|-------|--|
| A-235  |  | NAME OF SURVIVOR   |  | LOUISIANA  |  | E.O. |  | SHEET |  |
| COLOR  |  | AGE  |  | BIRTHPLACE   |  | 229  |  | 4     |  |
| 4  |  | 19   |  | Washington   |  | CITY |  |       |  |
| COUNTY   |  | Washington   |  | CITY   |  |      |  |       |  |
| EMIGRATED WITH   |  |  |  | Darone Felix   |  |      |  |       |  |
| RELATIONSHIP TO ABOVE  |  |  |  |  |  |      |  |       |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NICE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> RMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> WORKER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |  |      |  |       |  |

FORM 10-627 (4-22-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 1910-P-1

|   |  |   |                 |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|---|--|---|-----------------|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| 7236  |  | NAME OF INDIVIDUAL                                  |                 | LOUISIANA |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLON   |  | AGE   | BIRTHPLACE      | E.D.      | SHEET |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| Mm  |  | 24  | Righteous Henry | 105       | 6     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY  |  |   | CITY            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| Ouachita  |  |   |                 |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |   |                 |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| Colvin Munn   |  |   |                 |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |                 |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> IMMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |                 |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> IMMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> IMMATE                     |                 |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |                 |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |                 |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |                 |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |                 |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |                 |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |                 |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |                 |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 10-537 (4-20-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

UNCOM-DC 1910-P-61

|                         |        |                |     |            |  |
|-------------------------|--------|----------------|-----|------------|--|
| R230                    |        | HEAD OF FAMILY |     | LOUISIANA  |  |
| Kusud Henry M           |        | E.D.           |     | SHEET      |  |
| COLOR                   | AGE    | BIRTHPLACE     |     |            |  |
| W                       | 26     |                |     |            |  |
| COUNTY                  | Acadia | CITY           |     |            |  |
|                         |        | Church Point   |     |            |  |
| OTHER MEMBERS OF FAMILY |        |                |     |            |  |
| NAME                    |        | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| Leath                   |        | W              | 32  |            |  |
| Boudreaux Pearl         |        | su-b           | 12  |            |  |
| Browne John             |        | Bo             | 35  |            |  |
|                         |        |                |     |            |  |
|                         |        |                |     |            |  |
|                         |        |                |     |            |  |
|                         |        |                |     |            |  |
|                         |        |                |     |            |  |

 FORM 18-636 (4-20-61)  
 1910 CENSUS INDEX - FAMILY

 U.S. DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R230                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| W                       |  | 51             |            | 64         | 22    |
| COUNTY                  |  |                | CITY       |            |       |
| GRANT                   |  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Mary                    |  | W              | 50         |            |       |
| Ed                      |  | S              | 21         |            |       |
| Mary E                  |  | D              | 17         |            |       |
| Lil                     |  | S              | 15         |            |       |
| Linnie                  |  | D              | 8          |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 18-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R 235                   |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.O.       | SHEET |
| W                       |  | 36             | N.C.       | 28         | 23    |
| COUNTY                  |  |                | CITY       |            |       |
| Calcasieu               |  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Matilda                 |  | w              | 42         |            |       |
| McDonald Jackson        |  | SD             | 21         |            |       |
| Marty                   |  | SD             | 20         |            |       |
| Ruby                    |  | SD             | 17         |            |       |
| Dena                    |  | SD             | 16         |            |       |
| Teresa                  |  | SD             | 14         |            |       |
| Zallua                  |  | SD             | 12         |            |       |

FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME         | RELATIONSHIP | AGE   | BIRTHPLACE |
|--------------|--------------|-------|------------|
| Edward       | SS           | 6     |            |
| Brasby Roy   | S&S          | 4     |            |
| Cassie       | S&D          | 3     |            |
| Willie M     | S&D          | 3     |            |
| Alma         | S&S          | 4 1/2 |            |
| + 6 boarders |              |       |            |
|              |              |       |            |
|              |              |       |            |
|              |              |       |            |
|              |              |       |            |

FORM 16-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18100-P01

|                         |     |                |       |            |       |
|-------------------------|-----|----------------|-------|------------|-------|
| R 232                   |     | HEAD OF FAMILY |       | LOUISIANA  |       |
| Ricketts                |     | Henry J.       |       | S. D.      | SHEET |
| COLOR                   | AGE | BIRTHPLACE     |       | 112        | 30    |
| W                       | 35  | Tenn.          |       |            |       |
| COUNTY                  |     |                | CITY  |            |       |
| Tangipahoa              |     |                |       |            |       |
| OTHER MEMBERS OF FAMILY |     |                |       |            |       |
| NAME                    |     | RELATIONSHIP   | AGE   | BIRTHPLACE |       |
| 1. Marie J.             |     | W              | 19    |            |       |
| Hadya                   |     | D              | 7 1/2 |            |       |
|                         |     |                |       |            |       |
|                         |     |                |       |            |       |
|                         |     |                |       |            |       |
|                         |     |                |       |            |       |
|                         |     |                |       |            |       |
|                         |     |                |       |            |       |

FORM 18-636 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

| HEAD OF FAMILY          |              |            | LOUISIANA  |       |
|-------------------------|--------------|------------|------------|-------|
| COLOR                   | AGE          | BIRTHPLACE | E.D.       | SHEET |
| W                       | 20           |            | 123        | 3     |
| COUNTY                  | St. Landry   |            | CITY       |       |
| OTHER MEMBERS OF FAMILY |              |            |            |       |
| NAME                    | RELATIONSHIP | AGE        | BIRTHPLACE |       |
| Alice                   | W            | 18         |            |       |
| Louisiana               | D            | 1          |            |       |
| Fortest Buck            | Brother      | 18         |            |       |
|                         |              |            |            |       |
|                         |              |            |            |       |
|                         |              |            |            |       |
|                         |              |            |            |       |
|                         |              |            |            |       |

FORM 10-636 (4-29-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |              |                |            |           |  |
|-------------------------|--|----------------|--------------|----------------|------------|-----------|--|
| 17230                   |  | HEAD OF FAMILY |              | Raguet, Honora |            | LOUISIANA |  |
| COLOR                   |  | AGE            | BIRTHPLACE   |                | E.O.       | SHEET     |  |
| mu                      |  | 68             |              |                | 13         | 4         |  |
| COUNTY                  |  |                |              | CITY           |            |           |  |
| Iberia                  |  |                |              |                |            |           |  |
| OTHER MEMBERS OF FAMILY |  |                |              |                |            |           |  |
| NAME                    |  |                | RELATIONSHIP | AGE            | BIRTHPLACE |           |  |
| Marie Elise             |  |                | W            | 72             |            |           |  |
| Fontenette, Octavia     |  |                | Y D          | 29             |            |           |  |
| Lina                    |  |                | Y D          | 27             |            |           |  |
| Anita                   |  |                | Y D          | 8              |            |           |  |
| Lina                    |  |                | Y D          | 7              |            |           |  |
| Waldron                 |  |                | Y S          | 4 1/2          |            |           |  |
| Raguet, Warren          |  |                | N            | 9              |            |           |  |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |  |
|-------------------------|-----|----------------|-----|------------|--|
| R 230                   |     | HEAD OF FAMILY |     | LOUISIANA  |  |
| Right Hood              |     | E.D.           |     | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |     |            |  |
| B                       | 45  | Tex            |     |            |  |
| COUNTY                  |     | CITY           |     |            |  |
| Bossier                 |     |                |     |            |  |
| OTHER MEMBERS OF FAMILY |     |                |     |            |  |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| Matilda                 |     | W              | 38  | Tex        |  |
| Stella                  |     | D              | 4   |            |  |
| Jones, Mary             |     | SD             | 19  | Tex        |  |
| Wilson, Mary Eva        |     | SD             | 8   | Tex        |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |

FORM 16-636 (4-26-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |  |
|-------------------------|-----|----------------|-----|------------|--|
| R230                    |     | HEAD OF FAMILY |     | LOUISIANA  |  |
| Racket Hasie            |     | E.O.           |     | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |     |            |  |
| W                       | 68  | Miss           |     |            |  |
| COUNTY                  |     | Union          |     | CITY       |  |
| OTHER MEMBERS OF FAMILY |     |                |     |            |  |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| 1 Martha                |     | W              | 56  | Ala.       |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
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|                         |     |                |     |            |  |
|                         |     |                |     |            |  |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R 235                   |  | HEAD OF FAMILY |            | Louisiana  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| Wh                      |  | 41             | La         | 92         | 18    |
| COUNTY                  |  |                | CITY       |            |       |
| Natchitoches            |  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Ola                     |  | W              | 32         |            |       |
| Geo.                    |  | S              | 10         |            |       |
| Laura                   |  | S              | 7          |            |       |
| Lillian                 |  | S              | 4          |            |       |
| Hazel                   |  | S              | 1          |            |       |
| Sissem, Ida             |  | Si             | 23         |            |       |
| Liza                    |  | N              | 9          |            |       |

FORM 10-636 (4-20-31)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME     | RELATIONSHIP | AGE | BIRTHPLACE |
|----------|--------------|-----|------------|
| 1 Bessie | Hi           | 5   |            |
| John     | n            | 2   |            |
|          |              |     |            |
|          |              |     |            |
|          |              |     |            |
|          |              |     |            |
|          |              |     |            |
|          |              |     |            |
|          |              |     |            |
|          |              |     |            |
|          |              |     |            |
|          |              |     |            |

FORM 10-626a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1-25010-PC 15125-5-11

|                         |  |                |              |           |            |      |       |
|-------------------------|--|----------------|--------------|-----------|------------|------|-------|
| 8230                    |  | HEAD OF FAMILY |              | Louisiana |            | E.O. | SHEET |
| COLOR                   |  | AGE            | BIRTHPLACE   |           |            | 59   | 19    |
| COUNTY                  |  |                | CITY         |           |            |      |       |
| OTHER MEMBERS OF FAMILY |  |                |              |           |            |      |       |
| NAME                    |  |                | RELATIONSHIP | AGE       | BIRTHPLACE |      |       |
| 1 Hanna                 |  |                | W            | 18        |            |      |       |
| 2 White, Annie          |  |                | S            | 18        |            |      |       |
|                         |  |                |              |           |            |      |       |
|                         |  |                |              |           |            |      |       |
|                         |  |                |              |           |            |      |       |
|                         |  |                |              |           |            |      |       |
|                         |  |                |              |           |            |      |       |
|                         |  |                |              |           |            |      |       |

FORM 10-536 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

## LOUISIANA

|  |  |   |                    |                   |
|--|--|---|--------------------|-------------------|
| R 235                                  | NAME OF INDIVIDUAL<br><i>Positan Ismae</i> |   | E.O.<br><i>846</i> | SHEET<br><i>6</i> |
| COLOR<br><i>B</i>                      | AGE<br><i>2</i>                            | BIRTHPLACE  |                    |                   |
| COUNTY<br><i>Natchitoches</i>          |  | CITY  |                    |                   |
| ENUMERATED WITH<br><i>Lane Andrew</i>  |  |   |                    |                   |
| RELATIONSHIP TO ABOVE                  |  |   |                    |                   |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW            | <input type="checkbox"/> INMATE                     |                    |                   |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NIECE             | <input type="checkbox"/> NURSE                      |                    |                   |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW     | <input type="checkbox"/> PATIENT                    |                    |                   |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW     | <input type="checkbox"/> ROOMER                     |                    |                   |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW        | <input type="checkbox"/> SERVANT                    |                    |                   |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW   | <input checked="" type="checkbox"/> OTHER (Specify) |                    |                   |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW    | <i>D</i>  |                    |                   |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW     |   |                    |                   |

Form 18-637 (4-26-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 18188-P-61

## LOUISIANA

|   |  |   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |            |                                |  |  |
|---|--|---|--|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|------------|--------------------------------|--|--|
| 1350  |  | NAME OF INDIVIDUAL<br><i>Right, Ivory</i>           |  | E.O.<br><i>28</i> | SHEET<br><i>16</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |            |                                |  |  |
| COLOR<br><i>B</i>   | AGE<br><i>1</i>                          | BIRTHPLACE<br><i>Alabama</i>                        |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |            |                                |  |  |
| COUNTY<br><i>Calcasieu</i>  |  | CITY  |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |            |                                |  |  |
| ENUMERATED WITH<br><i>Brown, Walter</i>   |  |   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |            |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |            |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>Bo.</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |                   |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>Bo.</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |            |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |            |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |            |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |            |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |            |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |            |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  | <i>Bo.</i>  |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |            |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |            |                                |  |  |

FORM 16-437 (4-22-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 15125-PST

LOUISIANA

|                         |  |                |    |              |     |            |       |
|-------------------------|--|----------------|----|--------------|-----|------------|-------|
| R234                    |  | HEAD OF FAMILY |    | Ragsdale J A |     | E.D.       | SHEET |
| W                       |  | AGE            | 25 | BIRTHPLACE   |     | 81         | 14    |
| COUNTY                  |  |                |    | CITY         |     |            |       |
| Madison                 |  |                |    |              |     |            |       |
| OTHER MEMBERS OF FAMILY |  |                |    |              |     |            |       |
| NAME                    |  |                |    | RELATIONSHIP | AGE | BIRTHPLACE |       |
| Living alone            |  |                |    |              |     |            |       |
|                         |  |                |    |              |     |            |       |
|                         |  |                |    |              |     |            |       |
|                         |  |                |    |              |     |            |       |
|                         |  |                |    |              |     |            |       |
|                         |  |                |    |              |     |            |       |
|                         |  |                |    |              |     |            |       |
|                         |  |                |    |              |     |            |       |
|                         |  |                |    |              |     |            |       |

FORM 18-636 (4-30-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R 236                   |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| R 236                   |     | Rester J H     |     | E.D.       | SHEET |
| 188                     |     | 16             |     |            |       |
| COLOR                   | AGE | BIRTHPLACE     |     |            |       |
| W                       | 30  |                |     |            |       |
| COUNTY                  |     | CITY           |     |            |       |
| Washington              |     |                |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Emma                    |     | W              | 28  | Miss       |       |
| Elmer                   |     | S              | 8   |            |       |
| Ottie                   |     | S              | 6   |            |       |
| Reed                    |     | S              | 4   |            |       |
| Ennice                  |     | D              | 6   |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |  |   |           |            |
|--|--|---|-----------|------------|
| R 232                                  | NAME OF INDIVIDUAL<br>Righttains, J.R.   |   | E.O.<br>3 | SHEET<br>5 |
| COLOR<br>Mex                           | AGE<br>2                                 | BIRTHPLACE  |           |            |
| COUNTY<br>Caldwell                     | CITY<br>Columbia                         |   |           |            |
| ENUMERATED WITH<br>Howard, Hannah      |  |   |           |            |
| RELATIONSHIP TO ABOVE                  |  |   |           |            |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |           |            |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NICE            | <input type="checkbox"/> NURSE                      |           |            |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |           |            |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |           |            |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |           |            |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |           |            |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW  | GG5   |           |            |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW   |   |           |            |

FORM 16-637 (4-30-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMB-DC 18168-P61

|                         |     |                | LOUISIANA |            |       |
|-------------------------|-----|----------------|-----------|------------|-------|
| R 230                   |     | HEAD OF FAMILY |           | E.D.       | SHEET |
| Krust                   |     | Jake           |           | 90         | 11    |
| COLOR                   | AGE | BIRTHPLACE     |           |            |       |
| B                       | 26  |                |           |            |       |
| COUNTY                  |     |                | CITY      |            |       |
| Morehouse               |     |                |           |            |       |
| OTHER MEMBERS OF FAMILY |     |                |           |            |       |
| NAME                    |     | RELATIONSHIP   | AGE       | BIRTHPLACE |       |
| Gertrude                |     | W              | 26        |            |       |
| John                    |     | D              | 19        |            |       |
|                         |     |                |           |            |       |
|                         |     |                |           |            |       |
|                         |     |                |           |            |       |
|                         |     |                |           |            |       |
|                         |     |                |           |            |       |
|                         |     |                |           |            |       |

FORM 16-436 (4-20-31)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R236                    |  | HEAD OF FAMILY |            | Louisiana  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.O.       | SHEET |
| B                       |  | 45             | Mo.        | 84         | 8     |
| COUNTY                  |  |                | Madison    | CITY       |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Dora                    |  | W              | 50         |            |       |
| Benny                   |  | S              | 19         |            |       |
| Jack                    |  | S              | 16         |            |       |
| Philip                  |  | S              | 15         |            |       |
| Williams Eli            |  | NC             | 9          |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |         |                |            |            |       |
|-------------------------|---------|----------------|------------|------------|-------|
| R236                    |         | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |         | AGE            | BIRTHPLACE | E.D.       | SHEET |
| W                       |         | 71             | Ky.        | 26         | 9     |
| COUNTY                  |         |                | CITY       |            |       |
| Jefferson               |         |                |            |            |       |
| OTHER MEMBERS OF FAMILY |         |                |            |            |       |
| NAME                    |         | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
|                         | Emma    | W              | 50         |            |       |
|                         | Irene   | S              | 13         |            |       |
|                         | Mildred | D              | 11         |            |       |
|                         |         |                |            |            |       |
|                         |         |                |            |            |       |
|                         |         |                |            |            |       |
|                         |         |                |            |            |       |
|                         |         |                |            |            |       |

FORM 18-636 (4-26-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R 236                   |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| B                       |  | 39             | Catahoula  | 12         | 16    |
| COUNTY                  |  |                | CITY       |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Marion                  |  | W              | 53         |            |       |
| James Jr                |  | S              | 15         |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 16-636 (4-20-61)

1916 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |   |                    |   |  |  |      |       |  |  |  |  |
|--|---|--------------------|---|--|--|------|-------|--|--|--|--|
| R235                                   |   | NAME OF INDIVIDUAL |   | Riston James                               |  | E.O. | SHEET |  |  |  |  |
| COLOR                                  | W | AGE                | 4 | BIRTHPLACE                                 |  | 92   | 4     |  |  |  |  |
| COUNTY                                 |   |                    |   | CITY                                       |  |      |       |  |  |  |  |
|  |   |                    |   | Morehouse                                  |  |      |       |  |  |  |  |
| ENUMERATED WITH                        |   |                    |   | Bennett, Jeff                              |  |      |       |  |  |  |  |
| RELATIONSHIP TO ABOVE                  |   |                    |   |  |  |      |       |  |  |  |  |
| <input type="checkbox"/> FATHER        |   |                    |   | <input checked="" type="checkbox"/> NEPHEW |  |      |       | <input type="checkbox"/> INMATE          |  |  |  |
| <input type="checkbox"/> MOTHER        |   |                    |   | <input type="checkbox"/> NIECE             |  |      |       | <input type="checkbox"/> NURSE           |  |  |  |
| <input type="checkbox"/> GRANDFATHER   |   |                    |   | <input type="checkbox"/> FATHER-IN-LAW     |  |      |       | <input type="checkbox"/> PATIENT         |  |  |  |
| <input type="checkbox"/> GRANDMOTHER   |   |                    |   | <input type="checkbox"/> MOTHER-IN-LAW     |  |      |       | <input type="checkbox"/> ROOMER          |  |  |  |
| <input type="checkbox"/> GRANDSON      |   |                    |   | <input type="checkbox"/> SON-IN-LAW        |  |      |       | <input type="checkbox"/> SERVANT         |  |  |  |
| <input type="checkbox"/> GRANDDAUGHTER |   |                    |   | <input type="checkbox"/> DAUGHTER-IN-LAW   |  |      |       | <input type="checkbox"/> OTHER (Specify) |  |  |  |
| <input type="checkbox"/> AUNT          |   |                    |   | <input type="checkbox"/> BROTHER-IN-LAW    |  |      |       |  |  |  |  |
| <input type="checkbox"/> UNCLE         |   |                    |   | <input type="checkbox"/> SISTER-IN-LAW     |  |      |       |  |  |  |  |

FORM 16-537 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-OC 1910-641

|                         |     |                |      |            |  |
|-------------------------|-----|----------------|------|------------|--|
| Q235                    |     | HEAD OF FAMILY |      | LOUISIANA  |  |
| Riston James            |     | E.O.           |      | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |      |            |  |
| W                       | 24  | Texas          |      |            |  |
| COUNTY                  |     |                | CITY |            |  |
| Vernon                  |     |                |      |            |  |
| OTHER MEMBERS OF FAMILY |     |                |      |            |  |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| Living alone            |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |

FORM 16-636 (4-28-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|                         |                |              |             |            |       |
|-------------------------|----------------|--------------|-------------|------------|-------|
| P230                    | HEAD OF FAMILY |              | Right James | E.D.       | SHEET |
| COLOR                   | AGE            | BIRTHPLACE   |             |            |       |
| M                       | 39             | Miss         |             |            |       |
| COUNTY                  | St. Tammany    |              | CITY        | Slide      |       |
| OTHER MEMBERS OF FAMILY |                |              |             |            |       |
| NAME                    |                | RELATIONSHIP | AGE         | BIRTHPLACE |       |
| Mabel                   |                | W            | 26          |            |       |
| Clara                   |                | S            | 17          | Miss       |       |
| Baptiste Gustina        |                | S            | 2           |            |       |
|                         |                |              |             |            |       |
|                         |                |              |             |            |       |
|                         |                |              |             |            |       |
|                         |                |              |             |            |       |
|                         |                |              |             |            |       |

LOUISIANA

|   |                  |   |  |  |                   |
|---|------------------|---|--|--|-------------------|
| R234  |                  | NAME OF INDIVIDUAL<br><i>Kageale James F</i>  |  | E.D.<br><i>3</i>   | SHEET<br><i>5</i> |
| COLOR<br><i>W</i>   | AGE<br><i>50</i> | BIRTHPLACE<br><i>La</i>   |  |  |                   |
| COUNTY<br><i>Bienville</i>  |                  | CITY<br><i>Lipsland</i>   |  |  |                   |
| ENUMERATED WITH<br><i>Cash Augustus J.</i>  |                  |   |  |  |                   |
| RELATIONSHIP TO ABOVE   |                  |   |  |  |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input checked="" type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                   |

FORM 16-437 (4-22-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMP-DC 15100-P61

|                         |                | LOUISIANA             |                       |
|-------------------------|----------------|-----------------------|-----------------------|
| R236                    | HEAD OF FAMILY | <i>Pector James M</i> | E.O. 76 SHEET 2       |
| COLOR                   | AGE            | BIRTHPLACE            |                       |
| <i>W</i>                | <i>42</i>      | <i>N.C.</i>           |                       |
| COUNTY                  | Morehouse      |                       | CITY <i>Ellinston</i> |
| OTHER MEMBERS OF FAMILY |                |                       |                       |
| NAME                    |                | RELATIONSHIP          | AGE                   |
| <i>Ida</i>              |                | <i>W</i>              | <i>25</i>             |
| <i>Velma</i>            |                | <i>D</i>              | <i>7</i>              |
| <i>Gladys</i>           |                | <i>D</i>              | <i>6</i>              |
| <i>James</i>            |                | <i>S</i>              | <i>3</i>              |
| <i>Mary</i>             |                | <i>D</i>              | <i>1 1/2</i>          |
| <i>Lee</i>              |                |                       |                       |

FORM 10-436 (4-20-41)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |  |                |              |           |            |
|-------------------------|--|----------------|--------------|-----------|------------|
| B230                    |  | HEAD OF FAMILY |              | LOUISIANA |            |
| COLOR                   |  | AGE            | BIRTHPLACE   | E.D.      | SHEET      |
| W                       |  | 70             | La.          | 54        | 29         |
| COUNTY                  |  |                | CITY         |           |            |
| Jackson                 |  |                |              |           |            |
| OTHER MEMBERS OF FAMILY |  |                |              |           |            |
| NAME                    |  |                | RELATIONSHIP | AGE       | BIRTHPLACE |
| 1 Sarah A               |  |                | W            | 72        | La         |
|                         |  |                |              |           |            |
|                         |  |                |              |           |            |
|                         |  |                |              |           |            |
|                         |  |                |              |           |            |
|                         |  |                |              |           |            |
|                         |  |                |              |           |            |
|                         |  |                |              |           |            |

FORM 16-636 (4-22-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |  |
|-------------------------|-----|----------------|-----|------------|--|
| R235                    |     | HEAD OF FAMILY |     | LOUISIANA  |  |
| Riston, Jeff R          |     | E.D.           |     | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |     |            |  |
| B                       | 56  |                |     |            |  |
| COUNTY                  |     | Bossier        |     | CITY       |  |
| OTHER MEMBERS OF FAMILY |     |                |     |            |  |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| Ellen                   |     | W              | 30  |            |  |
| Lietta                  |     | D              | 24  |            |  |
| Custis                  |     | D              | 15  |            |  |
| Dickson, Anka           |     | GD             | 10  |            |  |
| Williams, Zuma          |     | N              | 13  |            |  |
| Thornton, Lelia         |     | F.D            | 5   |            |  |

LOUISIANA

|   |  |   |                    |                    |
|---|--|---|--------------------|--------------------|
| R23)                                    | NAME OF INDIVIDUAL<br><i>Right, Jim</i>  |   | E. D.<br><i>28</i> | SHEET<br><i>16</i> |
| COLOR<br><i>B</i>                       | AGE<br><i>3</i>                          | BIRTHPLACE<br><i>Alabama</i>                        |                    |                    |
| COUNTY<br><i>Calcasieu</i>              |  | CITY  |                    |                    |
| ENUMERATED WITH<br><i>Brown, Walter</i> |  |   |                    |                    |
| RELATIONSHIP TO ABOVE                   |  |   |                    |                    |
| <input type="checkbox"/> FATHER         | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |                    |                    |
| <input type="checkbox"/> MOTHER         | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |                    |                    |
| <input type="checkbox"/> GRANDFATHER    | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |                    |                    |
| <input type="checkbox"/> GRANDMOTHER    | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |                    |                    |
| <input type="checkbox"/> GRANDSON       | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |                    |                    |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |                    |                    |
| <input type="checkbox"/> AUNT           | <input type="checkbox"/> BROTHER-IN-LAW  | <i>Bo.</i>  |                    |                    |
| <input type="checkbox"/> UNCLE          | <input type="checkbox"/> SISTER-IN-LAW   |   |                    |                    |

FORM 16-537 (4-26-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 16183-P41

|                         |     |                |      |            |  |
|-------------------------|-----|----------------|------|------------|--|
| R230                    |     | HEAD OF FAMILY |      | LOUISIANA  |  |
| EIGHT                   |     | E.D.           |      | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |      |            |  |
| B                       | 21  |                |      |            |  |
| COUNTY                  |     |                | CITY |            |  |
| St. John the Baptist    |     |                |      |            |  |
| OTHER MEMBERS OF FAMILY |     |                |      |            |  |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| Dane                    |     | W              | 27   |            |  |
| Viola                   |     | D              | 2    |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |

FORM 18-636 (4-30-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |     |   |      | LOUISIANA   |       |
|--|-----|---|------|---|-------|
| R252   |     | NAME OF INDIVIDUAL  |      | E.D.  | SHEET |
| Ricketts   |     | Jimm D  |      | 193   | 15    |
| COLOR  | AGE | BIRTHPLACE  |      |   |       |
| W  | 28  | Ark   |      |   |       |
| COUNTY   |     |   | CITY |   |       |
| Winn   |     |   |      |   |       |
| ENUMERATED WITH  |     |   |      |   |       |
| Roberta William E  |     |   |      |   |       |
| RELATIONSHIP TO ABOVE  |     |   |      |   |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> WORKER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |       |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 16100-P01

|                         |   |                |      |            |  |
|-------------------------|---|----------------|------|------------|--|
| R236                    |   | HEAD OF FAMILY |      | LOUISIANA  |  |
| E.D.                    |   | SHEET          |      | 87 12      |  |
| COLOR                   | B | AGE            | 50   | BIRTHPLACE |  |
|                         |   | Tex            |      |            |  |
| COUNTY                  |   |                | CITY |            |  |
| Natchitoches            |   |                |      |            |  |
| OTHER MEMBERS OF FAMILY |   |                |      |            |  |
| NAME                    |   | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| Susan                   |   | W              | 48   | Tex        |  |
| Yvonne                  |   | D              | 20   | Tex        |  |
| Elizabeth               |   | D              | 11   | Tex        |  |
| Jessie                  |   | S              | 3    |            |  |
| Noelani John            |   | 208            | 65   | Tex        |  |
|                         |   |                |      |            |  |
|                         |   |                |      |            |  |

|  |  |                    |  |           |       |
|--|--|--------------------|--|-----------|-------|
| 1230   |  | NAME OF INDIVIDUAL |  | LOUISIANA |       |
| COLOR  |  | AGE                |  | E.O.      | SHEET |
| B  |  | 28                 |  | 24        | 12    |
| BIRTHPLACE   |  | Joe                |  |           |       |
| COUNTY   |  | CITY               |  |           |       |
|  |  | Bossier            |  |           |       |
| ENUMERATED WITH  |  |                    |  |           |       |
| Bessie David   |  |                    |  |           |       |
| RELATIONSHIP TO ABOVE  |  |                    |  |           |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE<br><input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW<br><input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |  |                    |  |           |       |

FORM 16-627 (4-26-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18103-P01

|                         |  |                |            |            |            |
|-------------------------|--|----------------|------------|------------|------------|
| R230                    |  | HEAD OF FAMILY |            | LOUISIANA  |            |
| COLOR                   |  | AGE            | BIRTHPLACE |            | E.D. SHEET |
| W                       |  | 28             |            |            | 134 14     |
| COUNTY                  |  |                | CITY       |            |            |
| Union                   |  |                |            |            |            |
| OTHER MEMBERS OF FAMILY |  |                |            |            |            |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |            |
| Vesta                   |  | W              | 25         |            |            |
| Cecily                  |  | D              | 3          |            |            |
| Etting                  |  | D              | 6/11       |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R230                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| W                       |  | 62             | Miss       | 134        | 20    |
| COUNTY                  |  |                | CITY       |            |       |
| Union                   |  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Elizabeth               |  | W              | 52         |            |       |
| Minnie                  |  | D              | 16         |            |       |
| Mattie                  |  | D              | 15         |            |       |
| Matis                   |  | D              | 12         |            |       |
| Howell Emma             |  | Si             | 56         |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |            |            |     |
|-------------------------|---|----------------|------------|------------|-----|
| R236                    |   | HEAD OF FAMILY |            | LOUISIANA  |     |
| COLOR                   | B | AGE            | 27         | E.O.       | 133 |
|                         |   | BIRTHPLACE     |            | SHEET      | 14  |
| COUNTY                  |   |                | Washington |            |     |
|                         |   |                | CITY       |            |     |
| OTHER MEMBERS OF FAMILY |   |                |            |            |     |
| NAME                    |   | RELATIONSHIP   | AGE        | BIRTHPLACE |     |
| / Nettie                |   | W              | 23         |            |     |
| Winnon                  |   | S              | 1          |            |     |
|                         |   |                |            |            |     |
|                         |   |                |            |            |     |
|                         |   |                |            |            |     |
|                         |   |                |            |            |     |
|                         |   |                |            |            |     |
|                         |   |                |            |            |     |

FORM 16-636 (4-26-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

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| 100 | 200 | 300 | 400 | 500 600 |

|                         |                |            | LOUISIANA  |       |
|-------------------------|----------------|------------|------------|-------|
|                         |                |            | E.D.       | SHEET |
| R 230                   | HEAD OF FAMILY |            | 129        | 18    |
| COLOR                   | AGE            | BIRTHPLACE |            |       |
| B                       | 46             |            |            |       |
| COUNTY                  | St. Martin     | CITY       | Parks      |       |
| OTHER MEMBERS OF FAMILY |                |            |            |       |
| NAME                    | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Charlotte               | W              | 44         |            |       |
| Lionine C.              | D              | 15         |            |       |
| Edwin                   | S              | 16         |            |       |
| Denville                | S              | 14         |            |       |
| Glendon Alex            | S-S            | 17         |            |       |
|                         |                |            |            |       |
|                         |                |            |            |       |

FORM 10-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

LOUISIANA

|                         |                             |              |            |             |
|-------------------------|-----------------------------|--------------|------------|-------------|
| R230                    | HEAD OF FAMILY<br>Host John |              | E.D.<br>82 | SHEET<br>28 |
| COLOR<br>B              | AGE<br>32                   | BIRTHPLACE   |            |             |
| COUNTY                  | St. John the Baptist        |              | CITY       |             |
| OTHER MEMBERS OF FAMILY |                             |              |            |             |
| NAME                    |                             | RELATIONSHIP | AGE        | BIRTHPLACE  |
| Ella                    |                             | W            | 25         |             |
|                         |                             |              |            |             |
|                         |                             |              |            |             |
|                         |                             |              |            |             |
|                         |                             |              |            |             |
|                         |                             |              |            |             |
|                         |                             |              |            |             |
|                         |                             |              |            |             |
|                         |                             |              |            |             |

Form 16-636 (4-20-11)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|                         |                |              |      |            |
|-------------------------|----------------|--------------|------|------------|
| R230                    | HEAD OF FAMILY |              | E.D. | SHEET      |
|                         | Renee John     |              | 68   | 4          |
| COLOR                   | AGE            | BIRTHPLACE   |      |            |
| W                       | 52             | France       |      |            |
| COUNTY                  |                | CITY         |      |            |
| St. James               |                |              |      |            |
| OTHER MEMBERS OF FAMILY |                |              |      |            |
| NAME                    |                | RELATIONSHIP | AGE  | BIRTHPLACE |
| Naomie                  |                | W            | 51   |            |
| Felix                   |                | S            | 24   |            |
| Charles                 |                | D            | 22   |            |
| Josephine               |                | D            | 13   |            |
|                         |                |              |      |            |
|                         |                |              |      |            |
|                         |                |              |      |            |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |  |  |                    |                   |
|--|--|--|--------------------|-------------------|
| P230   | NAME OF INDIVIDUAL<br><i>Right John</i>  |  | S.O.<br><i>131</i> | SHEET<br><i>7</i> |
| COLOR<br><i>B</i>                                    | AGE<br><i>20</i>                         | BIRTHPLACE                               |                    |                   |
| COUNTY<br><i>Washington</i>                          | CITY<br><i>Bogalusa</i>                  |  |                    |                   |
| ENUMERATED WITH<br><i>Keller M<sup>c</sup> Henry</i> |  |  |                    |                   |
| RELATIONSHIP TO ABOVE                                |  |  |                    |                   |
| <input type="checkbox"/> FATHER                      | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDWIFE         |                    |                   |
| <input type="checkbox"/> MOTHER                      | <input type="checkbox"/> NEECE           | <input type="checkbox"/> NURSE           |                    |                   |
| <input type="checkbox"/> GRANDFATHER                 | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |                    |                   |
| <input type="checkbox"/> GRANDMOTHER                 | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |                    |                   |
| <input type="checkbox"/> GRANDSON                    | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |                    |                   |
| <input type="checkbox"/> GRANDDAUGHTER               | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |                    |                   |
| <input type="checkbox"/> AUNT                        | <input type="checkbox"/> BROTHER-IN-LAW  |  |                    |                   |
| <input type="checkbox"/> UNCLE                       | <input type="checkbox"/> SISTER-IN-LAW   |  |                    |                   |

FORM 10-537 (4-22-31)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1930 CENSUS INDEX - INDIVIDUAL

RECORDED 15180-241

| R230                    |       | HEAD OF FAMILY |     | LOUISIANA  |  |
|-------------------------|-------|----------------|-----|------------|--|
| E.D.                    |       | SHEET          |     |            |  |
| 137                     |       | 15             |     |            |  |
| COLOR                   | AGE   | BIRTHPLACE     |     |            |  |
| B                       | 53    |                |     |            |  |
| COUNTY                  | Union | CITY           |     |            |  |
| OTHER MEMBERS OF FAMILY |       |                |     |            |  |
| NAME                    |       | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| Mary A                  |       | W              | 40  |            |  |
| Emma                    |       | D              | 16  |            |  |
| Alford                  |       | S              | 12  |            |  |
| Blister                 |       | S              | 6   |            |  |
| Mack                    |       | S              | 5   |            |  |
| Iva                     |       | D              | 3   |            |  |



| HEAD OF FAMILY          |                   | LOUISIANA  |            |
|-------------------------|-------------------|------------|------------|
| 18230                   | Raguth, John      | E.D. 69    | SHEET 22   |
| COLOR<br>W              | AGE<br>45         | BIRTHPLACE |            |
| COUNTY<br>Lafayette     | CITY<br>Lafayette |            |            |
| OTHER MEMBERS OF FAMILY |                   |            |            |
| NAME                    | RELATIONSHIP      | AGE        | BIRTHPLACE |
| Edna                    | W                 | 42         |            |
| Christabel              | S                 | 2          |            |
|                         |                   |            |            |
|                         |                   |            |            |
|                         |                   |            |            |
|                         |                   |            |            |
|                         |                   |            |            |
|                         |                   |            |            |
|                         |                   |            |            |

| HEAD OF FAMILY          |                     |            | LOUISIANA  |       |
|-------------------------|---------------------|------------|------------|-------|
| COLOR                   | AGE                 | BIRTHPLACE | E.D.       | SHEET |
| R 230<br>B              | Rosette, John<br>31 |            | 100        | 1     |
| COUNTY                  | St. Landry          | CITY       |            |       |
| OTHER MEMBERS OF FAMILY |                     |            |            |       |
| NAME                    | RELATIONSHIP        | AGE        | BIRTHPLACE |       |
| Celeste                 | W                   | 38         |            |       |
| Louisa                  | D                   | 15         |            |       |
| Marshall                | S                   | 12         |            |       |
| Samuel                  | S                   | 8          |            |       |
| Willie                  | S-S                 | 12         |            |       |
|                         |                     |            |            |       |
|                         |                     |            |            |       |
|                         |                     |            |            |       |

Form 16-436 (4-20-31)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

| R230                    |              | HEAD OF FAMILY |            | LOUISIANA     |  |
|-------------------------|--------------|----------------|------------|---------------|--|
| COLOR                   | AGE          | BIRTHPLACE     | E.O.       | SHEET         |  |
| mm                      | 33           |                | 108        | 6             |  |
| COUNTY                  |              | St. Landry     |            | CITY Melville |  |
| OTHER MEMBERS OF FAMILY |              |                |            |               |  |
| NAME                    | RELATIONSHIP | AGE            | BIRTHPLACE |               |  |
| Lydia                   | W            | 25             |            |               |  |
| William                 | S            | 8              |            |               |  |
| John                    | S            | 5              |            |               |  |
| Hersey                  | S            | 1 1/2          |            |               |  |
|                         |              |                |            |               |  |
|                         |              |                |            |               |  |
|                         |              |                |            |               |  |

FORM 18-634 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                    | LOUISIANA           |                                |
|-------------------------|--------------------|---------------------|--------------------------------|
| <i>1230</i>             | HEAD OF FAMILY     | <i>Reynold John</i> | E.D. <i>52</i> SHEET <i>10</i> |
| COLOR <i>W</i>          | AGE <i>35</i>      | BIRTHPLACE          |                                |
| COUNTY                  | <i>Plaquemines</i> | CITY                |                                |
| OTHER MEMBERS OF FAMILY |                    |                     |                                |
| NAME                    |                    | RELATIONSHIP        | AGE BIRTHPLACE                 |
| <i>1 Cecil</i>          |                    | <i>M</i>            | <i>70 France</i>               |
|                         |                    |                     |                                |
|                         |                    |                     |                                |
|                         |                    |                     |                                |
|                         |                    |                     |                                |
|                         |                    |                     |                                |
|                         |                    |                     |                                |
|                         |                    |                     |                                |
|                         |                    |                     |                                |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |              |            | LOUISIANA      |       |
|-------------------------|--------------|------------|----------------|-------|
| R234                    |              |            | HEAD OF FAMILY | E.D.  |
| Ragdale John            |              |            |                | SHEET |
| COLOR                   | AGE          | BIRTHPLACE |                |       |
| B                       | 65           | Va         |                |       |
| COUNTY                  |              | CITY       |                |       |
| Richland                |              |            |                |       |
| OTHER MEMBERS OF FAMILY |              |            |                |       |
| NAME                    | RELATIONSHIP | AGE        | BIRTHPLACE     |       |
| 1 Lucretia              | W            | 65         | Va             |       |
|                         |              |            |                |       |
|                         |              |            |                |       |
|                         |              |            |                |       |
|                         |              |            |                |       |
|                         |              |            |                |       |
|                         |              |            |                |       |
|                         |              |            |                |       |
|                         |              |            |                |       |
|                         |              |            |                |       |

FORM 18-436 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |         |           |       |
|-------------------------|--|----------------|------------|------------|---------|-----------|-------|
| R230                    |  | HEAD OF FAMILY |            | Riet John  |         | LOUISIANA |       |
| COLOR                   |  | AGE            | BIRTHPLACE |            | E.D.    |           | SHEET |
| W                       |  | 32             |            |            | 704     |           | 9     |
| COUNTY                  |  |                | St Tammany |            | CITY    |           |       |
|                         |  |                |            |            | Shidell |           |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |         |           |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |         |           |       |
| Elizabeth               |  | W              | 28         |            |         |           |       |
| Edwina                  |  | D              | 5          |            |         |           |       |
| Lillian                 |  | D              | 3          |            |         |           |       |
| Walter                  |  | D              | 1/2        |            |         |           |       |
|                         |  |                |            |            |         |           |       |
|                         |  |                |            |            |         |           |       |
|                         |  |                |            |            |         |           |       |
|                         |  |                |            |            |         |           |       |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |  |
|-------------------------|-----|----------------|-----|------------|--|
| R230                    |     | HEAD OF FAMILY |     | LOUISIANA  |  |
| Kammet John             |     | E.O.           |     | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |     |            |  |
| W                       | 62  | L. ...         |     |            |  |
| COUNTY                  |     | St. Tammany    |     | CITY       |  |
| OTHER MEMBERS OF FAMILY |     |                |     |            |  |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| Marie J                 |     | W              | 52  | Fr.        |  |
| Theresa J               |     | P              | 32  |            |  |
| Edward                  |     | S              | 14  |            |  |
| Baby                    |     | S              | 12  |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |

LOUISIANA

|   |   |  |                   |                   |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|---|--|-------------------|-------------------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|-------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R235  | NAME OF INDIVIDUAL<br><i>Kestner John</i> |  | E.D.<br><i>29</i> | SHEET<br><i>8</i> |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>W</i>   | AGE<br><i>30</i>                          | BIRTHPLACE<br><i>Italy</i>                 |                   |                   |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>Jefferson</i>  |   | CITY                                       |                   |                   |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Waller Tony</i>   |   |  |                   |                   |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |   |  |                   |                   |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDOW</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> WIFE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |   |  |                   |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | <input type="checkbox"/> MOTHER | <input type="checkbox"/> WIFE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW           | <input type="checkbox"/> WIDOW             |                   |                   |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> WIFE             | <input type="checkbox"/> NURSE             |                   |                   |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW    | <input type="checkbox"/> PATIENT           |                   |                   |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW    | <input checked="" type="checkbox"/> ROOMER |                   |                   |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW       | <input type="checkbox"/> SERVANT           |                   |                   |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW  | <input type="checkbox"/> OTHER (Specify)   |                   |                   |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW   |  |                   |                   |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW    |  |                   |                   |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-637 (4-22-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 19100-P01



LOUISIANA

|  |                   |   |      |   |                |
|--|-------------------|---|------|---|----------------|
| R-235  |                   | NAME OF INDIVIDUAL <i>Restini John</i>  |      | B.D. <i>129</i>   | SHEET <i>4</i> |
| COLOR  | AGE <i>26</i>     | BIRTHPLACE  |      |   |                |
| COUNTY <i>W</i>  | <i>Washington</i> |   | CITY |   |                |
| ENUMERATED WITH <i>Darlene Felix</i>   |                   |   |      |   |                |
| RELATIONSHIP TO ABOVE  |                   |   |      |   |                |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                   | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) _____ |                |

FORM 10-637 (4-20-31)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC (1910-P01)

LOUISIANA

|                         |     |                |     |               |  |      |       |
|-------------------------|-----|----------------|-----|---------------|--|------|-------|
| A235                    |     | HEAD OF FAMILY |     | Rogerson John |  | R.D. | SHEET |
| COLOR                   | AGE | BIRTHPLACE     |     |               |  |      |       |
| B                       | 11  | Natchitoches   |     |               |  |      |       |
| COUNTY                  |     | Natchitoches   |     | CITY          |  |      |       |
| OTHER MEMBERS OF FAMILY |     |                |     |               |  |      |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE    |  |      |       |
| Lettie                  |     | W              | 34  |               |  |      |       |
| Wesley                  |     | D              | 14  |               |  |      |       |
| Lester                  |     | D              | 13  |               |  |      |       |
| Alzator                 |     | D              | 12  |               |  |      |       |
| Alvise                  |     | S              | 10  |               |  |      |       |
| Eva                     |     | D              | 8   |               |  |      |       |
| Charles                 |     | D              | 5   |               |  |      |       |

FORM 19-436 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME           | RELATION-<br>SHIP | AGE | BIRTHPLACE |
|----------------|-------------------|-----|------------|
| 1 Porter       | S                 | 2   |            |
| William Easter | M-L               | 72  |            |
|                |                   |     |            |
|                |                   |     |            |
|                |                   |     |            |
|                |                   |     |            |
|                |                   |     |            |
|                |                   |     |            |
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FORM 19-638a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMMA-DC 16198-P61

| R236                    |            | HEAD OF FAMILY |            | LOUISIANA  |       |
|-------------------------|------------|----------------|------------|------------|-------|
| COLOR                   |            | AGE            | BIRTHPLACE | E.D.       | SHEET |
| mu                      |            | 52             | mexico     | 120        | 6     |
| COUNTY                  |            |                | Webster    | CITY       |       |
|                         |            |                |            | minden     |       |
| OTHER MEMBERS OF FAMILY |            |                |            |            |       |
|                         | NAME       | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
|                         | Willie     | W              | 38         |            |       |
|                         | Mattie     | D              | 15         | Ark        |       |
|                         | Georgie L. | D              | 12         | Ark        |       |
|                         | Minnie Lee | D              | 9          | Ark.       |       |
|                         | Kellener   | S              | 6          |            |       |
|                         | Walter     | S              | 7 1/2      |            |       |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                | LOUISIANA    |              |
|-------------------------|----------------|--------------|--------------|
| R236                    | HEAD OF FAMILY |              | RICHARD JOHN |
|                         | E.D.           | SHEET        |              |
|                         | 9              | 14           |              |
| COLOR                   | AGE            | BIRTHPLACE   |              |
| W                       | 25             |              |              |
| COUNTY                  | Acadia         |              | CITY         |
| OTHER MEMBERS OF FAMILY |                |              |              |
| NAME                    |                | RELATIONSHIP | AGE          |
| / Pola                  |                | W            | 21           |
| Alexan                  |                | S            | 4            |
| Alcede                  |                | S            | 2            |
|                         |                |              |              |
|                         |                |              |              |
|                         |                |              |              |
|                         |                |              |              |
|                         |                |              |              |

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R236                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| B                       |  | 54             | Miss.      | 119        | 21    |
| COUNTY                  |  |                | CITY       |            |       |
| Terre                   |  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| P. Willie               |  | W              | 48         |            |       |
| Brown Aggie             |  | ML             | 80         |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R230                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
|                         |  | Rust John A.   |            | E.D.       | SHEET |
| COLOR                   |  | AGE            | BIRTHPLACE |            |       |
| W                       |  | 58             | England    |            |       |
| COUNTY                  |  |                | CITY       |            |       |
| Sabine                  |  |                | Many       |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Ella A.                 |  | W              | 57         |            |       |
| Ralph S.                |  | S              | 20         | Kan.       |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
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FORM 16-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |      |            |  |
|-------------------------|-----|----------------|------|------------|--|
| A 236                   |     | HEAD OF FAMILY |      | LOUISIANA  |  |
| E.D.                    |     | SHEET          |      |            |  |
| COLOR                   | AGE | BIRTHPLACE     |      |            |  |
| W                       | 42  | Tex            |      |            |  |
| COUNTY                  |     |                | CITY |            |  |
| Do Soto                 |     |                |      |            |  |
| OTHER MEMBERS OF FAMILY |     |                |      |            |  |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| 1 Mary Lillie P         |     | W              | 35   | Ga         |  |
|                         |     | D              | 2    |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |

FORM 16-636 (4-26-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |           |                |      |            |       |
|-------------------------|-----------|----------------|------|------------|-------|
| P 234                   |           | HEAD OF FAMILY |      | LOUISIANA  |       |
| Rustlet                 |           | John H         |      | E.D.       | SHEET |
| COLOR                   | W         | AGE            | 37   | 33         | 1     |
| BIRTHPLACE              |           |                |      |            |       |
| COUNTY                  | Calcasieu |                | CITY |            |       |
| OTHER MEMBERS OF FAMILY |           |                |      |            |       |
| NAME                    |           | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Anna                    |           | W              | 25   | Ohio       |       |
| Margaret                |           | D              | 18   |            |       |
|                         |           |                |      |            |       |
|                         |           |                |      |            |       |
|                         |           |                |      |            |       |
|                         |           |                |      |            |       |
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FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                | LOUISIANA    |                |
|-------------------------|----------------|--------------|----------------|
| R235                    | HEAD OF FAMILY |              | E.D. SHEET     |
|                         | Rayston John R |              | 105 19         |
| COLOR                   | AGE            | BIRTHPLACE   |                |
| W                       | 49             |              |                |
| COUNTY                  | Sabine         |              | CITY           |
| OTHER MEMBERS OF FAMILY |                |              |                |
| NAME                    |                | RELATIONSHIP | AGE BIRTHPLACE |
| Alice                   |                | W            | 46             |
| Stokes Mary J.          |                | Si L         | 49             |
| Riley M.                |                | N            | 18             |
|                         |                |              |                |
|                         |                |              |                |
|                         |                |              |                |
|                         |                |              |                |
|                         |                |              |                |
|                         |                |              |                |

FORM 16-636 (4-26-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |       |            |       |
|-------------------------|-----|----------------|-------|------------|-------|
| R230                    |     | HEAD OF FAMILY |       | LOUISIANA  |       |
|                         |     | Rockett Johnie |       | E.O.       | SHEET |
| COLOR                   | AGE | BIRTHPLACE     |       |            |       |
| W                       | 36  |                |       |            |       |
| COUNTY                  |     | Union          |       | CITY       |       |
| OTHER MEMBERS OF FAMILY |     |                |       |            |       |
| NAME                    |     | RELATIONSHIP   | AGE   | BIRTHPLACE |       |
| Viola                   |     | W              | 31    |            |       |
| Elzy                    |     | S              | 9     |            |       |
| Catherine               |     | D              | 8     |            |       |
| Claude                  |     | S              | 7     |            |       |
| May                     |     | D              | 6     |            |       |
| Lorena                  |     | D              | 3     |            |       |
| Erwan                   |     | S              | 7 1/2 |            |       |

FORM 10-636 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |  |                       |  |             |  |            |  |
|-------------------------|--|----------------|--|-----------------------|--|-------------|--|------------|--|
| R 230                   |  | HEAD OF FAMILY |  | LOUISIANA             |  | E.O.        |  | SHEET      |  |
| COLOR                   |  | AGE            |  | BIRTHPLACE            |  | 71          |  | 3          |  |
| W                       |  | 41             |  | Lafayette Switzerland |  |             |  |            |  |
| COUNTY                  |  |                |  | CITY                  |  | Youngsville |  |            |  |
| OTHER MEMBERS OF FAMILY |  |                |  |                       |  |             |  |            |  |
| NAME                    |  |                |  | RELATIONSHIP          |  | AGE         |  | BIRTHPLACE |  |
| and one Manager         |  |                |  |                       |  |             |  |            |  |
| and 3 Lodgers           |  |                |  |                       |  |             |  |            |  |
| and one Board Man       |  |                |  |                       |  |             |  |            |  |
|                         |  |                |  |                       |  |             |  |            |  |
|                         |  |                |  |                       |  |             |  |            |  |
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FORM 18-636 (4-26-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

| LOUISIANA               |                                      |     |            |
|-------------------------|--------------------------------------|-----|------------|
| R236                    | HEAD OF FAMILY <i>Kristen Joseph</i> |     |            |
| E.D. 90                 | SHEET 8                              |     |            |
| COLOR B                 | AGE 49                               |     |            |
| BIRTHPLACE              |                                      |     |            |
| COUNTY St. Mary         | CITY Franklin                        |     |            |
| OTHER MEMBERS OF FAMILY |                                      |     |            |
| NAME                    | RELATIONSHIP                         | AGE | BIRTHPLACE |
| <i>Lemina</i>           | W                                    | 48  |            |
| <i>Jacob R.</i>         | D                                    | 30  |            |
| <i>Louella D.</i>       | D                                    | 24  |            |
| <i>Charles</i>          | S                                    | 22  |            |
| <i>Clayton</i>          | S                                    | 20  |            |
| <i>Josephine</i>        | D                                    | 16  |            |
| <i>Mattie J.</i>        | D                                    | 13  |            |

FORM 18-436 (4-20-31)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME             | RELATIONSHIP | AGE          | BIRTHPLACE |
|------------------|--------------|--------------|------------|
| <i>Waller</i>    | <i>S</i>     | <i>10</i>    |            |
| <i>Clara</i>     | <i>Da</i>    | <i>21</i>    |            |
| <i>Adeline</i>   | <i>GD</i>    | <i>3</i>     |            |
| <i>Katherine</i> | <i>GD</i>    | <i>7 1/2</i> |            |
| <i>Kathleen</i>  | <i>GD</i>    | <i>2 1/2</i> |            |
| <i>Christine</i> | <i>Da</i>    | <i>22</i>    |            |
|                  |              |              |            |
|                  |              |              |            |
|                  |              |              |            |

FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMB-DC 1910B-P61

| LOUISIANA                      |                        |                   |                   |
|--------------------------------|------------------------|-------------------|-------------------|
| <b>R35</b>                     | <b>HEAD OF FAMILY</b>  |                   | <b>E.D.</b>       |
|                                | <i>Ridgton, Joseph</i> |                   | <b>SHEET</b>      |
| <b>COLOR</b>                   | <b>AGE</b>             | <b>BIRTHPLACE</b> |                   |
| <i>B</i>                       | <i>45</i>              |                   |                   |
| <b>COUNTY</b>                  |                        | <b>CITY</b>       |                   |
| <i>Merville</i>                |                        |                   |                   |
| <b>OTHER MEMBERS OF FAMILY</b> |                        |                   |                   |
| <b>NAME</b>                    | <b>RELATIONSHIP</b>    | <b>AGE</b>        | <b>BIRTHPLACE</b> |
| <i>1 Louisa</i>                | <i>W</i>               | <i>31</i>         |                   |
|                                |                        |                   |                   |
|                                |                        |                   |                   |
|                                |                        |                   |                   |
|                                |                        |                   |                   |
|                                |                        |                   |                   |
|                                |                        |                   |                   |
|                                |                        |                   |                   |

FORM 16-636 (4-30-61)

1916 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |         |                |     |            |       |
|-------------------------|---------|----------------|-----|------------|-------|
| R 235                   |         | HEAD OF FAMILY |     | LOUISIANA  |       |
|                         |         | Ruston, Joseph |     | E.D.       | SHEET |
| COLOR                   | AGE     | BIRTHPLACE     |     |            |       |
| B                       | 45      |                |     |            |       |
| COUNTY                  |         | CITY           |     |            |       |
| East Carroll            |         |                |     |            |       |
| OTHER MEMBERS OF FAMILY |         |                |     |            |       |
| NAME                    |         | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| HILL                    |         | W              | 30  |            |       |
| LUCY                    |         | D              | 18  |            |       |
| JULIA                   |         | D              | 20  |            |       |
| PAMPA                   |         | S              | 17  |            |       |
| HILL,                   | REBECCA | SD             | 9   | MISS       |       |
| FITCHGARD,              | VIOLA   | NI             | 11  | MISS       |       |
|                         |         |                |     |            |       |

FORM 18-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |     |                |     |            |  |
|-------------------------|-----|----------------|-----|------------|--|
| R 234                   |     | HEAD OF FAMILY |     | LOUISIANA  |  |
| Kessdale Joseph         |     | E.O.           |     | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |     |            |  |
| Wm                      | 32  |                |     |            |  |
| COUNTY                  |     | St. Martin     |     | CITY       |  |
| OTHER MEMBERS OF FAMILY |     |                |     |            |  |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| 1 Octavia               |     | W              | 37  |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |  |  |  |       |
|--|--|--|--|--|-------|
| R230   |  | NAME OF INDIVIDUAL   |  | LOUISIANA  |       |
| COLOR  |  | AGE  |  | E.D.   | SHEET |
| B  |  | 18   |  | 59   | 19    |
| BIRTHPLACE   |  | COUNTY   |  |  |       |
|  |  | St. Bernard  |  |  |       |
| CITY   |  |  |  |  |       |
| ENUMERATED WITH  |  |  |  |  |       |
| Alexander, Frank   |  |  |  |  |       |
| RELATIONSHIP TO ABOVE  |  |  |  |  |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input checked="" type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> IMMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |       |

FORM 10-637 (4-29-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 16100-P01

LOUISIANA

|                         |  |                |              |                |            |      |       |
|-------------------------|--|----------------|--------------|----------------|------------|------|-------|
| R230                    |  | HEAD OF FAMILY |              | Rosette Joseph |            | E.O. | SHEET |
| COLOR                   |  | AGE            | BIRTHPLACE   |                |            |      |       |
| mu                      |  | 22             |              |                |            |      |       |
| COUNTY                  |  |                | St Landry    |                | CITY       |      |       |
| OTHER MEMBERS OF FAMILY |  |                |              |                |            |      |       |
| NAME                    |  |                | RELATIONSHIP | AGE            | BIRTHPLACE |      |       |
| Lucinda                 |  |                | v            | 29             |            |      |       |
| Hurley                  |  |                | S            | 7 1/2          |            |      |       |
| Jacko Mary              |  |                | Ad.          | 7              |            |      |       |
|                         |  |                |              |                |            |      |       |
|                         |  |                |              |                |            |      |       |
|                         |  |                |              |                |            |      |       |
|                         |  |                |              |                |            |      |       |
|                         |  |                |              |                |            |      |       |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |  |  |           |            |             |                                 |                                 |                                 |                                 |                               |                                   |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|--|-----------|------------|-------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|-------------------------------|-----------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|--|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R 234   |  | NAME OF INDIVIDUAL<br>Ragdale Josephine  |  | LOUISIANA | E.D.<br>97 | SHEET<br>10 |                                 |                                 |                                 |                                 |                               |                                   |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br>B  | AGE<br>2                                 | BIRTHPLACE                               |  |           |            |             |                                 |                                 |                                 |                                 |                               |                                   |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY  |  | Morehouse                                |  | CITY      |            |             |                                 |                                 |                                 |                                 |                               |                                   |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| EMIGRATED WITH<br>Odom Alexander  |  |  |  |           |            |             |                                 |                                 |                                 |                                 |                               |                                   |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |  |           |            |             |                                 |                                 |                                 |                                 |                               |                                   |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> WIFE</td> <td><input type="checkbox"/> MARRIAGE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |           |            |             | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> WIFE | <input type="checkbox"/> MARRIAGE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |  |           |            |             |                                 |                                 |                                 |                                 |                               |                                   |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> WIFE            | <input type="checkbox"/> MARRIAGE        |  |           |            |             |                                 |                                 |                                 |                                 |                               |                                   |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |  |           |            |             |                                 |                                 |                                 |                                 |                               |                                   |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |  |           |            |             |                                 |                                 |                                 |                                 |                               |                                   |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |  |           |            |             |                                 |                                 |                                 |                                 |                               |                                   |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |  |           |            |             |                                 |                                 |                                 |                                 |                               |                                   |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |           |            |             |                                 |                                 |                                 |                                 |                               |                                   |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |  |           |            |             |                                 |                                 |                                 |                                 |                               |                                   |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMB-DC 1910-661

|   |     |   |  |  |  |
|---|-----|---|--|--|--|
| R233  |     | NAME OF INDIVIDUAL  |  | LOUISIANA  |  |
| Restata Josephine   |     | E.D.  |  | SHEET  |  |
| COLOR   | AGE | BIRTHPLACE  |  | 96 4   |  |
| W   | 6   |   |  |  |  |
| COUNTY  |     | CITY  |  |  |  |
| St. Mary  |     |   |  |  |  |
| ENumerated WITH   |     | Restata Charles   |  |  |  |
| RELATIONSHIP TO ABOVE   |     |   |  |  |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input checked="" type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |  |

FORM 18-637 (4-22-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 18186-P01

LOUISIANA

|  |           |  |  |  |             |
|--|-----------|--|--|--|-------------|
| R230   |           | NAME OF INDIVIDUAL<br><i>Reister, Josephine</i>  |  | E.D.<br>83   | SHEET<br>34 |
| COLOR<br><i>W</i>  | AGE<br>12 | BIRTHPLACE<br><i>Rapides</i>   |  |  |             |
| CITY<br><i>Rapides</i>   |           | CITY   |  |  |             |
| ENUMERATED WITH<br><i>Jackson, Martin</i>  |           |  |  |  |             |
| RELATIONSHIP TO ABOVE  |           |  |  |  |             |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |           | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input checked="" type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |             |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USC&amp;MS-DC 1910C-P61

LOUISIANA

|  |   |   |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
|--|---|---|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|-----------|--------------------------------|--|--|
| R 230  | NAME OF INDIVIDUAL<br><i>Rigata Josephine</i> |   | E.D.<br><i>74</i> | SHEET<br><i>13</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| COLOR<br><i>W</i>  | AGE<br><i>24</i>                              | BIRTHPLACE<br><i>Italy</i>                          |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| COUNTY<br><i>St. James</i>   |   | CITY<br><i></i>                                     |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| ENUMERATED WITH<br><i>Rigata Anthony</i>   |   |   |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| RELATIONSHIP TO ABOVE  |   |   |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>Si</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |   |   |                   |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>Si</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW               | <input type="checkbox"/> INMATE                     |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE                | <input type="checkbox"/> NURSE                      |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW        | <input type="checkbox"/> PATIENT                    |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW        | <input type="checkbox"/> ROOMER                     |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW           | <input type="checkbox"/> SERVANT                    |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW      | <input checked="" type="checkbox"/> OTHER (Specify) |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW       | <i>Si</i>   |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW        |   |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |

FORM 16-637 (6-29-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMB-DC 16106-P61

LOUISIANA

|  |  |   |                   |                    |
|--|--|---|-------------------|--------------------|
| R 230                                  | NAME OF INDIVIDUAL<br><i>Right Josephine</i> |   | E.D.<br><i>16</i> | SHEET<br><i>11</i> |
| COLOR<br><i>B</i>                      | AGE<br><i>22</i>                             | BIRTHPLACE  |                   |                    |
| COUNTY<br><i>Orleans</i>               |  | CITY  |                   |                    |
| ENUMERATED WITH<br><i>Right Mack</i>   |  |   |                   |                    |
| RELATIONSHIP TO ABOVE                  |  |   |                   |                    |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW              | <input type="checkbox"/> IMMATE                     |                   |                    |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NIECE               | <input type="checkbox"/> NUNCE                      |                   |                    |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW       | <input type="checkbox"/> PATIENT                    |                   |                    |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW       | <input type="checkbox"/> ROOMER                     |                   |                    |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW          | <input type="checkbox"/> SERVANT                    |                   |                    |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW     | <input checked="" type="checkbox"/> OTHER (Specify) |                   |                    |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW      | <i>Si</i>   |                   |                    |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW       |   |                   |                    |

FORM 16-637 (4-26-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMB-DC 18100-P61



|                         |     |                |          |            |  |
|-------------------------|-----|----------------|----------|------------|--|
| R230                    |     | HEAD OF FAMILY |          | LOUISIANA  |  |
| Roulette, Jules Jr      |     | E.O.           |          | SHERY      |  |
| 132                     |     | 13             |          |            |  |
| COLOR                   | AGE | BIRTHPLACE     |          |            |  |
| W                       | 26  |                |          |            |  |
| COUNTY                  |     |                | CITY     |            |  |
| Washington              |     |                | Bogalusa |            |  |
| OTHER MEMBERS OF FAMILY |     |                |          |            |  |
| NAME                    |     | RELATIONSHIP   | AGE      | BIRTHPLACE |  |
| Mary                    |     | W              | 23       |            |  |
| Lauren                  |     | B              | 21       |            |  |
|                         |     |                |          |            |  |
| 41 B O                  |     |                |          |            |  |
|                         |     |                |          |            |  |
|                         |     |                |          |            |  |
|                         |     |                |          |            |  |
|                         |     |                |          |            |  |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |  |  |  |             |             |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|--|-------------|-------------|---------------------------------|---------------------------------|---------------------------------|--|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R230   |  | NAME OF INDIVIDUAL<br>Rochett Julia      |  | E.O.<br>134 | SHEET<br>13 |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br>W   | AGE<br>58                                | BIRTHPLACE                               |  |             |             |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br>Union  |  | CITY                                     |  |             |             |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br>Theodore Rochett  |  |  |  |             |             |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |  |             |             |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> INMATE</td></tr><tr><td><input checked="" type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> |  |  |  |             |             | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input checked="" type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |  |             |             |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |  |             |             |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |  |             |             |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |  |             |             |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |  |             |             |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |  |             |             |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |             |             |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |  |             |             |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 16100-P61

## LOUISIANA

|   |  |  |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |          |                                |  |  |
|---|--|--|--|-------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|----------|--------------------------------|--|--|
| R 230   |  | NAME OF INDIVIDUAL<br><i>Risett, Julia</i> |  | E.D.<br><i>40</i> | SHEET<br><i>6</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |          |                                |  |  |
| COLOR<br><i>W</i>   | AGE<br><i>41</i>                         | BIRTHPLACE<br><i>Lafourche</i>             |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |          |                                |  |  |
| COUNTY<br><i>Lafourche</i>  |  | CITY                                       |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |          |                                |  |  |
| ENUMERATED WITH<br><i>Chausin, Emile</i>  |  |  |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |          |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |          |                                |  |  |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> INMATE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td><i>D</i></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> |  |  |  |                   |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>D</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE            |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |          |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE             |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |          |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |          |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER            |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |          |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |          |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |          |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  | <i>D</i>                                   |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |          |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |          |                                |  |  |

FORM 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 10190-P01

LOUISIANA

|   |  |  |             |             |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                 |   |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|-------------|-------------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|-------------------------------|--------------------------------|--------------------------------------|--|---------------------------------|---|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R230  | NAME OF INDIVIDUAL<br><i>Rosette Julia</i> |  | E.O.<br>152 | SHEET<br>15 |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                 |   |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>Me</i>  | AGE<br>101                                 | BIRTHPLACE                               |             |             |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                 |   |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>St. Landry</i>   |  | CITY                                     |             |             |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                 |   |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Celestine Ambrois</i>   |  |  |             |             |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                 |   |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |             |             |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                 |   |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> WIDOW</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> WIFE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PAIENT</td></tr><tr><td><input checked="" type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> |  |  |             |             | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | <input type="checkbox"/> MOTHER | <input type="checkbox"/> WIFE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PAIENT | <input checked="" type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW            | <input type="checkbox"/> WIDOW           |             |             |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                 |   |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> WIFE              | <input type="checkbox"/> NURSE           |             |             |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                 |   |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW     | <input type="checkbox"/> PAIENT          |             |             |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                 |   |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW     | <input type="checkbox"/> ROOMER          |             |             |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                 |   |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW        | <input type="checkbox"/> SERVANT         |             |             |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                 |   |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW   | <input type="checkbox"/> OTHER (Specify) |             |             |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                 |   |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW    |  |             |             |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                 |   |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW     |  |             |             |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                 |   |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 16-537 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 16106-P61

| 19230                   |              | HEAD OF FAMILY |            | LOUISIANA |       |
|-------------------------|--------------|----------------|------------|-----------|-------|
| COLOR                   | AGE          | BIRTHPLACE     |            | E.O.      | SHEET |
| Mu                      | 68           |                |            | 100       | 12    |
| COUNTY                  |              |                | CITY       |           |       |
| St. Landry              |              |                |            |           |       |
| OTHER MEMBERS OF FAMILY |              |                |            |           |       |
| NAME                    | RELATIONSHIP | AGE            | BIRTHPLACE |           |       |
| Adelle                  | W            | 38             |            |           |       |
| Antoine                 | S            | 16             |            |           |       |
| Nathan                  | S            | 15             |            |           |       |
| Victoria                | D            | 13             |            |           |       |
| Alma                    | D            | 10             |            |           |       |
| Harriet                 | D            | 8              |            |           |       |
| Olivier                 | D            | 5              |            |           |       |

FORM 16-436 (4-20-31)

1930 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



LOUISIANA

|  |  |  |  |              |  |      |       |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|--|--------------|--|------|-------|---------------------------------|---------------------------------|---------------------------------|--|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R235   |  | NAME OF INDIVIDUAL                       |  | Royston Kate |  | S.D. | SHEET |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR  |  | AGE                                      |  | BIRTHPLACE   |  | 120  | 6     |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| B  |  | 84                                       |  | Ga           |  |      |       |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY   |  |  |  | Tensas       |  | CITY |       |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH  |  |  |  |              |  |      |       |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Royston Madelon  |  |  |  |              |  |      |       |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |  |              |  |      |       |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> INMATE</td></tr><tr><td><input checked="" type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> |  |  |  |              |  |      |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input checked="" type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |  |              |  |      |       |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |  |              |  |      |       |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |  |              |  |      |       |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |  |              |  |      |       |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |  |              |  |      |       |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |  |              |  |      |       |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |              |  |      |       |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |  |              |  |      |       |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 16-437 (4-20-51)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1916 CENSUS INDEX - INDIVIDUAL

USCOMM-TC 16150-P-51

LOUISIANA

|   |                  |   |                         |   |                   |
|---|------------------|---|-------------------------|---|-------------------|
| R236  |                  | NAME OF INDIVIDUAL<br><i>Leatrice Katherine</i>   |                         | E.D.<br><i>10</i>   | SHEET<br><i>8</i> |
| COLOR<br><i>B</i>   | AGE<br><i>32</i> | BIRTHPLACE  |                         |   |                   |
| COUNTY<br><i>St. Mary</i>   |                  |   | CITY<br><i>Franklin</i> |   |                   |
| ENUMERATED WITH<br><i>Leatrice, Joseph</i>  |                  |   |                         |   |                   |
| RELATIONSHIP TO ABOVE   |                  |   |                         |   |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input checked="" type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |                         | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify)<br><hr/> |                   |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 10195-P01



|   |                         |   |  |  |                   |
|---|-------------------------|---|--|--|-------------------|
| R236  |                         | NAME OF INDIVIDUAL<br><i>Leister, William</i>   |  | E.D.<br><i>90</i>  | SHEET<br><i>8</i> |
| COLOR<br><i>B</i>   | AGE<br><i>3 1/2</i>     | BIRTHPLACE  |  |  |                   |
| COUNTY<br><i>St. Mary</i>   | CITY<br><i>Franklin</i> |   |  |  |                   |
| ENUMERATED WITH<br><i>Leister, Joseph</i>   |                         |   |  |  |                   |
| RELATIONSHIP TO ABOVE   |                         |   |  |  |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input checked="" type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                         | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                   |

FORM 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 15105-P01

|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
| R 235                                  |  | NAME OF INDIVIDUAL<br>Kiddan Katie Bue   |  | LOUISIANA                                | E 28                                     | SHEET 1                                  |
| COLOR<br>B                             | AGE<br>13                                | BIRTHPLACE                               |  |  |  |  |
| COUNTY<br>Caddo                        |  | CITY                                     |  |  |  |  |
| ENUMERATED WITH<br>Davenport Will      |  |  |  |  |  |  |
| RELATIONSHIP TO ABOVE                  |  |  |  |  |  |  |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> UNCLE           | <input type="checkbox"/> WIDOW           | <input type="checkbox"/> NURSE           | <input type="checkbox"/> PATIENT         | <input type="checkbox"/> ROOMER          |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NIECE           | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> BROTHER-IN-LAW  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> SON             | <input type="checkbox"/> DAUGHTER        | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> OTHER (Specify) |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> BROTHER-IN-LAW  | <input type="checkbox"/> SISTER-IN-LAW   | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> OTHER (Specify) |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> DAUGHTER        | <input type="checkbox"/> BROTHER         | <input type="checkbox"/> SISTER          | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> OTHER (Specify) |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> AUNT            | <input type="checkbox"/> UNCLE           | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> OTHER (Specify) |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> UNCLE           | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> OTHER (Specify) |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> OTHER (Specify) |

FORM 10-437 (4-30-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |          |                |     |            |  |
|-------------------------|----------|----------------|-----|------------|--|
| 8234                    |          | HEAD OF FAMILY |     | LOUISIANA  |  |
| Kistill Kenzie          |          | E.D.           |     | SHEET      |  |
| COLOR                   | AGE      | BIRTHPLACE     |     |            |  |
| Man                     | 33       |                |     |            |  |
| COUNTY                  | Ouachita | CITY           |     |            |  |
| OTHER MEMBERS OF FAMILY |          |                |     |            |  |
| NAME                    |          | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| Malbone                 |          | D              | 6   |            |  |
| Smith Legman            |          | SD             | 19  |            |  |
| H.R.                    |          |                |     |            |  |
|                         |          |                |     |            |  |
|                         |          |                |     |            |  |
|                         |          |                |     |            |  |
|                         |          |                |     |            |  |
|                         |          |                |     |            |  |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| Q230   |  | NAME OF INDIVIDUAL  |  | LOUISIANA  |  |
| COLOR  |  | AGE   |  | E.D. SHEET   |  |
| B  |  | 25  |  | 11518  |  |
| BIRTHPLACE   |  | COUNTY  |  | CITY   |  |
|  |  | Richland  |  |  |  |
| ENUMERATED WITH  |  |   |  |  |  |
| Halliday, Dasia  |  |   |  |  |  |
| RELATIONSHIP TO ABOVE  |  |   |  |  |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHER<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> WORKMAN<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |  |

FORM 18-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1918 CENSUS INDEX - INDIVIDUAL

USCOMM-PC 18108-P61

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R-230                   |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.O.       | SHEET |
| W                       |  | 40             | Ala        | 128        | 11    |
| COUNTY                  |  |                | CITY       |            |       |
| Washington              |  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Mary                    |  | W              | 35         |            |       |
| Lelia J                 |  | D              | 11         |            |       |
| Lutea M.                |  | D              | 9          |            |       |
| Charcis                 |  | S              | 7          |            |       |
| William C.              |  | S              | 5          |            |       |
| Henry M.                |  | S              | 3          |            |       |

FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |  |
|-------------------------|-----|----------------|-----|------------|--|
| R236                    |     | HEAD OF FAMILY |     | LOUISIANA  |  |
| Rester L.A.             |     | E.D.           |     | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |     |            |  |
| W                       | 28  |                |     |            |  |
| COUNTY                  |     | CITY           |     |            |  |
| Washington              |     |                |     |            |  |
| OTHER MEMBERS OF FAMILY |     |                |     |            |  |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| <del>Robert</del>       |     | <del>W</del>   |     |            |  |
| <del>James</del>        |     | <del>S</del>   |     |            |  |
| <del>Maria</del>        |     |                |     |            |  |
| Living alone            |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |

FORM 70-636 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |     |            |       |
|-------------------------|--|----------------|-----|------------|-------|
| R230                    |  | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   |  | AGE            |     | E.D.       | SHEET |
| W                       |  | 36             |     | 83         | 34    |
| BIRTHPLACE              |  | L.C.           |     |            |       |
| COUNTY                  |  | Rapides        |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |  |                |     |            |       |
| NAME                    |  | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| 1 Child                 |  | W              | 36  |            |       |
| Stevens, Mallie         |  | ad-D           | 11  |            |       |
|                         |  |                |     |            |       |
|                         |  |                |     |            |       |
|                         |  |                |     |            |       |
|                         |  |                |     |            |       |
|                         |  |                |     |            |       |
|                         |  |                |     |            |       |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |          |   |      |  |         |
|--|----------|---|------|--|---------|
| R231   |          | NAME OF INDIVIDUAL  |      | LOUISIANA  |         |
| Pestivis, Lalome   |          | E.D.  |      | SHEET  |         |
| COLOR  | W        | AGE   | 30   | BIRTHPLACE   | Orleans |
| COUNTY   | Acadiana |   | CITY | Donaldsonville   |         |
| ENUMERATED WITH  |          |   |      |  |         |
| Faleetta, Nick   |          |   |      |  |         |
| RELATIONSHIP TO ABOVE  |          |   |      |  |         |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |          | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> Niece<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> BROTHER (Specify)<br>sis |         |

FORM 16-637 (4-10-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18199-P61



|                         |  |                  |     |            |       |
|-------------------------|--|------------------|-----|------------|-------|
| R230                    |  | HEAD OF FAMILY   |     | LOUISIANA  |       |
| COLOR                   |  | AGE              |     | E.O.       | SHEET |
| W                       |  | 32               |     | 133        | 27    |
| BIRTHPLACE              |  | Richt Lawrence R |     |            |       |
| COUNTY                  |  | Winn             |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |  |                  |     |            |       |
| NAME                    |  | RELATIONSHIP     | AGE | BIRTHPLACE |       |
| / Etta                  |  | W                | 29  |            |       |
| Pearl                   |  | 10               | 1   |            |       |
|                         |  |                  |     |            |       |
|                         |  |                  |     |            |       |
|                         |  |                  |     |            |       |
|                         |  |                  |     |            |       |
|                         |  |                  |     |            |       |
|                         |  |                  |     |            |       |

FORM 16-436 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |   |  |            |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|---|--|---|--|------------|--|-----------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| 19230   |  | NAME OF INDIVIDUAL                                  |  | Leander    |  | LOUISIANA |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| E.D.  |  | 58  |  | SHEET      |  | 6         |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR   |  | AGE   |  | BIRTHPLACE |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| B   |  | 60  |  |            |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY  |  |   |  | CITY       |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| Boutte  |  |   |  |            |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |   |  |            |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| Richard, Celestine  |  |   |  |            |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |  |            |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> IMMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |            |  |           |  | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> IMMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> IMMATE                     |  |            |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |  |            |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |            |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |            |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |            |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |            |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |            |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |  |            |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

Form 16-637 (4-20-31)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMB-DC 15105-P61

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| B35                     |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.O.       | SHEET |
| W                       |  | 22             | Lepard     | 112        | 2     |
| COUNTY                  |  |                | CITY       |            |       |
| Sabine                  |  |                | Noble      |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Lennie                  |  | W              | 18         |            |       |
| May                     |  | D              | 2          |            |       |
| Lola                    |  | D              | 4 1/2      |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 16-536 (4-26-51)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |              |           |            |
|-------------------------|--|----------------|--------------|-----------|------------|
| P230                    |  | HEAD OF FAMILY |              | LOUISIANA |            |
| COLOR                   |  | AGE            | BIRTHPLACE   | E.D.      | SHEET      |
| me                      |  | 40             | A. C.        | 94        | 19         |
| COUNTY                  |  |                | CITY         |           |            |
| Morehouse               |  |                |              |           |            |
| OTHER MEMBERS OF FAMILY |  |                |              |           |            |
| NAME                    |  |                | RELATIONSHIP | AGE       | BIRTHPLACE |
| 1 Lisa                  |  |                | W            | 25        | Ala        |
| Martin, Annie           |  |                | 5-D          | 18        |            |
| Rush, Susan             |  |                | D            | 3         |            |
| 1 Ligeia                |  |                | S            | 2         |            |
|                         |  |                |              |           |            |
|                         |  |                |              |           |            |
|                         |  |                |              |           |            |
|                         |  |                |              |           |            |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |              |                |            |            |  |
|-------------------------|--------------|----------------|------------|------------|--|
| R 236                   |              | HEAD OF FAMILY |            | LOUISIANA  |  |
| E.D.                    |              | SHEET          |            | 1476       |  |
| COLOR                   | W            | AGE            | 36         | BIRTHPLACE |  |
| COUNTY                  |              | Vernon         |            | CITY       |  |
| OTHER MEMBERS OF FAMILY |              |                |            |            |  |
| NAME                    | RELATIONSHIP | AGE            | BIRTHPLACE |            |  |
| Julia                   | W            | 25             |            |            |  |
| Edith                   | D            | 7              |            |            |  |
| Leatha                  | D            | 5              |            |            |  |
| Ernest                  | S            | 2              |            |            |  |
| Buby                    | S            | 1/12           |            |            |  |
|                         |              |                |            |            |  |
|                         |              |                |            |            |  |

FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |                 |   |  |  |                   |                   |
|--|-----------------|---|--|--|-------------------|-------------------|
| B-296  |                 | NAME OF INDIVIDUAL<br><i>Pector Lucas</i>   |  | LOUISIANA  | E.D.<br><i>81</i> | SHEET<br><i>8</i> |
| COLOR<br><i>Wm</i>   | AGE<br><i>2</i> | BIRTHPLACE  |  |  |                   |                   |
| COUNTY   |                 | CITY  |  |  |                   |                   |
| ENUMERATED WITH<br><i>Pointe Coupee</i>  |                 |   |  |  |                   |                   |
| RELATIONSHIP TO ABOVE<br><i>Superior Davis</i>   |                 |   |  |  |                   |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                 | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INFANT<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>SD</i> |                   |                   |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USE ONLY-DC 1500-201

|   |  |   |  |  |  |  |
|---|--|---|--|--|--|--|
| R233  |  | NAME OF INDIVIDUAL<br><i>Restata Lena</i> |  | LOUISIANA                                | S.D.<br>96                               | SHEET<br>4                               |
| COLOR<br><i>W</i>                                 | AGE<br><i>4</i>                          | BIRTHPLACE                                |  |  |  |  |
| COUNTY<br><i>S. Mary</i>                          |  | CITY                                      |  |  |  |  |
| ENUMERATED WITH<br><i>Restata Charles</i>         |  |   |  |  |  |  |
| RELATIONSHIP TO ABOVE                             |  |   |  |  |  |  |
| <input type="checkbox"/> FATHER                   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDOW            | <input type="checkbox"/> MOTHER          | <input type="checkbox"/> WIFE            | <input type="checkbox"/> NUNCE           | <input type="checkbox"/> PATIENT         |
| <input type="checkbox"/> GRANDFATHER              | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> MOTHER-IN-LAW    | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> BROTHER-IN-LAW  | <input type="checkbox"/> SISTER-IN-LAW   |
| <input type="checkbox"/> GRANDMOTHER              | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> SON-IN-LAW       | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> BROTHER-IN-LAW  | <input type="checkbox"/> SISTER-IN-LAW   | <input type="checkbox"/> OTHER (Specify) |
| <input type="checkbox"/> GRANDSON                 | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> DAUGHTER-IN-LAW  | <input type="checkbox"/> BROTHER-IN-LAW  | <input type="checkbox"/> SISTER-IN-LAW   | <input type="checkbox"/> OTHER (Specify) |  |
| <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> BROTHER-IN-LAW   | <input type="checkbox"/> SISTER-IN-LAW   | <input type="checkbox"/> OTHER (Specify) |  |  |
| <input type="checkbox"/> AUNT                     | <input type="checkbox"/> BROTHER-IN-LAW  | <input type="checkbox"/> SISTER-IN-LAW    | <input type="checkbox"/> OTHER (Specify) |  |  |  |
| <input type="checkbox"/> UNCLE                    | <input type="checkbox"/> SISTER-IN-LAW   | <input type="checkbox"/> OTHER (Specify)  |  |  |  |  |

FORM 10-637 (4-30-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18100-P01

|  |  |   |  |           |                    |                    |                                 |                                 |                                 |                                 |                                |                              |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |           |                                |  |  |
|--|--|---|--|-----------|--------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|---|--|--|--|-------------------------------|---|-----------|--------------------------------|--|--|
| R-230  |  | NAME OF INDIVIDUAL<br><i>Rockett Leola</i>  |  | LOUISIANA | E.D.<br><i>134</i> | SHEET<br><i>13</i> |                                 |                                 |                                 |                                 |                                |                              |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |           |                                |  |  |
| COLOR<br><i>W</i>  | AGE<br><i>19</i>                         | BIRTHPLACE                                  |  |           |                    |                    |                                 |                                 |                                 |                                 |                                |                              |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |           |                                |  |  |
| COUNTY<br><i>Union</i>   |  | CITY  |  |           |                    |                    |                                 |                                 |                                 |                                 |                                |                              |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |           |                                |  |  |
| ENUMERATED WITH<br><i>Ward Robert</i>  |  |   |  |           |                    |                    |                                 |                                 |                                 |                                 |                                |                              |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |           |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   |  |           |                    |                    |                                 |                                 |                                 |                                 |                                |                              |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |           |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NUN</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input checked="" type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>Si</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |           |                    |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NUN | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input checked="" type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>Si</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE             |  |           |                    |                    |                                 |                                 |                                 |                                 |                                |                              |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |           |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NUN                |  |           |                    |                    |                                 |                                 |                                 |                                 |                                |                              |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT            |  |           |                    |                    |                                 |                                 |                                 |                                 |                                |                              |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER             |  |           |                    |                    |                                 |                                 |                                 |                                 |                                |                              |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input checked="" type="checkbox"/> SERVANT |  |           |                    |                    |                                 |                                 |                                 |                                 |                                |                              |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)    |  |           |                    |                    |                                 |                                 |                                 |                                 |                                |                              |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |           |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  | <i>Si</i>                                   |  |           |                    |                    |                                 |                                 |                                 |                                 |                                |                              |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |           |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |   |  |           |                    |                    |                                 |                                 |                                 |                                 |                                |                              |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |           |                                |  |  |

FORM 18-637 (4-26-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL



|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R 230                   |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| C. M. W.                |  | 36             |            | 12         | 24    |
| COUNTY                  |  |                | CITY       |            |       |
| Iberia                  |  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Emely                   |  | d              | 13         |            |       |
| Lucile                  |  | d              | 11         |            |       |
| Alta                    |  | d              | 9          |            |       |
| Amos                    |  | s.             | 7          |            |       |
| Bautle Leonore          |  | b              | 21         |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |  |  |  |       |
|--|--|--|--|--|-------|
| R230   |  | NAME OF INDIVIDUAL   |  | LOUISIANA  |       |
| COLOR  |  | AGE  |  | E.D.   | SHEET |
| B  |  | 58   |  | 93   | 5     |
| COUNTY   |  | Baptiste   |  | CITY   |       |
| ENUMERATED WITH  |  |  |  |  |       |
| Red John   |  |  |  |  |       |
| RELATIONSHIP TO ABOVE  |  |  |  |  |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input checked="" type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |       |

FORM 16-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USC&A-DC 16100-P-51

|                         |     |                |     |            |  |
|-------------------------|-----|----------------|-----|------------|--|
| R230                    |     | HEAD OF FAMILY |     | LOUISIANA  |  |
| RICHARDS, Lewis J.      |     | E.D.           |     | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |     |            |  |
| W                       | 36  |                |     |            |  |
| COUNTY                  |     | CITY           |     |            |  |
| East Baton Rouge        |     | Baton Rouge    |     |            |  |
| OTHER MEMBERS OF FAMILY |     |                |     |            |  |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| 1 Frank J.              |     | B              | 30  |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |   |   |  |           |            |            |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|---|---|--|-----------|------------|------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R235  |   | NAME OF INDIVIDUAL<br><i>Rustin Lillian</i> |  | LOUISIANA | E.D.<br>97 | SHEET<br>3 |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>W</i>   | AGE<br>9                                  | BIRTHPLACE                                  |  |           |            |            |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>St. Tammany</i>  | CITY<br><i>Covington</i>                  |   |  |           |            |            |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Pelton Laura</i>  |   |   |  |           |            |            |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |   |   |  |           |            |            |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input checked="" type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |   |   |  |           |            |            | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input checked="" type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW           | <input type="checkbox"/> INMATE             |  |           |            |            |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input checked="" type="checkbox"/> NIECE | <input type="checkbox"/> NURSE              |  |           |            |            |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW    | <input type="checkbox"/> PATIENT            |  |           |            |            |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW    | <input type="checkbox"/> ROOMER             |  |           |            |            |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW       | <input type="checkbox"/> SERVANT            |  |           |            |            |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW  | <input type="checkbox"/> OTHER (Specify)    |  |           |            |            |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW   |   |  |           |            |            |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW    |   |  |           |            |            |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-637 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMB-DC 1910-P61

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R234                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| B                       |  | 63             | La         | 97         | 34    |
| COUNTY                  |  |                | CITY       |            |       |
| Morehouse               |  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| 1 James                 |  | W              | 60         |            |       |
| + 1 da                  |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |          |  |  |   |  |
|--|----------|--|--|---|--|
| R230   |          | NAME OF INDIVIDUAL   |  | LOUISIANA   |  |
| Rockwood Lavinia   |          | E.O.   |  | SHEET   |  |
| COLOR  | AGE      | BIRTHPLACE   |  |   |  |
| B  | 15       |  |  |   |  |
| COUNTY   | St. Mary | CITY   |  |   |  |
| ENUMERATED WITH  |          |  |  |   |  |
| Deprome Manuel   |          |  |  |   |  |
| RELATIONSHIP TO ABOVE  |          |  |  |   |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |          | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NICE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br>SD |  |

FORM 10-437 (4-30-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18105-P01

|   |  |  |  |           |  |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
|---|--|--|--|-----------|--|---------------------------------|---------------------------------|-------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|--|--|--------------------------------|--|--|
| R230  |  | NAME OF INDIVIDUAL                       |  | LOUISIANA |  |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| E.D.  |  | SHEET                                    |  |           |  |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| COLOR   | AGE  | BIRTHPLACE                               |  |           |  |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| B   | 15   | St. Bernard                              |  |           |  |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| CITY  |  |  |  |           |  |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| ENUMERATED WITH   |  |  |  |           |  |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |  |           |  |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIFE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> Niece</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input checked="" type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |           |  | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIFE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> Niece | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input checked="" type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW                    | <input type="checkbox"/> WIFE            |  |           |  |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> Niece                     | <input type="checkbox"/> NURSE           |  |           |  |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW             | <input type="checkbox"/> PATIENT         |  |           |  |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW             | <input type="checkbox"/> ROOMER          |  |           |  |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW                | <input type="checkbox"/> SERVANT         |  |           |  |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW           | <input type="checkbox"/> OTHER (Specify) |  |           |  |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input checked="" type="checkbox"/> BROTHER-IN-LAW |  |  |           |  |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW             |  |  |           |  |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |

FORM 16-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18108-P01

|  |  |   |    |            |  |
|--|--|---|----|------------|--|
| B235                                   |  | NAME OF INDIVIDUAL                                  |    | LOUISIANA  |  |
| ROYSTER, Lizzie M.                     |  | E.D.  |    | SHEET      |  |
| COLOR                                  | W  | AGE   | 42 | BIRTHPLACE |  |
| COUNTY                                 |  | CITY  |    | Colfax     |  |
| ENUMERATED WITH                        |  | Carnahan, Lianna                                    |    |            |  |
| RELATIONSHIP TO ABOVE                  |  |   |    |            |  |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |    |            |  |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> Niece           | <input type="checkbox"/> NURSE                      |    |            |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |    |            |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |    |            |  |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |    |            |  |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |    |            |  |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW  |   |    |            |  |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW   |   |    |            |  |

FORM 16-437 (4-30-81)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|  |                  |   |  |  |                    |
|--|------------------|---|--|--|--------------------|
| R236   |                  | NAME OF INDIVIDUAL<br><i>Richter Lois</i>   |  | LOUISIANA  |                    |
| COLOR<br><i>W</i>  | AGE<br><i>16</i> | BIRTHPLACE<br><i>N. Y.</i>  |  | E.O.<br><i>13</i>  | SHEET<br><i>23</i> |
| COUNTY<br><i>Ascension</i>   |                  | CITY<br><i>J</i>  |  |  |                    |
| ENUMERATED WITH<br><i>Opdenweyer John W.</i>   |                  |   |  |  |                    |
| RELATIONSHIP TO ABOVE  |                  |   |  |  |                    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> WIDOW<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                    |

FORM 10-637 (4-22-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18100-P01

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| 1923                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| W                       | 51  | London M.      |     | 31         | 10    |
| COUNTY                  |     | Jefferson      |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| 1 Mrs J Lee             |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

Form 10-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |  |              |  |                   |  |            |  |
|-------------------------|--|----------------|--|--------------|--|-------------------|--|------------|--|
| R 232                   |  | HEAD OF FAMILY |  | Louisiana    |  | S.D.              |  | SHEET      |  |
| COLOR                   |  | AGE            |  | BIRTHPLACE   |  | 36                |  | 1          |  |
| W                       |  | 45             |  |              |  |                   |  |            |  |
| COUNTY                  |  |                |  | Calcasieu    |  | CITY              |  |            |  |
|                         |  |                |  |              |  | Lake Charles City |  |            |  |
| OTHER MEMBERS OF FAMILY |  |                |  |              |  |                   |  |            |  |
| NAME                    |  |                |  | RELATIONSHIP |  | AGE               |  | BIRTHPLACE |  |
| Emma                    |  |                |  | W            |  | 45                |  |            |  |
| Mary                    |  |                |  | D            |  | 13                |  |            |  |
| Robert                  |  |                |  | S            |  | 12                |  |            |  |
| Robert                  |  |                |  | S            |  | 9                 |  |            |  |
| Harmond                 |  |                |  | S            |  | 7                 |  |            |  |
| Lorise                  |  |                |  | D            |  | 5                 |  |            |  |
| William                 |  |                |  | S            |  | 3 1/2             |  |            |  |

FORM 16-536 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R230                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | S.D.       | SHEET |
| B                       | 39  |                |     | 86         | 3     |
| COUNTY                  |     | CITY           |     |            |       |
| Rapides                 |     |                |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| / Ella                  |     | W              | 33  |            |       |
| / Lillie                |     | D              | 10  |            |       |
| / Emma                  |     | D              | 3   |            |       |
| Flowers, Rudolph        |     | S              | 16  |            |       |
| / Abel                  |     | D              | 13  |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |      |            |       |
|-------------------------|-----|----------------|------|------------|-------|
| R230                    |     | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |      | E.D.       | SHEET |
| W                       | 26  |                |      | 68         | 7     |
| COUNTY                  |     |                | CITY |            |       |
| St. James               |     |                |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| 1 Lucy                  |     | W              | 21   |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
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FORM 16-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| K230                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | NAME           |     | E.D.       | SHEET |
| W                       | 70  | Risett, Louis  |     | 40         | 2     |
| COUNTY                  |     | CITY           |     |            |       |
| Lafourche               |     |                |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| / Helvia                |     | W              | 66  |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
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|                         |     |                |     |            |       |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |            |    |
|-------------------------|---|----------------|-----|------------|----|
| R 230                   |   | HEAD OF FAMILY |     | Louisiana  |    |
| COLOR                   | W | AGE            | 50  | BIRTHPLACE | LA |
| COUNTY                  |   | CITY           |     |            |    |
| OTHER MEMBERS OF FAMILY |   |                |     |            |    |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |    |
| Rosa D                  |   | W              | 45  |            |    |
| Lizzie                  |   | D              | 16  |            |    |
| Louis W                 |   | S              | 15  |            |    |
| Anna                    |   | D              | 12  |            |    |
| Edna                    |   | D              | 10  |            |    |
| Opelia                  |   | D              | 7   |            |    |
| Lilly                   |   | D              | 4   |            |    |

Form 16-536 (4-26-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |                  |   |  |  |                    |
|--|------------------|---|--|--|--------------------|
| R-230  |                  | NAME OF INDIVIDUAL<br><i>Rust, Louise</i>   |  | LOUISIANA  |                    |
| COLOR<br><i>W</i>  | AGE<br><i>38</i> | BIRTHPLACE  |  | E.O.<br><i>15</i>  | SHEET<br><i>20</i> |
| COUNTY<br><i>Orleans</i>   |                  | CITY  |  |  |                    |
| ENUMERATED WITH<br><i>Rust, Franklin P.</i>  |                  |   |  |  |                    |
| RELATIONSHIP TO ABOVE  |                  |   |  |  |                    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>Si</i> |                    |

FORM 10-437 (4-30-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 10109-P01



| HEAD OF FAMILY          |               | LOUISIANA  |            |
|-------------------------|---------------|------------|------------|
| P 230                   | Ricard, Louis | E.D.       | SHEET      |
| COLOR                   | AGE           | BIRTHPLACE |            |
| B                       | 60            |            |            |
| COUNTY                  | CITY          |            |            |
| Rapides                 | Alexandria    |            |            |
| OTHER MEMBERS OF FAMILY |               |            |            |
| NAME                    | RELATIONSHIP  | AGE        | BIRTHPLACE |
| Frank                   | S             | 33         |            |
| Mary                    | D             | 32         |            |
| Julia                   | D             | 25         |            |
| Victoria                | D             | 24         |            |
| Leo                     | S             | 22         |            |
| Jane                    | P             | 19         |            |
| Maximie                 | D             | 17         |            |

FORM 16-636 (4-26-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |     |                   |       |            |       |
|-------------------------|-----|-------------------|-------|------------|-------|
| 1920                    |     | HEAD OF FAMILY    |       | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE        |       | E.D.       | SHEET |
| White                   | 34  | Kegotte, Lucretia |       | 11         | 1     |
| COUNTY                  |     | CITY              |       |            |       |
| Iberia                  |     |                   |       |            |       |
| OTHER MEMBERS OF FAMILY |     |                   |       |            |       |
| NAME                    |     | RELATIONSHIP      | AGE   | BIRTHPLACE |       |
| Lucile                  |     | W                 | 28    |            |       |
| Lecima                  |     | D                 | 13    |            |       |
| Lallie                  |     | D                 | 12    |            |       |
| Mary                    |     | D                 | 1 1/2 |            |       |
| Lucy                    |     | D                 | 5/12  |            |       |
|                         |     |                   |       |            |       |
|                         |     |                   |       |            |       |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |  |  |            |            |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|--|------------|------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R 235  |  | NAME OF INDIVIDUAL<br>Roxton Lubat       |  | LOUISIANA  |            |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br>B   | AGE<br>7                                 | BIRTHPLACE                               |  | E.O.<br>89 | SHEET<br>6 |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br>Natchitoches   |  | CITY                                     |  |            |            |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br>Lena Anderson   |  |  |  |            |            |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |  |            |            |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input checked="" type="checkbox"/> WIFE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |            |            | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input checked="" type="checkbox"/> WIFE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |  |            |            |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input checked="" type="checkbox"/> WIFE | <input type="checkbox"/> NURSE           |  |            |            |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |  |            |            |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |  |            |            |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |  |            |            |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |  |            |            |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |            |            |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |  |            |            |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 18100-P61

|   |  |  |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|------------|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R235  |  | NAME OF INDIVIDUAL                         |            | LOUISIANA |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR   |  | AGE  | BIRTHPLACE | E.O.      | SHEET |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| W   |  | 42   | Italy      | 64        | 40    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTRY   |  |  | CITY       |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| St. Charles   |  |  |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |  |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Accardi Joe   |  |  |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> Niece</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |            |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> Niece | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE            |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> Niece           | <input type="checkbox"/> NURSE             |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 19-637 (4-22-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18198-P61

|  |   |   |    |  |          |
|--|---|---|----|--|----------|
| R230   |   | NAME OF INDIVIDUAL  |    | LOUISIANA  |          |
| COLOR  | W | AGE   | 21 | BIRTHPLACE   |          |
|  |   | Washington  |    | CITY   | Bogalusa |
| ENUMERATED WITH  |   | Rougette, Luren   |    |  |          |
| RELATIONSHIP TO ABOVE  |   | Rougette, Jules Jr  |    |  |          |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |   | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |    | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br>B |          |

FORM 18-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                                |                     |                       |                   |                  |              |
|--------------------------------|---------------------|-----------------------|-------------------|------------------|--------------|
| <b>R 230</b>                   |                     | <b>HEAD OF FAMILY</b> |                   | <b>LOUISIANA</b> |              |
| <b>COLOR</b>                   | <b>AGE</b>          | <b>BIRTHPLACE</b>     |                   | <b>E.O.</b>      | <b>SHEET</b> |
|                                | 29                  |                       |                   |                  |              |
| <b>COUNTY</b>                  |                     | <b>CITY</b>           |                   |                  |              |
| Bert                           |                     |                       |                   |                  |              |
| <b>OTHER MEMBERS OF FAMILY</b> |                     |                       |                   |                  |              |
| <b>NAME</b>                    | <b>RELATIONSHIP</b> | <b>AGE</b>            | <b>BIRTHPLACE</b> |                  |              |
| Willa                          | W                   | 25                    |                   |                  |              |
| Frank H.                       | S                   | 4                     |                   |                  |              |
| John A.                        | S                   | 4                     |                   |                  |              |
| Marie                          | S                   | 5                     |                   |                  |              |
| John                           | S                   | 2                     |                   |                  |              |
| Willie                         | S                   | 2                     |                   |                  |              |
| John                           | S                   | 2                     |                   |                  |              |
| John                           | S                   | 2                     |                   |                  |              |
| John                           | S                   | 2                     |                   |                  |              |

FORM 18-436 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME         | RELATIONSHIP | AGE       | BIRTHPLACE |
|--------------|--------------|-----------|------------|
| <i>Louis</i> | <i>son</i>   | <i>5</i>  |            |
| <i>Henry</i> | <i>son</i>   | <i>10</i> |            |
|              |              |           |            |
|              |              |           |            |
|              |              |           |            |
|              |              |           |            |
|              |              |           |            |
|              |              |           |            |
|              |              |           |            |
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|              |              |           |            |

FORM 16-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 18106-P61



|                         |     |                |          |            |       |
|-------------------------|-----|----------------|----------|------------|-------|
| R236                    |     | HEAD OF FAMILY |          | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |          | E.O.       | SHEET |
| W                       | 23  |                |          | 132        | 19    |
| COUNTY                  |     |                | CITY     |            |       |
| Washington              |     |                | Bogalusa |            |       |
| OTHER MEMBERS OF FAMILY |     |                |          |            |       |
| NAME                    |     | RELATIONSHIP   | AGE      | BIRTHPLACE |       |
| May                     |     | W              | 22       | Miss       |       |
| +1 B O                  |     |                |          |            |       |
|                         |     |                |          |            |       |
|                         |     |                |          |            |       |
|                         |     |                |          |            |       |
|                         |     |                |          |            |       |
|                         |     |                |          |            |       |
|                         |     |                |          |            |       |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |      |            |       |
|-------------------------|--|----------------|------|------------|-------|
| R 230                   |  | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR                   |  | AGE            |      | E.O.       | SHEET |
| 13                      |  | 18             |      | 16         | 11    |
|                         |  | BIRTHPLACE     |      |            |       |
| COUNTY                  |  |                | CITY |            |       |
| Bossier                 |  |                |      |            |       |
| OTHER MEMBERS OF FAMILY |  |                |      |            |       |
| NAME                    |  | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| 1 Josephine             |  | Si             | 22   |            |       |
| Johnson, Rena           |  | Si             | 28   |            |       |
|                         |  |                |      |            |       |
|                         |  |                |      |            |       |
|                         |  |                |      |            |       |
|                         |  |                |      |            |       |
|                         |  |                |      |            |       |
|                         |  |                |      |            |       |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |      |
|-------------------------|--|----------------|------------|------------|------|
| R 235                   |  | HEAD OF FAMILY |            | LOUISIANA  |      |
| COLOR                   |  | AGE            | BIRTHPLACE |            | E.D. |
| B                       |  | 34             | Miss       |            | 120  |
| COUNTY                  |  |                | CITY       |            |      |
| TANGIPLO                |  |                |            |            |      |
| OTHER MEMBERS OF FAMILY |  |                |            |            |      |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |      |
| 1 Kate                  |  | M              | 84         | Ga         |      |
| Watts Kate              |  | N              | 20         |            |      |
| 1 Miles                 |  | N              | 2          |            |      |
|                         |  |                |            |            |      |
|                         |  |                |            |            |      |
|                         |  |                |            |            |      |
|                         |  |                |            |            |      |
|                         |  |                |            |            |      |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |     |                    |  |           |       |
|--|-----|--------------------|--|-----------|-------|
| R230   |     | NAME OF INDIVIDUAL |  | LOUISIANA |       |
| COLOR  | AGE | BIRTHPLACE         |  | E.D.      | SHEET |
| W  | 4   | Berth Magnolia     |  | 59        | 28    |
| COUNTY   |     | CITY               |  |           |       |
| Iberville  |     |                    |  |           |       |
| ENUMERATED WITH  |     |                    |  |           |       |
| Relationship to Above  |     |                    |  |           |       |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER<br/> <input type="checkbox"/> MOTHER<br/> <input type="checkbox"/> GRANDFATHER<br/> <input type="checkbox"/> GRANDMOTHER<br/> <input type="checkbox"/> GRANDSON<br/> <input checked="" type="checkbox"/> GRANDDAUGHTER<br/> <input type="checkbox"/> AUNT<br/> <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW<br/> <input type="checkbox"/> NIECE<br/> <input type="checkbox"/> FATHER-IN-LAW<br/> <input type="checkbox"/> MOTHER-IN-LAW<br/> <input type="checkbox"/> SON-IN-LAW<br/> <input type="checkbox"/> DAUGHTER-IN-LAW<br/> <input type="checkbox"/> BROTHER-IN-LAW<br/> <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> WIDOW<br/> <input type="checkbox"/> NURSE<br/> <input type="checkbox"/> PATIENT<br/> <input type="checkbox"/> ROOMER<br/> <input type="checkbox"/> SERVANT<br/> <input type="checkbox"/> OTHER (Specify) </div> </div> |     |                    |  |           |       |

Form 10-637 (4-30-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 1910-P61

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| A-236                   |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| W                       | 45  | Miss.          |     | 133        | 12    |
| COUNTY                  |     | CITY           |     |            |       |
| Washington              |     |                |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Catherine               |     | W              | 40  |            |       |
| William                 |     | S              | 16  |            |       |
| Newton                  |     | S              | 4   |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |     |                    |      |           |  |
|--|-----|--------------------|------|-----------|--|
| 223  |     | NAME OF INDIVIDUAL |      | LOUISIANA |  |
| COLOR  | AGE | BIRTHPLACE         | E.O. | SHEET     |  |
| B  | 38  | Texas              | 28   | 16        |  |
| COUNTRY  |     | LOCALITY           |      | CITY      |  |
|  |     | Louisiana          |      |           |  |
| ENUMERATED WITH  |     |                    |      |           |  |
| Young Tom  |     |                    |      |           |  |
| RELATIONSHIP TO ABOVE  |     |                    |      |           |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE<br><input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW<br><input type="checkbox"/> INMATE<br><input type="checkbox"/> NUNSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify) |     |                    |      |           |  |
| Housekeeper  |     |                    |      |           |  |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 18125-P64

|                         |     |                  |     |            |  |
|-------------------------|-----|------------------|-----|------------|--|
| R 236                   |     | HEAD OF FAMILY   |     | LOUISIANA  |  |
| Bester, Margaret        |     | E.O.             |     | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE       |     |            |  |
| H                       | 52  | Miss             |     |            |  |
| COUNTY                  |     | East Baton Rouge |     | CITY       |  |
| OTHER MEMBERS OF FAMILY |     |                  |     |            |  |
| NAME                    |     | RELATIONSHIP     | AGE | BIRTHPLACE |  |
| Wides, John C.          |     | S                | 24  |            |  |
|                         |     |                  |     |            |  |
|                         |     |                  |     |            |  |
|                         |     |                  |     |            |  |
|                         |     |                  |     |            |  |
|                         |     |                  |     |            |  |
|                         |     |                  |     |            |  |
|                         |     |                  |     |            |  |
|                         |     |                  |     |            |  |

FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R230                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| W                       |  | 27             |            | 68         | 17    |
| COUNTY                  |  |                | CITY       |            |       |
| St. James               |  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Vile                    |  | W              | 23         | Italy      |       |
| Gasper                  |  | S              | 9 1/2      |            |       |
| Bellezyne               |  | S              | 3          |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 16-436 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|  |   |  |  |           |  |                                 |                                 |                                  |                                 |                                |                                |                                      |   |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|---|--|--|-----------|--|---------------------------------|---------------------------------|----------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|---|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 1032   |   | NAME OF INDIVIDUAL                       |  | LOUISIANA |  |                                 |                                 |                                  |                                 |                                |                                |                                      |   |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Rostie, Marici   |   | E.D.                                     |  | SHEET     |  |                                 |                                 |                                  |                                 |                                |                                |                                      |   |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR  | AGE   | BIRTHPLACE                               |  | 115 7     |  |                                 |                                 |                                  |                                 |                                |                                |                                      |   |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| W  | 56  | It.                                      |  |           |  |                                 |                                 |                                  |                                 |                                |                                |                                      |   |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY   |   | CITY                                     |  |           |  |                                 |                                 |                                  |                                 |                                |                                |                                      |   |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Tangipahoa   |   |  |  |           |  |                                 |                                 |                                  |                                 |                                |                                |                                      |   |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH  |   |  |  |           |  |                                 |                                 |                                  |                                 |                                |                                |                                      |   |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Dumas, John  |   |  |  |           |  |                                 |                                 |                                  |                                 |                                |                                |                                      |   |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |   |  |  |           |  |                                 |                                 |                                  |                                 |                                |                                |                                      |   |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDWATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input checked="" type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |   |  |  |           |  | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDWATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input checked="" type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW                   | <input type="checkbox"/> WIDWATE         |  |           |  |                                 |                                 |                                  |                                 |                                |                                |                                      |   |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE                    | <input type="checkbox"/> NURSE           |  |           |  |                                 |                                 |                                  |                                 |                                |                                |                                      |   |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input checked="" type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT         |  |           |  |                                 |                                 |                                  |                                 |                                |                                |                                      |   |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW            | <input type="checkbox"/> ROOMER          |  |           |  |                                 |                                 |                                  |                                 |                                |                                |                                      |   |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW               | <input type="checkbox"/> SERVANT         |  |           |  |                                 |                                 |                                  |                                 |                                |                                |                                      |   |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW          | <input type="checkbox"/> OTHER (Specify) |  |           |  |                                 |                                 |                                  |                                 |                                |                                |                                      |   |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW           |  |  |           |  |                                 |                                 |                                  |                                 |                                |                                |                                      |   |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW            |  |  |           |  |                                 |                                 |                                  |                                 |                                |                                |                                      |   |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-427 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS


USCOM-DC 10102-P01

|   |  |   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|---|--|---|--|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| R 236   |  | NAME OF INDIVIDUAL.                                 |  | LOUISIANA |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR   | AGE                                      | BIRTHPLACE  |  | E.O.      | SHEET |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| W   | 13                                       | Rasmussen Martin                                    |  | 51        | 14    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY  |  | CITY  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| Franklin  |  |   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| Allen W. Williams   |  |   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 10-537 (4-29-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |     |                |      |            |  |
|---|-----|----------------|------|------------|--|
| R 230   |     | HEAD OF FAMILY |      | LOUISIANA  |  |
| Eighth Mary   |     | E.D.           |      | SHEET      |  |
| 75  |     | 19             |      |            |  |
| COLOR   | AGE | BIRTHPLACE     |      |            |  |
| B   | 68  | Ala            |      |            |  |
| COUNTY  |     |                | CITY |            |  |
| <div style="text-align: center;"> <br/>           OTHER MEMBERS OF FAMILY         </div> |     |                |      |            |  |
| NAME  |     | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| Beasley, Robert   |     | G-S            | 11   |            |  |
|   |     |                |      |            |  |
|   |     |                |      |            |  |
|   |     |                |      |            |  |
|   |     |                |      |            |  |
|   |     |                |      |            |  |
|   |     |                |      |            |  |
|   |     |                |      |            |  |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |     |  |  |  |       |
|--|-----|--|--|--|-------|
| K230   |     | NAME OF INDIVIDUAL   |  | LOUISIANA  |       |
| COLOR  | AGE | BIRTHPLACE   |  | S.D.   | SHEET |
| B  | 12  |  |  | 59   | 19    |
| COUNTY   |     | CITY   |  |  |       |
| St. Bernard  |     |  |  |  |       |
| ENUMERATED WITH  |     |  |  |  |       |
| Alexander, Frank   |     |  |  |  |       |
| RELATIONSHIP TO ABOVE  |     |  |  |  |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHER<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input checked="" type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |       |

FORM 10-427 (4-22-57)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-PC 1910-P01

|                         |   |                |     |            |               |
|-------------------------|---|----------------|-----|------------|---------------|
| K230                    |   | HEAD OF FAMILY |     | LOUISIANA  |               |
| COLOR                   | W | AGE            | 74  | BIRTHPLACE | Russell, Mary |
| COUNTY                  |   | Lafourche      |     | CITY       |               |
| OTHER MEMBERS OF FAMILY |   |                |     |            |               |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |               |
| Mathews, Paul A         |   | gs             | 10  |            |               |
|                         |   |                |     |            |               |
|                         |   |                |     |            |               |
|                         |   |                |     |            |               |
|                         |   |                |     |            |               |
|                         |   |                |     |            |               |
|                         |   |                |     |            |               |
|                         |   |                |     |            |               |

FORM 10-636 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |   |   |    |  |             |
|---|---|---|----|--|-------------|
| R230  |   | NAME OF INDIVIDUAL  |    | LOUISIANA  |             |
| COLOR   | W | AGE   | 20 | BIRTHPLACE   | Riatt, Mary |
| COUNTY  |   | CITY  |    | E.D.   | SHEET       |
|   |   | Lafourche   |    | 40   | 6           |
| ENUMERATED WITH   |   |   |    |  |             |
| Chausin, Ernest   |   |   |    |  |             |
| RELATIONSHIP TO ABOVE   |   |   |    |  |             |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input checked="" type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |   | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |    | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |             |

FORM 10-637 (4-25-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-3C 16199-P-61

|                         |     |                |      |            |       |
|-------------------------|-----|----------------|------|------------|-------|
| R236                    |     | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |      | S.D.       | SHEET |
| 8                       | 58  |                |      | 27         | 11    |
| COUNTY                  |     |                | CITY |            |       |
| Cade                    |     |                |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| / Jira                  |     | S              | 19   |            |       |
| / Gabe                  |     | S              | 17   |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |

FORM 16-536 (4-26-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |   |   |    |   |         |
|--|---|---|----|---|---------|
| R236   |   | NAME OF INDIVIDUAL  |    | LOUISIANA   |         |
| COLOR  | W | AGE   | 26 | BIRTHPLACE  | E.O. 40 |
|  |   | NEW YORK  |    | SHEET 4   |         |
| COUNTY   |   | Calcasieu   |    | CITY  |         |
| ENUMERATED WITH  |   |   |    |   |         |
| Jensen, Chist  |   |   |    |   |         |
| RELATIONSHIP TO ABOVE  |   |   |    |   |         |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |   | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |    | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> WORKER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |         |

FORM 10-637 (4-25-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 16109-P-61



|                         |                |            |            |       |
|-------------------------|----------------|------------|------------|-------|
| R234                    | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   | AGE            | BIRTHPLACE | E.D.       | SHEET |
| 40                      | 40             |            | 93         | 8     |
| COUNTY                  |                | CITY       |            |       |
| Rapides                 |                |            |            |       |
| OTHER MEMBERS OF FAMILY |                |            |            |       |
| NAME                    | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Jodie                   | S              | 19         |            |       |
| Morcesse                | S              | 14         |            |       |
| Hellie                  | S              | 13         |            |       |
| Ludie                   | D              | 12         |            |       |
| Nora                    | D              | 7          |            |       |
|                         |                |            |            |       |
|                         |                |            |            |       |
|                         |                |            |            |       |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |  |               |  |                  |  |
|-------------------------|--|----------------|--|---------------|--|------------------|--|
| R 235                   |  | HEAD OF FAMILY |  | Custon, Melba |  | LOUISIANA        |  |
| COLOR                   |  | AGE            |  | BIRTHPLACE    |  | S.D. SHEET       |  |
| W                       |  | 44             |  | Mo            |  | 42 18            |  |
| COUNTY                  |  |                |  | CITY          |  |                  |  |
| Calcasieu               |  |                |  |               |  |                  |  |
| OTHER MEMBERS OF FAMILY |  |                |  |               |  |                  |  |
| NAME                    |  | RELATIONSHIP   |  | AGE           |  | BIRTHPLACE       |  |
| Pearl                   |  | D              |  | 15            |  | Tex              |  |
| Daisy                   |  | D              |  | 11            |  | Indian Territory |  |
| Jackson                 |  | S              |  | 7             |  | Tex              |  |
| Maybel                  |  | D              |  | 4             |  |                  |  |
| Walker, Benja           |  | Wister         |  | 20            |  | Mo               |  |
| Rayd                    |  | S              |  | 6 1/2         |  | Tex              |  |
|                         |  |                |  |               |  |                  |  |

FORM 16-636 (4-26-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|   |   |  |                    |                    |
|---|---|--|--------------------|--------------------|
| <b>R230</b>                                 | NAME OF INDIVIDUAL<br><i>Rosita McNeill</i> |  | E.O.<br><i>138</i> | SHEET<br><i>15</i> |
| COLOR<br><i>B</i>                           | AGE<br><i>7</i>                             | BIRTHPLACE                               |                    |                    |
| COUNTY<br><i>West Baton Rouge</i>           |   | CITY                                     |                    |                    |
| ENUMERATED WITH<br><i>Rosita Clementine</i> |   |  |                    |                    |
| RELATIONSHIP TO ABOVE                       |   |  |                    |                    |
| <input type="checkbox"/> FATHER             | <input type="checkbox"/> NEPHEW             | <input type="checkbox"/> INMATE          |                    |                    |
| <input type="checkbox"/> MOTHER             | <input type="checkbox"/> NIECE              | <input type="checkbox"/> NUNSE           |                    |                    |
| <input type="checkbox"/> GRANDFATHER        | <input type="checkbox"/> FATHER-IN-LAW      | <input type="checkbox"/> PATIENT         |                    |                    |
| <input type="checkbox"/> GRANDMOTHER        | <input type="checkbox"/> MOTHER-IN-LAW      | <input type="checkbox"/> ROOMER          |                    |                    |
| <input type="checkbox"/> GRANDSON           | <input type="checkbox"/> SON-IN-LAW         | <input type="checkbox"/> SERVANT         |                    |                    |
| <input type="checkbox"/> GRANDDAUGHTER      | <input type="checkbox"/> DAUGHTER-IN-LAW    | <input type="checkbox"/> OTHER (Specify) |                    |                    |
| <input type="checkbox"/> AUNT               | <input type="checkbox"/> BROTHER-IN-LAW     | <i>God S</i>                             |                    |                    |
| <input type="checkbox"/> UNCLE              | <input type="checkbox"/> SISTER-IN-LAW      |  |                    |                    |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 10100-P01

|   |  |  |            |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|------------|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|-------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 19230   |  | NAME OF INDIVIDUAL                       |            | LOUISIANA |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR   |  | AGE                                      | BIRTHPLACE | E.O.      | SHEET |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| W   |  | 28                                       | Porto Rico | 43        | 28    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY  |  | Lafourche CITY                           |            |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |  |            |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Simmons John  |  |  |            |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |            |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NICE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |            |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NICE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |            |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NICE            | <input type="checkbox"/> NURSE           |            |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |            |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |            |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |            |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |            |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |            |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |            |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 16-437 (4-26-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R 236                   |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| Mu                      |  | 30             |            | 17         | 9     |
| COUNTY                  |  |                | CITY       |            |       |
| Iberia                  |  |                | New Iberia |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Hector Aveil            |  | Daughter       | 28         |            |       |
| Walter                  |  | S              | 2          |            |       |
| Freeman Howard          |  | F              | 69         |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 16-636 (4-30-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |      |                |     |            |  |
|-------------------------|------|----------------|-----|------------|--|
| R230                    |      | HEAD OF FAMILY |     | LOUISIANA  |  |
| E.D.                    |      | SHEET          |     |            |  |
| COLOR                   | AGE  | BIRTHPLACE     |     |            |  |
| W                       | 22   | Kans.          |     |            |  |
| COUNTY                  | City |                |     |            |  |
| Schlag                  | Many |                |     |            |  |
| OTHER MEMBERS OF FAMILY |      |                |     |            |  |
| NAME                    |      | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| f. Lucille              |      | W              | 20  | Ind.       |  |
| f. John A.              |      | S              | 12  |            |  |
|                         |      |                |     |            |  |
|                         |      |                |     |            |  |
|                         |      |                |     |            |  |
|                         |      |                |     |            |  |
|                         |      |                |     |            |  |
|                         |      |                |     |            |  |

FORM 16-536 (4-30-31)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |                        |            |       |
|-------------------------|--|----------------|------------------------|------------|-------|
| R 230                   |  | HEAD OF FAMILY |                        | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE             | E.D.       | SHEET |
| W                       |  | 44             | Rocheville, Missouri E | 95         | 5     |
| COUNTY                  |  |                | CITY                   |            |       |
| Red River               |  |                |                        |            |       |
| OTHER MEMBERS OF FAMILY |  |                |                        |            |       |
| NAME                    |  | RELATIONSHIP   | AGE                    | BIRTHPLACE |       |
| Charles A               |  | son            | 18                     |            |       |
| Helen E                 |  | daughter       | 10                     |            |       |
| Page                    |  | son            | 7                      |            |       |
|                         |  |                |                        |            |       |
|                         |  |                |                        |            |       |
|                         |  |                |                        |            |       |
|                         |  |                |                        |            |       |

FORM 18-636 (4-20-67)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |      |
|-------------------------|--|----------------|------------|------------|------|
| R 23c                   |  | HEAD OF FAMILY |            | LOUISIANA  |      |
| COLOR                   |  | AGE            | BIRTHPLACE |            | E.D. |
| Ma                      |  | 43             |            |            | 83   |
| COUNTY                  |  |                | SHEET      |            |      |
|                         |  |                | 8          |            |      |
| CITY                    |  |                |            |            |      |
| East Baton Rouge        |  |                |            |            |      |
| OTHER MEMBERS OF FAMILY |  |                |            |            |      |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |      |
| Lena                    |  | W              | 28         |            |      |
| Lerna                   |  | D              | 14         |            |      |
| Valma                   |  | D              | 4          |            |      |
| Georgetta               |  | D              | 2          |            |      |
| Wilbert                 |  | S              | 7/2        |            |      |
|                         |  |                |            |            |      |
|                         |  |                |            |            |      |

FORM 16-436 (4-20-61)  
1916 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|  |   |   |           |           |      |
|--|---|---|-----------|-----------|------|
| R235   |   | NAME OF INDIVIDUAL  |           | LOUISIANA |      |
| Ridgdon, Missouri  |   | E.D.  |           | SHEET     |      |
| COLOR  | W   | AGE   | 62        | PLACE     | Miss |
| COUNTY   | Winn  | CITY  | Winnfield |           |      |
| ENUMERATED WITH  | Jones, Mary G   |   |           |           |      |
| RELATIONSHIP TO ABOVE  |   |   |           |           |      |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHER<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> WORKER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |           |           |      |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 1910-PC1

|                |           |
|----------------|-----------|
| HEAD OF FAMILY | LOUISIANA |
|----------------|-----------|

|                         |   |                |     |            |  |
|-------------------------|---|----------------|-----|------------|--|
| R 235                   |   | HEAD OF FAMILY |     | LOUISIANA  |  |
| Ruston Macroe           |   | E.D.           |     | SHEET      |  |
| COLOR                   | W | AGE            | 20  | BIRTHPLACE |  |
| COUNTY                  |   | Vernon         |     | CITY       |  |
| OTHER MEMBERS OF FAMILY |   |                |     |            |  |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| 1 Elizer                |   | W              | 21  |            |  |
|                         |   |                |     |            |  |
|                         |   |                |     |            |  |
|                         |   |                |     |            |  |
|                         |   |                |     |            |  |
|                         |   |                |     |            |  |
|                         |   |                |     |            |  |
|                         |   |                |     |            |  |

FORM 16-636 (4-20-07)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |  |   |  |                   |                   |
|--|--|---|--|-------------------|-------------------|
| 1220   |  | NAME OF INDIVIDUAL<br><i>Light Murphy</i> |  | E.D.<br><i>86</i> | SHEET<br><i>7</i> |
| COLOR<br><i>B</i>                            | AGE<br><i>3</i>                          | BIRTHPLACE                                |  |                   |                   |
| COUNTY<br><i>Rapides</i>                     |  | CITY                                      |  |                   |                   |
| ENUMERATED WITH<br><i>Harris, Andrew L.</i>  |  |   |  |                   |                   |
| RELATIONSHIP TO ABOVE                        |  |   |  |                   |                   |
| <input type="checkbox"/> FATHER              | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> TENANT           |  |                   |                   |
| <input type="checkbox"/> MOTHER              | <input type="checkbox"/> Niece           | <input type="checkbox"/> NUNNE            |  |                   |                   |
| <input type="checkbox"/> GRANDFATHER         | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT          |  |                   |                   |
| <input type="checkbox"/> GRANDMOTHER         | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER           |  |                   |                   |
| <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT          |  |                   |                   |
| <input type="checkbox"/> GRANDDAUGHTER       | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)  |  |                   |                   |
| <input type="checkbox"/> AUNT                | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |                   |                   |
| <input type="checkbox"/> UNCLE               | <input type="checkbox"/> SISTER-IN-LAW   |   |  |                   |                   |

FORM 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 16100-P61

|                         |     |                |      |            |  |
|-------------------------|-----|----------------|------|------------|--|
| R 230                   |     | HEAD OF FAMILY |      | LOUISIANA  |  |
| Kosette Narcisse        |     | E.D.           |      | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |      |            |  |
| B                       | un. |                |      |            |  |
| COUNTY                  |     |                | CITY |            |  |
| St. Landry              |     |                |      |            |  |
| OTHER MEMBERS OF FAMILY |     |                |      |            |  |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| 1 Lucy                  |     | W              | un   |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |      |            |  |
|-------------------------|-----|----------------|------|------------|--|
| 923                     |     | HEAD OF FAMILY |      | LOUISIANA  |  |
| Right Nick              |     | E.D.           |      | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |      |            |  |
| B                       | 25  |                |      |            |  |
| COUNTY                  |     |                | CITY |            |  |
| Bossier                 |     |                |      |            |  |
| OTHER MEMBERS OF FAMILY |     |                |      |            |  |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| 1 Charlie               |     | W              | 23   |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |

FORM 10-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |  |      |           |           |       |  |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|------|-----------|-----------|-------|--|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R-232   |  | NAME OF INDIVIDUAL<br><i>Righteous, Noah</i> |      | LOUISIANA | E.O.      | SHEET |  |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>B</i>   | AGE<br><i>30</i>                         | BIRTHPLACE                                   |      | <i>40</i> | <i>11</i> |       |  |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>East Feliciana</i>   |  |  | CITY |           |           |       |  |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Righteous, Hamp</i>   |  |  |      |           |           |       |  |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |      |           |           |       |  |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input checked="" type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |      |           |           |       | <input checked="" type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input checked="" type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE              |      |           |           |       |  |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE               |      |           |           |       |  |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT             |      |           |           |       |  |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER              |      |           |           |       |  |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT             |      |           |           |       |  |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)     |      |           |           |       |  |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |      |           |           |       |  |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |      |           |           |       |  |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 16-537 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18199-P61

|                         |     |                |      |            |       |
|-------------------------|-----|----------------|------|------------|-------|
| R230                    |     | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |      | E.O.       | SHEET |
| W                       | 38  |                |      | 52         | 10    |
| COUNTY                  |     |                | CITY |            |       |
| :aquemine               |     |                |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| / Julia                 |     | W              | 24   |            |       |
| / Julia                 |     | D              | 5    |            |       |
| / Feliza                |     | D              | 3    |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |

FORM 16-426 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |  |  |           |                   |                   |
|--|--|--|--|-----------|-------------------|-------------------|
| R230                                   |  | NAME OF INDIVIDUAL<br><i>Ranjant Noone</i> |  | LOUISIANA | E.D.<br><i>84</i> | SHEET<br><i>1</i> |
| COLOR<br><i>W</i>                      | AGE<br><i>37</i>                         | BIRTH PLACE                                |  |           |                   |                   |
| COUNTY<br><i>Rapides</i>               |  | CITY<br><i>Leesport</i>                    |  |           |                   |                   |
| ENUMERATED WITH<br><i>Hard + B</i>     |  |  |  |           |                   |                   |
| RELATIONSHIP TO ABOVE                  |  |  |  |           |                   |                   |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE            |  |           |                   |                   |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE             |  |           |                   |                   |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |  |           |                   |                   |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER |  |           |                   |                   |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |  |           |                   |                   |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |  |           |                   |                   |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |           |                   |                   |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW   |  |  |           |                   |                   |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMB-DC 15106-P61



|   |           |   |      |  |           |
|---|-----------|---|------|--|-----------|
| P 230   |           | NAME OF INDIVIDUAL<br><i>Robert Deland</i>  |      | LOUISIANA  |           |
| COLOR   | AGE       | BIRTHPLACE  |      | E.D.   | SHEET     |
| <i>W</i>  | <i>12</i> |   |      | <i>39</i>  | <i>28</i> |
| COUNTY  |           |   | CITY |  |           |
| <i>Iberville</i>  |           |   |      |  |           |
| ENUMERATED WITH   |           |   |      |  |           |
| <i>Superv. Article 1</i>  |           |   |      |  |           |
| RELATIONSHIP TO ABOVE   |           |   |      |  |           |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input checked="" type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |           | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> INMATE<br><input type="checkbox"/> MUNGE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |           |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |  |              |  |      |  |            |  |
|-------------------------|--|----------------|--|--------------|--|------|--|------------|--|
| R235                    |  | HEAD OF FAMILY |  | Louisiana    |  | E.D. |  | SHEET      |  |
| COLOR                   |  | AGE            |  | BIRTHPLACE   |  | 58   |  | 5          |  |
| B                       |  | 68             |  | Miss         |  |      |  |            |  |
| COUNTY                  |  |                |  | CITY         |  |      |  |            |  |
| La Salle                |  |                |  |              |  |      |  |            |  |
| OTHER MEMBERS OF FAMILY |  |                |  |              |  |      |  |            |  |
| NAME                    |  |                |  | RELATIONSHIP |  | AGE  |  | BIRTHPLACE |  |
| Living alone            |  |                |  |              |  |      |  |            |  |
|                         |  |                |  |              |  |      |  |            |  |
|                         |  |                |  |              |  |      |  |            |  |
|                         |  |                |  |              |  |      |  |            |  |
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|                         |  |                |  |              |  |      |  |            |  |
|                         |  |                |  |              |  |      |  |            |  |

Form 16-436 (4-20-61)

1918 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |                |            |       |
|-------------------------|--|----------------|----------------|------------|-------|
| R 230                   |  | HEAD OF FAMILY |                | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE     | E.D.       | SHEET |
| mu                      |  | 27             | Forget, Octane | 92         | 22    |
| COUNTY                  |  |                | Natchitoches   | CITY       |       |
| OTHER MEMBERS OF FAMILY |  |                |                |            |       |
| NAME                    |  | RELATIONSHIP   | AGE            | BIRTHPLACE |       |
| Parsline                |  | 24             | 24             |            |       |
| Francis                 |  | 3              | 3              |            |       |
| yettie, Annie           |  | 71             | 8              |            |       |
|                         |  |                |                |            |       |
|                         |  |                |                |            |       |
|                         |  |                |                |            |       |
|                         |  |                |                |            |       |

FORM 18-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |   |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|---|--|---|--|-----------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| R230  |  | NAME OF INDIVIDUAL                                  |  | LOUISIANA |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| Rosett, Octavia   |  | E.D.  |  | SHEET     |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR   | AGE                                      | BIRTHPLACE  |  | 122 26    |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| B   | 30                                       |   |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY  |  | CITY  |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| St. Landry  |  |   |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |   |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| Brown, Theophile  |  |   |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |           |  | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| Si  |  |   |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 16-517 (4-25-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 16100-P61

|                         |     |                |      |            |  |
|-------------------------|-----|----------------|------|------------|--|
| R 230                   |     | HEAD OF FAMILY |      | LOUISIANA  |  |
| RIGHT, Ollie            |     | E.D.           |      | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |      |            |  |
| B                       | 38  |                |      |            |  |
| COUNTY                  |     |                | CITY |            |  |
| East Feliciana          |     |                |      |            |  |
| OTHER MEMBERS OF FAMILY |     |                |      |            |  |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| Smith, Jim              |     | N              | 6    |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
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|                         |     |                |      |            |  |
|                         |     |                |      |            |  |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |   |   | LOUISIANA         |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
|---|---|---|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|-----------|--------------------------------|--|--|
| P245  | NAME OF INDIVIDUAL<br><i>Restin Allie</i> |   | E.D.<br><i>69</i> | SHEET<br><i>27</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| COLOR<br><i>B</i>   | AGE<br><i>6</i>                           | BIRTHPLACE  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| COUNTY<br><i>De Soto</i>  |   | CITY  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| ENUMERATED WITH<br><i>Wigga Anna</i>  |   |   |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| RELATIONSHIP TO ABOVE   |   |   |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <table border="0"> <tbody> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>SD</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </tbody> </table> |   |   |                   |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>SD</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW           | <input type="checkbox"/> INMATE                     |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE            | <input type="checkbox"/> NURSE                      |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW    | <input type="checkbox"/> PATIENT                    |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW    | <input type="checkbox"/> ROOMER                     |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW       | <input type="checkbox"/> SERVANT                    |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW  | <input checked="" type="checkbox"/> OTHER (Specify) |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW   | <i>SD</i>   |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW    |   |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |

FORM 10-637 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18190-P01

|   |  |   |    |            |       |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|---|--|---|----|------------|-------|------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| P230  |  | NAME OF INDIVIDUAL                                  |    | Louisiana  |       | E.D. | SHEET |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR   | B  | AGE   | 14 | BIRTHPLACE | Union | 172  | 8     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY  |  | CITY  |    |            |       |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |   |    |            |       |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |    |            |       |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |    |            |       |      |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |    |            |       |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |    |            |       |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |    |            |       |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |    |            |       |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |    |            |       |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |    |            |       |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |    |            |       |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |    |            |       |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |    |               |     |            |     |
|-------------------------|---|----------------|----|---------------|-----|------------|-----|
| R234                    |   | HEAD OF FAMILY |    | Rosade, Oscar |     | LOUISIANA  |     |
| COLOR                   | W | AGE            | 25 | BIRTHPLACE    |     | E.D.       | 102 |
|                         |   |                |    |               |     | SHEET      | 9   |
| COUNTY                  |   |                |    | Sabine        |     | CITY       |     |
| OTHER MEMBERS OF FAMILY |   |                |    |               |     |            |     |
| NAME                    |   |                |    | RELATIONSHIP  | AGE | BIRTHPLACE |     |
| Cary                    |   |                |    | W             | 34  | Mesa       |     |
| Salter Homer            |   |                |    | SS            | 8   |            |     |
| Press                   |   |                |    | SS            | 6   |            |     |
| Julian                  |   |                |    | SS            | 4   |            |     |
| Hattie                  |   |                |    | D             | 2   |            |     |
| Simpson Hattie          |   |                |    | Sis           | 25  |            |     |
|                         |   |                |    |               |     |            |     |
|                         |   |                |    |               |     |            |     |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|   |  |  |  |           |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|--|-----------|-------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| <b>R730</b>   |  | NAME OF INDIVIDUAL<br><i>Rickett, Pat</i>  |  | LOUISIANA | E.D.<br><i>15</i> | SHEET<br><i>8</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>It</i>  | AGE<br><i>53</i>                         | BIRTHPLACE<br><i>Ireland</i>               |  |           |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>East Baton Rouge</i>   |  | CITY<br><i>Baton Rouge</i>                 |  |           |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Grallan, Maggie C.</i>  |  |  |  |           |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |  |           |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |           |                   |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE            |  |           |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE             |  |           |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |  |           |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER |  |           |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |  |           |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |  |           |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |           |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |  |           |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

Form 16-637 (4-22-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMB-DC 18196-P61

|                         |   |                |     |            |  |
|-------------------------|---|----------------|-----|------------|--|
| R 230                   |   | HEAD OF FAMILY |     | Louisiana  |  |
| COLOR                   | W | AGE            | 42  | BIRTHPLACE |  |
| COUNTY                  |   | Greene         |     | CITY       |  |
| OTHER MEMBERS OF FAMILY |   |                |     |            |  |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| Lucy                    |   | W              | 22  |            |  |
| Wesley                  |   | S              | 19  |            |  |
| Amey                    |   | D              | 16  |            |  |
| Emma                    |   | D              | 14  |            |  |
| Paul Jr.                |   | S              | 8   |            |  |
| Mallie                  |   | D              | 7   |            |  |
| Aurilia                 |   | D              | 6   |            |  |

FORM 18-636 (4-20-51)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

## HEAD OF FAMILY - CONTINUED

LOUISIANA

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME     | RELATION-<br>SHIP | AGE             | BIRTHPLACE |
|----------|-------------------|-----------------|------------|
| / Hewitt | S                 | 3               |            |
| Ellen    | D                 | 2               |            |
| Lenna B  | D                 | 1 $\frac{2}{3}$ |            |
|          |                   |                 |            |
|          |                   |                 |            |
|          |                   |                 |            |
|          |                   |                 |            |
|          |                   |                 |            |
|          |                   |                 |            |
|          |                   |                 |            |
|          |                   |                 |            |

FORM 10-636a 10-20-61

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

15COM-DC 15100-P61

|                         |   |                |     |            |              |
|-------------------------|---|----------------|-----|------------|--------------|
| 8250                    |   | HEAD OF FAMILY |     | LOUISIANA  |              |
| COLOR                   | W | AGE            | 33  | BIRTHPLACE | Riquas, Paul |
| COUNTY                  |   | CITY           |     | E.D.       | SHEET        |
|                         |   | Brazzaville    |     | 52         | 8            |
| OTHER MEMBERS OF FAMILY |   |                |     |            |              |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |              |
| Malvina                 |   | W              | 23  |            |              |
| Altha                   |   | D              | 6   |            |              |
| Susan D                 |   | S              | 2   |            |              |
|                         |   |                |     |            |              |
|                         |   |                |     |            |              |
|                         |   |                |     |            |              |
|                         |   |                |     |            |              |
|                         |   |                |     |            |              |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |   |   |   |   |  |
|---|---|---|---|---|--|
| R232  |   | NAME OF INDIVIDUAL  |   | LOUISIANA   |  |
| Kassette, Paul  |   | E.D.  |   | SHEET   |  |
| COLOR   | B | AGE   | 8 | BIRTHPLACE  |  |
| COUNTY  |   | St. Landry  |   | CITY  |  |
| ENUMERATED WITH   |   |   |   |   |  |
| Warner, Actell  |   |   |   |   |  |
| RELATIONSHIP TO ABOVE   |   |   |   |   |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input checked="" type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |   | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |   | <input type="checkbox"/> WMAVE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |  |

FORM 18-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18100-P61

|                         |  |                |      |            |       |
|-------------------------|--|----------------|------|------------|-------|
| R36                     |  | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR                   |  | AGE            |      | E.D.       | SHEET |
| W                       |  | 46             |      | 66         | 24    |
| BIRTHPLACE              |  | Germany        |      |            |       |
| COUNTY                  |  |                | CITY |            |       |
| Lafayette               |  |                |      |            |       |
| OTHER MEMBERS OF FAMILY |  |                |      |            |       |
| NAME                    |  | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Martha                  |  | W              | 40   | Germany    |       |
| Robert                  |  | S              | 15   |            |       |
| Elsa                    |  | S              | 13   |            |       |
| Sydnie                  |  | S              | 11   |            |       |
| Frank                   |  | S              | 9    |            |       |
| Arthur                  |  | S              | 7    |            |       |
| Emma                    |  | S              | 4    |            |       |

FORM 16-536 (4-26-61)  
1919 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |             |                |     |            |  |
|-------------------------|-------------|----------------|-----|------------|--|
| R230                    |             | HEAD OF FAMILY |     | LOUISIANA  |  |
| Kannett Paul F          |             | E.D.           |     | SHEET      |  |
| COLOR                   | AGE         | BIRTHPLACE     |     |            |  |
| W                       | 31          |                |     |            |  |
| COUNTY                  | St. Tammany | CITY           |     |            |  |
|                         |             | Brancheville   |     |            |  |
| OTHER MEMBERS OF FAMILY |             |                |     |            |  |
| NAME                    |             | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| Cassius                 |             | W              | 36  |            |  |
| Elizabeth               |             | D              | 8   |            |  |
| Cassius                 |             | 2              | 7   |            |  |
| Paul Jr.                |             | S              | 5   |            |  |
| Lillie                  |             | D              | 1   |            |  |
| Roger A                 |             | B              | 22  |            |  |

FORM 18-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |     |                |                 |            |       |
|-------------------------|-----|----------------|-----------------|------------|-------|
| K236                    |     | HEAD OF FAMILY |                 | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |                 | E.D.       | SHEET |
| W                       | 35  |                |                 | 32         | 7     |
| COUNTY                  |     | CITY           |                 |            |       |
| Jefferson               |     |                |                 |            |       |
| OTHER MEMBERS OF FAMILY |     |                |                 |            |       |
| NAME                    |     | RELATIONSHIP   | AGE             | BIRTHPLACE |       |
| Josephine               |     | W              | 19              |            |       |
| Paul L                  |     | S              | $\frac{10}{12}$ |            |       |
| Clara                   |     | D              | $\frac{9}{12}$  |            |       |
|                         |     |                |                 |            |       |
|                         |     |                |                 |            |       |
|                         |     |                |                 |            |       |
|                         |     |                |                 |            |       |
|                         |     |                |                 |            |       |

Form 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R236                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| W                       |  | 62             | La.        | 32         | 7     |
| COUNTY                  |  |                | CITY       |            |       |
| Jefferson               |  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Orelle                  |  | D              | 22         |            |       |
| Joseph                  |  | S              | 34         |            |       |
| Edward                  |  | S              | 20         |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 10-436 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

| LOUISIANA  |   |  |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|---|--|--------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R235   | NAME OF INDIVIDUAL<br><i>Ruston Pearl</i> |  | E.D.<br><i>107</i> | SHEET<br><i>19</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>W</i>  | AGE<br><i>15</i>                          | BIRTHPLACE<br><i>Tex</i>                 |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>Sabine</i>  |   | CITY                                     |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Burrow James H</i>   |   |  |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |   |  |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |   |  |                    |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW           | <input type="checkbox"/> INMATE          |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE            | <input type="checkbox"/> NURSE           |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW    | <input type="checkbox"/> PATIENT         |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW    | <input type="checkbox"/> ROOMER          |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW       | <input type="checkbox"/> SERVANT         |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW  | <input type="checkbox"/> OTHER (Specify) |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW   |  |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW    |  |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 16-637 (4-26-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCIB-DC 15106-P01

|                         |  |                   |            |            |         |
|-------------------------|--|-------------------|------------|------------|---------|
| V 230                   |  | HEAD OF FAMILY    |            | LOUISIANA  |         |
| COLOR                   |  | AGE               | BIRTHPLACE |            | E.O. 24 |
| W                       |  | 33                |            |            | 1       |
| COUNTY                  |  |                   | CITY       |            |         |
| Iberia                  |  |                   | Jeanville  |            |         |
| OTHER MEMBERS OF FAMILY |  |                   |            |            |         |
| NAME                    |  | RELATION-<br>SHIP | AGE        | BIRTHPLACE |         |
| Ellen                   |  | W                 | 30         |            |         |
| Emma                    |  | 16                | 11         |            |         |
| Perry Jr.               |  | S                 | 6          |            |         |
| Kearns                  |  | S                 | 3          |            |         |
| Klan                    |  | S                 | 1          |            |         |
| Addie                   |  | Si                | 21         |            |         |
| Kearns John             |  | FL                | 62         |            |         |

Form 19-636 (4-20-21)  
1919 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |  |           |  |
|-------------------------|--|----------------|--|-----------|--|
| R 230                   |  | HEAD OF FAMILY |  | LOUISIANA |  |
| Right Peter             |  | E.O.           |  | 78        |  |
| COLOR                   |  | AGE            |  | SHEET     |  |
| B                       |  | 65             |  | 1         |  |
| BIRTHPLACE              |  | Miss           |  |           |  |
| COUNTY                  |  | Natchitoches   |  | CITY      |  |
| OTHER MEMBERS OF FAMILY |  |                |  |           |  |
| NAME                    |  | RELATIONSHIP   |  | AGE       |  |
| Lainse                  |  | W              |  | 61        |  |
| Anne                    |  | P              |  | 18        |  |
| Paul Florence           |  | Gd             |  | 4         |  |
| 1 Bo.                   |  |                |  |           |  |
|                         |  |                |  |           |  |
|                         |  |                |  |           |  |
|                         |  |                |  |           |  |
|                         |  |                |  |           |  |

FORM 18-426 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |      |            |       |
|-------------------------|-----|----------------|------|------------|-------|
| R236                    |     | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |      | E.D.       | SHEET |
| W                       | 50  |                |      | 133        | 14    |
| COUNTY                  |     |                | CITY |            |       |
| Washington              |     |                |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Jennett                 |     | W              | 46   | Miss       |       |
| Pearlie                 |     | D              | 15   | Miss       |       |
| Minnie                  |     | D              | 12   | Miss       |       |
| Marshall                |     | S              | 10   | Miss       |       |
| Lee Jones               |     | D              | 8    | Miss       |       |
| Ruby                    |     | D              | 5    | Miss       |       |
| Vergil                  |     | S              | 3    | Miss       |       |

FORM 16-636 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R 235                   |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| B                       |  | 42             |            | 91         | 3     |
| COUNTY                  |  |                | CITY       |            |       |
| Natchitoches            |  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| 1 Mary                  |  | w              | 44         |            |       |
| E S Headman             |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
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|                         |  |                |            |            |       |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |      |            |  |
|-------------------------|-----|----------------|------|------------|--|
| R 230                   |     | HEAD OF FAMILY |      | LOUISIANA  |  |
| EIGHT PHEAHY            |     | E.D.           |      | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |      |            |  |
| Wm                      | 70  | Miss           |      |            |  |
| COUNTY                  |     |                | CITY |            |  |
| St. Bernard             |     |                |      |            |  |
| OTHER MEMBERS OF FAMILY |     |                |      |            |  |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| Lina alone              |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |

Form 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|  |  |   |  |           |            |             |
|--|--|---|--|-----------|------------|-------------|
| R230   |  | NAME OF INDIVIDUAL<br><i>Right Pierre</i> |  | LOUISIANA | E.O.<br>59 | SHEET<br>19 |
| COLOR<br><i>B</i>                                | AGE<br><i>16</i>                                   | BIRTHPLACE                                |  |           |            |             |
| COUNTY<br><i>St. Bernard</i>                     |  | CITY                                      |  |           |            |             |
| EMIGRATED WITH                                   |  |   |  |           |            |             |
| RELATIONSHIP TO ABOVE<br><i>Alexander, Frank</i> |  |   |  |           |            |             |
| <input type="checkbox"/> FATHER                  | <input type="checkbox"/> NEPHEW                    | <input type="checkbox"/> INMATE           |  |           |            |             |
| <input type="checkbox"/> MOTHER                  | <input type="checkbox"/> NIECE                     | <input type="checkbox"/> NURSE            |  |           |            |             |
| <input type="checkbox"/> GRANDFATHER             | <input type="checkbox"/> FATHER-IN-LAW             | <input type="checkbox"/> PATIENT          |  |           |            |             |
| <input type="checkbox"/> GRANDMOTHER             | <input type="checkbox"/> MOTHER-IN-LAW             | <input type="checkbox"/> ROOMER           |  |           |            |             |
| <input type="checkbox"/> GRANDSON                | <input type="checkbox"/> SON-IN-LAW                | <input type="checkbox"/> SERVANT          |  |           |            |             |
| <input type="checkbox"/> GRANDDAUGHTER           | <input type="checkbox"/> DAUGHTER-IN-LAW           | <input type="checkbox"/> OTHER (Specify)  |  |           |            |             |
| <input type="checkbox"/> AUNT                    | <input checked="" type="checkbox"/> BROTHER-IN-LAW |   |  |           |            |             |
| <input type="checkbox"/> UNCLE                   | <input type="checkbox"/> SISTER-IN-LAW             |   |  |           |            |             |

FORM 75-437 (4-29-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 16100-P61

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| R230   |  | NAME OF INDIVIDUAL<br><i>Rechts Olsen</i>  |  | LOUISIANA  |  |
| COLOR<br><i>(W)</i>  |  | AGE<br><i>27</i>   |  | ED. SHEET<br><i>112 21</i>   |  |
| COUNTY<br><i>Tangipahoa</i>  |  | CITY   |  |  |  |
| EMERATED WITH<br><i>Kern Edward</i>  |  |  |  |  |  |
| RELATIONSHIP TO ABOVE  |  |  |  |  |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NICE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> WIDWATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify) |  |
| <div style="text-align: right;"><i>Re</i></div>  |  |  |  |  |  |

FORM 10-637 (4-30-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1930 CENSUS INDEX - INDIVIDUAL

LOUISIANA

|  |   |  |            |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|---|--|------------|-------------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|--|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R234   | NAME OF INDIVIDUAL<br><i>Pegdale Pruden</i> |  | E.O.<br>97 | SHEET<br>10 |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>B</i>  | AGE<br><i>4</i>                             | BIRTH PLACE<br><i>Morehouse</i>          |            |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY   |   | CITY                                     |            |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Edom Alexander</i>   |   |  |            |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |   |  |            |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDOW</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |   |  |            |             | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW             | <input type="checkbox"/> WIDOW           |            |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE              | <input type="checkbox"/> NURSE           |            |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW      | <input type="checkbox"/> PATIENT         |            |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW      | <input type="checkbox"/> ROOMER          |            |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW         | <input type="checkbox"/> SERVANT         |            |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW    | <input type="checkbox"/> OTHER (Specify) |            |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW     |  |            |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW      |  |            |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 16-537 (4-22-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 19195-P61

|                   |        |                |      |              |  |
|-------------------|--------|----------------|------|--------------|--|
| R230              |        | HEAD OF FAMILY |      | LOUISIANA    |  |
| E.D. 96           |        | SHEET 20       |      | RIGHT RANDAL |  |
| COLOR             | AGE    | BIRTHPLACE     |      |              |  |
| I                 | 30     |                |      |              |  |
| COUNTY            |        |                | CITY |              |  |
| MEMBERS OF FAMILY |        |                |      |              |  |
|                   | NAME   | RELATIONSHIP   | AGE  | BIRTHPLACE   |  |
|                   | Hattie | W              | 27   |              |  |
|                   | John   | S              | 8    |              |  |
|                   | Samuel | D              | 5    |              |  |
|                   | Alfred | S              | 2    |              |  |
|                   | Pearl  | D              | 1/2  |              |  |
|                   |        |                |      |              |  |
|                   |        |                |      |              |  |

FORM 16-636 (4-30-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                | LOUISIANA    |                  |
|-------------------------|----------------|--------------|------------------|
| R-230                   | HEAD OF FAMILY | Regt Redmond | E.D. 24 SHEET 15 |
| COLOR<br>B              | AGE<br>25      | BIRTHPLACE   |                  |
| COUNTY                  | Avoyelles      | CITY         |                  |
| OTHER MEMBERS OF FAMILY |                |              |                  |
| NAME                    | RELATIONSHIP   | AGE          | BIRTHPLACE       |
| Adeline                 | W              | 27           |                  |
| Orna                    | D              | 2            |                  |
| Adelia                  | Sister         | 35           |                  |
| Bridge Sarah            | Niece          | 6            |                  |
| Belle Walter            | Nephew         | 9            |                  |
|                         |                |              |                  |
|                         |                |              |                  |

FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|   |  |  |  |                     |  |      |  |       |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                                |   |  |                                |  |  |
|---|--|--|--|---------------------|--|------|--|-------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|--|----------------------------------|--|--|--|--------------------------------|---|--|--------------------------------|--|--|
| R230  |  | NAME OF INDIVIDUAL                       |  | Rousselle, Rene Jr. |  | E.D. |  | SHEET |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                                |   |  |                                |  |  |
| COLOR   |  | AGE                                      |  | BIRTHPLACE          |  | 57   |  | 1     |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                                |   |  |                                |  |  |
| W   |  | 24                                       |  |                     |  |      |  |       |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                                |   |  |                                |  |  |
| COUNTY  |  |  |  | Plaquemine          |  | CITY |  |       |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                                |   |  |                                |  |  |
| ENumerated WITH   |  |  |  |                     |  |      |  |       |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                                |   |  |                                |  |  |
| Martin, Emile Sr.   |  |  |  |                     |  |      |  |       |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                                |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |  |                     |  |      |  |       |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                                |   |  |                                |  |  |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> INMATE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input checked="" type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AVUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> |  |  |  |                     |  |      |  |       |  | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input checked="" type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AVUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW                | <input type="checkbox"/> INMATE          |  |                     |  |      |  |       |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                                |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE                 | <input type="checkbox"/> NURSE           |  |                     |  |      |  |       |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                                |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW         | <input type="checkbox"/> PATIENT         |  |                     |  |      |  |       |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                                |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW         | <input type="checkbox"/> ROOMER          |  |                     |  |      |  |       |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                                |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input checked="" type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT         |  |                     |  |      |  |       |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                                |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW       | <input type="checkbox"/> OTHER (Specify) |  |                     |  |      |  |       |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                                |   |  |                                |  |  |
| <input type="checkbox"/> AVUNT  | <input type="checkbox"/> BROTHER-IN-LAW        |  |  |                     |  |      |  |       |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                                |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW         |  |  |                     |  |      |  |       |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                                |   |  |                                |  |  |

FORM 10-637 (4-22-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 15100-P61

|                         |  |                |            |            |            |
|-------------------------|--|----------------|------------|------------|------------|
| R 235                   |  | HEAD OF FAMILY |            | LOUISIANA  |            |
| COLOR                   |  | AGE            | BIRTHPLACE |            | E.D. SHEET |
| 47m                     |  | 34             |            |            | 63 1       |
| COUNTY                  |  |                | CITY       |            |            |
| Livingston              |  |                |            |            |            |
| OTHER MEMBERS OF FAMILY |  |                |            |            |            |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |            |
| Mary                    |  | W              | 30         |            |            |
| Anna                    |  | D              | 4          |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
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FORM 10-636 (2-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |            |  |
|-------------------------|---|----------------|-----|------------|--|
| R-230                   |   | HEAD OF FAMILY |     | LOUISIANA  |  |
| Hockett Richard         |   | E.O.           |     | SHEET      |  |
| COLOR                   | W | AGE            | 54  | BIRTHPLACE |  |
| COUNTY                  |   | Webster        |     | CITY       |  |
| OTHER MEMBERS OF FAMILY |   |                |     |            |  |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| Martha                  |   | W              | 57  |            |  |
| Willie                  |   | S              | 16  |            |  |
|                         |   |                |     |            |  |
|                         |   |                |     |            |  |
|                         |   |                |     |            |  |
|                         |   |                |     |            |  |
|                         |   |                |     |            |  |
|                         |   |                |     |            |  |

Form 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|  |    |   |          |   |       |
|--|----|---|----------|---|-------|
| 19236  |    | NAME OF INDIVIDUAL  |          | LOUISIANA   |       |
| Rouster Richard  |    | E.D.  |          | SHEET   |       |
| COLOR  | B. | AGE   | 17       | BIRTHPLACE  | 62 32 |
| COUNTY   |    |   | CITY     |   |       |
| Great  |    |   | Rockelle |   |       |
| ENUMERATED WITH  |    |   |          |   |       |
| Max Phill  |    |   |          |   |       |
| RELATIONSHIP TO ABOVE  |    |   |          |   |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |    | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |          | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |       |

FORM 16-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 1910-P-1

|                         |     |                |     |            |  |
|-------------------------|-----|----------------|-----|------------|--|
| R236                    |     | HEAD OF FAMILY |     | LOUISIANA  |  |
| Koyester, Richard       |     | E.D.           |     | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |     |            |  |
| B                       | 17  |                |     |            |  |
| COUNTY                  |     | Catahoula      |     | CITY       |  |
|                         |     |                |     |            |  |
| OTHER MEMBERS OF FAMILY |     |                |     |            |  |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| 1 Emma                  |     | M              | 64  |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
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FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |   |  |                          |                          |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
|--|---|--|--------------------------|--------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|--|--|--------------------------------|--|--|
| <b>B230</b>  | <b>NAME OF INDIVIDUAL</b><br><i>Reste Richard J</i> |  | <b>E.D.</b><br><i>41</i> | <b>SHEET</b><br><i>1</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <b>COLOR</b><br><i>W</i>   | <b>AGE</b><br><i>16</i>                             | <b>BIRTHPLACE</b>                        |                          |                          |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <b>COUNTY</b><br><i>Lafourche</i>  |   | <b>CITY</b>                              |                          |                          |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <b>ENUMERATED WITH</b><br><i>Mickie, Lady J</i>  |   |  |                          |                          |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <b>RELATIONSHIP TO ABOVE</b>   |   |  |                          |                          |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> INMATE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input checked="" type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> |   |  |                          |                          | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input checked="" type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW                     | <input type="checkbox"/> INMATE          |                          |                          |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE                      | <input type="checkbox"/> NURSE           |                          |                          |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW              | <input type="checkbox"/> PATIENT         |                          |                          |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW              | <input type="checkbox"/> ROOMER          |                          |                          |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW                 | <input type="checkbox"/> SERVANT         |                          |                          |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW            | <input type="checkbox"/> OTHER (Specify) |                          |                          |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input checked="" type="checkbox"/> BROTHER-IN-LAW  |  |                          |                          |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW              |  |                          |                          |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |

FORM 16-537 (4-22-61)

1970 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 1970-P61

|                         |  |                |                      |        |            |           |  |
|-------------------------|--|----------------|----------------------|--------|------------|-----------|--|
| R 230                   |  | HEAD OF FAMILY |                      | ROBERT |            | LOUISIANA |  |
| COLOR                   |  | AGE            | BIRTHPLACE           |        | E.O.       | SHEET     |  |
| B                       |  | 24             |                      |        | 82         | 17        |  |
| COUNTY                  |  |                | St. John the Baptist |        | CITY       |           |  |
| OTHER MEMBERS OF FAMILY |  |                |                      |        |            |           |  |
| NAME                    |  |                | RELATIONSHIP         | AGE    | BIRTHPLACE |           |  |
| 1 Martha                |  |                | W                    | 21     |            |           |  |
|                         |  |                |                      |        |            |           |  |
|                         |  |                |                      |        |            |           |  |
|                         |  |                |                      |        |            |           |  |
|                         |  |                |                      |        |            |           |  |
|                         |  |                |                      |        |            |           |  |
|                         |  |                |                      |        |            |           |  |
|                         |  |                |                      |        |            |           |  |
|                         |  |                |                      |        |            |           |  |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |  |   |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
|--|--|---|------------|------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|----------|--------------------------------|--|--|
| R275   | NAME OF INDIVIDUAL<br><i>Robert</i>      |   | E.D.<br>28 | SHEET<br>1 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| COLOR<br><i>B</i>  | AGE<br>18                                | BIRTHPLACE  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| COUNTY<br>Cade   |  | CITY  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| ENUMERATED WITH<br><i>Donna Port Will</i>  |  |   |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> INMATE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input checked="" type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td><i>S</i></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> MISTRESS-IN-LAW</td><td></td></tr></tbody></table> |  |   |            |            | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>S</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> MISTRESS-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  | <i>S</i>  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> MISTRESS-IN-LAW |   |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |

Form 19-637 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-OC 18108-P61

LOUISIANA

|   |   |   |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
|---|---|---|--------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|---|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 8-235   | NAME OF INDIVIDUAL<br><i>Cruston Robert</i> |   | E.O.<br><i>113</i> | SHEET<br><i>4</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>B</i>   | AGE<br><i>18</i>                            | BIRTHPLACE                                  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>St. Landry</i>   |   | CITY  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Bacon J. E.</i>   |   |   |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |   |   |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> Niece</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input checked="" type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |   |   |                    |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> Niece | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input checked="" type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW             | <input type="checkbox"/> INMATE             |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> Niece              | <input type="checkbox"/> NURSE              |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW      | <input type="checkbox"/> PATIENT            |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW      | <input type="checkbox"/> ROOMER             |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW         | <input checked="" type="checkbox"/> SERVANT |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW    | <input type="checkbox"/> OTHER (Specify)    |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW     |   |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW      |   |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |

FORM 18-437 (4-29-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18199-P81

|                         |   |                |    |              |  |      |  |            |  |
|-------------------------|---|----------------|----|--------------|--|------|--|------------|--|
| R236                    |   | HEAD OF FAMILY |    | LOUISIANA    |  | E.D. |  | SHEET      |  |
|                         |   | Rester Robert  |    |              |  | 133  |  | 14         |  |
| COLOR                   | W | AGE            | 27 | BIRTHPLACE   |  |      |  |            |  |
| COUNTY                  |   |                |    | Washington   |  | CITY |  |            |  |
| OTHER MEMBERS OF FAMILY |   |                |    |              |  |      |  |            |  |
| NAME                    |   |                |    | RELATIONSHIP |  | AGE  |  | BIRTHPLACE |  |
| / Josievia              |   |                |    | W            |  | 25   |  |            |  |
| Nevia                   |   |                |    | D            |  | 5    |  |            |  |
|                         |   |                |    |              |  |      |  |            |  |
|                         |   |                |    |              |  |      |  |            |  |
|                         |   |                |    |              |  |      |  |            |  |
|                         |   |                |    |              |  |      |  |            |  |
|                         |   |                |    |              |  |      |  |            |  |
|                         |   |                |    |              |  |      |  |            |  |

FORM 16-636 (4-20-61)  
1919 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |  |                 |  |            |  |
|-------------------------|--|----------------|--|-----------------|--|------------|--|
| R 235                   |  | HEAD OF FAMILY |  | Raymond Robt. B |  | LOUISIANA  |  |
| COLOR                   |  | AGE            |  | BIRTHPLACE      |  | E.D. SHEET |  |
| B                       |  | 28             |  |                 |  | 84 3       |  |
| COUNTY                  |  |                |  | CITY            |  |            |  |
| Natchitoches            |  |                |  |                 |  |            |  |
| OTHER MEMBERS OF FAMILY |  |                |  |                 |  |            |  |
| NAME                    |  |                |  | RELATIONSHIP    |  | AGE        |  |
| 1 130                   |  |                |  |                 |  |            |  |
|                         |  |                |  |                 |  |            |  |
|                         |  |                |  |                 |  |            |  |
|                         |  |                |  |                 |  |            |  |
|                         |  |                |  |                 |  |            |  |
|                         |  |                |  |                 |  |            |  |
|                         |  |                |  |                 |  |            |  |
|                         |  |                |  |                 |  |            |  |

FORM 10-620 (4-30-61)

1970 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |  |                |  |                |  |            |  |
|-------------------------|--|----------------|--|----------------|--|------------|--|
| R234                    |  | HEAD OF FAMILY |  | Rogdale Rodney |  | LOUISIANA  |  |
| COLOR                   |  | AGE            |  | BIRTHPLACE     |  | SHEET      |  |
| W                       |  | 46             |  |                |  | 1181       |  |
| COUNTY                  |  |                |  | Tangipahoa     |  | CITY       |  |
| OTHER MEMBERS OF FAMILY |  |                |  |                |  |            |  |
| NAME                    |  | RELATIONSHIP   |  | AGE            |  | BIRTHPLACE |  |
| Caroline                |  | W              |  | 42             |  |            |  |
| Marie                   |  | D              |  | 17             |  |            |  |
| Julia                   |  | S              |  | 15             |  |            |  |
| Bazel                   |  | S              |  | 8              |  |            |  |
| Zell                    |  | S              |  | 13             |  |            |  |
| Edward                  |  | S              |  | 4              |  |            |  |

FORM 18-536 (4-20-51)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |           |   |                    |   |            |
|--|-----------|---|--------------------|---|------------|
| R231   |           | NAME OF INDIVIDUAL<br>Ramsert Roger A   |                    | E.O.<br>98  | SHEET<br>7 |
| RACE<br>W  | AGE<br>22 | BIRTHPLACE  |                    |   |            |
| COUNTY<br>St. Tammany  |           |   | CITY<br>Mandeville |   |            |
| IMMIGRATED WITH<br>Ramsert Paul E  |           |   |                    |   |            |
| RELATIONSHIP TO ABOVE  |           |   |                    |   |            |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |           | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |                    | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><u>B</u> |            |

FORM 10-437 (4-20-51)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1950 CENSUS INDEX - INDIVIDUAL

USCOM-DC 10100-P-61

|   |  |  |       |               |      |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|-------|---------------|------|------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R 232   |  | NAME OF INDIVIDUAL                         |       | Raskin, Romeo |      | E.D. | SHEET |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR   | W  | AGE  | 16    | BIRTHPLACE    |      | 60   | 28    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY  |  |  | Grant |               | CITY |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |  |       |               |      |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Sullivan, Guy   |  |  |       |               |      |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |       |               |      |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NUNSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> WORKER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |       |               |      |      |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NUNSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> WORKER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE            |       |               |      |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NUNSE             |       |               |      |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |       |               |      |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> WORKER |       |               |      |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |       |               |      |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |       |               |      |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |       |               |      |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |       |               |      |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 18-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18109-P61

LOUISIANA

|  |  |   |  |                  |  |      |  |       |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|--|--|---|--|------------------|--|------|--|-------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| R230   |  | NAME OF INDIVIDUAL                                  |  | Rust, Rosa       |  | E.O. |  | SHEET |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR  |  | AGE   |  | BIRTHPLACE       |  | 139  |  | 10    |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| B  |  | 37  |  |                  |  |      |  |       |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY   |  |   |  | West Baton Rouge |  | CITY |  |       |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH  |  |   |  |                  |  |      |  |       |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| Ripon, Annie   |  |   |  |                  |  |      |  |       |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   |  |                  |  |      |  |       |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> INMATE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input checked="" type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> |  |   |  |                  |  |      |  |       |  | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |  |                  |  |      |  |       |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |  |                  |  |      |  |       |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |                  |  |      |  |       |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |                  |  |      |  |       |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |                  |  |      |  |       |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |                  |  |      |  |       |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |                  |  |      |  |       |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |   |  |                  |  |      |  |       |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

UNCOM-DC 10100-201

|  |   |  |  |           |      |       |
|--|---|--|--|-----------|------|-------|
| R230                                   |   | NAME OF INDIVIDUAL<br><i>Light Rose</i>  |  | LOUISIANA | F.O. | SHEET |
|  |   |  |  | 91        | 24   |       |
| COLOR<br><i>B</i>                      | AGE<br><i>23</i>                                  | BIRTH PLACE                              |  |           |      |       |
| COUNTY<br><i>Natchitoches</i>          |   | CITY                                     |  |           |      |       |
| ENUMERATED WITH<br><i>Lamon Paul</i>   |   |  |  |           |      |       |
| RELATIONSHIP TO ABOVE                  |   |  |  |           |      |       |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW                   | <input type="checkbox"/> INMATE          |  |           |      |       |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NIECE                    | <input type="checkbox"/> NURSE           |  |           |      |       |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW            | <input type="checkbox"/> PATIENT         |  |           |      |       |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW            | <input type="checkbox"/> ROOMER          |  |           |      |       |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW               | <input type="checkbox"/> SERVANT         |  |           |      |       |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW          | <input type="checkbox"/> OTHER (Specify) |  |           |      |       |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW           |  |  |           |      |       |
| <input type="checkbox"/> UNCLE         | <input checked="" type="checkbox"/> SISTER-IN-LAW |  |  |           |      |       |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 10100-P01

| HEAD OF FAMILY          |              | LOUISIANA  |            |
|-------------------------|--------------|------------|------------|
| R230                    | Right, Rubin | E.O. 8     | SHEET 1    |
| COLOR<br>B              | AGE<br>40    | BIRTHPLACE |            |
| COUNTY                  | Rienville    | CITY       |            |
| OTHER MEMBERS OF FAMILY |              |            |            |
| NAME                    | RELATIONSHIP | AGE        | BIRTHPLACE |
| Verlie                  | W            | 28         |            |
| Mary J                  | D            | 10         |            |
| Theresa                 | S            | 8          |            |
| Louis                   | S            | 6          |            |
| Louise                  | D            | 5          |            |
| Carass                  | D            | 4          |            |

Form 10-636 (4-30-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |           |  |  |  |             |
|--|-----------|--|--|--|-------------|
| R230                                   |           | NAME OF INDIVIDUAL<br>Rosett Ruel        |  | E.O.<br>87                                 | SHEET<br>25 |
| COLOR<br>Mex                           | AGE<br>21 | BIRTHPLACE                               |  |  |             |
| COUNTY<br>St. Mary                     |           | CITY                                     |  |  |             |
| ENUMERATED WITH<br>Lyons Primus        |           |  |  |  |             |
| RELATIONSHIP TO ABOVE                  |           |  |  |  |             |
| <input type="checkbox"/> FATHER        |           | <input type="checkbox"/> NEPHEW          |  | <input type="checkbox"/> INMATE            |             |
| <input type="checkbox"/> MOTHER        |           | <input type="checkbox"/> NIECE           |  | <input type="checkbox"/> NURSE             |             |
| <input type="checkbox"/> GRANDFATHER   |           | <input type="checkbox"/> FATHER-IN-LAW   |  | <input type="checkbox"/> PATIENT           |             |
| <input type="checkbox"/> GRANDMOTHER   |           | <input type="checkbox"/> MOTHER-IN-LAW   |  | <input checked="" type="checkbox"/> ROOMER |             |
| <input type="checkbox"/> GRANDSON      |           | <input type="checkbox"/> SON-IN-LAW      |  | <input type="checkbox"/> SERVANT           |             |
| <input type="checkbox"/> GRANDDAUGHTER |           | <input type="checkbox"/> DAUGHTER-IN-LAW |  | <input type="checkbox"/> OTHER (Specify)   |             |
| <input type="checkbox"/> AUNT          |           | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |             |
| <input type="checkbox"/> UNCLE         |           | <input type="checkbox"/> SISTER-IN-LAW   |  |  |             |

FORM 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18196-P01

LOUISIANA

|   |  |  |  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|--|------------|------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| Q230  |  | NAME OF INDIVIDUAL<br><i>Kenyon L C</i>  |  | E.O.<br>84 | SHEET<br>1 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>W</i>   | AGE<br><i>45</i>                         | BIRTHPLACE                               |  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>Rapides</i>  |  | CITY<br><i>Le Compté</i>                 |  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Head &amp; P</i>  |  |  |  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHER</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> WIFE</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |            |            | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHER | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> WIFE | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHER          | <input type="checkbox"/> INMATE          |  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> WIFE |  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 16-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 1910S-P61



| HEAD OF FAMILY          |              | LOUISIANA  |            |
|-------------------------|--------------|------------|------------|
| NAME                    |              | E.D.       | SHEET      |
| 19230 Robert Saly       |              | 23         | 6          |
| COLOR                   | AGE          | BIRTHPLACE |            |
| W                       | 49           |            |            |
| COUNTY                  | CITY         |            |            |
| Iberia                  |              |            |            |
| OTHER MEMBERS OF FAMILY |              |            |            |
| NAME                    | RELATIONSHIP | AGE        | BIRTHPLACE |
| Wallace                 | Core         | Ni         | 26         |
|                         | Evans D      | N          | 4          |
|                         | Lilia        | Ni         | 1/2        |
| Joseph                  | Elton        | N          | 9          |
|                         | Sarah        | N          | 7          |
| Datena                  | Earl         | Ni         | 22         |
|                         |              |            |            |

FORM 16-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |  |              |  |            |  |
|-------------------------|--|----------------|--|--------------|--|------------|--|
| R230                    |  | HEAD OF FAMILY |  | ROBERT LAM   |  | LOUISIANA  |  |
| COLOR                   |  | AGE            |  | BIRTHPLACE   |  | E.D. SHEET |  |
| W                       |  | 26             |  |              |  | 133/0      |  |
| COUNTY                  |  |                |  | Union        |  | CITY       |  |
| OTHER MEMBERS OF FAMILY |  |                |  |              |  |            |  |
| NAME                    |  |                |  | RELATIONSHIP |  | AGE        |  |
| Cathy                   |  |                |  | W            |  | 21         |  |
| Adus                    |  |                |  | S            |  | 5          |  |
| Lowell                  |  |                |  | S            |  | 8 1/2      |  |
|                         |  |                |  |              |  |            |  |
|                         |  |                |  |              |  |            |  |
|                         |  |                |  |              |  |            |  |
|                         |  |                |  |              |  |            |  |
|                         |  |                |  |              |  |            |  |

FORM 16-636 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |  |   |                   |                   |                                 |                                 |                                  |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
|--|--|---|-------------------|-------------------|---------------------------------|---------------------------------|----------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|---|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R230   | NAME OF INDIVIDUAL<br><i>Right Sam</i>   |   | E.O.<br><i>71</i> | SHEET<br><i>3</i> |                                 |                                 |                                  |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>me</i>   | AGE<br><i>22</i>                         | BIRTHPLACE                                  |                   |                   |                                 |                                 |                                  |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>Lincoln</i>   |  | CITY  |                   |                   |                                 |                                 |                                  |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Jimerian Sam R</i>   |  |   |                   |                   |                                 |                                 |                                  |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   |                   |                   |                                 |                                 |                                  |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> WIDWIFE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> MURDER</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input checked="" type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> |  |   |                   |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDWIFE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> MURDER | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input checked="" type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDWIFE            |                   |                   |                                 |                                 |                                  |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> MURDER             |                   |                   |                                 |                                 |                                  |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT            |                   |                   |                                 |                                 |                                  |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER             |                   |                   |                                 |                                 |                                  |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input checked="" type="checkbox"/> SERVANT |                   |                   |                                 |                                 |                                  |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)    |                   |                   |                                 |                                 |                                  |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |   |                   |                   |                                 |                                 |                                  |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |   |                   |                   |                                 |                                 |                                  |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 10100-P01

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| E230   |  | NAME OF INDIVIDUAL Rusti Sam  |  | LOUISIANA   |  |
| COLOR W  |  | AGE 3   |  | E.D. 87 SHEET 23  |  |
| BIRTHPLACE   |  |   |  |   |  |
| COUNTY Madison   |  | CITY  |  |   |  |
| ENUMERATED WITH Purvis, Sam  |  |   |  |   |  |
| RELATIONSHIP TO ABOVE  |  |   |  |   |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> IMMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br>SS |  |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 19100-P01

LOUISIANA

|  |                  |   |      |   |                   |
|--|------------------|---|------|---|-------------------|
| P 235  |                  | NAME OF INDIVIDUAL<br><i>Reserton Sam T.</i>  |      | E.O.<br><i>88</i>   | SHEET<br><i>2</i> |
| COLOR<br><i>W</i>  | AGE<br><i>36</i> | BIRTHPLACE  |      |   |                   |
| COUNTY   |                  |   | CITY |   |                   |
| ENUMERATED WITH<br><i>Resident</i><br><i>P. Lister, G.</i>   |                  |   |      |   |                   |
| RELATIONSHIP TO ABOVE  |                  |   |      |   |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> WIDWIFE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify)<br><hr/> |                   |

FORM 18-437 (4-23-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMA-DC 1818b-P01

| 18234                   |              | HEAD OF FAMILY |            | LOUISIANA |       |
|-------------------------|--------------|----------------|------------|-----------|-------|
|                         |              | Bridell Samuel |            | E.D.      | SHEET |
|                         |              |                |            | 113       | 12    |
| COLOR                   | AGE          | BIRTHPLACE     |            |           |       |
| W                       | 12           |                |            |           |       |
| COUNTY                  |              |                | CITY       |           |       |
|                         |              |                |            |           |       |
| OTHER MEMBERS OF FAMILY |              |                |            |           |       |
| NAME                    | RELATIONSHIP | AGE            | BIRTHPLACE |           |       |
| Delia                   | W            | 93             |            |           |       |
| May                     | D            | 5              |            |           |       |
|                         |              |                |            |           |       |
|                         |              |                |            |           |       |
|                         |              |                |            |           |       |
|                         |              |                |            |           |       |
|                         |              |                |            |           |       |
|                         |              |                |            |           |       |
|                         |              |                |            |           |       |

FORM 18-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |  |                   |  |            |  |
|-------------------------|--|----------------|--|-------------------|--|------------|--|
| 19235                   |  | HEAD OF FAMILY |  | Royston, Samuel S |  | LOUISIANA  |  |
| COLOR                   |  | AGE            |  | BIRTHPLACE        |  | E.D. 86    |  |
| W                       |  | 48             |  |                   |  | SHEET 6    |  |
| COUNTY                  |  |                |  | Natchitoches      |  | CITY       |  |
| OTHER MEMBERS OF FAMILY |  |                |  |                   |  |            |  |
| NAME                    |  | RELATIONSHIP   |  | AGE               |  | BIRTHPLACE |  |
| Sarah                   |  | W              |  | 50                |  |            |  |
| Nolan                   |  | S              |  | 20                |  |            |  |
| Eddie                   |  | S              |  | 15                |  |            |  |
| Leo                     |  | S              |  | 11                |  |            |  |
|                         |  |                |  |                   |  |            |  |
|                         |  |                |  |                   |  |            |  |
|                         |  |                |  |                   |  |            |  |
|                         |  |                |  |                   |  |            |  |

LOUISIANA

|  |   |  |            |             |
|--|---|--|------------|-------------|
| R230                                   | NAME OF INDIVIDUAL<br>Rickett, Sarah              |  | E.D.<br>75 | SHEET<br>26 |
| COLOR<br>W                             | AGE<br>60   | BIRTHPLACE                               |            |             |
| COUNTY<br>Red River                    |   | CITY                                     |            |             |
| MARRIED WITH<br>Bowlus, Jim            |   |  |            |             |
| RELATIONSHIP TO ABOVE                  |   |  |            |             |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW                   | <input type="checkbox"/> INMATE          |            |             |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NICE                     | <input type="checkbox"/> NURSE           |            |             |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW            | <input type="checkbox"/> PATIENT         |            |             |
| <input type="checkbox"/> GRANDMOTHER   | <input checked="" type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER          |            |             |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW               | <input type="checkbox"/> SERVANT         |            |             |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW          | <input type="checkbox"/> OTHER (Specify) |            |             |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW           |  |            |             |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW            |  |            |             |

FORM 10-617 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18125-P01



| HEAD OF FAMILY          |              | LOUISIANA  |            |
|-------------------------|--------------|------------|------------|
| R-230                   |              | E.D.       | SHEET      |
| COLOR                   | W            | 133        | 20         |
| AGE                     | 36           | BIRTHPLACE |            |
| COUNTY                  |              | CITY       |            |
| Union                   |              |            |            |
| OTHER MEMBERS OF FAMILY |              |            |            |
| NAME                    | RELATIONSHIP | AGE        | BIRTHPLACE |
| Lilla                   | W            | 34         |            |
| Thelma                  | D            | 8          |            |
| Margie                  | D            | 6          |            |
| Louise                  | D            | 5          |            |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |  |   |      |            |             |
|--|--|---|------|------------|-------------|
| R 334                                  |  | NAME OF INDIVIDUAL<br>Rogadale Selin                |      | E.O.<br>97 | SHEET<br>10 |
| COLOR<br>B                             | AGE<br>22                                | BIRTHPLACE<br>Morehouse                             |      |            |             |
| COUNTY<br>Morehouse                    |  |   | CITY |            |             |
| ENumerated WITH<br>Edson Alexander     |  |   |      |            |             |
| RELATIONSHIP TO ABOVE                  |  |   |      |            |             |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIFE                       |      |            |             |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |      |            |             |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |      |            |             |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |      |            |             |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |      |            |             |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |      |            |             |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW  |   |      |            |             |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW   |   |      |            |             |

Form 16-57 (4-22-51)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1950 CENSUS INDEX - INDIVIDUAL

USCOM-DC 1950-P61

| R234                    |              | HEAD OF FAMILY |            | LOUISIANA |       |
|-------------------------|--------------|----------------|------------|-----------|-------|
| COLOR                   |              | AGE            | BIRTHPLACE | E.D.      | SHEET |
| B                       |              | NR             |            | 86        | 19    |
| COUNTY                  |              |                | Madison    | CITY      |       |
| OTHER MEMBERS OF FAMILY |              |                |            |           |       |
| NAME                    | RELATIONSHIP | AGE            | BIRTHPLACE |           |       |
| Alice                   | W            | 25             |            |           |       |
| Erine                   | D            | 4              |            |           |       |
| Cynthia                 | D            | 2              |            |           |       |
|                         |              |                |            |           |       |
|                         |              |                |            |           |       |
|                         |              |                |            |           |       |
|                         |              |                |            |           |       |
|                         |              |                |            |           |       |

FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |       |                |     |            |       |
|-------------------------|-------|----------------|-----|------------|-------|
| R230                    |       | HEAD OF FAMILY |     | LOUISIANA  |       |
| Right                   |       | Smith          |     | E.D.       | SHEET |
| COLOR                   | AGE   | BIRTHPLACE     |     | 33         | 7     |
| B                       | 45    | Tex            |     |            |       |
| COUNTY                  | Caddo | CITY           |     | Blanchard  |       |
| OTHER MEMBERS OF FAMILY |       |                |     |            |       |
| NAME                    |       | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Right Mary              |       | W              | 38  |            |       |
| Clarence                |       | S              | 17  |            |       |
| Gustav                  |       | S              | 16  |            |       |
| Smith A                 |       | S              | 14  |            |       |
| Bert                    |       | S              | 11  |            |       |
| Hennie                  |       | S              | 9   |            |       |
| Charles                 |       | S              | 7   |            |       |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME   | RELATION-<br>SHIP | AGE | BIRTHPLACE |
|--------|-------------------|-----|------------|
| Mary A | S                 | 5   |            |
| Edna S | S                 | 2   |            |
|        |                   |     |            |
|        |                   |     |            |
|        |                   |     |            |
|        |                   |     |            |
|        |                   |     |            |
|        |                   |     |            |
|        |                   |     |            |
|        |                   |     |            |
|        |                   |     |            |

FORM 10-630a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18198-P61

|                         |  |                |  |              |  |           |  |
|-------------------------|--|----------------|--|--------------|--|-----------|--|
| R 236                   |  | HEAD OF FAMILY |  | Renter Stan  |  | LOUISIANA |  |
| COLOR                   |  | AGE            |  | BIRTHPLACE   |  | E.D.      |  |
| B                       |  | 70             |  |              |  | 160       |  |
| COUNTY                  |  |                |  | CITY         |  |           |  |
| Iberville               |  |                |  |              |  |           |  |
| OTHER MEMBERS OF FAMILY |  |                |  |              |  |           |  |
| NAME                    |  |                |  | RELATIONSHIP |  | AGE       |  |
| 1 Julia                 |  |                |  | S            |  | 13        |  |
|                         |  |                |  |              |  |           |  |
|                         |  |                |  |              |  |           |  |
|                         |  |                |  |              |  |           |  |
|                         |  |                |  |              |  |           |  |
|                         |  |                |  |              |  |           |  |
|                         |  |                |  |              |  |           |  |
|                         |  |                |  |              |  |           |  |

FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |  |   |                  |            |
|--|--|---|------------------|------------|
| R-234                                  | NAME OF INDIVIDUAL<br>Rastlin Stella     |   | E.O.<br>131      | SHEET<br>7 |
| SEX<br>F                               | AGE<br>19                                | BIRTHPLACE<br>ala                         |                  |            |
| COUNTY                                 | CITY<br>Washington                       |   | CITY<br>Bogalusa |            |
| EMIGRATED WITH<br>Williams Rose        |  |   |                  |            |
| RELATIONSHIP TO ABOVE                  |  |   |                  |            |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDOW            |                  |            |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> Niece           | <input type="checkbox"/> MURDER           |                  |            |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT          |                  |            |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> WOMAN |                  |            |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT          |                  |            |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)  |                  |            |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW  |   |                  |            |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW   |   |                  |            |

Form 10-437 (4-28-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

RECORDED INDEXED

|                         |     |                 |      |            |       |
|-------------------------|-----|-----------------|------|------------|-------|
| R 235                   |     | HEAD OF FAMILY  |      | LOUISIANA  |       |
| R 235                   |     | Rasitar Stephen |      | E.D.       | SHEET |
| COLOR                   | AGE | BIRTHPLACE      |      |            |       |
| TB                      | 38  |                 |      |            |       |
| COUNTY                  |     |                 | CITY |            |       |
| Natchitoches            |     |                 |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                 |      |            |       |
| NAME                    |     | RELATIONSHIP    | AGE  | BIRTHPLACE |       |
| Living alone            |     |                 |      |            |       |
|                         |     |                 |      |            |       |
|                         |     |                 |      |            |       |
|                         |     |                 |      |            |       |
|                         |     |                 |      |            |       |
|                         |     |                 |      |            |       |
|                         |     |                 |      |            |       |
|                         |     |                 |      |            |       |

FORM 19-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |  |                |      | LOUISIANA  |       |
|-------------------------|--|----------------|------|------------|-------|
| R230                    |  | HEAD OF FAMILY |      | E.O.       | SHEET |
| B                       |  | 25             |      | 86         | 8     |
| COLOR                   |  | AGE            |      | BIRTHPLACE |       |
| B                       |  | 25             |      |            |       |
| COUNTY                  |  |                | CITY |            |       |
| Rapides                 |  |                |      |            |       |
| OTHER MEMBERS OF FAMILY |  |                |      |            |       |
| NAME                    |  | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| 1 Maria                 |  | W              | 23   |            |       |
|                         |  |                |      |            |       |
|                         |  |                |      |            |       |
|                         |  |                |      |            |       |
|                         |  |                |      |            |       |
|                         |  |                |      |            |       |
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|                         |  |                |      |            |       |

FORM 10-436 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |              |           |            |
|-------------------------|--|----------------|--------------|-----------|------------|
| P 235                   |  | HEAD OF FAMILY |              | LOUISIANA |            |
|                         |  | Lushton Lucie  |              | E.D.      | SHEET      |
| COLOR                   |  | AGE            | BIRTHPLACE   |           |            |
| Mex                     |  | 48             |              |           |            |
| COUNTY                  |  |                | CITY         |           |            |
| East Baton Rouge        |  |                | Baton Rouge  |           |            |
| OTHER MEMBERS OF FAMILY |  |                |              |           |            |
| NAME                    |  |                | RELATIONSHIP | AGE       | BIRTHPLACE |
|                         |  |                |              |           |            |
| and 1 boarder           |  |                |              |           |            |
|                         |  |                |              |           |            |
|                         |  |                |              |           |            |
|                         |  |                |              |           |            |
|                         |  |                |              |           |            |
|                         |  |                |              |           |            |
|                         |  |                |              |           |            |

| HEAD OF FAMILY          |              |            | LOUISIANA  |       |
|-------------------------|--------------|------------|------------|-------|
| R 220 Right, Thos.      |              |            | E.D.       | SHEET |
| COLOR                   | AGE          | BIRTHPLACE |            |       |
| B                       | 48           | Mo.        | 28         | 46m   |
| COUNTY Calcasieu        |              |            | CITY       |       |
| OTHER MEMBERS OF FAMILY |              |            |            |       |
| NAME                    | RELATIONSHIP | AGE        | BIRTHPLACE |       |
| 1 Savannah              | W            | 40         | Ala.       |       |
|                         |              |            |            |       |
|                         |              |            |            |       |
|                         |              |            |            |       |
|                         |              |            |            |       |
|                         |              |            |            |       |
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|                         |              |            |            |       |
|                         |              |            |            |       |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                    |                |            |            |            |
|-------------------------|--------------------|----------------|------------|------------|------------|
| R230                    |                    | HEAD OF FAMILY |            | LOUISIANA  |            |
| COLOR                   |                    | AGE            | BIRTHPLACE |            | E.D. SHEET |
| B                       |                    | 40             |            |            | 103 20     |
| COUNTY                  |                    |                | Jeterbonne |            | CITY       |
| OTHER MEMBERS OF FAMILY |                    |                |            |            |            |
| NAME                    |                    | RELATIONSHIP   | AGE        | BIRTHPLACE |            |
| 1                       | Eliza              | W              | 35         |            |            |
| 1                       | Carroll, Rebecca   | S. b           | 25         |            |            |
| 1                       | Hill, Emma         | S. b           | 17         |            |            |
| 1                       | Macedonia          | S. b           | 15         |            |            |
| 1                       | Carroll, Rebecca J | d.             | 5          |            |            |
|                         |                    |                |            |            |            |
|                         |                    |                |            |            |            |

FORM 16-436 (4-20-67)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |      |            |  |
|-------------------------|-----|----------------|------|------------|--|
| R235                    |     | HEAD OF FAMILY |      | LOUISIANA  |  |
| Rushton Thomas          |     | E.D.           |      | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |      |            |  |
| B                       | 48  |                |      |            |  |
| COUNTY                  |     |                | CITY |            |  |
| West Baton Rouge        |     |                |      |            |  |
| OTHER MEMBERS OF FAMILY |     |                |      |            |  |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| 1 Clara                 |     | W              | 45   |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |           |            |       |
|-------------------------|---|----------------|-----------|------------|-------|
| R235                    |   | HEAD OF FAMILY |           | LOUISIANA  |       |
|                         |   | Rigdon, Thomas |           | E.D.       | SHEET |
| COLOR                   | W | AGE            | 25        | 95         | 24    |
|                         |   | BIRTHPLACE     |           |            |       |
| COUNTY                  |   |                | Red River | CITY       |       |
| OTHER MEMBERS OF FAMILY |   |                |           |            |       |
| NAME                    |   | RELATIONSHIP   | AGE       | BIRTHPLACE |       |
| / Sonie                 |   | W              | 26        |            |       |
| / Sonie                 |   | D              | 1         |            |       |
| / Wene                  |   | S              | 12        |            |       |
|                         |   |                |           |            |       |
|                         |   |                |           |            |       |
|                         |   |                |           |            |       |
|                         |   |                |           |            |       |

FORM 16-636 (10-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |      |            |  |
|-------------------------|-----|----------------|------|------------|--|
| R-336                   |     | HEAD OF FAMILY |      | LOUISIANA  |  |
| Renter, Thomas          |     | E.D.           |      | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |      |            |  |
| W                       | 34  | Tex            |      |            |  |
| COUNTY                  |     |                | CITY |            |  |
| Calcasieu               |     |                |      |            |  |
| OTHER MEMBERS OF FAMILY |     |                |      |            |  |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| / Mattie                |     | W              | 32   |            |  |
| / Gloria                |     | D              | 1/12 |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

| R230                    |  | HEAD OF FAMILY |              | LOUISIANA |            |
|-------------------------|--|----------------|--------------|-----------|------------|
| COLOR                   |  | AGE            | BIRTHPLACE   | E.D.      | SHEET      |
| W                       |  | 44             | Lux.         | 149       | 15         |
| COUNTY                  |  |                | CITY         |           |            |
| Vernon                  |  |                |              |           |            |
| OTHER MEMBERS OF FAMILY |  |                |              |           |            |
| NAME                    |  |                | RELATIONSHIP | AGE       | BIRTHPLACE |
| E. Gravitt E.           |  |                | W            | 42        |            |
| Paul A.                 |  |                | D            | 18        |            |
| Minnie A.               |  |                | D            | 16        |            |
| Lillie M.               |  |                | D            | 12        |            |
| Nettie R.               |  |                | D            | 10        |            |
| Esther L.               |  |                | D            | 7         |            |
| 43 hrs                  |  |                |              |           |            |

FORM 16-636 (4-20-51)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |                                    | LOUISIANA    |                 |
|-------------------------|------------------------------------|--------------|-----------------|
| R236                    | HEAD OF FAMILY<br>Royster Thomas J |              | E.D. 96 SHEET 5 |
| COLOR<br>W              | AGE<br>70                          | BIRTHPLACE   |                 |
| COUNTY<br>St. Mary      |                                    | CITY         |                 |
| OTHER MEMBERS OF FAMILY |                                    |              |                 |
| NAME                    |                                    | RELATIONSHIP | AGE             |
| Adeline                 |                                    | W            | 65              |
| Robert C                |                                    | S            | 43              |
|                         |                                    |              |                 |
|                         |                                    |              |                 |
|                         |                                    |              |                 |
|                         |                                    |              |                 |
|                         |                                    |              |                 |
|                         |                                    |              |                 |
|                         |                                    |              |                 |

FORM 18-636 (4-26-31)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |       |            |  |
|-------------------------|-----|----------------|-------|------------|--|
| R 230                   |     | HEAD OF FAMILY |       | LOUISIANA  |  |
| Right James W.          |     | E.O.           |       | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |       |            |  |
| W                       | 27  | Calcutta       |       |            |  |
| COUNTY                  |     |                | CITY  |            |  |
| OTHER MEMBERS OF FAMILY |     |                |       |            |  |
| NAME                    |     | RELATIONSHIP   | AGE   | BIRTHPLACE |  |
| Alvina                  |     | W              | 25    | Minn.      |  |
| Balter M.               |     | N              | 3     |            |  |
| Alvina                  |     | N              | 2     |            |  |
| Hertrude                |     | N              | 1 1/2 |            |  |
| Susan                   |     | B              | 19    | Mo.        |  |
|                         |     |                |       |            |  |
|                         |     |                |       |            |  |

FORM 16-636 (4-30-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|   |   |  |            |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|---|--|------------|-------------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R230  | NAME OF INDIVIDUAL<br><i>Russell, Sam</i> |  | E.D.<br>59 | SHEET<br>12 |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>w</i>   | AGE<br>28                                 | BIRTHPLACE                                 |            |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>La Salle</i>   |   | CITY                                       |            |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Edward Musci</i>  |   |  |            |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |   |  |            |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> WMAVE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input checked="" type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> |   |  |            |             | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WMAVE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW           | <input type="checkbox"/> WMAVE             |            |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE            | <input type="checkbox"/> NURSE             |            |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW    | <input type="checkbox"/> PATIENT           |            |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW    | <input checked="" type="checkbox"/> ROOMER |            |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW       | <input type="checkbox"/> SERVANT           |            |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW  | <input type="checkbox"/> OTHER (Specify)   |            |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW   |  |            |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW    |  |            |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-457 (4-22-51)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-OC 18100-P01

LOUISIANA

|   |  |  |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|--|-------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R225  |  | NAME OF INDIVIDUAL<br><i>Restine Tony</i>  |  | E.D.<br><i>29</i> | SHEET<br><i>8</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>W</i>   | AGE<br><i>20</i>                         | BIRTHPLACE<br><i>Italy</i>                 |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>Jefferson</i>  |  | CITY                                       |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Lella Tony</i>  |  |  |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |                   |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE            |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE             |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 16-517 (4-26-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1916 CENSUS INDEX - INDIVIDUAL

USCOMB-DC 18186-P01

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R230                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| B                       |  | 20             | Ala        | 25         | 9     |
| COUNTY                  |  |                | CITY       |            |       |
| Claiborne               |  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Martha                  |  | W              | 68         | Ala        |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 16-636 (4-30-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R230                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| W                       |  | 30             |            | 82         | 21    |
| COUNTY                  |  |                | CITY       |            |       |
| St. John the Baptist    |  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Mamie                   |  | W              | 30         | LA         |       |
| Bertie                  |  | S              | 8          |            |       |
| Lillie                  |  | S              | 4          |            |       |
| Looprie                 |  | S              | 2          |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 10-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |  |                |     |            |       |
|-------------------------|--|----------------|--|----------------|-----|------------|-------|
| 19230                   |  | HEAD OF FAMILY |  | Pachetta, Tony |     | LOUISIANA  |       |
| COLOR                   |  | AGE            |  | BIRTHPLACE     |     | E.D.       | SHEET |
| W                       |  | 26             |  |                |     | 27         | 28    |
| COUNTY                  |  |                |  | CITY           |     |            |       |
| Jefferson               |  |                |  |                |     |            |       |
| OTHER MEMBERS OF FAMILY |  |                |  |                |     |            |       |
| NAME                    |  |                |  | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Living alone            |  |                |  |                |     |            |       |
|                         |  |                |  |                |     |            |       |
|                         |  |                |  |                |     |            |       |
|                         |  |                |  |                |     |            |       |
|                         |  |                |  |                |     |            |       |
|                         |  |                |  |                |     |            |       |
|                         |  |                |  |                |     |            |       |
|                         |  |                |  |                |     |            |       |
|                         |  |                |  |                |     |            |       |

FORM 10-436 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |                  |   |  |  |                    |
|--|------------------|---|--|--|--------------------|
| R 230  |                  | NAME OF INDIVIDUAL<br><i>Right Susan</i>  |  | E.O.<br><i>50</i>  | SHEET<br><i>10</i> |
| COLOR<br><i>W</i>  | AGE<br><i>19</i> | BIRTHPLACE<br><i>Ms.</i>  |  |  |                    |
| COUNTY<br><i>Calcasieu</i>   |                  | CITY  |  |  |                    |
| ENUMERATED WITH<br><i>Right. L. James Jr.</i>  |                  |   |  |  |                    |
| RELATIONSHIP TO ABOVE  |                  |   |  |  |                    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>Bro.</i> |                    |

FORM 10-537 (4-20-51)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1950 CENSUS INDEX - INDIVIDUAL

USCOMB-DE 10100-P01



LOUISIANA

|  |     |   |  |  |  |       |  |
|--|-----|---|--|--|--|-------|--|
| R230                                   |     | NAME <input checked="" type="checkbox"/> INDIVIDUAL |  | E.O.                                       |  | SHEET |  |
| Richard Valen B                        |     |   |  | 52   |  | 22    |  |
| COLOR                                  | AGE | BIRTHPLACE  |  |  |  |       |  |
| W                                      | 30  |   |  |  |  |       |  |
| COUNTY                                 |     | Calcasieu   |  | CITY                                       |  |       |  |
|  |     |   |  | Jennings                                   |  |       |  |
| ENUMERATED WITH                        |     | Simpson J. Prince                                   |  |  |  |       |  |
| RELATIONSHIP TO ABOVE                  |     |   |  |  |  |       |  |
| <input type="checkbox"/> FATHER        |     | <input type="checkbox"/> NEPHEW                     |  | <input type="checkbox"/> INMATE            |  |       |  |
| <input type="checkbox"/> MOTHER        |     | <input type="checkbox"/> NIECE                      |  | <input type="checkbox"/> NURSE             |  |       |  |
| <input type="checkbox"/> GRANDFATHER   |     | <input type="checkbox"/> FATHER-IN-LAW              |  | <input type="checkbox"/> PATIENT           |  |       |  |
| <input type="checkbox"/> GRANDMOTHER   |     | <input type="checkbox"/> MOTHER-IN-LAW              |  | <input checked="" type="checkbox"/> WORKER |  |       |  |
| <input type="checkbox"/> GRANDSON      |     | <input type="checkbox"/> SON-IN-LAW                 |  | <input type="checkbox"/> SERVANT           |  |       |  |
| <input type="checkbox"/> GRANDDAUGHTER |     | <input type="checkbox"/> DAUGHTER-IN-LAW            |  | <input type="checkbox"/> OTHER (Specify)   |  |       |  |
| <input type="checkbox"/> AUNT          |     | <input type="checkbox"/> BROTHER-IN-LAW             |  |  |  |       |  |
| <input type="checkbox"/> UNCLE         |     | <input type="checkbox"/> SISTER-IN-LAW              |  |  |  |       |  |

FORM 10-637 (4-22-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

JRCOMM-DC 10105-P51

LOUISIANA

|  |  |   |            |             |
|--|--|---|------------|-------------|
| R 236                                  | NAME OF INDIVIDUAL<br>Rostern Vasaler    |   | E.D.<br>69 | SHEET<br>14 |
| COLOR<br>B                             | AGE<br>8                                 | BIRTHPLACE  |            |             |
| COUNTY<br>Lincoln                      |  | CITY<br>Ruston                                      |            |             |
| ENUMERATED WITH<br>Johnson Alice       |  |   |            |             |
| RELATIONSHIP TO ABOVE                  |  |   |            |             |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |            |             |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |            |             |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |            |             |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |            |             |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |            |             |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |            |             |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW  | <u>Gcl</u>  |            |             |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW   |   |            |             |

FORM 10-637 (4-29-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P01

|  |  |  |      |           |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|------|-----------|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| B232   |  | NAME OF INDIVIDUAL<br><i>Ressuto Vergese</i> |      | LOUISIANA | E.D.<br><i>68</i> | SHEET<br><i>17</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>W</i>  | AGE<br><i>60</i>                         | PLACE  |      |           |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>St. James</i>   |  |  | CITY |           |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Ressuto Frank</i>  |  |  |      |           |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |      |           |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WISAYE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |      |           |                   |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WISAYE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WISAYE              |      |           |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE               |      |           |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT             |      |           |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER              |      |           |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT             |      |           |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)     |      |           |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |      |           |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |      |           |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-637 (4-22-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMB-DC 1910-P01

|                         |  |                |  |                |  |           |  |
|-------------------------|--|----------------|--|----------------|--|-----------|--|
| 19230                   |  | HEAD OF FAMILY |  | Ragget, Victor |  | LOUISIANA |  |
| COLOR                   |  | AGE            |  | BIRTHPLACE     |  | E.D.      |  |
| Mu                      |  | 33             |  |                |  | 13        |  |
| COUNTY                  |  |                |  | CITY           |  |           |  |
| Iberia                  |  |                |  |                |  |           |  |
| OTHER MEMBERS OF FAMILY |  |                |  |                |  |           |  |
| NAME                    |  |                |  | RELATIONSHIP   |  | AGE       |  |
| 1 Georgiana W           |  |                |  |                |  | 26        |  |
|                         |  |                |  |                |  |           |  |
|                         |  |                |  |                |  |           |  |
|                         |  |                |  |                |  |           |  |
|                         |  |                |  |                |  |           |  |
|                         |  |                |  |                |  |           |  |
|                         |  |                |  |                |  |           |  |
|                         |  |                |  |                |  |           |  |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |      |            |  |
|-------------------------|-----|----------------|------|------------|--|
| P23                     |     | HEAD OF FAMILY |      | LOUISIANA  |  |
| E.O.                    |     | SHEET          |      |            |  |
| COLOR                   | AGE | BIRTHPLACE     |      |            |  |
| B                       | 28  |                |      |            |  |
| COUNTY                  |     |                | CITY |            |  |
| OTHER MEMBERS OF FAMILY |     |                |      |            |  |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| Living alone            |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |

Form 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |      |            |  |
|-------------------------|-----|----------------|------|------------|--|
| Q230                    |     | HEAD OF FAMILY |      | LOUISIANA  |  |
| Rosetta Vincent         |     | E.D.           |      | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |      |            |  |
| W                       | 34  |                |      |            |  |
| COUNTY                  |     | CITY           |      |            |  |
| St. Tammany             |     | Corington      |      |            |  |
| OTHER MEMBERS OF FAMILY |     |                |      |            |  |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| Viola                   |     | W              | 38   |            |  |
| Andrew                  |     | S              | 2    |            |  |
| Westley                 |     | S              | 6/12 |            |  |
| Joseph                  |     | S              | 8    |            |  |
| Hannah                  |     | D              | 7    |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |

FORM 10-636 (4-22-21)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |            |
|-------------------------|--|----------------|------------|------------|------------|
| R230                    |  | HEAD OF FAMILY |            | LOUISIANA  |            |
| W                       |  | AGE            | BIRTHPLACE |            | E.D. 18 21 |
| 28                      |  |                |            | SHEET 3    |            |
| COUNTY                  |  |                | CITY       |            |            |
| Iberia                  |  |                |            |            |            |
| OTHER MEMBERS OF FAMILY |  |                |            |            |            |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |            |
| Emetile W               |  |                | 30         |            |            |
| Blume                   |  | S              | 4          |            |            |
| Pearse                  |  | D              | 3          |            |            |
| Bertha                  |  | D              | 1/2        |            |            |
| Robichaux, Clemence     |  | GM             | 67         |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |

FORM 10-636 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |   |                    |   |                 |  |      |       |
|--|---|--------------------|---|-----------------|--|------|-------|
| R230   |   | NAME OF INDIVIDUAL |   | Russett, Walter |  | E.O. | SHEET |
| COLOR  | W | AGE                | 4 | BIRTHPLACE      |  | 95   | 11    |
| COUNTY   |   | Red River          |   | CITY            |  |      |       |
| ENUMERATED WITH  |   |                    |   |                 |  |      |       |
| RELATIONSHIP TO ABOVE  |   |                    |   |                 |  |      |       |
| <div><div><input type="checkbox"/> FATHER<br/><input type="checkbox"/> MOTHER<br/><input type="checkbox"/> GRANDFATHER<br/><input type="checkbox"/> GRANDMOTHER<br/><input checked="" type="checkbox"/> GRANDSON<br/><input type="checkbox"/> GRANDDAUGHTER<br/><input type="checkbox"/> AUNT<br/><input type="checkbox"/> UNCLE</div><div><input type="checkbox"/> NEPHEW<br/><input type="checkbox"/> NIECE<br/><input type="checkbox"/> FATHER-IN-LAW<br/><input type="checkbox"/> MOTHER-IN-LAW<br/><input type="checkbox"/> SON-IN-LAW<br/><input type="checkbox"/> DAUGHTER-IN-LAW<br/><input type="checkbox"/> BROTHER-IN-LAW<br/><input type="checkbox"/> SISTER-IN-LAW</div><div><input type="checkbox"/> INMATE<br/><input type="checkbox"/> NURSE<br/><input type="checkbox"/> PATIENT<br/><input type="checkbox"/> ROOMER<br/><input type="checkbox"/> SERVANT<br/><input type="checkbox"/> OTHER (Specify)<br/><br/>_____</div></div> |   |                    |   |                 |  |      |       |

FORM 10-537 (4-29-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1950 CENSUS INDEX - INDIVIDUAL

USCOM-DC 1950-P-61



|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R236                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| W                       |  | 38             |            | 95         | 8     |
| COUNTY                  |  |                | CITY       |            |       |
| St. Mary                |  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Selma                   |  | W              | 30         |            |       |
| Taylor                  |  | S              | 11         |            |       |
| E. Johnia               |  | D              | 9          |            |       |
| Helena                  |  | D              | 7          |            |       |
| Halter                  |  | S              | 5          |            |       |
| Iseline                 |  | D              | 4          |            |       |
| Evangeline              |  | D              | 3          |            |       |

LOUISIANA

|  |  |                    |  |               |  |  |  |       |  |
|--|--|--------------------|--|---------------|--|--|--|-------|--|
| R230   |  | NAME OF INDIVIDUAL |  | Rapet, Warren |  | E.O.   |  | SHEET |  |
| COLOR  |  | AGE                |  | BIRTHPLACE    |  | 13   |  | 4     |  |
| Mn   |  | 9                  |  |               |  |  |  |       |  |
| COUNTY   |  |                    |  | Iberia        |  | CITY   |  |       |  |
| ENUMERATED WITH  |  |                    |  |               |  |  |  |       |  |
| Rapet, Honora  |  |                    |  |               |  |  |  |       |  |
| RELATIONSHIP TO ABOVE  |  |                    |  |               |  |  |  |       |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  |                    | <input checked="" type="checkbox"/> WIFE<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |               |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |  |       |  |

Form 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18195-P61

|                         |           |                |      |            |       |
|-------------------------|-----------|----------------|------|------------|-------|
| R233                    |           | HEAD OF FAMILY |      | LOUISIANA  |       |
|                         |           | Regdell Warren |      | E.D.       | SHEET |
| COLOR                   | W         | AGE            | 38   | BIRTHPLACE |       |
|                         |           | Miss           |      |            |       |
| COUNTY                  |           |                | CITY |            |       |
| Tangipahoa              |           |                |      |            |       |
| OTHER MEMBERS OF FAMILY |           |                |      |            |       |
|                         | NAME      | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
|                         | Delphine  | W              | 27   |            |       |
|                         | Dudley    | S              | 9    |            |       |
|                         | Lawrence  | S              | 7    |            |       |
|                         | Mary Jane | D              | 4    |            |       |
|                         | Alice     | D              | 2    |            |       |
|                         |           |                |      |            |       |
|                         |           |                |      |            |       |

FORM 16-636 (4-26-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                  |              | LOUISIANA |            |
|-------------------------|------------------|--------------|-----------|------------|
| R 230                   | HEAD OF FAMILY   |              | E.D.      | SHEET      |
|                         | Robert, Warren L |              | 44        | 28         |
| COLOR                   | AGE              | BIRTHPLACE   |           |            |
| W                       | 35               | W Va.        |           |            |
| COUNTY                  |                  | CITY         |           |            |
| Calcasieu               |                  |              |           |            |
| OTHER MEMBERS OF FAMILY |                  |              |           |            |
| NAME                    |                  | RELATIONSHIP | AGE       | BIRTHPLACE |
| 1 Helen                 |                  | W            | 33        | Kays       |
| Thelma                  |                  | D            | 12        |            |
|                         |                  |              |           |            |
|                         |                  |              |           |            |
|                         |                  |              |           |            |
|                         |                  |              |           |            |
|                         |                  |              |           |            |
|                         |                  |              |           |            |

| LOUISIANA               |                                    |     |            |
|-------------------------|------------------------------------|-----|------------|
| R230                    | HEAD OF FAMILY<br>Rickett Warren L |     |            |
| E.D.<br>44              | SHEET<br>28                        |     |            |
| COLOR<br>W              | AGE<br>25                          |     |            |
| BIRTHPLACE<br>W Va      |                                    |     |            |
| COUNTY<br>Calcasieu     | CITY                               |     |            |
| OTHER MEMBERS OF FAMILY |                                    |     |            |
| NAME                    | RELATIONSHIP                       | AGE | BIRTHPLACE |
| Helen                   | W                                  | 33  | Kans       |
| Thelma                  | D                                  | 12  | Kans       |
|                         |                                    |     |            |
|                         |                                    |     |            |
|                         |                                    |     |            |
|                         |                                    |     |            |
|                         |                                    |     |            |
|                         |                                    |     |            |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

| HEAD OF FAMILY          |              | LOUISIANA             |            |
|-------------------------|--------------|-----------------------|------------|
| COLOR                   | AGE          | E.D.                  | SHEET      |
| <i>R-240</i>            | <i>33</i>    | <i>133</i>            | <i>20</i>  |
| NAME <i>Robert Will</i> |              | BIRTHPLACE <i>Ark</i> |            |
| COUNTY <i>Union</i>     | CITY         |                       |            |
| OTHER MEMBERS OF FAMILY |              |                       |            |
| NAME                    | RELATIONSHIP | AGE                   | BIRTHPLACE |
| <i>Anna</i>             | <i>w</i>     | <i>21</i>             |            |
| <i>Lillian</i>          | <i>d</i>     | <i>4</i>              |            |
| <i>Orma</i>             | <i>d</i>     | <i>2</i>              |            |
|                         |              |                       |            |
|                         |              |                       |            |
|                         |              |                       |            |
|                         |              |                       |            |
|                         |              |                       |            |

FORM 10-436 (4-20-31)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| 252                     |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| B                       |  | 38             | De Soto    | 76         | 19    |
| COUNTY                  |  |                | CITY       |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Nattie                  |  | W              | 40         |            |       |
| Alice                   |  | D              | 9          |            |       |
| Lessie B                |  | D              | 7          |            |       |
| Selma                   |  | D              | 6          |            |       |
| William                 |  | D              | 4          |            |       |
| Randolph                |  | D              | 2          |            |       |
|                         |  |                | 1/2        |            |       |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |            |
|-------------------------|--|----------------|------------|------------|------------|
| R230                    |  | HEAD OF FAMILY |            | LOUISIANA  |            |
| COLOR                   |  | AGE            | BIRTHPLACE |            | E.D. SHEET |
| B                       |  | 30             | Will       |            | 28 30      |
| COUNTY                  |  |                | CITY       |            |            |
| Calcasieu               |  |                |            |            |            |
| OTHER MEMBERS OF FAMILY |  |                |            |            |            |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |            |
| + 1 son                 |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |

FORM 16-636 (4-26-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |  |                |  |                  |  |                   |  |
|-------------------------|--|----------------|--|------------------|--|-------------------|--|
| K23                     |  | HEAD OF FAMILY |  | Rickett, William |  | LOUISIANA         |  |
| COLOR B                 |  | AGE 40         |  | BIRTHPLACE       |  | E.D. 153 SHEET 37 |  |
| COUNTY St. Landry       |  |                |  | CITY             |  |                   |  |
| OTHER MEMBERS OF FAMILY |  |                |  |                  |  |                   |  |
| NAME                    |  | RELATIONSHIP   |  | AGE              |  | BIRTHPLACE        |  |
| Lucie                   |  | W              |  | 46               |  |                   |  |
| Charles                 |  | S              |  | 16               |  |                   |  |
| Lilia                   |  | d              |  | 15               |  |                   |  |
| Celeane                 |  | d              |  | 14               |  |                   |  |
| Lorraine                |  | d              |  | 11               |  |                   |  |
| Sidonia                 |  | d              |  | 10               |  |                   |  |
| Otter                   |  | S              |  | 8                |  |                   |  |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME    | RELATION-<br>SHIP | AGE | BIRTHPLACE |
|---------|-------------------|-----|------------|
| 1 Frank | 2                 | 6   |            |
| John    | 2                 | 5   |            |
|         |                   |     |            |
|         |                   |     |            |
|         |                   |     |            |
|         |                   |     |            |
|         |                   |     |            |
|         |                   |     |            |
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|         |                   |     |            |
|         |                   |     |            |
|         |                   |     |            |
|         |                   |     |            |
|         |                   |     |            |

FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

123COMMA-DC 10100-P01

|                         |     |                  | LOUISIANA |            |
|-------------------------|-----|------------------|-----------|------------|
| K 232                   |     | HEAD OF FAMILY   |           | E.D. 143   |
| Rocitedlex William      |     |                  |           | SHEET 3    |
| COLOR                   | AGE | BIRTHPLACE       |           |            |
| 4                       | 22  |                  |           |            |
| COUNTY                  |     | CITY             |           |            |
| West Feliciana          |     | St. Francisville |           |            |
| OTHER MEMBERS OF FAMILY |     |                  |           |            |
| NAME                    |     | RELATIONSHIP     | AGE       | BIRTHPLACE |
| L. L. L. L.             |     |                  |           |            |
|                         |     |                  |           |            |
|                         |     |                  |           |            |
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FORM 10-636 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |  |  |  |             |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|--|-------------|------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R 235  |  | NAME OF INDIVIDUAL<br>Rector John          |  | E.D.<br>102 | SHEET<br>2 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br>W   | AGE<br>34                                | BIRTHPLACE<br>Ohio                         |  |             |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br>Ouachita   |  | CITY<br>Monroe                             |  |             |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br>Good Mary M.  |  |  |  |             |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |  |             |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> INMATE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PAINTER</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input checked="" type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> |  |  |  |             |            | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PAINTER | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE            |  |             |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE             |  |             |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PAINTER           |  |             |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER |  |             |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |  |             |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |  |             |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |             |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |  |             |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 16-637 (4-20-51)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-NC 15100-P01

LOUISIANA

|                         |     |                |      |            |       |
|-------------------------|-----|----------------|------|------------|-------|
| R236                    |     | HEAD OF FAMILY |      | E.O.       | SHEET |
|                         |     | Rester William |      | 133        | 14    |
| COLOR                   | AGE | BIRTHPLACE     |      |            |       |
| W                       | 34  |                |      |            |       |
| COUNTY                  |     |                | CITY |            |       |
| Washington              |     |                |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Robean                  |     | W              | 34   |            |       |
| Chinevel                |     | D              | 14   |            |       |
| Margaret                |     | D              | 12   |            |       |
| Albert                  |     | S              | 9    |            |       |
| Nannie                  |     | D              | 6    |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |

FORM 16-436 (4-20-31)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|                         |  |                |              |                 |            |      |       |
|-------------------------|--|----------------|--------------|-----------------|------------|------|-------|
| R236                    |  | HEAD OF FAMILY |              | Rictor Williams |            | E.O. | SHEET |
| COLOR                   |  | AGE            | BIRTHPLACE   |                 |            |      |       |
| W                       |  | 46             | Natchitoches |                 |            |      |       |
| COUNTY                  |  |                |              | CITY            |            |      |       |
| OTHER MEMBERS OF FAMILY |  |                |              |                 |            |      |       |
| NAME                    |  |                | RELATIONSHIP | AGE             | BIRTHPLACE |      |       |
| Sarah                   |  |                | W            | 21              | Geo        |      |       |
| James                   |  |                | D            | 16              |            |      |       |
| Burrer                  |  |                | S            | 14              |            |      |       |
| Lussie                  |  |                | S            | 14              |            |      |       |
| John                    |  |                | S            | 12              |            |      |       |
| C. B. Jones             |  |                | S            | 10              |            |      |       |
| Custisway               |  |                | S            | 7               |            |      |       |

FORM 18-36 (4-20-21)

1930 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME           | RELATIONSHIP | AGE      | BIRTHPLACE |
|----------------|--------------|----------|------------|
| <i>Quentin</i> | <i>D</i>     | <i>2</i> |            |
| <i>Ernest</i>  | <i>D</i>     | <i>7</i> |            |
|                |              |          |            |
|                |              |          |            |
|                |              |          |            |
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FORM 16-536a (4-20-61)

1916 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 16198-P01

LOUISIANA

|                           |   |                             |            |             |
|---------------------------|---|-----------------------------|------------|-------------|
| 2236                      | HEAD OF FAMILY<br><i>Leather, William</i> |                             | E.O.<br>90 | SHEET<br>33 |
| COLOR<br><i>B</i>         | AGE<br><i>38</i>                          | BIRTHPLACE                  |            |             |
| COUNTY<br><i>St. Mary</i> |   | CITY<br><i>Grand Blaise</i> |            |             |
| OTHER MEMBERS OF FAMILY   |   |                             |            |             |
| NAME                      |   | RELATIONSHIP                | AGE        | BIRTHPLACE  |
| <i>1 Nancy</i>            |   | <i>W</i>                    | <i>40</i>  |             |
|                           |   |                             |            |             |
|                           |   |                             |            |             |
|                           |   |                             |            |             |
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FORM 10-436 (4-20-51)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |                         |                 | LOUISIANA |            |
|-------------------------|-------------------------|-----------------|-----------|------------|
| R236                    | HEAD OF FAMILY          |                 | E.D.      | SHEET      |
|                         | <i>Reister, William</i> |                 | 70        | 9          |
| COLOR                   | AGE                     | BIRTHPLACE      |           |            |
| <i>B</i>                | <i>50</i>               |                 |           |            |
| COUNTY                  |                         | CITY            |           |            |
| <i>St. Mary</i>         |                         | <i>Franklin</i> |           |            |
| OTHER MEMBERS OF FAMILY |                         |                 |           |            |
| NAME                    |                         | RELATIONSHIP    | AGE       | BIRTHPLACE |
| <i>George</i>           |                         | <i>S</i>        | <i>20</i> |            |
| <i>Philip</i>           |                         | <i>S</i>        | <i>18</i> |            |
|                         |                         |                 |           |            |
|                         |                         |                 |           |            |
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FORM 10-436 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|                         |                                    |                    |             |            |
|-------------------------|------------------------------------|--------------------|-------------|------------|
| P236                    | HEAD OF FAMILY<br>Richter, William |                    | E.D.<br>124 | SHEET<br>3 |
| COLOR<br>W              | AGE<br>36                          | BIRTHPLACE<br>Ohio |             |            |
| COUNTY<br>Winn          |                                    |                    | CITY        |            |
| OTHER MEMBERS OF FAMILY |                                    |                    |             |            |
| NAME                    |                                    | RELATION-<br>SHIP  | AGE         | BIRTHPLACE |
| 1 Elizabeth             |                                    | W                  | 22          |            |
|                         |                                    |                    |             |            |
|                         |                                    |                    |             |            |
|                         |                                    |                    |             |            |
|                         |                                    |                    |             |            |
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FORM 16-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|                         |                   |              |           |            |       |  |
|-------------------------|-------------------|--------------|-----------|------------|-------|--|
| R23L                    | HEAD OF FAMILY    |              | E.D.      |            | SHEET |  |
|                         | Rooster William C |              | 105       |            | 3     |  |
| COLOR                   | AGE               | BIRTHPLACE   |           |            |       |  |
| W                       | 48                | Ky           |           |            |       |  |
| COUNTY                  | Sabine            |              | CITY Many |            |       |  |
| OTHER MEMBERS OF FAMILY |                   |              |           |            |       |  |
| NAME                    |                   | RELATIONSHIP | AGE       | BIRTHPLACE |       |  |
| Mollie                  |                   | W            | NR        | Ala.       |       |  |
| Stanley                 |                   | S            | 6         |            |       |  |
|                         |                   |              |           |            |       |  |
|                         |                   |              |           |            |       |  |
|                         |                   |              |           |            |       |  |
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FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|                         |                |     |                    |            |            |       |   |
|-------------------------|----------------|-----|--------------------|------------|------------|-------|---|
| R235                    | HEAD OF FAMILY |     | Royston, William H | E.D.       | 81         | SHEET | 8 |
| COLOR                   | B              | AGE | 25                 | BIRTHPLACE |            |       |   |
| COUNTY                  |                |     | Natchitoches       | CITY       |            |       |   |
| OTHER MEMBERS OF FAMILY |                |     |                    |            |            |       |   |
| NAME                    |                |     | RELATIONSHIP       | AGE        | BIRTHPLACE |       |   |
| 1 Octavia               |                |     | W                  | 22         |            |       |   |
|                         |                |     |                    |            |            |       |   |
|                         |                |     |                    |            |            |       |   |
|                         |                |     |                    |            |            |       |   |
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FORM 18-436 (4-20-31)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|                                 |   |                          |                   |                   |
|---------------------------------|---|--------------------------|-------------------|-------------------|
| R 230                           | HEAD OF FAMILY<br><i>Rust Wilkerson R</i> |                          | E.D.<br><i>44</i> | SHEET<br><i>3</i> |
| COLOR<br><i>W</i>               | AGE<br><i>40</i>                          | BIRTHPLACE<br><i>Ill</i> |                   |                   |
| COUNTY<br><i>East Feliciana</i> | CITY<br><i>Wilson</i>                     |                          |                   |                   |
| OTHER MEMBERS OF FAMILY         |   |                          |                   |                   |
| NAME                            |   | RELATIONSHIP             | AGE               | BIRTHPLACE        |
| <i>Katy R.</i>                  |   | <i>W</i>                 | <i>40</i>         | <i>Ky</i>         |
| <i>John P.</i>                  |   | <i>S</i>                 | <i>19</i>         | <i>Tenn</i>       |
| <i>Ralph O.</i>                 |   | <i>S</i>                 | <i>16</i>         | <i>Tenn</i>       |
| <i>Maids</i>                    | <i>Bertrude</i>                           | <i>M</i>                 | <i>64</i>         |                   |
| <i>and 2 board.</i>             |   |                          |                   |                   |
|                                 |   |                          |                   |                   |
|                                 |   |                          |                   |                   |

FORM 16-436 (4-30-31)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|                         |                |              |        |            |       |  |
|-------------------------|----------------|--------------|--------|------------|-------|--|
| R235                    | HEAD OF FAMILY |              | E.O.   |            | SHEET |  |
|                         | Ruston         |              | Willie |            | 108 2 |  |
| COLOR                   | AGE            | BIRTHPLACE   |        |            |       |  |
| B                       | 25             |              |        |            |       |  |
| COUNTY                  |                | Sabin        |        | CITY       |       |  |
|                         |                |              |        | Noble      |       |  |
| OTHER MEMBERS OF FAMILY |                |              |        |            |       |  |
| NAME                    |                | RELATIONSHIP | AGE    | BIRTHPLACE |       |  |
| 1 Mary                  |                | w            | 20     |            |       |  |
|                         |                |              |        |            |       |  |
|                         |                |              |        |            |       |  |
|                         |                |              |        |            |       |  |
|                         |                |              |        |            |       |  |
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FORM 16-636 (4-20-67)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |              | LOUISIANA         |            |
|-------------------------|--------------|-------------------|------------|
| R230                    |              | HEAD OF FAMILY    | E.D. 134   |
|                         |              | Roche W. W. W. W. | SHEET 20   |
| COLOR                   | AGE          | BIRTHPLACE        |            |
| W                       | 38           |                   |            |
| COUNTY                  | Union        |                   | CITY       |
| OTHER MEMBERS OF FAMILY |              |                   |            |
| NAME                    | RELATIONSHIP | AGE               | BIRTHPLACE |
| Betty                   | W            | 30                |            |
| Ben                     | S            | 16                |            |
| Stanford                | S            | 13                |            |
| Buster                  | 12           | 13                |            |
| Carl                    | S            | 11                |            |
| Mirth                   | V            | 9                 |            |
| Rocana                  | 12           | 6                 |            |

FORM 16-436 (4-20-31)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS





LOUISIANA

|                         |                |              |      |            |
|-------------------------|----------------|--------------|------|------------|
| R230                    | HEAD OF FAMILY |              | E.D. | SHEET      |
|                         | Rickett Willie |              | 134  | 14         |
| COLOR                   | AGE            | BIRTHPLACE   |      |            |
| W                       | 38             |              |      |            |
| COUNTY                  |                | CITY         |      |            |
|                         |                | Union        |      |            |
| OTHER MEMBERS OF FAMILY |                |              |      |            |
|                         | NAME           | RELATIONSHIP | AGE  | BIRTHPLACE |
|                         | Battle         | W            | 30   |            |
|                         | Bear           | S            | 12   |            |
|                         | Stanford       | S            | 11   |            |
|                         | Battle         | D            | 9    |            |
|                         | Cal            | S            | 7    |            |
|                         | Wright         | D            | 5    |            |
|                         | Deane          | D            | 2    |            |

FORM 16-536 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |  |  |             |             |
|--|--|--|-------------|-------------|
| R230                                   | NAME OF INDIVIDUAL<br>Bought Waller      |  | E.D.<br>112 | SHEET<br>18 |
| COLOR<br>B                             | AGE<br>12                                | BIRTHPLACE                                 |             |             |
| COUNTY<br>Tangipahoa                   |  | CITY                                       |             |             |
| ENUMERATED WITH<br>Bennette, Susan     |  |  |             |             |
| RELATIONSHIP TO ABOVE                  |  |  |             |             |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDOW             |             |             |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE             |             |             |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |             |             |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER |             |             |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |             |             |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |             |             |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW  |  |             |             |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW   |  |             |             |

Form 10-627 (4-22-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 10100-P01

LOUISIANA

|   |  |  |                    |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |            |                                |  |  |
|---|--|--|--------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|-------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|------------|--------------------------------|--|--|
| R230  | NAME OF INDIVIDUAL<br><i>Rosette, Willie</i> |  | S.S.<br><i>100</i> | SHEET<br><i>1</i> |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |            |                                |  |  |
| COLOR<br><i>B</i>   | AGE<br><i>12</i>                             | BIRTHPLACE                               |                    |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |            |                                |  |  |
| COUNTY<br><i>St. Landry</i>   |  | CITY                                     |                    |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |            |                                |  |  |
| ENUMERATED WITH<br><i>Rosette, John</i>   |  |  |                    |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |            |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |                    |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |            |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>S-S</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |                    |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>S-S</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW              | <input type="checkbox"/> INMATE          |                    |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |            |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NECE                | <input type="checkbox"/> NURSE           |                    |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |            |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW       | <input type="checkbox"/> PATIENT         |                    |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |            |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW       | <input type="checkbox"/> ROOMER          |                    |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |            |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW          | <input type="checkbox"/> SERVANT         |                    |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |            |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW     | <input type="checkbox"/> OTHER (Specify) |                    |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |            |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW      | <i>S-S</i>                               |                    |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |            |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW       |  |                    |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |            |                                |  |  |

Form 16-637 (6-29-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1970 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 15109-P61

LOUISIANA

|                         |   |                |    |                  |     |            |       |
|-------------------------|---|----------------|----|------------------|-----|------------|-------|
| R236                    |   | HEAD OF FAMILY |    | Rosetta Wilke J. |     | E.D.       | SHEET |
| 43                      |   | P              |    |                  |     |            |       |
| COLOR                   | W | AGE            | 32 | BIRTHPLACE       |     |            |       |
| COUNTY                  |   | Calcasieu      |    | CITY             |     |            |       |
| OTHER MEMBERS OF FAMILY |   |                |    |                  |     |            |       |
| NAME                    |   |                |    | RELATIONSHIP     | AGE | BIRTHPLACE |       |
| 1 Mary                  |   |                |    | W                | 25  |            |       |
| Thendricks Fred         |   |                |    | SS               | 12  |            |       |
| 1 Nellie                |   |                |    | SD               | 10  | Ark        |       |
| Wilke                   |   |                |    | SD               | 7   |            |       |
|                         |   |                |    |                  |     |            |       |
|                         |   |                |    |                  |     |            |       |
|                         |   |                |    |                  |     |            |       |

LOUISIANA

|  |   |   |                          |                          |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
|--|---|---|--------------------------|--------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|-----------|--------------------------------|--|--|
| <b>R235</b>  | <b>NAME OF INDIVIDUAL</b><br><i>Ryan Willie May</i> |   | <b>E.O.</b><br><i>28</i> | <b>SHEET</b><br><i>1</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <b>COLOR</b><br><i>B</i>   | <b>AGE</b><br><i>20</i>                             | <b>BIRTHPLACE</b>                                   |                          |                          |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <b>COUNTY</b><br><i>Cade</i>   |   | <b>CITY</b>   |                          |                          |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <b>ENUMERATED WITH</b><br><i>Davenport Will</i>  |   |   |                          |                          |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <b>RELATIONSHIP TO ABOVE</b>   |   |   |                          |                          |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>SD</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |   |   |                          |                          | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>SD</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW                     | <input type="checkbox"/> INMATE                     |                          |                          |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE                      | <input type="checkbox"/> NURSE                      |                          |                          |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW              | <input type="checkbox"/> PATIENT                    |                          |                          |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW              | <input type="checkbox"/> ROOMER                     |                          |                          |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW                 | <input type="checkbox"/> SERVANT                    |                          |                          |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW            | <input checked="" type="checkbox"/> OTHER (Specify) |                          |                          |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW             | <i>SD</i>   |                          |                          |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW              |   |                          |                          |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |

FORM 16-637 (4-29-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 1910-P81

LOUISIANA

|                         |  |                |  |              |  |       |  |            |  |
|-------------------------|--|----------------|--|--------------|--|-------|--|------------|--|
| 1230                    |  | HEAD OF FAMILY |  | Rust Wilbur  |  | E.O.  |  | SHEET      |  |
| 104                     |  | 14             |  |              |  |       |  |            |  |
| COLOR                   |  | W              |  | AGE          |  | 28    |  | BIRTHPLACE |  |
| COUNTY                  |  |                |  | St. Tammany  |  | CITY  |  |            |  |
|                         |  |                |  | Slidell      |  |       |  |            |  |
| OTHER MEMBERS OF FAMILY |  |                |  |              |  |       |  |            |  |
| NAME                    |  |                |  | RELATIONSHIP |  | AGE   |  | BIRTHPLACE |  |
| Alice                   |  |                |  | W            |  | 25    |  |            |  |
| Edgar                   |  |                |  | S            |  | 54    |  |            |  |
| Archie                  |  |                |  | S            |  | 4     |  |            |  |
| Oscar                   |  |                |  | S            |  | 2     |  |            |  |
| Elizabeth               |  |                |  | D            |  | 2 1/2 |  |            |  |
| Carbouth James          |  |                |  | FZ           |  | 55    |  |            |  |
| Rappolt Emma            |  |                |  | M            |  | 64    |  |            |  |

FORM 10-636 (10-20-21)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |  |  |             |
|--|--|--|-------------|
| R 234                                  | NAME OF INDIVIDUAL<br>Kagdale, Wilmar      | E.O.<br>2                                | SHEET<br>27 |
| COLOR<br>B                             | AGE<br>5                                   | BIRTHPLACE                               |             |
| COUNTY<br>Assumption                   | CITY                                       |  |             |
| ENUMERATED WITH<br>Lawnes, Willy       |  |  |             |
| RELATIONSHIP TO ABOVE                  |  |  |             |
| <input type="checkbox"/> FATHER        | <input checked="" type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE          |             |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NIECE             | <input type="checkbox"/> NURSE           |             |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW     | <input type="checkbox"/> PATIENT         |             |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW     | <input type="checkbox"/> ROOMER          |             |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW        | <input type="checkbox"/> SERVANT         |             |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW   | <input type="checkbox"/> OTHER (Specify) |             |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW    |  |             |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW     |  |             |

FORM 16-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1930 CENSUS INDEX - INDIVIDUAL

USCOMB-DC 18100-P-61

LOUISIANA

|  |  |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|--|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| <b>R230</b>  | NAME OF INDIVIDUAL<br><i>Rushett, Wilson</i> |  | E.D.<br><i>95</i> | SHEET<br><i>11</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>W</i>  | AGE<br><i>6</i>                              | BIRTHPLACE                               |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>Red River</i>   | CITY   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENumerated WITH<br><i>Lindsay, Mowbray</i>   |  |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> INMATE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input checked="" type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> MISTRESS-IN-LAW</td><td></td></tr></tbody></table> |  |  |                   |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> MISTRESS-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW              | <input type="checkbox"/> INMATE          |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE               | <input type="checkbox"/> NURSE           |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW       | <input type="checkbox"/> PATIENT         |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW       | <input type="checkbox"/> ROOMER          |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW          | <input type="checkbox"/> SERVANT         |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW     | <input type="checkbox"/> OTHER (Specify) |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW      |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> MISTRESS-IN-LAW     |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

Form 10-627 (4-22-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P01



LOUISIANA

|   |  |   |  |                   |                   |
|---|--|---|--|-------------------|-------------------|
| R230  |  | NAME OF INDIVIDUAL<br><i>Right Harris</i> |  | E.D.<br><i>86</i> | SHEET<br><i>7</i> |
| COLOR<br><i>B</i>                                 | AGE<br><i>5</i>                          | BIRTH PLACE                               |  |                   |                   |
| COUNTY<br><i>Rapides</i>                          |  | CITY                                      |  |                   |                   |
| ENUMERATED WITH<br><i>Harris, Andrew, Jr.</i>     |  |   |  |                   |                   |
| RELATIONSHIP TO ABOVE                             |  |   |  |                   |                   |
| <input type="checkbox"/> FATHER                   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIFE             |  |                   |                   |
| <input type="checkbox"/> MOTHER                   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE            |  |                   |                   |
| <input type="checkbox"/> GRANDFATHER              | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT          |  |                   |                   |
| <input type="checkbox"/> GRANDMOTHER              | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER           |  |                   |                   |
| <input type="checkbox"/> SON                      | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT          |  |                   |                   |
| <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)  |  |                   |                   |
| <input type="checkbox"/> AUNT                     | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |                   |                   |
| <input type="checkbox"/> UNCLE                    | <input type="checkbox"/> SISTER-IN-LAW   |   |  |                   |                   |

Form 16-637 (4-20-91)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCORA-DC 16100-P01

|                         |     |                |      |            |       |
|-------------------------|-----|----------------|------|------------|-------|
| D-235                   |     | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |      | E.D.       | SHEET |
| B                       | 35  | N.C.           |      | 142        | 13    |
| COUNTY                  |     |                | CITY |            |       |
| West Carroll            |     |                |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Laura                   |     | W              | 30   |            |       |
| Eda                     |     | D              | 16   |            |       |
| Odie                    |     | D              | 11   |            |       |
| Frank                   |     | S              | 7    |            |       |
| Jack                    |     | S              | 5    |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |

FORM 10-636 (4-29-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |                  |   |      |                   |                    |
|---|------------------|---|------|-------------------|--------------------|
| R240  |                  | NAME OF INDIVIDUAL<br><i>Russell A.</i> |      | LOUISIANA         |                    |
| COLOR<br><i>YB</i>  | AGE<br><i>80</i> | BIRTHPLACE<br><i>U.S.</i>               |      | E.D.<br><i>41</i> | SHEET<br><i>20</i> |
| COUNTY<br><i>East Carroll</i>   |                  |   | CITY |                   |                    |
| ENUMERATED WITH<br><i>Alley James</i>   |                  |   |      |                   |                    |
| RELATIONSHIP TO ABOVE   |                  |   |      |                   |                    |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER<br/> <input type="checkbox"/> MOTHER<br/> <input type="checkbox"/> GRANDFATHER<br/> <input type="checkbox"/> GRANDMOTHER<br/> <input type="checkbox"/> GRANDSON<br/> <input type="checkbox"/> GRANDDAUGHTER<br/> <input type="checkbox"/> AUNT<br/> <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW<br/> <input type="checkbox"/> NIECE<br/> <input checked="" type="checkbox"/> FATHER-IN-LAW<br/> <input type="checkbox"/> MOTHER-IN-LAW<br/> <input type="checkbox"/> SON-IN-LAW<br/> <input type="checkbox"/> DAUGHTER-IN-LAW<br/> <input type="checkbox"/> BROTHER-IN-LAW<br/> <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE<br/> <input type="checkbox"/> NURSE<br/> <input type="checkbox"/> PATIENT<br/> <input type="checkbox"/> ROOMER<br/> <input type="checkbox"/> SERVANT<br/> <input type="checkbox"/> OTHER (Specify) </div> </div> |                  |   |      |                   |                    |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 16195-P61

|      |  |                                     |  |           |       |
|------|--|-------------------------------------|--|-----------|-------|
| R240 |  | HEAD OF FAMILY<br><i>Russell A.</i> |  | LOUISIANA |       |
|      |  |                                     |  | E.D.      | SHEET |

|                         |   |                |      |                |  |           |       |
|-------------------------|---|----------------|------|----------------|--|-----------|-------|
| R240                    |   | HEAD OF FAMILY |      | Russell, R. G. |  | LOUISIANA |       |
| COLOR                   | W | AGE            | 32   | BIRTHPLACE     |  | E.D.      | SHEET |
|                         |   |                |      |                |  | 92        | 8     |
| COUNTY                  |   |                |      | Natchitoches   |  | CITY      |       |
| OTHER MEMBERS OF FAMILY |   |                |      |                |  |           |       |
| NAME                    |   | RELATIONSHIP   | AGE  | BIRTHPLACE     |  |           |       |
| Lizzie                  |   | W              | 27   |                |  |           |       |
| Carl                    |   | S              | 5    |                |  |           |       |
| Bintie                  |   | S              | 3    |                |  |           |       |
| Ope                     |   | S              | 3/12 |                |  |           |       |
|                         |   |                |      |                |  |           |       |
|                         |   |                |      |                |  |           |       |
|                         |   |                |      |                |  |           |       |
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FORM 16-636 (4-30-91)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|       |  |                |  |                |  |           |       |
|-------|--|----------------|--|----------------|--|-----------|-------|
| R243  |  | HEAD OF FAMILY |  | Russell, R. G. |  | LOUISIANA |       |
| COLOR |  | AGE            |  | BIRTHPLACE     |  | E.D.      | SHEET |
|       |  |                |  |                |  |           |       |

|                         |                |            |            |       |
|-------------------------|----------------|------------|------------|-------|
| R242                    | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   | AGE            | BIRTHPLACE | E.O.       | SHEET |
| W                       | 52             | Miss.      | 149        | 1     |
| COUNTY                  |                | CITY       |            |       |
| West Feliciana          |                |            |            |       |
| OTHER MEMBERS OF FAMILY |                |            |            |       |
| NAME                    | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Gertrude                | W              | 51         |            |       |
| Eugene                  | S              | 20         |            |       |
| Charles J.              | S              | 18         |            |       |
| Clasie J.               | S              | 15         |            |       |
| Carlisle G.             | S              | 6          |            |       |
| Austin H. M.            | M L            | 72         |            |       |
| L. L. Se                |                |            |            |       |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|       |                |            |           |       |
|-------|----------------|------------|-----------|-------|
| R240  | HEAD OF FAMILY |            | LOUISIANA |       |
| COLOR | AGE            | BIRTHPLACE | E.O.      | SHEET |
|       |                |            |           |       |

|                         |              |                |            |           |       |
|-------------------------|--------------|----------------|------------|-----------|-------|
| R240                    |              | HEAD OF FAMILY |            | LOUISIANA |       |
| COLOR                   | AGE          | BIRTHPLACE     |            | E.D.      | SHEET |
| mu                      | 48           |                |            |           |       |
| COUNTY                  |              | Natchitoches   |            | CITY      |       |
| OTHER MEMBERS OF FAMILY |              |                |            |           |       |
| NAME                    | RELATIONSHIP | AGE            | BIRTHPLACE |           |       |
| Satine                  | H            | 36             |            |           |       |
| Walter                  | S            | 21             |            |           |       |
| Laisy                   | S            | 19             |            |           |       |
| Henry                   | S            | 17             |            |           |       |
| Peter                   | S            | 15             |            |           |       |
| Satine                  | S            | 13             |            |           |       |
| Edward                  | S            | 11             |            |           |       |

FORM 16-636 (4-20-51)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

HEAD OF FAMILY - CONTINUED

LOUISIANA

**LOUISIANA**

**CARD 2 OF 2**

**OTHER MEMBERS OF FAMILY**

| OTHER MEMBERS OF FAMILY |              |          |            | CARD 2 OF 2 |
|-------------------------|--------------|----------|------------|-------------|
| NAME                    | RELATIONSHIP | AGE      | BIRTHPLACE |             |
| <i>Meloni</i>           | <i>S</i>     | <i>9</i> |            |             |
|                         |              |          |            |             |
|                         |              |          |            |             |
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|                         |              |          |            |             |

FORM 16-636a (4-20-61)

1910 CENSUS INDEX

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R240                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.O.       | SHEET |
| B                       | 40  | Abba           |     | 15         | 7     |
| COUNTY                  |     | CITY           |     |            |       |
| Bossier                 |     |                |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| 1 Marthen               |     | w              | 30  |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
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|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 16-636 (4-22-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |   |                |     |            |              |
|-------------------------|---|----------------|-----|------------|--------------|
| 8240                    |   | HEAD OF FAMILY |     | LOUISIANA  |              |
| COLOR                   | B | AGE            | 19  | BIRTHPLACE | Russell, Abe |
| COUNTY                  |   | CITY           |     | E.D.       | SHEET        |
|                         |   | Do Solo        |     | 76         | 6            |
| OTHER MEMBERS OF FAMILY |   |                |     |            |              |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |              |
| 1 Mattie                |   | W              | 22  |            |              |
| Agnes                   |   | S              | 1   |            |              |
|                         |   |                |     |            |              |
|                         |   |                |     |            |              |
|                         |   |                |     |            |              |
|                         |   |                |     |            |              |
|                         |   |                |     |            |              |
|                         |   |                |     |            |              |

FORM 16-636 (10-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |  |  |           |            |            |
|--|--|--|--|-----------|------------|------------|
| R240                                   |  | NAME OF INDIVIDUAL<br>Russell, Abe         |  | LOUISIANA | E.O.<br>83 | SHEET<br>7 |
| COLOR<br>B                             | AGE<br>60                                | BIRTHPLACE<br>Ala                          |  |           |            |            |
| COUNTY<br>Madison                      |  | CITY<br>Tallulah                           |  |           |            |            |
| ENUMERATED WITH<br>Murphy, Mariok      |  |  |  |           |            |            |
| RELATIONSHIP TO ABOVE                  |  |  |  |           |            |            |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> UNKLE             |  |           |            |            |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NIECE           | <input type="checkbox"/> WIFE              |  |           |            |            |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |  |           |            |            |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> SISTER |  |           |            |            |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |  |           |            |            |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |  |           |            |            |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |           |            |            |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW   |  |  |           |            |            |

FORM 16-537 (4-20-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18100-P01

|  |               |  |      |  |  |
|--|---------------|--|------|--|--|
| 1200   |               | NAME OF INDIVIDUAL   |      | LOUISIANA  |  |
| COLOR  | AGE           | BIRTHPLACE   | E.D. | SHEET  |  |
| B  | 4             | Miss   | 84   | 8  |  |
| COUNTY   | Pointe Coupee |  | CITY |  |  |
| GENERATED WITH   |               | New Roads  |      |  |  |
| RELATIONSHIP TO ABOVE  |               | Laurent Joseph   |      |  |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |               | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> Niece<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input checked="" type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> MILITE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |  |

FORM 76-637 (10-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |   |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|---|--|-------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R240   |  | NAME OF INDIVIDUAL<br><i>Reed G. Dunn</i> |  | LOUISIANA         |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>B</i>  | AGE<br><i>16</i>                         | BIRTHPLACE                                |  | E.D.<br><i>96</i> | SHEET<br><i>7</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY   |  | CITY<br><i>Morehouse</i>                  |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Reed Charlie</i>   |  |   |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> Niece</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |                   |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> Niece | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE           |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> Niece           | <input type="checkbox"/> NURSE            |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT          |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER           |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT          |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)  |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |   |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-637 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |     |   |      |  |  |
|---|-----|---|------|--|--|
| R210  |     | NAME OF INDIVIDUAL  |      | LOUISIANA  |  |
| COLOR   | AGE | BIRTHPLACE  | E.O. | SHEET  |  |
| B   | 2   | De Soto   | 62   | 2  |  |
| COUNTY  |     | CITY  |      |  |  |
| ENUMERATED WITH   |     |   |      |  |  |
| white John  |     |   |      |  |  |
| RELATIONSHIP TO ABOVE   |     |   |      |  |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input checked="" type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |  |

FORM 10-637 (4-50-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |  |       |            |               |
|--|--|--|-------|------------|---------------|
| 8-246                                  |  | NAME OF INDIVIDUAL                       |       | LOUISIANA  |               |
| COLOR                                  | W  | AGE                                      | 8 1/2 | BIRTHPLACE | Russell addie |
| COUNTY                                 |  | West Carroll                             |       | CITY       |               |
| ENUMERATED WITH                        |  |  |       |            |               |
| Boutwell, Thomas                       |  |  |       |            |               |
| RELATIONSHIP TO ABOVE                  |  |  |       |            |               |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIFE            |       |            |               |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |       |            |               |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |       |            |               |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |       |            |               |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |       |            |               |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |       |            |               |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW  |  |       |            |               |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW   |  |       |            |               |
| SD                                     |  |  |       |            |               |

FORM 19-637 (4-20-61)

1919 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |                  |   |  |   |                   |
|--|------------------|---|--|---|-------------------|
| R245   |                  | NAME OF INDIVIDUAL<br><i>Rocket Addie</i>   |  | LOUISIANA   |                   |
| COLOR<br><i>W</i>  | AGE<br><i>21</i> | BIRTHPLACE  |  | E.D.<br><i>24</i>   | SHEET<br><i>1</i> |
| COUNTY   |                  | CITY<br><i>Jeanville</i>  |  |   |                   |
| ENUMERATED WITH<br><i>Rocket Perry</i>   |                  |   |  |   |                   |
| RELATIONSHIP TO ABOVE  |                  |   |  |   |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>S</i> |                   |

FORM 10-637 (4-22-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |  |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
|---|--|--|--|-----------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|---|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 8-244   |  | NAME OF INDIVIDUAL                       |  | LOUISIANA |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| Rashell, Addie  |  | E.D.                                     |  | SHEET     |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| COLOR   | AGE                                      | BIRTHPLACE                               |  | 138 1     |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| 3   | 1  |  |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| COUNTY  |  | CITY                                     |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| Union   |  |  |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |  |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| Everett Allen   |  |  |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> MISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |           |  | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> MISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> MISTER-IN-LAW   |  |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|   |      |   |  |  |  |
|---|------|---|--|--|--|
| 2240  |      | NAME OF INDIVIDUAL  |  | LOUISIANA  |  |
| Roussel, Adela  |      | E.D.  |  | SHEET  |  |
| COLOR   | AGE  | BIRTHPLACE  |  | 71 27  |  |
| W   | 66   |   |  |  |  |
| COUNTY  | CITY |   |  |  |  |
| St. Louis   |      |   |  |  |  |
| ENUMERATED WITH   |      |   |  |  |  |
| Roussel, John   |      |   |  |  |  |
| RELATIONSHIP TO ABOVE   |      |   |  |  |  |
| <input type="checkbox"/> FATHER<br><input checked="" type="checkbox"/> BROTHER<br><input type="checkbox"/> GRANDFATHER<br><input checked="" type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |      | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROYALTY<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br>D2 |  |

FORM 19-637 (4-29-61)

1918 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |   |      |            |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|---|--|---|------|------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| R240  |  | NAME OF INDIVIDUAL                                  |      | LOUISIANA  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| E.D.  |  | SHEET   |      |            |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR   | W  | AGE   | 35   | BIRTHPLACE | Russell, Oklahoma |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY  | Lafourche                                |   | CITY |            |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |   |      |            |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |      |            |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> WINTER-IN-LAW</td> <td></td> </tr> </table> |  |   |      |            |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> WINTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |      |            |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |      |            |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |      |            |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |      |            |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |      |            |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |      |            |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |      |            |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> WINTER-IN-LAW   |   |      |            |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 10-417 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |    |   |    |  |            |
|--|----|---|----|--|------------|
| R240                                   |    | NAME OF INDIVIDUAL                                |    | LOUISIANA                                |            |
| COLOR                                  | 13 | AGE   | 63 | BIRTHPLACE                               | E.D. SHEET |
|  |    |   |    | 12                                       | 10         |
| COUNTY                                 |    | BOSSIER   |    | CITY                                     |            |
| ENUMERATED WITH                        |    | Wright Frank                                      |    |  |            |
| RELATIONSHIP TO ABOVE                  |    |   |    |  |            |
| <input type="checkbox"/> FATHER        |    | <input type="checkbox"/> NEPHEW                   |    | <input type="checkbox"/> INMATE          |            |
| <input type="checkbox"/> MOTHER        |    | <input type="checkbox"/> NIECE                    |    | <input type="checkbox"/> NURSE           |            |
| <input type="checkbox"/> GRANDFATHER   |    | <input type="checkbox"/> FATHER-IN-LAW            |    | <input type="checkbox"/> PATIENT         |            |
| <input type="checkbox"/> GRANDMOTHER   |    | <input checked="" type="checkbox"/> MOTHER-IN-LAW |    | <input type="checkbox"/> ROOMER          |            |
| <input type="checkbox"/> GRANDSON      |    | <input type="checkbox"/> SON-IN-LAW               |    | <input type="checkbox"/> SERVANT         |            |
| <input type="checkbox"/> GRANDDAUGHTER |    | <input type="checkbox"/> DAUGHTER-IN-LAW          |    | <input type="checkbox"/> OTHER (Specify) |            |
| <input type="checkbox"/> AUNT          |    | <input type="checkbox"/> BROTHER-IN-LAW           |    |  |            |
| <input type="checkbox"/> UNCLE         |    | <input type="checkbox"/> SISTER-IN-LAW            |    |  |            |

FORM 16-637 (4-22-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 16100-P01

|      |                |           |
|------|----------------|-----------|
| R241 | HEAD OF FAMILY | LOUISIANA |
|------|----------------|-----------|

|                                |            |                       |             |                   |              |
|--------------------------------|------------|-----------------------|-------------|-------------------|--------------|
| <b>R 240</b>                   |            | <b>HEAD OF FAMILY</b> |             | <b>LOUISIANA</b>  |              |
| <b>COLOR</b>                   | <b>AGE</b> | <b>BIRTHPLACE</b>     |             | <b>E.D.</b>       | <b>SHEET</b> |
| <b>W</b>                       | <b>35</b>  | <b>Natchitoches</b>   |             | <b>92</b>         | <b>19</b>    |
| <b>COUNTY</b>                  |            |                       | <b>CITY</b> |                   |              |
| <b>OTHER MEMBERS OF FAMILY</b> |            |                       |             |                   |              |
| <b>NAME</b>                    |            | <b>RELATIONSHIP</b>   | <b>AGE</b>  | <b>BIRTHPLACE</b> |              |
| <b>Victorina</b>               |            | <b>W</b>              | <b>35</b>   |                   |              |
| <b>Eugenia</b>                 |            | <b>D</b>              | <b>10</b>   |                   |              |
|                                |            |                       |             |                   |              |
|                                |            |                       |             |                   |              |
|                                |            |                       |             |                   |              |
|                                |            |                       |             |                   |              |
|                                |            |                       |             |                   |              |
|                                |            |                       |             |                   |              |

FORM 10-436 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |                |            |    |
|-------------------------|---|----------------|----------------|------------|----|
| R240                    |   | HEAD OF FAMILY |                | LOUISIANA  |    |
| COLOR                   | W | AGE            | 27             | BIRTHPLACE |    |
|                         |   |                |                | E.D.       | 17 |
|                         |   |                |                | SHEET      | 13 |
| COUNTY                  |   |                | Avoyelles      |            |    |
|                         |   |                | CITY Grand Coe |            |    |
| OTHER MEMBERS OF FAMILY |   |                |                |            |    |
| NAME                    |   | RELATIONSHIP   | AGE            | BIRTHPLACE |    |
| Irma                    |   | W              | 25             |            |    |
| Agnes                   |   | D              | 7              |            |    |
| Ellie                   |   | D              | 6              |            |    |
| Clifton                 |   | S              | 5              |            |    |
| George                  |   | S              | 3              |            |    |
| Camille                 |   | S              | 1              |            |    |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |  |  |  |            |
|--|--|--|--|--|------------|
| R240   |  | NAME OF INDIVIDUAL   |  | LOUISIANA  |            |
| COLOR  |  | AGE  |  | BIRTHPLACE   | W.D. SHEET |
| mm   |  | 2  |  |  | 92 21      |
| COUNTY   |  | Natchitoches   |  | CITY   |            |
| ENUMERATED WITH  |  |  |  |  |            |
| Metoyer, Frank   |  |  |  |  |            |
| RELATIONSHIP TO ABOVE  |  |  |  |  |            |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input checked="" type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> DEBATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |            |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMB-DC 18103-P31

|                         |   |                |     |            |                 |
|-------------------------|---|----------------|-----|------------|-----------------|
| R 240                   |   | HEAD OF FAMILY |     | LOUISIANA  |                 |
| COLOR                   | W | AGE            | 47  | BIRTHPLACE | Russell, Adrian |
| COUNTY                  |   | Terrebonne     |     | Terreboni. |                 |
| CITY                    |   |                |     |            |                 |
| OTHER MEMBERS OF FAMILY |   |                |     |            |                 |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |                 |
| Irma                    |   | W              | 47  |            |                 |
| Zeevon                  |   | S              | 23  |            |                 |
| Clay                    |   | S              | 21  |            |                 |
| Luke                    |   | S              | 19  |            |                 |
| Alida                   |   | D              | 16  |            |                 |
| Pherece                 |   | D              | 14  |            |                 |
| Victor                  |   | S              | 11  |            |                 |

FORM 16-536 (4-22-21)  
 1916 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS





|  |  |   |            |           |       |
|--|--|---|------------|-----------|-------|
| R240                                   |  | NAME OF INDIVIDUAL                                  |            | LOUISIANA |       |
| COLOR                                  |  | AGE   | BIRTHPLACE | R.D.      | SHEET |
| 13                                     |  | 5   |            | 88        | 2     |
| COUNTY                                 |  |   | CITY       |           |       |
| Morehouse                              |  |   |            |           |       |
| ENUMERATED WITH                        |  |   |            |           |       |
| Robinson William                       |  |   |            |           |       |
| RELATIONSHIP TO ABOVE                  |  |   |            |           |       |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |            |           |       |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> Niece           | <input type="checkbox"/> NURSE                      |            |           |       |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |            |           |       |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |            |           |       |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |            |           |       |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |            |           |       |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW  |   |            |           |       |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW   |   |            |           |       |
| Rose                                   |  |   |            |           |       |

FORM 16-537 (4-20-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

| HEAD OF FAMILY          |              | LOUISIANA      |            |       |
|-------------------------|--------------|----------------|------------|-------|
| COLOR                   | AGE          | BIRTHPLACE     | E.D.       | SHEET |
| P246<br>W               | 65           | Realer, Albert | 30         | 3     |
| COUNTY                  |              | CITY           |            |       |
| Calcasieu               |              | Kinder         |            |       |
| OTHER MEMBERS OF FAMILY |              |                |            |       |
| NAME                    | RELATIONSHIP | AGE            | BIRTHPLACE |       |
| 1 / Joana               | W            | 60             |            |       |
| Willow                  | 5            | 34             |            |       |
|                         |              |                |            |       |
|                         |              |                |            |       |
|                         |              |                |            |       |
|                         |              |                |            |       |
|                         |              |                |            |       |
|                         |              |                |            |       |
|                         |              |                |            |       |

FORM 10-536 (4-20-01)  
1910 CENSUS INDEX - FAMILYU.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |      |            |       |
|-------------------------|-----|----------------|------|------------|-------|
| P240                    |     | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |      | E.D.       | SHEET |
| B                       | 82  |                |      | 30         | 14    |
| COUNTY                  |     |                | CITY |            |       |
| East Baton Rouge        |     |                |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Living alone            |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
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FORM 16-536 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |    |                |                |            |         |
|-------------------------|----|----------------|----------------|------------|---------|
| R240                    |    | HEAD OF FAMILY |                | LOUISIANA  |         |
| COLOR                   | It | AGE            | Rachas, Albert |            | E.D. 92 |
|                         |    | 25             | BIRTHPLACE     |            | SHEET 4 |
| COUNTY                  |    |                | Natchitoches   |            |         |
|                         |    |                | CITY           |            |         |
| OTHER MEMBERS OF FAMILY |    |                |                |            |         |
| NAME                    |    | RELATIONSHIP   | AGE            | BIRTHPLACE |         |
| 1 Augustine             |    | It             | 19             |            |         |
|                         |    |                |                |            |         |
|                         |    |                |                |            |         |
|                         |    |                |                |            |         |
|                         |    |                |                |            |         |
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FORM 16-536 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                                |  |                       |                   |                   |             |
|--------------------------------|--|-----------------------|-------------------|-------------------|-------------|
| <b>R 240</b>                   |  | <b>HEAD OF FAMILY</b> |                   | <b>LOUISIANA</b>  |             |
| <b>COLOR</b>                   |  | <b>AGE</b>            | <b>BIRTHPLACE</b> |                   | <b>E.D.</b> |
| W                              |  | 30                    | Rachel Albert     |                   | 93          |
| <b>COUNTY</b>                  |  |                       | <b>CITY</b>       |                   |             |
| Natchitoches                   |  |                       |                   |                   |             |
| <b>OTHER MEMBERS OF FAMILY</b> |  |                       |                   |                   |             |
| <b>NAME</b>                    |  | <b>RELATIONSHIP</b>   | <b>AGE</b>        | <b>BIRTHPLACE</b> |             |
| 1 Annie                        |  | W                     | 21                |                   |             |
|                                |  |                       |                   |                   |             |
|                                |  |                       |                   |                   |             |
|                                |  |                       |                   |                   |             |
|                                |  |                       |                   |                   |             |
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FORM 16-636 (4-22-21)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| P248                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | NAME           |     | E.D.       | SHEET |
| W                       | 17  | Rachel Albert  |     | 84         | 11    |
| BIRTHPLACE              |     |                |     |            |       |
| COUNTY                  |     | Natchitoches   |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Living alone            |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
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FORM 19-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R240                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | NAME           |     | E.D.       | SHEET |
| B                       | 59  | Russel Albert  |     | 29         | 8     |
| COUNTY                  |     | BIRTHPLACE     |     |            |       |
| Caddo                   |     | Ala.           |     |            |       |
| CITY                    |     |                |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Violet                  |     | W              | 61  | Tex.       |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
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|                         |     |                |     |            |       |

FORM 16-636 (4-26-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |                     |      |           |    |
|-------------------------|---|----------------|-----|---------------------|------|-----------|----|
| 1921                    |   | HEAD OF FAMILY |     | Ragiller, Albert E. |      | LOUISIANA |    |
| COLOR                   | W | AGE            | 36  | BIRTHPLACE          | Miss | S.D.      | 49 |
| COUNTY                  |   |                |     | Franklin            |      | CITY      |    |
| OTHER MEMBERS OF FAMILY |   |                |     |                     |      |           |    |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE          |      |           |    |
| Clara R.                |   | W              | 34  | Miss                |      |           |    |
| James W.                |   | S              | 7   | -                   |      |           |    |
| Eugene                  |   | S              | 6   |                     |      |           |    |
| Leville                 |   | D              | 4   |                     |      |           |    |
| Marguerite              |   | D              | 1   |                     |      |           |    |
| Shields, Rodie          |   | N              | 10  |                     |      |           |    |
|                         |   |                |     |                     |      |           |    |
|                         |   |                |     |                     |      |           |    |

Form 18-636 (4-26-21)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |                   |                   |            |            |
|-------------------------|-------------------|-------------------|------------|------------|
| R240                    | HEAD OF FAMILY    |                   | LOUISIANA  |            |
| COLOR<br>W              | AGE<br>50         | BIRTHPLACE        |            | E.D.<br>93 |
| COUNTY<br>St Mary       |                   | CITY<br>Patterson |            |            |
| OTHER MEMBERS OF FAMILY |                   |                   |            |            |
| NAME                    | RELATION-<br>SHIP | AGE               | BIRTHPLACE |            |
| Carmela                 | W                 | 42                |            |            |
| Theresa                 | D                 | 22                |            |            |
| Emma                    | D                 | 20                |            |            |
| Albert Jr               | S                 | 16                |            |            |
| Margaret                | D                 | 13                |            |            |
| St Clair                | S                 | 11                |            |            |
| Catherine               | D                 | 7                 |            |            |

FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |                   |            |            |
|-------------------------|--|----------------|-------------------|------------|------------|
| R240                    |  | HEAD OF FAMILY |                   | LOUISIANA  |            |
| COLOR                   |  | AGE            | BIRTHPLACE        |            | E.D. SHEET |
| W                       |  | 32             | Lachal, Albert N. |            | 79 5       |
| COUNTY                  |  |                | CITY              |            |            |
| Rapides                 |  |                | Alexandria        |            |            |
| OTHER MEMBERS OF FAMILY |  |                |                   |            |            |
| NAME                    |  | RELATIONSHIP   | AGE               | BIRTHPLACE |            |
| Mary R.                 |  | W              | 30                |            |            |
| Ed L.                   |  | D              | 7                 |            |            |
| Albert L.               |  | S              | 4                 |            |            |
| Lapierre, Louis         |  | M              | 57                |            |            |
| Lapierre, Marie         |  | A              | 53                |            |            |
|                         |  |                |                   |            |            |
|                         |  |                |                   |            |            |

Form 10-634 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |  |   |  |           |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|--|--|---|--|-----------|-------------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| K240   |  | NAME OF INDIVIDUAL<br><i>Russell Albert L</i>       |  | ED.<br>87 | SHEET<br>13 |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| SEX<br>B   | AGE<br>16                                | BIRTHPLACE  |  |           |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY<br>St. Mary   |  | CITY  |  |           |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Russell Alex</i>   |  |   |  |           |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   |  |           |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDOW</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> Niece</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |           |             | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | <input type="checkbox"/> MOTHER | <input type="checkbox"/> Niece | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDOW                      |  |           |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> Niece           | <input type="checkbox"/> NURSE                      |  |           |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |           |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |           |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |           |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |           |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |           |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |   |  |           |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 16-437 (4-20-31)

1930 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCEN-DC 16100-P01

|                         |  |                |  |           |  |
|-------------------------|--|----------------|--|-----------|--|
| B240                    |  | HEAD OF FAMILY |  | LOUISIANA |  |
| W                       |  | 26             |  | 78        |  |
| W                       |  | 26             |  | 5         |  |
| COUNTY                  |  | Avoyelles      |  | CITY      |  |
|                         |  |                |  | Hessmer   |  |
| OTHER MEMBERS OF FAMILY |  |                |  |           |  |
| NAME                    |  | RELATIONSHIP   |  | AGE       |  |
| / Robert                |  | w              |  | 17        |  |
| Luzie A                 |  | d              |  | 1/2       |  |
|                         |  |                |  |           |  |
|                         |  |                |  |           |  |
|                         |  |                |  |           |  |
|                         |  |                |  |           |  |
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FORM 16-536 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |    |               |      |            |    |
|-------------------------|---|----------------|----|---------------|------|------------|----|
| R 240                   |   | HEAD OF FAMILY |    | Russell Allen |      | LOUISIANA  |    |
| COLOR                   | B | AGE            | 48 | BIRTHPLACE    |      | E.D.       | 87 |
|                         |   |                |    |               |      | SHEET      | 13 |
| COUNTY                  |   |                |    | St. Mary      | CITY |            |    |
| OTHER MEMBERS OF FAMILY |   |                |    |               |      |            |    |
| NAME                    |   |                |    | RELATIONSHIP  | AGE  | BIRTHPLACE |    |
|                         |   | Lucie          |    | W             | 24   |            |    |
|                         |   | Alberta L.     |    | SD            | 16   |            |    |
|                         |   | Bernie L.      |    | SD            | 13   |            |    |
|                         |   | Lucas L.       |    | SD            | 5    |            |    |
|                         |   | John Henry     |    | SS            | 4    |            |    |
|                         |   | Mary           |    | SD            | 12   |            |    |
|                         |   | Louisa         |    | D             | 17   |            |    |

FORM 16-636 (4-20-21)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| P240                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| B                       | 49  |                |     | 72         | 7     |
| COUNTY                  |     | CITY           |     |            |       |
| Do Soto                 |     |                |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Fannie                  |     | W              | 40  |            |       |
| L. J.                   |     | S              | 7   |            |       |
| Allen Jr.               |     | S              | 12  |            |       |
| Hanna                   |     | D              | 11  |            |       |
| Lola                    |     | D              | 24  |            |       |
| Theresa                 |     | S              | 21  |            |       |
|                         |     |                |     |            |       |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R240                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.O.       | SHEET |
| Mr                      | 46  | Miss           |     | 114        | 7     |
| COUNTY                  |     | Tangipahoa     |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Halter                  |     | S              | 11  | Miss       |       |
| Carl                    |     | S              | 17  | Miss       |       |
| Huebert                 |     | S              | 12  | Miss       |       |
| Dennis                  |     | D              | 9   | Miss       |       |
| Harace                  |     | S              | 7   | Miss       |       |
| 4 4 Bearden             |     |                |     |            |       |

FORM 16-636 (4-20-61)  
1916 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |   |                    |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
|---|--|---|--------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|-------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|-----------|--------------------------------|--|--|
| INDEXED INDIVIDUAL<br><i>Robert Russell Alex</i>  |  |   | LOUISIANA          |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| NAME<br><i>B</i>  | AGE<br><i>14</i>                         | BIRTHPLACE  | E.O.<br><i>140</i> | SHEET<br><i>9</i> |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| COUNTY<br>Union   |  |   | CITY               |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| HOUSEHOLD WITH<br><i>Smith Wilson</i>   |  |   |                    |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |                    |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> WIFE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>Sd</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |                    |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> WIFE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>Sd</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |                    |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> WIFE            | <input type="checkbox"/> NURSE                      |                    |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |                    |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |                    |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |                    |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |                    |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  | <i>Sd</i>   |                    |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |                    |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |

FORM 10-20-21

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 10100-P01



|                         |              |                |        |            |       |
|-------------------------|--------------|----------------|--------|------------|-------|
| R240                    |              | HEAD OF FAMILY |        | LOUISIANA  |       |
| Kachal                  |              | Alex C.        |        | E.O.       | SHEET |
| COLOR                   | W            | AGE            | 34     | BIRTHPLACE |       |
| COUNTY                  | Natchitoches |                | CITY   |            |       |
| OTHER MEMBERS OF FAMILY |              |                |        |            |       |
| NAME                    |              | RELATIONSHIP   | AGE    | BIRTHPLACE |       |
| Mary E.                 |              | W              | 26     |            |       |
| Minnie                  |              | D              | 5      |            |       |
| Elizabeth               |              | D              | 1 3/12 |            |       |
|                         |              |                |        |            |       |
|                         |              |                |        |            |       |
|                         |              |                |        |            |       |
|                         |              |                |        |            |       |
|                         |              |                |        |            |       |

FORM 16-536 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R-240                   |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE |            | E.D.  |
| W                       |  | 32             |            |            | 16 21 |
| COUNTY                  |  |                | CITY       |            |       |
| Avoyelles               |  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Agelie                  |  | W              | 26         |            |       |
| Dore                    |  | D              | 11         |            |       |
| Eustice                 |  | S              | 9          |            |       |
| Edna                    |  | D              | 7          |            |       |
| Edna                    |  | D              | 5          |            |       |
| Odile                   |  | D              | 3          |            |       |
| Cylta                   |  | S              | 1          |            |       |

FORM 16-436 (2-22-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |   |      |           |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|---|------|-----------|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R240   |  | NAME OF INDIVIDUAL<br><i>Rossell Alfred</i> |      | LOUISIANA | E.D.<br><i>82</i> | SHEET<br><i>48</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>W</i>  | AGE<br><i>70</i>                                   | BIRTHPLACE                                  |      |           |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>St. John the Baptist</i>  |  |   | CITY |           |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>James</i>  |  |   |      |           |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   |      |           |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input checked="" type="checkbox"/> BROTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |      |           |                   |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input checked="" type="checkbox"/> BROTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW                    | <input type="checkbox"/> INMATE             |      |           |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE                     | <input type="checkbox"/> NURSE              |      |           |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW             | <input type="checkbox"/> PATIENT            |      |           |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input checked="" type="checkbox"/> BROTHER-IN-LAW | <input type="checkbox"/> ROOMER             |      |           |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW                | <input type="checkbox"/> SERVANT            |      |           |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW           | <input type="checkbox"/> OTHER (Specify)    |      |           |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW            |   |      |           |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW             |   |      |           |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-57 (4-20-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 10100-P01

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R240                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| W                       |  | 34             |            | 66         | 26    |
| COUNTY                  |  |                | CITY       |            |       |
| St. Louis               |  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Lrene                   |  | W              | 25         |            |       |
| Hubert                  |  | S              | 7          |            |       |
| Norton                  |  | S              | 6          |            |       |
| E. delly                |  | S              | 4          |            |       |
| Welda                   |  | D              | 2          |            |       |
| Kirt                    |  | S              | 9/2        |            |       |
| Heltz Joseph            |  | BL             | 18         |            |       |

FORM 19-636 (4-20-01)  
1919 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R240                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| W                       |  | 52             |            | 107        | 11    |
| COUNTY                  |  |                | CITY       |            |       |
| Terrebonne              |  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Cornelia                |  | D              | 30         |            |       |
| Andrew S                |  | S              | 26         |            |       |
| Ellas                   |  | DL             | 19         |            |       |
| Lecompte, Wilma         |  | GD             | 3          |            |       |
| + 1 com                 |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 16-436 (4-29-31)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                                |  |                       |                   |                   |              |
|--------------------------------|--|-----------------------|-------------------|-------------------|--------------|
| <b>R240</b>                    |  | <b>HEAD OF FAMILY</b> |                   | <b>LOUISIANA</b>  |              |
| <b>COLOR</b>                   |  | <b>AGE</b>            | <b>BIRTHPLACE</b> | <b>E.D.</b>       | <b>SHEET</b> |
| W                              |  | 52                    |                   | 94                | 20           |
| <b>COUNTY</b>                  |  |                       | <b>CITY</b>       |                   |              |
| Natchitoches                   |  |                       |                   |                   |              |
| <b>OTHER MEMBERS OF FAMILY</b> |  |                       |                   |                   |              |
| <b>NAME</b>                    |  | <b>RELATIONSHIP</b>   | <b>AGE</b>        | <b>BIRTHPLACE</b> |              |
| 1 Pauline                      |  | W                     | 50                |                   |              |
|                                |  |                       |                   |                   |              |
|                                |  |                       |                   |                   |              |
|                                |  |                       |                   |                   |              |
|                                |  |                       |                   |                   |              |
|                                |  |                       |                   |                   |              |
|                                |  |                       |                   |                   |              |
|                                |  |                       |                   |                   |              |
|                                |  |                       |                   |                   |              |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |            |
|-------------------------|--|----------------|------------|------------|------------|
| R240                    |  | HEAD OF FAMILY |            | LOUISIANA  |            |
| COLOR                   |  | AGE            | BIRTHPLACE |            | E.D. SHEET |
| W                       |  | 63             |            |            | 71 13      |
| COUNTY                  |  |                | CITY       |            |            |
| St. John the Baptist    |  |                |            |            |            |
| OTHER MEMBERS OF FAMILY |  |                |            |            |            |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |            |
| Edward                  |  | S              | 26         |            |            |
| Theodore                |  | S              | 29         |            |            |
| Schedward Jones         |  | 12             | 40         |            |            |
| Esther                  |  | S-L            | 40         |            |            |
| Lillian                 |  | G-D            | 14         |            |            |
| Florence                |  | G-D            | 10         |            |            |

FORM 16-636 (4-22-21)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |                |                |           |            |
|-------------------------|----------------|----------------|-----------|------------|
| R 240                   | HEAD OF FAMILY |                | LOUISIANA |            |
| COLOR                   | AGE            | BIRTHPLACE     |           | E.D. SHEET |
| W                       | 25             | Russell, Alvin |           | 73 26      |
| COUNTY                  | James          |                | CITY      |            |
| OTHER MEMBERS OF FAMILY |                |                |           |            |
| NAME                    |                | RELATIONSHIP   | AGE       | BIRTHPLACE |
| 1 / Catalda             |                | W              | 33        |            |
|                         |                |                |           |            |
|                         |                |                |           |            |
|                         |                |                |           |            |
|                         |                |                |           |            |
|                         |                |                |           |            |
|                         |                |                |           |            |
|                         |                |                |           |            |
|                         |                |                |           |            |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R240                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| Wm                      | 60  | Natchitoches   |     | 94         | 9     |
| COUNTY                  |     | CITY           |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Francis                 |     | W              | 28  |            |       |
| Percy                   |     | S              | 6   |            |       |
| Bismack                 |     | S              | 5   |            |       |
| Mascellite              |     | D              | 3   |            |       |
| Henry                   |     | S              | 1   |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 16-636 (4-20-61)

1970 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |   |      |   |       |
|--|--|---|------|---|-------|
| R240   |  | NAME OF INDIVIDUAL  |      | LOUISIANA   |       |
| COLOR  |  | AGE   |      | E.D.  | SHEET |
| C  |  | 11  |      | 28  | 17    |
| BIRTHPLACE   |  |   |      |   |       |
| COUNTY   |  |   | CITY |   |       |
| Jefferson  |  |   |      |   |       |
| ENUMERATED WITH  |  |   |      |   |       |
| Martin Keph  |  |   |      |   |       |
| RELATIONSHIP TO ABOVE  |  |   |      |   |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> WHITE<br><input type="checkbox"/> NEGRO<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br>AdS |       |

FORM 10-537 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 18100-P61

|  |  |  |            |           |       |
|--|--|--|------------|-----------|-------|
| R240                                   |  | NAME OF INDIVIDUAL                       |            | LOUISIANA |       |
| COLOR                                  |  | AGE                                      | BIRTHPLACE | E.D.      | SHEET |
| W                                      |  | 18                                       |            | 28        | 33    |
| COUNTY                                 |  |  | CITY       |           |       |
| Jefferson                              |  |  |            |           |       |
| ENUMERATED WITH                        |  |  |            |           |       |
| Russell Foster                         |  |  |            |           |       |
| RELATIONSHIP TO ABOVE                  |  |  |            |           |       |
| <input type="checkbox"/> FATHER        | <input checked="" type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE          |            |           |       |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NIECE             | <input type="checkbox"/> NUNSE           |            |           |       |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW     | <input type="checkbox"/> PATIENT         |            |           |       |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW     | <input type="checkbox"/> ROOMER          |            |           |       |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW        | <input type="checkbox"/> SERVANT         |            |           |       |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW   | <input type="checkbox"/> OTHER (Specify) |            |           |       |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW    |  |            |           |       |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW     |  |            |           |       |

FORM 16-627 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |          |                |     |            |                 |
|-------------------------|----------|----------------|-----|------------|-----------------|
| R240                    |          | HEAD OF FAMILY |     | LOUISIANA  |                 |
| COLOR                   | W        | AGE            | 63  | BIRTHPLACE | Russell Allen B |
| COUNTY                  |          | Vernon         |     | CITY       |                 |
| OTHER MEMBERS OF FAMILY |          |                |     |            |                 |
|                         | NAME     | RELATIONSHIP   | AGE | BIRTHPLACE |                 |
|                         | Martha   | W              | 46  |            |                 |
|                         | Eva E.   | D              | 18  |            |                 |
|                         | Allie    | D              | 13  |            |                 |
|                         | Powell M | S              | 8   |            |                 |
|                         |          |                |     |            |                 |
|                         |          |                |     |            |                 |
|                         |          |                |     |            |                 |

FORM 10-436 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R240                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | S.D.       | SHEET |
| 8                       |  | 60             | 204        | 76         | 12    |
| COUNTY                  |  |                | CITY       |            |       |
| Do Not                  |  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Living alone            |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 10-436 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |              |            |  |
|-------------------------|--|----------------|--------------|------------|--|
| R240                    |  | HEAD OF FAMILY |              | LOUISIANA  |  |
| COLOR                   |  | AGE            |              | S.D.       |  |
| W                       |  | 53             |              | 80         |  |
|                         |  | BIRTHPLACE     |              | SHEET      |  |
|                         |  |                |              | 15         |  |
| COUNTY                  |  |                | CITY         |            |  |
| Natchitoches            |  |                | Natchitoches |            |  |
| OTHER MEMBERS OF FAMILY |  |                |              |            |  |
| NAME                    |  | RELATIONSHIP   | AGE          | BIRTHPLACE |  |
| Matilde                 |  | W              | 53           |            |  |
| A. Washington           |  | S              | 25           |            |  |
| Annie                   |  | S              | 29           |            |  |
| E                       |  | S              | 23           |            |  |
|                         |  |                |              |            |  |
|                         |  |                |              |            |  |
|                         |  |                |              |            |  |
|                         |  |                |              |            |  |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |     |  |  |  |       |
|--|-----|--|--|--|-------|
| 1240   |     | NAME OF INDIVIDUAL   |  | LOUISIANA  |       |
| COLOR  | AGE | BIRTHPLACE   |  | E.D.   | SHEET |
| W  | 17  |  |  | 82   | 21    |
| COUNTY   |     | CITY   |  |  |       |
| Rapides  |     | Ccho   |  |  |       |
| ENUMERATED WITH  |     |  |  |  |       |
| Recouley Ciose   |     |  |  |  |       |
| RELATIONSHIP TO ABOVE  |     |  |  |  |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input checked="" type="checkbox"/> SWEET<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> IMMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |       |

FORM 70-427 (4-30-51)

1950 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-PC 16100-P01



|                         |   |                |           |            |      |
|-------------------------|---|----------------|-----------|------------|------|
| R24                     |   | HEAD OF FAMILY |           | LOUISIANA  |      |
| COLOR                   | W | AGE            | 32        | BIRTHPLACE | Miss |
| COUNTY                  |   |                | Calcasieu | CITY       |      |
| OTHER MEMBERS OF FAMILY |   |                |           |            |      |
| NAME                    |   | RELATIONSHIP   | AGE       | BIRTHPLACE |      |
| Nancy                   |   | W              | 26        | La         |      |
| Cecil                   |   | S              | 9         | S.C.       |      |
| James                   |   | N.             | 2         |            |      |
|                         |   |                |           |            |      |
|                         |   |                |           |            |      |
|                         |   |                |           |            |      |
|                         |   |                |           |            |      |
|                         |   |                |           |            |      |

FORM 10-436 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |   |  |  |                    |               |                    |  |   |  |
|---|---|--|--|--------------------|---------------|--------------------|--|---|--|
| No. <i>Rev.</i>   |   | NAME OF INDIVIDUAL<br><i>Rochella, Alvin</i>   |  | STATE<br>LOUISIANA | C.B. <i>9</i> | SHEET<br><i>15</i> |  |   |  |
| COLOR<br><i>W</i>   | AGE<br><i>22</i>  | BIRTHPLACE   |  |                    |               |                    |  |   |  |
| COUNTY<br><i>Ascension</i>  |   | CITY   |  |                    |               |                    |  |   |  |
| ENUMERATED WITH<br><i>Coussenger, Emile</i>   |   |  |  |                    |               |                    |  |   |  |
| RELATIONSHIP TO ABOVE   |   |  |  |                    |               |                    |  |   |  |
| <table border="0"> <tr> <td> <input type="checkbox"/> FATHER<br/> <input type="checkbox"/> MOTHER<br/> <input type="checkbox"/> GRANDFATHER<br/> <input type="checkbox"/> GRANDMOTHER<br/> <input type="checkbox"/> GRANDSON<br/> <input type="checkbox"/> GRANDDAUGHTER<br/> <input type="checkbox"/> AUNT<br/> <input type="checkbox"/> UNCLE         </td> <td> <input type="checkbox"/> NEPHEW<br/> <input type="checkbox"/> NIECE<br/> <input type="checkbox"/> FATHER-IN-LAW<br/> <input type="checkbox"/> MOTHER-IN-LAW<br/> <input type="checkbox"/> SON-IN-LAW<br/> <input type="checkbox"/> DAUGHTER-IN-LAW<br/> <input type="checkbox"/> BROTHER-IN-LAW<br/> <input type="checkbox"/> SISTER-IN-LAW         </td> <td> <input type="checkbox"/> INMATE<br/> <input type="checkbox"/> NURSE<br/> <input type="checkbox"/> PATIENT<br/> <input type="checkbox"/> ROOMER<br/> <input checked="" type="checkbox"/> SERVANT<br/> <input checked="" type="checkbox"/> OTHER (Specify)<br/> <i>part time</i> </td> </tr> </table> |   |  |  |                    |               |                    | <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input checked="" type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>part time</i> |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input checked="" type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>part time</i> |  |                    |               |                    |  |   |  |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18180-P81

|  |   |  |  |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|---|--|--|-----------|-------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|---|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 8240   |   | NAME OF INDIVIDUAL                       |  | LOUISIANA |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR  | AGE   | DATE-PLACE                               |  | E.D.      | SHEET |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| W  | 24  |  |  | 137       | 22    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY   |   | CITY                                     |  |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Vermillion   |   |  |  |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH  |   |  |  |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |   |  |  |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDOW</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> Niece</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input checked="" type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |   |  |  |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | <input type="checkbox"/> MOTHER | <input type="checkbox"/> Niece | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input checked="" type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW                   | <input type="checkbox"/> WIDOW           |  |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> Niece                    | <input type="checkbox"/> NURSE           |  |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW            | <input type="checkbox"/> PATIENT         |  |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input checked="" type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER          |  |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW               | <input type="checkbox"/> SERVANT         |  |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW          | <input type="checkbox"/> OTHER (Specify) |  |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW           |  |  |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW            |  |  |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 16-437 (4-30-61)

1919 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 1919-P-61

|  |  |  |  |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|--|-----------|-------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R240   |  | NAME OF INDIVIDUAL                         |  | LOUISIANA |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Rachell  |  | Cabrera                                    |  | E.D.      | SHEET |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR  | AGE                                      | BIRTHPLACE                                 |  | 25        | 11    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| B  | 22                                       |  |  |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY   |  | BOSSIER                                    |  | CITY      |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|  |  |  |  |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH  |  |  |  |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Helen White  |  |  |  |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |  |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDOW</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDOW             |  |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE             |  |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |  |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER |  |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |  |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |  |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |  |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 19-517 (4-29-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |       |            |       |
|-------------------------|-----|----------------|-------|------------|-------|
| R240                    |     | HEAD OF FAMILY |       | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |       | E.O.       | SHEET |
| W                       | 33  |                |       | 81         | 6     |
| COUNTY                  |     | Natchitoches   |       | CITY       |       |
| OTHER MEMBERS OF FAMILY |     |                |       |            |       |
| NAME                    |     | RELATIONSHIP   | AGE   | BIRTHPLACE |       |
| Emma                    |     | W              | 22    |            |       |
| Bertha                  |     | D              | 5     |            |       |
| Emily A.                |     | D              | 2     |            |       |
| Alberta                 |     | D              | 1 1/2 |            |       |
|                         |     |                |       |            |       |
|                         |     |                |       |            |       |
|                         |     |                |       |            |       |

FORM 10-636 (4-20-67)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |          |                |      |            |       |
|-------------------------|----------|----------------|------|------------|-------|
| K240                    |          | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR                   | AGE      | BIRTHPLACE     |      | E.D.       | SHEET |
| B                       | 52       | Do not know    |      | 62         | 4     |
| COUNTY                  |          |                | CITY |            |       |
| OTHER MEMBERS OF FAMILY |          |                |      |            |       |
| NAME                    |          | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
|                         | Celia    | W              | 45   |            |       |
|                         | L. Marie | S              | 45   |            |       |
|                         | Alba     | S              | 24   |            |       |
|                         | Amie     | D              | 23   |            |       |
|                         | Lola     | D              | 22   |            |       |
|                         | Jessie   | S              | 21   |            |       |
|                         | Rosa     | D              | 20   |            |       |

FORM 16-536 (4-20-61)  
1919 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME                        | RELATIONSHIP | AGE       | BIRTHPLACE |
|-----------------------------|--------------|-----------|------------|
| 1 <i>Louisa</i>             | <i>D</i>     | <i>19</i> |            |
| <i>Cooper</i> <i>Mollie</i> | <i>Xi</i>    | <i>16</i> |            |
| <i>1</i> <i>Eliza</i>       | <i>n</i>     | <i>13</i> |            |
|                             |              |           |            |
|                             |              |           |            |
|                             |              |           |            |
|                             |              |           |            |
|                             |              |           |            |
|                             |              |           |            |
|                             |              |           |            |
|                             |              |           |            |

FORM 18-636a (4-20-61)

1918 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18198-P-61

|                         |     |                |      |            |  |
|-------------------------|-----|----------------|------|------------|--|
| R 246                   |     | HEAD OF FAMILY |      | LOUISIANA  |  |
| Kashal, Anchild         |     | E.O.           |      | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |      |            |  |
| ma                      | 58  |                |      |            |  |
| COUNTY                  |     |                | CITY |            |  |
| Natchitoches            |     |                |      |            |  |
| OTHER MEMBERS OF FAMILY |     |                |      |            |  |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| Lelia                   |     | D              | 30   |            |  |
| St. Anne                |     | D              | 28   |            |  |
| Antoinette              |     | D              | 24   |            |  |
| Larson, Antoinette      |     | M              | 85   |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



LOUISIANA

|   |   |   |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|---|---|---|-------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| R240  | NAME OF INDIVIDUAL<br><i>Roselle Andrew</i> |   | E.O.<br><i>27</i> | SHEET<br><i>1</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR<br><i>W</i>   | AGE<br><i>79</i>                            | BIRTHPLACE<br><i>LA.</i>                            |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY  |   | CITY  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH <i>East Baton Rouge</i><br><i>De Giacinto Michele</i>   |   |   |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |   |   |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PAYMENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |   |   |                   |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PAYMENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW             | <input type="checkbox"/> INMATE                     |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE              | <input type="checkbox"/> NURSE                      |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW      | <input type="checkbox"/> PAYMENT                    |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW      | <input type="checkbox"/> ROOMER                     |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW         | <input type="checkbox"/> SERVANT                    |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW    | <input checked="" type="checkbox"/> OTHER (Specify) |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW     |   |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW      |   |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 16-537 (4-26-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 1815B-P01

|                                |                       |                       |                   |              |
|--------------------------------|-----------------------|-----------------------|-------------------|--------------|
| <b>P240</b>                    | <b>HEAD OF FAMILY</b> |                       | <b>LOUISIANA</b>  |              |
| <b>COLOR</b>                   | <b>AGE</b>            | <b>BIRTHPLACE</b>     |                   | <b>SHEET</b> |
| <i>W</i>                       | <i>38</i>             | <i>Kachal, Andrew</i> |                   | <i>22</i>    |
| <b>COUNTY</b>                  |                       | <b>CITY</b>           |                   |              |
| <i>Avoyelles</i>               |                       | <i>Moreauville</i>    |                   |              |
| <b>OTHER MEMBERS OF FAMILY</b> |                       |                       |                   |              |
| <b>NAME</b>                    | <b>RELATIONSHIP</b>   | <b>AGE</b>            | <b>BIRTHPLACE</b> |              |
| <i>Amey</i>                    | <i>SW</i>             | <i>23</i>             |                   |              |
| <i>Walter</i>                  | <i>S</i>              | <i>3</i>              |                   |              |
| <i>Paul</i>                    | <i>S</i>              | <i>1 3/4</i>          |                   |              |
|                                |                       | <i>12</i>             |                   |              |
|                                |                       |                       |                   |              |
|                                |                       |                       |                   |              |
|                                |                       |                       |                   |              |
|                                |                       |                       |                   |              |
|                                |                       |                       |                   |              |

Form 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |                          |            |          |
|-------------------------|--|----------------|--------------------------|------------|----------|
| <i>R245</i>             |  | HEAD OF FAMILY |                          | LOUISIANA  |          |
| COLOR                   |  | AGE            | BIRTHPLACE               | E.O.       | SHEET    |
| <i>W</i>                |  | <i>48</i>      | <i>Picalinge, Andrus</i> | <i>32</i>  | <i>5</i> |
| COUNTY                  |  |                | CITY                     |            |          |
| <i>Jefferson</i>        |  |                |                          |            |          |
| OTHER MEMBERS OF FAMILY |  |                |                          |            |          |
| NAME                    |  | RELATIONSHIP   | AGE                      | BIRTHPLACE |          |
| <i>1 Mary</i>           |  | <i>W</i>       | <i>50</i>                | <i>La.</i> |          |
|                         |  |                |                          |            |          |
|                         |  |                |                          |            |          |
|                         |  |                |                          |            |          |
|                         |  |                |                          |            |          |
|                         |  |                |                          |            |          |
|                         |  |                |                          |            |          |
|                         |  |                |                          |            |          |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |  |
|-------------------------|-----|----------------|-----|------------|--|
| R24D                    |     | HEAD OF FAMILY |     | LOUISIANA  |  |
| Rashed Andrew           |     | E.D.           |     | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |     |            |  |
| Ym                      | 29  |                |     |            |  |
| COUNTY                  |     | Natchitoches   |     | CITY       |  |
| OTHER MEMBERS OF FAMILY |     |                |     |            |  |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| Annie                   |     | W              | 23  |            |  |
| Blandon                 |     | D              | 16  |            |  |
| Harrison                |     | D              | 4   |            |  |
| Clarence                |     | S              | 2   |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |

Form 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |      |            |  |
|-------------------------|---|----------------|------|------------|--|
| R 240                   |   | HEAD OF FAMILY |      | LOUISIANA  |  |
| COLOR                   | M | AGE            | 52   | BIRTHPLACE | Rashed Andrew N<br>E.O. 93<br>SHEET 17 |
| COUNTY                  |   |                | CITY |            |  |
| Natchitoches            |   |                |      |            |  |
| OTHER MEMBERS OF FAMILY |   |                |      |            |  |
| NAME                    |   | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| 1 Frank                 |   | 5              | 17   |            |  |
|                         |   |                |      |            |  |
|                         |   |                |      |            |  |
|                         |   |                |      |            |  |
|                         |   |                |      |            |  |
|                         |   |                |      |            |  |
|                         |   |                |      |            |  |
|                         |   |                |      |            |  |
|                         |   |                |      |            |  |
|                         |   |                |      |            |  |

FORM 18-636 (4-20-61)  
 1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R240                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| W                       |  | 42             |            | 78         | 6     |
| COUNTY                  |  |                | CITY       |            |       |
| St. John the Baptist    |  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Virginia                |  | W              | 40         |            |       |
| Nona                    |  | D              | 13         |            |       |
| Lorissa                 |  | D              | 11         |            |       |
| Philomine               |  | D              | 9          |            |       |
| Olympa                  |  | D              | 7          |            |       |
| George                  |  | S              | 5          |            |       |
| Gaston                  |  | S              | 3          |            |       |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME              | RELATIONSHIP | AGE | BIRTHPLACE |
|-------------------|--------------|-----|------------|
| 1 Ellis           | S            | 1   |            |
| Lebanon, Gustavus | Son          | 54  |            |
|                   |              |     |            |
|                   |              |     |            |
|                   |              |     |            |
|                   |              |     |            |
|                   |              |     |            |
|                   |              |     |            |
|                   |              |     |            |
|                   |              |     |            |
|                   |              |     |            |

FORM 16-436a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

15COMM-DC 15108-P&amp;1

|  |                 |  |  |  |                    |
|--|-----------------|--|--|--|--------------------|
| R240   |                 | NAME OF INDIVIDUAL<br><i>Rachel, Amstell</i>   |  | LOUISIANA  |                    |
| COLOR<br><i>sk</i>   | AGE<br><i>4</i> | BIRTHPLACE   |  | E.D.<br><i>92</i>  | SHEET<br><i>12</i> |
| COUNTY   |                 | Natchitoches   |  | CITY   |                    |
| ENUMERATED WITH<br><i>Rachel, Truma</i>  |                 |  |  |  |                    |
| RELATIONSHIP TO ABOVE  |                 |  |  |  |                    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                 | <input checked="" type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                    |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCENSUS-DC 15100-P01



|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R 240                   |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| B                       | 30  |                |     | 80         | 19    |
| COUNTY                  |     | CITY           |     |            |       |
| Natchitoches hitoches   |     | Natchitoches   |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| G                       |     | S              | 15  |            |       |
| M                       |     | S              | 13  |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

 U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |              |   |      |  |       |
|---|--------------|---|------|--|-------|
| R240  |              | NAME OF INDIVIDUAL  |      | LOUISIANA  |       |
| Bachel Annie  |              | E.D.  |      | SHEET  |       |
| COLOR   | W            | AGE   | 3    | BIRTHPLACE   | 93 16 |
| COUNTY  | Natchitoches |   | CITY |  |       |
| ENUMERATED WITH   |              |   |      |  |       |
| Bachel Prosper  |              |   |      |  |       |
| RELATIONSHIP TO ABOVE   |              |   |      |  |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input checked="" type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |              | <input type="checkbox"/> NEPHER<br><input type="checkbox"/> Niece<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |       |

FORM 16-637 (4-20-61)

1930 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

UNCOMB-DC 16100-P61

|                         |  |                |              |            |            |
|-------------------------|--|----------------|--------------|------------|------------|
| R240                    |  | HEAD OF FAMILY |              | LOUISIANA  |            |
| COLOR                   |  | AGE            | BIRTHPLACE   |            | E.D. SHEET |
| W                       |  | 54             |              |            | 80 14      |
| COUNTY                  |  |                | CITY         |            |            |
| Natchitoches            |  |                | Natchitoches |            |            |
| OTHER MEMBERS OF FAMILY |  |                |              |            |            |
| NAME                    |  | RELATIONSHIP   | AGE          | BIRTHPLACE |            |
| Choler Sidney           |  | C              | 36           |            |            |
|                         |  |                |              |            |            |
|                         |  |                |              |            |            |
|                         |  |                |              |            |            |
|                         |  |                |              |            |            |
|                         |  |                |              |            |            |
|                         |  |                |              |            |            |
|                         |  |                |              |            |            |
|                         |  |                |              |            |            |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

 U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |      |            |                |
|-------------------------|---|----------------|------|------------|----------------|
| R 240                   |   | HEAD OF FAMILY |      | LOUISIANA  |                |
| COLOR                   | B | AGE            | 35   | BIRTHPLACE | Russell, Annie |
| COUNTY                  |   |                | CITY |            |                |
| West Baton Rouge        |   |                |      |            |                |
| OTHER MEMBERS OF FAMILY |   |                |      |            |                |
| NAME                    |   | RELATIONSHIP   | AGE  | BIRTHPLACE |                |
| Caire, Joe              |   | S              | 14   |            |                |
| 4 1 Bd                  |   |                |      |            |                |
|                         |   |                |      |            |                |
|                         |   |                |      |            |                |
|                         |   |                |      |            |                |
|                         |   |                |      |            |                |
|                         |   |                |      |            |                |
|                         |   |                |      |            |                |

FORM 18-436 (4-22-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |                  |   |   |                    |       |
|--|------------------|---|---|--------------------|-------|
| 12240  |                  | NAME OF INDIVIDUAL<br><i>Ruckel Annie</i> |   | LOUISIANA          |       |
| COLOR<br><i>W</i>  | AGE<br><i>47</i> | BIRTHPLACE                                |   | E.D.<br><i>236</i> | SHEET |
| COUNTY   |                  |   | CITY<br><i>Baton Rouge</i>  |                    |       |
| ENUMERATED BY<br><i>Ruckel Henry L</i>   |                  |   | RELATIONSHIP TO ABOVE   |                    |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  |   | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |                    |       |
|  |                  |   | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NUNCE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>Ali</i>   |                    |       |

Form 10-637 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMB-DC 18196-P61

|   |   |  |      |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|---|--|------|--------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|---|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| K-246   |   | NAME OF INDIVIDUAL<br><i>Russell Annie</i> |      | LOUISIANA          |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>W</i>   | AGE<br><i>62</i>                                  | BIRTHPLACE<br><i>Mass</i>                  |      | E.D.<br><i>115</i> | SHEET<br><i>20</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>Webster</i>  |   |  | CITY |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Moore James</i>   |   |  |      |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |   |  |      |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input checked="" type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |   |  |      |                    |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input checked="" type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW                   | <input type="checkbox"/> INMATE            |      |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE                    | <input type="checkbox"/> NURSE             |      |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW            | <input type="checkbox"/> PATIENT           |      |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input checked="" type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER            |      |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW               | <input type="checkbox"/> SERVANT           |      |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW          | <input type="checkbox"/> OTHER (Specify)   |      |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW           |  |      |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW            |  |      |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-437 (4-29-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |   |   |                    |                   |
|--|---|---|--------------------|-------------------|
| R240   |   | NAME OF INDIVIDUAL<br><i>Russell Annie</i>  |                    | LOUISIANA         |
| COLOR<br><i>Mu</i>   | AGE<br><i>21</i>  | BIRTHPLACE<br><i>Tex</i>  | E.D.<br><i>107</i> | SHEET<br><i>5</i> |
| COUNTY<br><i>Sabine</i>  |   | CITY  |                    |                   |
| ENUMERATED WITH<br><i>Latham Will</i>  |   |   |                    |                   |
| RELATIONSHIP TO ABOVE  |   |   |                    |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHER<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> IMMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>D</i> |                    |                   |

FORM 10-417 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-NC 19100-P01

|   |   |                    |    |            |                   |
|---|---|--------------------|----|------------|-------------------|
| R246  |   | NAME OF INDIVIDUAL |    | LOUISIANA  |                   |
| COLOR   | W | AGE                | 74 | BIRTHPLACE | Rivislar, Annie E |
| COUNTY  |   | Red Rive           |    | CITY       |                   |
| ENUMERATED WITH   |   |                    |    |            |                   |
| RELATIONSHIP TO ABOVE   |   |                    |    |            |                   |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER<br/> <input checked="" type="checkbox"/> MOTHER<br/> <input type="checkbox"/> GRANDFATHER<br/> <input type="checkbox"/> GRANDMOTHER<br/> <input type="checkbox"/> GRANDSON<br/> <input type="checkbox"/> GRANDDAUGHTER<br/> <input type="checkbox"/> AUNT<br/> <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW<br/> <input type="checkbox"/> NIECE<br/> <input type="checkbox"/> FATHER-IN-LAW<br/> <input type="checkbox"/> MOTHER-IN-LAW<br/> <input type="checkbox"/> SON-IN-LAW<br/> <input type="checkbox"/> DAUGHTER-IN-LAW<br/> <input type="checkbox"/> BROTHER-IN-LAW<br/> <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE<br/> <input type="checkbox"/> NURSE<br/> <input type="checkbox"/> PATIENT<br/> <input type="checkbox"/> ROOMER<br/> <input type="checkbox"/> SERVANT<br/> <input type="checkbox"/> OTHER (Specify) </div> </div> |   |                    |    |            |                   |

FORM 16-437 (4-29-31)

1919 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|   |  |   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|---|--|---|--|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| R240  |  | NAME OF INDIVIDUAL                                  |  | LOUISIANA |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR   |  | AGE   |  | E.O.      | SHEET |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| B   |  | 13  |  | 87        | 13    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY  |  | CITY  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| St. Mary  |  |   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| Russell Alice   |  |   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| SD  |  |   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P01

|   |    |   |              |   |                 |
|---|----|---|--------------|---|-----------------|
| 1240  |    | NAME OF INDIVIDUAL  |              | LOUISIANA   |                 |
| COLOR   | 13 | AGE   | 7 1/2        | BIRTHPLACE  | E.D. 62 SHEET 4 |
| COUNTY  |    |   | CITY         |   |                 |
| ENUMERATED WITH   |    |   | Do So        |   |                 |
| RELATIONSHIP TO ABOVE   |    |   | Rugeley Jean |   |                 |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input checked="" type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |    | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |              | <input type="checkbox"/> WIDOW<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                 |

FORM 10-627 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                                |            |                        |            |                   |              |
|--------------------------------|------------|------------------------|------------|-------------------|--------------|
| <b>B240</b>                    |            | <b>HEAD OF FAMILY</b>  |            | <b>LOUISIANA</b>  |              |
| <b>COLOR</b>                   | <b>AGE</b> | <b>BIRTHPLACE</b>      |            | <b>E.O.</b>       | <b>SHEET</b> |
| <i>B</i>                       | <i>35</i>  | <i>Russell Anthony</i> |            | <i>30</i>         | <i>15</i>    |
| <b>COUNTY</b>                  |            | <b>City</b>            |            |                   |              |
| <i>Iberville</i>               |            |                        |            |                   |              |
| <b>OTHER MEMBERS OF FAMILY</b> |            |                        |            |                   |              |
| <b>NAME</b>                    |            | <b>RELATIONSHIP</b>    | <b>AGE</b> | <b>BIRTHPLACE</b> |              |
| <i>Cassie</i>                  |            | <i>D</i>               | <i>16</i>  | <i>Miss</i>       |              |
| <i>Irene</i>                   |            | <i>D</i>               | <i>14</i>  | <i>Miss</i>       |              |
| <i>Lillie M</i>                |            | <i>D</i>               | <i>12</i>  |                   |              |
| <i>Washington Lucy</i>         |            | <i>M</i>               | <i>65</i>  |                   |              |
|                                |            |                        |            |                   |              |
|                                |            |                        |            |                   |              |
|                                |            |                        |            |                   |              |

FORM 18-436 (2-20-21)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                   |     |            |  |
|-------------------------|-----|-------------------|-----|------------|--|
| R240                    |     | HEAD OF FAMILY    |     | LOUISIANA  |  |
| Rockwell Anthony        |     | E.D.              |     | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE        |     |            |  |
| B                       | 34  |                   |     |            |  |
| COUNTY                  |     | CITY              |     |            |  |
| Cade                    |     | Blanchard Village |     |            |  |
| OTHER MEMBERS OF FAMILY |     |                   |     |            |  |
| NAME                    |     | RELATIONSHIP      | AGE | BIRTHPLACE |  |
| Mellie                  |     | W                 | 36  |            |  |
| Willie                  |     | S                 | 13  |            |  |
| James                   |     | S                 | 11  |            |  |
| Lester                  |     | S                 | 10  |            |  |
| Martha                  |     | S                 | 9   |            |  |
| Mason                   |     | S                 | 7   |            |  |
| Leroy                   |     | S                 | 6   |            |  |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|   |                  |   |  |  |                    |
|---|------------------|---|--|--|--------------------|
| R240  |                  | NAME OF INDIVIDUAL<br><i>Russell Antoinette</i>   |  | LOUISIANA  |                    |
| COLOR<br><i>N</i>   | AGE<br><i>96</i> | BIRTHPLACE  |  | E.O.<br><i>138</i>   | SHEET<br><i>15</i> |
| COUNTY  |                  | CITY<br><i>Vermillion</i>   |  |  |                    |
| ENUMERATED WITH<br><i>Bongue Sisters</i>  |                  |   |  |  |                    |
| RELATIONSHIP TO ABOVE   |                  |   |  |  |                    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input checked="" type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> MATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                    |

FORM 16-637 (4-26-61)

1960 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 15128-P61

|                         |     |                   |     |            |       |
|-------------------------|-----|-------------------|-----|------------|-------|
| R 240                   |     | HEAD OF FAMILY    |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE        |     | E.D.       | SHEET |
| B                       | 60  | Sacchar, Acadiana |     | 91         | 13    |
| COUNTY                  |     | CITY              |     |            |       |
| Natchitoches            |     |                   |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                   |     |            |       |
| NAME                    |     | RELATIONSHIP      | AGE | BIRTHPLACE |       |
| Living alone            |     |                   |     |            |       |
|                         |     |                   |     |            |       |
|                         |     |                   |     |            |       |
|                         |     |                   |     |            |       |
|                         |     |                   |     |            |       |
|                         |     |                   |     |            |       |
|                         |     |                   |     |            |       |
|                         |     |                   |     |            |       |
|                         |     |                   |     |            |       |

FORM 18-636 (4-30-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |                  |            |         |
|-------------------------|---|----------------|------------------|------------|---------|
| R 240                   |   | HEAD OF FAMILY |                  | LOUISIANA  |         |
| COLOR                   | W | AGE            | 60               | BIRTHPLACE |         |
|                         |   |                | Rachel Brisalide |            |         |
|                         |   |                | E.D.             | 99         | SHEET 4 |
| COUNTY                  |   | Natchitoches   |                  |            |         |
|                         |   | CITY           |                  |            |         |
| OTHER MEMBERS OF FAMILY |   |                |                  |            |         |
| NAME                    |   | RELATIONSHIP   | AGE              | BIRTHPLACE |         |
| Caroline                |   | W              | 47               |            |         |
| Cecile                  |   | D              | 15               |            |         |
| Roseline                |   | D              | 12               |            |         |
| Christopher             |   | S              | 10               |            |         |
| Annette                 |   | P              | 8                |            |         |
| Barry                   |   | S              | 6                |            |         |
| Dora                    |   | D              | 3                |            |         |

FORM 16-636 (4-28-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS





|                         |                |              |           |            |
|-------------------------|----------------|--------------|-----------|------------|
| R240                    | HEAD OF FAMILY |              | LOUISIANA |            |
| COLOR                   | AGE            | BIRTHPLACE   | E.D.      | SHEET      |
| W                       | 31             |              | 84        | 26         |
| COUNTY                  | Natchitoches   |              | CITY      |            |
| OTHER MEMBERS OF FAMILY |                |              |           |            |
| NAME                    |                | RELATIONSHIP | AGE       | BIRTHPLACE |
| 1. Harrison             |                | 12           | 24        |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |

FORM 18-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |  |
|-------------------------|-----|----------------|-----|------------|--|
| R248                    |     | HEAD OF FAMILY |     | LOUISIANA  |  |
| Russell, Armand         |     | E.D.           |     | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |     |            |  |
| W                       | 46  |                |     |            |  |
| COUNTY                  |     | St. James      |     | CITY       |  |
| OTHER MEMBERS OF FAMILY |     |                |     |            |  |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| Florence                |     | W              | 33  |            |  |
| Hamilton                |     | S              | 16  |            |  |
| Wilfred                 |     | S              | 14  |            |  |
| Vincent                 |     | S              | 12  |            |  |
| Camille                 |     | D              | 10  |            |  |
| Max                     |     | D              | 8   |            |  |
| Eldine                  |     | D              | 6   |            |  |

FORM 16-636 (4-22-31)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUE

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME       | RELATIONSHIP | AGE  | BIRTHPLACE |
|------------|--------------|------|------------|
| 1. Robert  | S            | 3    |            |
| Maximilian | S            | 6/10 |            |
|            |              |      |            |
|            |              |      |            |
|            |              |      |            |
|            |              |      |            |
|            |              |      |            |
|            |              |      |            |
|            |              |      |            |
|            |              |      |            |

FORM 19-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 1910B-P01

LOUISIANA

|                         |   |                |    |                  |     |            |       |
|-------------------------|---|----------------|----|------------------|-----|------------|-------|
| R240                    |   | HEAD OF FAMILY |    | Bassell Asthidor |     | E.O.       | SHEET |
| COLOR                   | W | AGE            | 56 | BIRTHPLACE       |     |            |       |
| COUNTY                  |   |                |    | St. James        |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |   |                |    |                  |     |            |       |
| NAME                    |   |                |    | RELATIONSHIP     | AGE | BIRTHPLACE |       |
| Ophelie                 |   |                |    | W                | 50  |            |       |
| Lemiss m                |   |                |    | S                | 23  |            |       |
| Frank                   |   |                |    | S                | 18  |            |       |
| Emma                    |   |                |    | S                | 16  |            |       |
| Ophelia                 |   |                |    | S                | 14  |            |       |
| Rome J.                 |   |                |    | S                | 12  |            |       |
| Rome S                  |   |                |    | S                | 12  |            |       |

FORM 10-636 (2-26-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 18106-P61

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME        | RELATION-<br>SHIP | AGE | BIRTHPLACE |
|-------------|-------------------|-----|------------|
| 1 Jean B    | S                 | 11  |            |
| 1 Claire E. | D                 | 9   |            |
|             |                   |     |            |
|             |                   |     |            |
|             |                   |     |            |
|             |                   |     |            |
|             |                   |     |            |
|             |                   |     |            |
|             |                   |     |            |
|             |                   |     |            |
|             |                   |     |            |

FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 19100-P01

|  |  |  |              |            |       |
|--|--|--|--------------|------------|-------|
| R 240                                  |  | NAME OF INDIVIDUAL                       |              | LOUISIANA  |       |
|  |  | Rachel Arthur                            |              | E.D.       | SHEET |
| COLOR                                  | m  | AGE                                      | 5            | BIRTHPLACE | 93 17 |
| COUNTY                                 |  |  | CITY         |            |       |
|  |  |  | Natchitoches |            |       |
| ENUMERATED WITH                        |  |  |              |            |       |
| Rachel Mechean                         |  |  |              |            |       |
| RELATIONSHIP TO ABOVE                  |  |  |              |            |       |
| <input type="checkbox"/> FATHER        | <input checked="" type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE          |              |            |       |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NIECE             | <input type="checkbox"/> NURSE           |              |            |       |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW     | <input type="checkbox"/> PATIENT         |              |            |       |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW     | <input type="checkbox"/> ROOMER          |              |            |       |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW        | <input type="checkbox"/> SERVANT         |              |            |       |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW   | <input type="checkbox"/> OTHER (Specify) |              |            |       |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW    |  |              |            |       |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> MISTRESS-IN-LAW   |  |              |            |       |

FORM 16-637 (4-30-61)

1930 CENSUS INDEX - INDIVI

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18108-P61

|                         |  |                |  |                |  |            |  |
|-------------------------|--|----------------|--|----------------|--|------------|--|
| R240                    |  | HEAD OF FAMILY |  | Boussel Arthur |  | LOUISIANA  |  |
| COLOR                   |  | AGE            |  | BIRTHPLACE     |  | E.D.       |  |
| W                       |  | 57             |  |                |  | 45         |  |
|                         |  |                |  |                |  | SHEET      |  |
|                         |  |                |  |                |  | 23         |  |
| COUNTY                  |  |                |  | Lafourche      |  | CITY       |  |
| OTHER MEMBERS OF FAMILY |  |                |  |                |  |            |  |
| NAME                    |  |                |  | RELATIONSHIP   |  | AGE        |  |
|                         |  |                |  |                |  | BIRTHPLACE |  |
| 1 Augusta               |  |                |  | W              |  | 50         |  |
|                         |  |                |  |                |  |            |  |
|                         |  |                |  |                |  |            |  |
|                         |  |                |  |                |  |            |  |
|                         |  |                |  |                |  |            |  |
|                         |  |                |  |                |  |            |  |
|                         |  |                |  |                |  |            |  |
|                         |  |                |  |                |  |            |  |
|                         |  |                |  |                |  |            |  |

FORM 16-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



LOUISIANA

|                         |                |     |                 |            |            |       |    |
|-------------------------|----------------|-----|-----------------|------------|------------|-------|----|
| R 240                   | HEAD OF FAMILY |     | Russell, Arthur | E.O.       | 27         | SHEET | 29 |
| COLOR                   | B              | AGE | 37              | BIRTHPLACE |            |       |    |
| COUNTY                  |                |     | Jefferson       | CITY       |            |       |    |
| OTHER MEMBERS OF FAMILY |                |     |                 |            |            |       |    |
| NAME                    |                |     | RELATIONSHIP    | AGE        | BIRTHPLACE |       |    |
| Eva                     |                |     | W               | 26         |            |       |    |
| Morris                  |                |     | S               | 11         |            |       |    |
| Arthur, Jr.             |                |     | S               | 8          |            |       |    |
| Lavenia                 |                |     | D               | 4          |            |       |    |
| Amie                    |                |     | D               | 3          |            |       |    |
| Spencer                 |                |     | S               | 1/2        |            |       |    |
|                         |                |     |                 |            |            |       |    |

FORM 16-636 (4-26-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|                         |                |              |                |            |      |       |
|-------------------------|----------------|--------------|----------------|------------|------|-------|
| R246                    | HEAD OF FAMILY |              | Roussel Arthur |            | E.O. | SHEET |
| COLOR                   | AGE            | BIRTHPLACE   |                |            |      |       |
| W                       | 28             |              |                |            |      |       |
| COUNTY                  |                |              | CITY           |            |      |       |
| St. James               |                |              |                |            |      |       |
| OTHER MEMBERS OF FAMILY |                |              |                |            |      |       |
| NAME                    |                | RELATIONSHIP | AGE            | BIRTHPLACE |      |       |
| Reva                    |                | W            | 28             |            |      |       |
| Vivian                  |                | D            | 6              |            |      |       |
| Hazel                   |                | D            | 4              |            |      |       |
| Arthur Jr.              |                | S            | 2              |            |      |       |
|                         |                |              |                |            |      |       |
| and 2 Bc                |                |              |                |            |      |       |
|                         |                |              |                |            |      |       |

FORM 18-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |  |   |  |         |          |
|--|--|---|--|---------|----------|
| B24                                    |  | NAME OF INDIVIDUAL Rachel Ashby L.                  |  | E.O. 93 | SHEET 17 |
| COLOR m                                | AGE 13                                   | BIRTHPLACE  |  |         |          |
| COUNTY Natchitoches                    |  | CITY  |  |         |          |
| ENUMERATED WITH Rachel Michaux         |  |   |  |         |          |
| RELATIONSHIP TO ABOVE                  |  |   |  |         |          |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |  |         |          |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |  |         |          |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |         |          |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |         |          |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |         |          |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |         |          |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW  | <u>C</u>  |  |         |          |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW   |   |  |         |          |

FORM 16-437 (4-26-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 16100-P-61

LOUISIANA

|  |  |   |  |                    |  |                   |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |               |                                |  |  |
|--|--|---|--|--------------------|--|-------------------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|-------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|---------------|--------------------------------|--|--|
| R 249  |  | NAME OF INDIVIDUAL<br><i>Rochelle, Arthur</i>       |  | S.D.<br><i>130</i> |  | SHEET<br><i>5</i> |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |               |                                |  |  |
| COLOR<br><i>B</i>  |  | AGE<br><i>26</i>                                    |  | BIRTHPLACE         |  |                   |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |               |                                |  |  |
| COUNTY   |  | WIND  |  | CITY               |  |                   |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |               |                                |  |  |
| GENERATED WITH<br><i>Thomas, Jack</i>  |  |   |  |                    |  |                   |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |               |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   |  |                    |  |                   |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |               |                                |  |  |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> INMATE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> WIFE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input checked="" type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td><i>Cousin</i></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> |  |   |  |                    |  |                   |  | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> WIFE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>Cousin</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |  |                    |  |                   |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |               |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> WIFE            | <input type="checkbox"/> NURSE                      |  |                    |  |                   |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |               |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |                    |  |                   |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |               |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |                    |  |                   |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |               |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |                    |  |                   |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |               |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |                    |  |                   |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |               |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  | <i>Cousin</i>                                       |  |                    |  |                   |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |               |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |   |  |                    |  |                   |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |               |                                |  |  |

FORM 10-637 (4-29-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P01

LOUISIANA

|                         |   |                |     |                 |  |      |       |
|-------------------------|---|----------------|-----|-----------------|--|------|-------|
| R240                    |   | HEAD OF FAMILY |     | Pachale, August |  | E.D. | SHEET |
| COLOR                   | W | AGE            | 76  | BIRTHPLACE      |  |      |       |
| COUNTY                  |   |                |     | CITY            |  |      |       |
| Matchitoches            |   |                |     |                 |  |      |       |
| OTHER MEMBERS OF FAMILY |   |                |     |                 |  |      |       |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE      |  |      |       |
| Camille                 |   | W              | 52  |                 |  |      |       |
| John                    |   | S              | 18  |                 |  |      |       |
| Blanchard               |   | S              | 16  |                 |  |      |       |
| Luzie                   |   | S              | 29  |                 |  |      |       |
| Elliot                  |   | D              | 20  |                 |  |      |       |
| Julie                   |   | Sis-h          | 65  |                 |  |      |       |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|                         |                |              |                 |            |          |       |   |
|-------------------------|----------------|--------------|-----------------|------------|----------|-------|---|
| R240                    | HEAD OF FAMILY |              | Russell, August | E.D.       | 140      | SHEET | 2 |
| COLOR                   | W              | AGE          | 42              | BIRTHPLACE |          |       |   |
| COUNTY                  | Vermillion     |              |                 | CITY       | Hopewell |       |   |
| OTHER MEMBERS OF FAMILY |                |              |                 |            |          |       |   |
|                         | NAME           | RELATIONSHIP | AGE             | BIRTHPLACE |          |       |   |
|                         | Elisia         | W            | 38              |            |          |       |   |
|                         | Edna           | D            | 16              |            |          |       |   |
|                         | Josidore       | S            | 15              |            |          |       |   |
|                         | Harry          | S            | 12              |            |          |       |   |
|                         | Alice          | D            | 10              |            |          |       |   |
|                         | Warren         | S            | 8               |            |          |       |   |
|                         | Pauline        | D            | 4               |            |          |       |   |

FORM 18-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |  |               |     |            |       |
|-------------------------|--|----------------|--|---------------|-----|------------|-------|
| R 240                   |  | HEAD OF FAMILY |  | Rachal August |     | LOUISIANA  |       |
| COLOR                   |  | AGE            |  | BIRTHPLACE    |     | E.O.       | SHEET |
| m                       |  | 58             |  |               |     | 93         | 3     |
| COUNTY                  |  |                |  | Natchitoches  |     |            |       |
| OTHER MEMBERS OF FAMILY |  |                |  |               |     |            |       |
| NAME                    |  |                |  | RELATIONSHIP  | AGE | BIRTHPLACE |       |
| Marie                   |  |                |  | w             | 58  |            |       |
|                         |  |                |  |               |     |            |       |
|                         |  |                |  |               |     |            |       |
|                         |  |                |  |               |     |            |       |
|                         |  |                |  |               |     |            |       |
|                         |  |                |  |               |     |            |       |
|                         |  |                |  |               |     |            |       |
|                         |  |                |  |               |     |            |       |

Form 10-636 (4-30-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |              |                |     |            |       |
|-------------------------|--------------|----------------|-----|------------|-------|
| R 246                   |              | HEAD OF FAMILY |     | LOUISIANA  |       |
|                         |              | Rachel August  |     | E.D.       | SHEET |
| COLOR                   | AGE          | BIRTHPLACE     |     |            |       |
|                         | 36           |                |     |            |       |
| COUNTY                  | Natchitoches |                |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |              |                |     |            |       |
| NAME                    |              | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Edela                   |              | W              | 34  |            |       |
| Nelson                  |              | S              | 13  |            |       |
| Susan                   |              | D              | 11  |            |       |
| Madeleine               |              | D              | 9   |            |       |
| Hortense                |              | D              | 6   |            |       |
| Sallie                  |              | D              | 4   |            |       |
| Emilie                  |              | D              | 2   |            |       |

FORM 18-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |     |                |      |            |  |
|-------------------------|-----|----------------|------|------------|--|
| R240                    |     | HEAD OF FAMILY |      | LOUISIANA  |  |
| Kosselle August         |     | E.D.           |      | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |      |            |  |
| B                       | 25  |                |      |            |  |
| COUNTY                  |     |                | CITY |            |  |
| Iberia                  |     |                |      |            |  |
| OTHER MEMBERS OF FAMILY |     |                |      |            |  |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| Sarah                   |     | w              | 30   |            |  |
| Harriet                 |     | d              | 2    |            |  |
| 1 boarder               |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |

FORM 18-536 (2-22-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |   |   |            |            |
|--|---|---|------------|------------|
| R240                                     | NAME OF INDIVIDUAL<br><i>Russell, Augusta</i> |   | E.O.<br>62 | SHEET<br>2 |
| COLOR<br><i>B</i>                        | AGE<br><i>14</i>                              | BIRTHPLACE  |            |            |
| COUNTY<br><i>St. Charles</i>             |   | CITY  |            |            |
| ENUMERATED WITH<br><i>Wallace, Edgar</i> |   |   |            |            |
| RELATIONSHIP TO ABOVE                    |   |   |            |            |
| <input type="checkbox"/> FATHER          | <input type="checkbox"/> NEPHEW               | <input type="checkbox"/> INMATE                     |            |            |
| <input type="checkbox"/> MOTHER          | <input type="checkbox"/> NIECE                | <input type="checkbox"/> NURSE                      |            |            |
| <input type="checkbox"/> GRANDFATHER     | <input type="checkbox"/> FATHER-IN-LAW        | <input type="checkbox"/> PATIENT                    |            |            |
| <input type="checkbox"/> GRANDMOTHER     | <input type="checkbox"/> MOTHER-IN-LAW        | <input type="checkbox"/> ROOMER                     |            |            |
| <input type="checkbox"/> GRANDSON        | <input type="checkbox"/> SON-IN-LAW           | <input type="checkbox"/> SERVANT                    |            |            |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW      | <input checked="" type="checkbox"/> OTHER (Specify) |            |            |
| <input type="checkbox"/> AUNT            | <input type="checkbox"/> BROTHER-IN-LAW       | <i>Is</i>   |            |            |
| <input type="checkbox"/> UNCLE           | <input type="checkbox"/> SISTER-IN-LAW        |   |            |            |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 10100-P-61

|  |   |  |            |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
|--|---|--|------------|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|-------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|---|--|-------------------------------|---|--|--------------------------------|--|--|
| R 240  |   | NAME OF INDIVIDUAL                       |            | LOUISIANA |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| COLOR  |   | AGE                                      | BIRTHPLACE | E.D.      | SHEET |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| m  |   | 22                                       |            | 93        | 16    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| COUNTY   |   |  | CITY       |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| Natchitoches   |   |  |            |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| ENUMERATED WITH  |   |  |            |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| Rachel John  |   |  |            |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |   |  |            |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NICE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input checked="" type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |   |  |            |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NICE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input checked="" type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW                     | <input type="checkbox"/> INMATE          |            |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NICE                       | <input type="checkbox"/> NURSE           |            |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW              | <input type="checkbox"/> PATIENT         |            |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW              | <input type="checkbox"/> ROOMER          |            |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW                 | <input type="checkbox"/> SERVANT         |            |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input checked="" type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |            |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW             |  |            |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW              |  |            |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 16100-P01

|                         |     |                       |      |            |       |
|-------------------------|-----|-----------------------|------|------------|-------|
| H 240                   |     | HEAD OF FAMILY        |      | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE            |      | E.D.       | SHEET |
| W                       | 50  | Pagellia, Augustus A. |      | 14         | 3     |
| COUNTY                  |     |                       | CITY |            |       |
| West Baton Rouge        |     |                       |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                       |      |            |       |
| NAME                    |     | RELATIONSHIP          | AGE  | BIRTHPLACE |       |
| 1 L. Barrett            |     | B                     | 38   |            |       |
| Spitman, Michael        |     | Ni                    | 72   |            |       |
|                         |     |                       |      |            |       |
|                         |     |                       |      |            |       |
|                         |     |                       |      |            |       |
|                         |     |                       |      |            |       |
|                         |     |                       |      |            |       |
|                         |     |                       |      |            |       |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R2110                   |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | S.D.       | SHEET |
| W                       | 27  |                |     | 83         | 16    |
| COUNTY                  |     | Natchitoches   |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| 1 Mousal                |     | B              | 25  |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
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FORM 16-436 (4-20-07)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |  |
|-------------------------|-----|----------------|-----|------------|--|
| R240                    |     | HEAD OF FAMILY |     | LOUISIANA  |  |
| Russell Archer          |     | E.D.           |     | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |     |            |  |
| W                       | 23  | Miss           |     |            |  |
| COUNTY                  |     | CITY           |     |            |  |
| St. Tammany             |     |                |     |            |  |
| OTHER MEMBERS OF FAMILY |     |                |     |            |  |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| 1 Lucie E.              |     | W              | 20  | Miss       |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
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|                         |     |                |     |            |  |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |            |
|-------------------------|--|----------------|------------|------------|------------|
| R240                    |  | HEAD OF FAMILY |            | LOUISIANA  |            |
| COLOR                   |  | AGE            | BIRTHPLACE |            | E.D. SHEET |
| B                       |  | 42             | Caddo      |            | 34 18      |
| COUNTY                  |  | CITY           |            |            |            |
| OTHER MEMBERS OF FAMILY |  |                |            |            |            |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |            |
| 1 Lemmie                |  | W              | 38         |            |            |
| Boston Janie            |  | SD             | 14         |            |            |
| 1 Arlington             |  | SS             | 12         |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |   |  |       |
|---|---|--|-------|
| R240  |   | LOUISIANA  |       |
| NAME OF INDIVIDUAL  |   | E.D.   | SHEET |
| Rachel, Antoinette  |   | 92   | 13    |
| COLOR   | AGE   | BIRTHPLACE   |       |
| OK  | 7   |  |       |
| COUNTY  | CITY  |  |       |
| Natchitoches  |   |  |       |
| ENUMERATED WITH   |   |  |       |
| Lacase, Ben   |   |  |       |
| RELATIONSHIP TO ABOVE   |   |  |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input checked="" type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |       |

Form 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 1910-P01



|  |                  |  |  |  |                    |
|--|------------------|--|--|--|--------------------|
| R240   |                  | NAME OF INDIVIDUAL<br><i>Roswell Azuma</i>   |  | LOUISIANA  |                    |
| COLOR<br><i>W</i>  | AGE<br><i>67</i> | BIRTHPLACE   |  | E.D.<br><i>79</i>  | SHEET<br><i>13</i> |
| COUNTY   |                  | CITY   |  |  |                    |
| ENUMERATED WITH<br><i>St John the Baptist</i>  |                  |  |  |  |                    |
| RELATIONSHIP TO ABOVE<br><i>Long Pascal</i>  |                  |  |  |  |                    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input checked="" type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                    |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                |            |              |       |
|-------------------------|----------------|------------|--------------|-------|
| R240                    | HEAD OF FAMILY |            | LOUISIANA    |       |
| COLOR                   | AGE            | BIRTHPLACE | E.D.         | SHEET |
| W                       | 32             |            | 80           | 14    |
| COUNTY                  | Natchitoches   |            | CITY         |       |
|                         |                |            | Natchitoches |       |
| OTHER MEMBERS OF FAMILY |                |            |              |       |
| NAME                    | RELATIONSHIP   | AGE        | BIRTHPLACE   |       |
| Opheelia                | W              | 30         |              |       |
| M M                     | D              | 5          |              |       |
| Catheline               | D              | 6          |              |       |
| J. Lorne                | D              | 3          |              |       |
| B.A. Jr                 | D              | 1          |              |       |
|                         |                |            |              |       |
|                         |                |            |              |       |

FORM 16-636 (4-26-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                | LOUISIANA         |                  |
|-------------------------|----------------|-------------------|------------------|
| R240                    | HEAD OF FAMILY | Russell, Banks J. | E.D. 68 SHEET 24 |
| COLOR W                 | AGE 26         | BIRTHPLACE        |                  |
| COUNTY                  |                | CITY              |                  |
| Do Soto                 |                |                   |                  |
| OTHER MEMBERS OF FAMILY |                |                   |                  |
|                         | NAME           | RELATIONSHIP      | AGE BIRTHPLACE   |
| /                       | Edna D         | W                 | 25               |
| /                       | Bernice        | D                 | 2                |
|                         |                |                   |                  |
|                         |                |                   |                  |
|                         |                |                   |                  |
|                         |                |                   |                  |
|                         |                |                   |                  |
|                         |                |                   |                  |

LOUISIANA

|  |  |  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|------------|------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R 240  | NAME OF INDIVIDUAL<br>Rochell Belettores |  | E.D.<br>27 | SHEET<br>3 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br>B   | AGE<br>9 1/2                             | BIRTHPLACE                                 |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br>Caddo  |  | CITY                                       |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br>Taylor Wm   |  |  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> INMATE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input checked="" type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> |  |  |            |            | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE            |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE             |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18109-P01

LOUISIANA

|                         |                |     |                   |              |       |            |       |    |
|-------------------------|----------------|-----|-------------------|--------------|-------|------------|-------|----|
| R 240                   | HEAD OF FAMILY |     | Rousnel, Baptiste |              | E.O.  | 27         | SHEET | 30 |
| COLOR                   | B              | AGE | 34                | BIRTHPLACE   |       |            |       |    |
| COUNTY                  |                |     |                   | Jefferson    | CITY  |            |       |    |
| OTHER MEMBERS OF FAMILY |                |     |                   |              |       |            |       |    |
| NAME                    |                |     |                   | RELATIONSHIP | AGE   | BIRTHPLACE |       |    |
| Victoria                |                |     |                   | W            | 33    |            |       |    |
| Arthur                  |                |     |                   | S            | 15    |            |       |    |
| Ernestine               |                |     |                   | D            | 12    |            |       |    |
| Lucas                   |                |     |                   | S            | 9     |            |       |    |
| Lillian                 |                |     |                   | S            | 6     |            |       |    |
| Louise                  |                |     |                   | D            | 5     |            |       |    |
| Louella                 |                |     |                   | I            | 4 1/2 |            |       |    |

FORM 10-636 (4-26-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                                    | LOUISIANA    |                 |
|-------------------------|------------------------------------|--------------|-----------------|
| R240                    | HEAD OF FAMILY<br>Russell Bartlett |              | E.D. 62 SHEET 9 |
| COLOR<br>B              | AGE<br>37                          | BIRTHPLACE   |                 |
| COUNTY                  | St. Charles                        |              | CITY            |
| OTHER MEMBERS OF FAMILY |                                    |              |                 |
| NAME                    |                                    | RELATIONSHIP | AGE             |
| Gargano                 |                                    | W            | 37              |
| Davis, Victoria         |                                    | SD           | 28              |
| Felmore                 |                                    | SL           | 25              |
| Eldwene                 |                                    | NI           | 3               |
| Felmore Jr              |                                    | N            | 1 1/2           |
|                         |                                    |              |                 |
|                         |                                    |              |                 |

LOUISIANA

|  |  |  |  |            |  |       |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|--|------------|--|-------|--|---------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R248   |  | NAME OF INDIVIDUAL                         |  | E.D.       |  | SHEET |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| W  |  | Russell, Bas                               |  | 4          |  | 19    |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR  |  | AGE  |  | BIRTHPLACE |  |       |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|  |  | 22   |  |            |  |       |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY   |  |  |  | CITY       |  |       |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Bienville  |  |  |  |            |  |       |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH  |  |  |  |            |  |       |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Phelan, Francis B  |  |  |  |            |  |       |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |  |            |  |       |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDOW</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |            |  |       |  | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDOW             |  |            |  |       |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE             |  |            |  |       |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |  |            |  |       |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER |  |            |  |       |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |  |            |  |       |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |  |            |  |       |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |            |  |       |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |  |            |  |       |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-437 (4-20-01)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P01

LOUISIANA

|   |  |  |                    |
|---|--|--|--------------------|
| R-240   | NAME OF INDIVIDUAL<br><i>Rachel Bea</i>  | E.D.<br><i>12</i>                        | SHEET<br><i>14</i> |
| COLOR<br><i>W</i>                                 | AGE<br><i>3</i>                          | BIRTHPLACE                               |                    |
| COUNTY<br><i>Acadia</i>                           |  | CITY                                     |                    |
| ENUMERATED WITH<br><i>Arme George</i>             |  |  |                    |
| RELATIONSHIP TO ABOVE                             |  |  |                    |
| <input type="checkbox"/> FATHER                   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |                    |
| <input type="checkbox"/> MOTHER                   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |                    |
| <input type="checkbox"/> GRANDFATHER              | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |                    |
| <input type="checkbox"/> GRANDMOTHER              | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |                    |
| <input type="checkbox"/> GRANDSON                 | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |                    |
| <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |                    |
| <input type="checkbox"/> AUNT                     | <input type="checkbox"/> BROTHER-IN-LAW  |  |                    |
| <input type="checkbox"/> UNCLE                    | <input type="checkbox"/> SISTER-IN-LAW   |  |                    |

FORM 16-637 (4-30-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIV.

USCOMM-DC 18199-P01



LOUISIANA

|  |                  |   |      |  |             |
|--|------------------|---|------|--|-------------|
| R-240  |                  | NAME OF INDIVIDUAL<br><i>Russell Ben</i>  |      | E.O.<br>77   | SHEET<br>10 |
| COLOR<br><i>W</i>  | AGE<br><i>19</i> | BIRTHPLACE  |      |  |             |
| COUNTY<br><i>De Soto</i>   |                  |   | CITY |  |             |
| ENUMERATED WITH<br><i>Cruck L M</i>  |                  |   |      |  |             |
| RELATIONSHIP TO ABOVE  |                  |   |      |  |             |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify)<br><hr/> |             |

Form 16-437 (4-30-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIV

USCOM-DC 1619-P01

LOUISIANA

|                         |                |              |              |            |      |       |
|-------------------------|----------------|--------------|--------------|------------|------|-------|
| 18240                   | HEAD OF FAMILY |              | Rachel, Bell |            | E.O. | SHEET |
|                         |                |              |              |            | 74   | 6     |
| COLOR                   | AGE            | BIRTHPLACE   |              |            |      |       |
| W                       | 36             |              |              |            |      |       |
| COUNTY                  | Natchitoches   |              | CITY         |            |      |       |
| Natchitoches            |                |              |              |            |      |       |
| OTHER MEMBERS OF FAMILY |                |              |              |            |      |       |
| NAME                    |                | RELATIONSHIP | AGE          | BIRTHPLACE |      |       |
| Lentine                 |                | W            | 31           |            |      |       |
| Raul                    |                | S            | 11           |            |      |       |
| Jeddie                  |                | S            | 9            |            |      |       |
| Dalia                   |                | D            | 5            |            |      |       |
| William                 |                | S            | 1/2          |            |      |       |
|                         |                |              |              |            |      |       |
|                         |                |              |              |            |      |       |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|                         |                |              |      |            |
|-------------------------|----------------|--------------|------|------------|
| R240                    | HEAD OF FAMILY |              | E.D. | SHEET      |
|                         | Bagley, Bella  |              | 17   | 9          |
| COLOR                   | AGE            | BIRTHPLACE   |      |            |
| B                       | 55             |              |      |            |
| COUNTY                  |                | CITY         |      |            |
| Rossier.                |                |              |      |            |
| OTHER MEMBERS OF FAMILY |                |              |      |            |
| NAME                    |                | RELATIONSHIP | AGE  | BIRTHPLACE |
| Taylor, John            |                | S            | 25   |            |
| / Margaret              |                | W            | 23   |            |
| Harris, Lige            |                | S            | 16   |            |
| /                       |                |              |      |            |
|                         |                |              |      |            |
|                         |                |              |      |            |
|                         |                |              |      |            |

FORM 10-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|                         |                |            |            |       |
|-------------------------|----------------|------------|------------|-------|
| R240                    | HEAD OF FAMILY |            | E.O.       | SHEET |
|                         | Russell Beach  |            | 110        | 3     |
| COLOR                   | AGE            | BIRTHPLACE |            |       |
| W                       | 36             |            |            |       |
| COUNTY                  | Sabine         |            | CITY       |       |
| OTHER MEMBERS OF FAMILY |                |            |            |       |
| NAME                    | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Amanda                  | W              | 28         |            |       |
| Floyd                   | D              | 11         |            |       |
| Cuniar                  | D              | 9          |            |       |
| Pearl                   | D              | 7          |            |       |
| Asia                    | D              | 6          |            |       |
| Jewel                   | D              | 3          |            |       |
| Jeff                    | D              | 1 5/12     |            |       |

FORM 16-636 (4-20-31)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |  |   |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|--|--|---|------------|-------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| R240   | NAME OF INDIVIDUAL<br>Russel Ben         |   | E.O.<br>81 | SHEET<br>31 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR<br>B   | AGE<br>4                                 | BIRTHPLACE  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY<br>Madison  |  | CITY  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH<br>Terry Josephine   |  |   |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> INMATE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input checked="" type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> |  |   |            |             | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |   |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |   |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 10-637 (4-22-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 16106-P-61

LOUISIANA

|  |  |  |                   |                   |
|--|--|--|-------------------|-------------------|
| <b>R240</b>                            | NAME OF INDIVIDUAL<br><b>Russell Benie</b> |  | E.D.<br><b>80</b> | SHEET<br><b>6</b> |
| COLOR<br><b>W</b>                      | AGE<br><b>35</b>                           | BIRTHPLACE<br><b>Texas</b>                                       |                   |                   |
| COUNTY<br><b>Natchitoches</b>          |  | CITY<br><b>Natchitoches</b>                                      |                   |                   |
| ENUMERATED WITH<br><b>Smith J. M.</b>  |  |  |                   |                   |
| RELATIONSHIP TO ABOVE                  |  |  |                   |                   |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW            | <input type="checkbox"/> INMATE                                  |                   |                   |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NIECE             | <input type="checkbox"/> NURSE                                   |                   |                   |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW     | <input type="checkbox"/> PATIENT                                 |                   |                   |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW     | <input type="checkbox"/> ROOMER                                  |                   |                   |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW        | <input type="checkbox"/> SERVANT                                 |                   |                   |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW   | <input checked="" type="checkbox"/> OTHER (Specify)<br><b>di</b> |                   |                   |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW    |  |                   |                   |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW     |  |                   |                   |

FORM 16-637 (4-26-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18195-P61

| R240                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
|-------------------------|--|----------------|------------|------------|-------|
| COLOR                   |  | AGE            | BIRTHPLACE | S.D.       | SHEET |
| w                       |  | 46             | Ill        | 99         | 11    |
| COUNTY                  |  |                | CITY       |            |       |
| Ouachita                |  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| 1 Lula                  |  | w              | 57         | Ark        |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

LOUISIANA

|                         |   |                |     |                    |  |      |       |
|-------------------------|---|----------------|-----|--------------------|--|------|-------|
| R240                    |   | HEAD OF FAMILY |     | Russell Benjamin F |  | E.D. | SHEET |
| COLOR                   | W | AGE            | 52  | BIRTHPLACE         |  |      |       |
| COUNTY                  |   | La Salle       |     | CITY               |  |      |       |
| OTHER MEMBERS OF FAMILY |   |                |     |                    |  |      |       |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE         |  |      |       |
| Martha A                |   | W              | 44  |                    |  |      |       |
| Alice B                 |   | S              | 22  |                    |  |      |       |
| Susannah                |   | S              | 20  |                    |  |      |       |
| John C                  |   | S              | 18  |                    |  |      |       |
| Zachary R               |   | D              | 13  |                    |  |      |       |
| Eva                     |   | W              | 11  |                    |  |      |       |
|                         |   |                |     |                    |  |      |       |
|                         |   |                |     |                    |  |      |       |



|   |  |   |  |                     |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|---|--|---|--|---------------------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| R240  |  | NAME OF INDIVIDUAL<br>Rachel Bennie                 |  | LOUISIANA           |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR<br>w  | AGE<br>9                                 | BIRTHPLACE  |  | E.D. 740 / SHEET 16 |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY  |  | CITY  |  |                     |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RESIDENT WITH<br>Lou Jones  |  |   |  |                     |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |  |                     |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDOW</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> RIDER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |                     | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> RIDER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDOW                      |  |                     |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |  |                     |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |                     |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> RIDER                      |  |                     |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |                     |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |                     |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |                     |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |  |                     |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

Form 10-437 (10-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18100-P01

LOUISIANA

|  |   |  |  |             |            |
|--|---|--|--|-------------|------------|
| R 240                                  |   | NAME OF INDIVIDUAL<br>Kashell Bergeron   |  | E.O.<br>141 | SHEET<br>7 |
| COLOR<br>W                             | AGE<br>74                                 | BIRTHPLACE                               |  |             |            |
| COUNTY<br>West Baton Rouge             |   | CITY                                     |  |             |            |
| ENUMERATED WITH<br>Pettie Luson        |   |  |  |             |            |
| RELATIONSHIP TO ABOVE                  |   |  |  |             |            |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW           | <input type="checkbox"/> INMATE          |  |             |            |
| <input type="checkbox"/> MOTHER        | <input checked="" type="checkbox"/> NIECE | <input type="checkbox"/> NURSE           |  |             |            |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW    | <input type="checkbox"/> PATIENT         |  |             |            |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW    | <input type="checkbox"/> ROOMER          |  |             |            |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW       | <input type="checkbox"/> SERVANT         |  |             |            |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW  | <input type="checkbox"/> OTHER (Specify) |  |             |            |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW   |  |  |             |            |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW    |  |  |             |            |

FORM 10-637 (4-29-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1930 CENSUS INDEX - INDIVIDUAL

USCOM-DC 1930-P31

LOUISIANA

|                                |                       |                   |                   |              |
|--------------------------------|-----------------------|-------------------|-------------------|--------------|
| <b>A240</b>                    | <b>HEAD OF FAMILY</b> |                   | <b>E.D.</b>       | <b>SHEET</b> |
|                                | <i>Rachal Brotha</i>  |                   | <i>94</i>         | <i>7</i>     |
| <b>COLOR</b>                   | <b>AGE</b>            | <b>BIRTHPLACE</b> |                   |              |
| <i>W</i>                       | <i>28</i>             |                   |                   |              |
| <b>COUNTY</b>                  |                       | <b>CITY</b>       |                   |              |
| <i>Natchitoches</i>            |                       |                   |                   |              |
| <b>OTHER MEMBERS OF FAMILY</b> |                       |                   |                   |              |
| <b>NAME</b>                    | <b>RELATIONSHIP</b>   | <b>AGE</b>        | <b>BIRTHPLACE</b> |              |
| <i>Natal</i>                   | <i>S</i>              | <i>11</i>         |                   |              |
| <i>Alfred</i>                  | <i>S</i>              | <i>5</i>          |                   |              |
| <i>Emily</i>                   | <i>D</i>              | <i>3</i>          |                   |              |
|                                |                       |                   |                   |              |
|                                |                       |                   |                   |              |
|                                |                       |                   |                   |              |
|                                |                       |                   |                   |              |
|                                |                       |                   |                   |              |

FORM 10-536 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|   |  |  |             |             |
|---|--|--|-------------|-------------|
| 2046  | NAME OF INDIVIDUAL<br>Russell Beulah     |  | E.D.<br>113 | SHEET<br>31 |
| SEX<br>W  | AGE<br>21                                | BIRTHPLACE<br>Levi                         |             |             |
| COUNTY  |  | CITY<br>Litch                              |             |             |
| ENUMERATED WITH<br>Rightland<br>Mrs. - son - Lawrence |  |  |             |             |
| RELATIONSHIP TO ABOVE                                 |  |  |             |             |
| <input type="checkbox"/> FATHER                       | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE            |             |             |
| <input type="checkbox"/> MOTHER                       | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE             |             |             |
| <input type="checkbox"/> GRANDFATHER                  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |             |             |
| <input type="checkbox"/> GRANDMOTHER                  | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER |             |             |
| <input type="checkbox"/> GRANDSON                     | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |             |             |
| <input type="checkbox"/> GRANDDAUGHTER                | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |             |             |
| <input type="checkbox"/> AUNT                         | <input type="checkbox"/> BROTHER-IN-LAW  |  |             |             |
| <input type="checkbox"/> UNCLE                        | <input type="checkbox"/> SISTER-IN-LAW   |  |             |             |

FORM 10-437 (4-29-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1930 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18160-P01

|                         |                  | LOUISIANA  |            |
|-------------------------|------------------|------------|------------|
| R-240                   | HEAD OF FAMILY   |            | E.D. SHEET |
|                         | Rochelle, Billie |            | 132 28     |
| COLOR                   | AGE              | BIRTHPLACE |            |
| B                       | 29               |            |            |
| COUNTY                  | CITY             |            |            |
| Union                   |                  |            |            |
| OTHER MEMBERS OF FAMILY |                  |            |            |
| NAME                    | RELATIONSHIP     | AGE        | BIRTHPLACE |
| James                   | S                | 10         |            |
| Jessie                  | S                | 8          |            |
| Joe W                   | S                | 7          |            |
| Johnie R                | S                | 5          |            |
| David                   | S                | 2          |            |
| Marriett                | M                | 71         | Ala        |

LOUISIANA

|  |   |  |  |            |             |
|--|---|--|--|------------|-------------|
| R240                                   |   | NAME OF INDIVIDUAL<br>Russell Bridge   |  | E.D.<br>62 | SHEET<br>22 |
| COLOR<br>W                             | AGE<br>8                                  | BIRTHPLACE                             |  |            |             |
| COUNTY<br>St. Charles                  |   | CITY                                   |  |            |             |
| GENERATED WITH<br>Champagne Rosemond   |   |  |  |            |             |
| RELATIONSHIP TO ABOVE                  |   |  |  |            |             |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW           | <input type="checkbox"/> WIFE          | <input type="checkbox"/> MATE            |            |             |
| <input type="checkbox"/> MOTHER        | <input checked="" type="checkbox"/> NEECE | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> NURSE           |            |             |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> MOTHER-IN-LAW    | <input type="checkbox"/> PATIENT       | <input type="checkbox"/> ROOMER          |            |             |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> SON-IN-LAW       | <input type="checkbox"/> SERVANT       | <input type="checkbox"/> OTHER (Specify) |            |             |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> DAUGHTER-IN-LAW  |  |  |            |             |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> BROTHER-IN-LAW   |  |  |            |             |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> SISTER-IN-LAW    |  |  |            |             |
| <input type="checkbox"/> UNCLE         |   |  |  |            |             |

FORM 10-537 (4-20-57)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1940 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 15100-P01

LOUISIANA

|                         |             |                 |     |            |       |
|-------------------------|-------------|-----------------|-----|------------|-------|
| B 240                   |             | HEAD OF FAMILY  |     | E.D.       | SHEET |
|                         |             | Rachel, Bolivar |     | 92         | 4     |
| COLOR                   | AGE         | BIRTHPLACE      |     |            |       |
| It                      | 73          |                 |     |            |       |
| COUNTY                  |             | Natchitoches    |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |             |                 |     |            |       |
|                         | NAME        | RELATIONSHIP    | AGE | BIRTHPLACE |       |
|                         | Orthothilde | It              | 48  |            |       |
|                         | Edgar       | It              | 22  |            |       |
|                         | Emily       | It              | 19  |            |       |
|                         | Budford     | It              | 17  |            |       |
|                         | Alice       | It              | 14  |            |       |
|                         | Launce      | It              | 9   |            |       |
|                         | Ezra        | It              | 7   |            |       |

FORM 10-430 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |   |  |      |   |    |
|--|---|--|------|---|----|
| R240   |   | NAME OF INDIVIDUAL   |      | LOUISIANA   |    |
| Rachel Bureale   |   | E.D.   |      | SHEET   |    |
| COLOR  | W | AGE  | 11   | 93  | 16 |
| BIRTHPLACE   |   |  |      |   |    |
| COUNTY   |   |  | CITY |   |    |
| Natchitoches   |   |  |      |   |    |
| ENUMERATED WITH  |   |  |      |   |    |
| Delanche Jones   |   |  |      |   |    |
| RELATIONSHIP TO ABOVE  |   |  |      |   |    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |   | <input checked="" type="checkbox"/> NEPHEW<br><input type="checkbox"/> Niece<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> WIDOW<br><input type="checkbox"/> MARRIED<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |    |

FORM 10-437 (4-22-51)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMB-DC 10100-P01

LOUISIANA



|                         |               | LOUISIANA    |       |
|-------------------------|---------------|--------------|-------|
| HEAD OF FAMILY          |               | E.D.         | SHEET |
| R240                    | Russell Brock |              | 72 11 |
| COLOR                   | AGE           | BIRTHPLACE   |       |
| B                       | 41            |              |       |
| COUNTY                  | De Soto       | CITY         |       |
| OTHER MEMBERS OF FAMILY |               |              |       |
| NAME                    |               | RELATIONSHIP | AGE   |
| Handie                  |               | S            | 13    |
| Roland                  |               | S            | 12    |
| Robert                  |               | S            | 8     |
|                         |               |              |       |
|                         |               |              |       |
|                         |               |              |       |
|                         |               |              |       |
|                         |               |              |       |
|                         |               |              |       |

Form 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

R-240

LOUISIANA

|                         |     |                |  |              |       |            |  |
|-------------------------|-----|----------------|--|--------------|-------|------------|--|
| <del>10-40</del>        |     | HEAD OF FAMILY |  | E.D.         |       | SHEET      |  |
|                         |     | Russell        |  | C M          |       | 12 10      |  |
| COLOR                   | AGE | BIRTHPLACE     |  |              |       |            |  |
| W                       | 46  | Miss           |  |              |       |            |  |
| COUNTY                  |     |                |  | CITY         |       |            |  |
| Ascension               |     |                |  |              |       |            |  |
| OTHER MEMBERS OF FAMILY |     |                |  |              |       |            |  |
| NAME                    |     |                |  | RELATIONSHIP | AGE   | BIRTHPLACE |  |
| R 7                     |     |                |  | W            | 35    | Miss       |  |
| Oppi                    |     |                |  | D            | 15    |            |  |
| Lila                    |     |                |  | D            | 12    |            |  |
| Alton                   |     |                |  | S            | 2 1/2 |            |  |
|                         |     |                |  |              |       |            |  |
|                         |     |                |  |              |       |            |  |
|                         |     |                |  |              |       |            |  |
|                         |     |                |  |              |       |            |  |

FORM 16-536 (4-22-51)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |           |  |  |   |             |
|--|-----------|--|--|---|-------------|
| R240                                   |           | NAME OF INDIVIDUAL<br>Russell, Caldera   |  | E.D.<br>109   | SHEET<br>17 |
| COLOR<br>W                             | AGE<br>15 | BIRTHPLACE                               |  |   |             |
| COUNTY                                 |           | SABINE                                   |  | CITY  |             |
| GENERATED WITH<br>Hicks, Andy O        |           |  |  |   |             |
| RELATIONSHIP TO ABOVE                  |           |  |  |   |             |
| <input type="checkbox"/> FATHER        |           | <input type="checkbox"/> NEPHEW          |  | <input type="checkbox"/> INMATE                     |             |
| <input type="checkbox"/> MOTHER        |           | <input type="checkbox"/> Niece           |  | <input type="checkbox"/> HUSBAND                    |             |
| <input type="checkbox"/> GRANDFATHER   |           | <input type="checkbox"/> FATHER-IN-LAW   |  | <input type="checkbox"/> PATIENT                    |             |
| <input type="checkbox"/> GRANDMOTHER   |           | <input type="checkbox"/> MOTHER-IN-LAW   |  | <input type="checkbox"/> WORKER                     |             |
| <input type="checkbox"/> GRANDSON      |           | <input type="checkbox"/> SON-IN-LAW      |  | <input type="checkbox"/> SERVANT                    |             |
| <input type="checkbox"/> GRANDDAUGHTER |           | <input type="checkbox"/> DAUGHTER-IN-LAW |  | <input checked="" type="checkbox"/> OTHER (Specify) |             |
| <input type="checkbox"/> AUNT          |           | <input type="checkbox"/> BROTHER-IN-LAW  |  | D   |             |
| <input type="checkbox"/> UNCLE         |           | <input type="checkbox"/> SISTER-IN-LAW   |  |   |             |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1960 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 19100-P01

LOUISIANA

|   |  |   |  |                    |                   |
|---|--|---|--|--------------------|-------------------|
| R240                                    |  | NAME OF INDIVIDUAL<br><i>Russel, Caroline</i> |  | E.O.<br><i>152</i> | SHEET<br><i>2</i> |
| COLOR<br><i>B</i>                       | AGE<br><i>1 1/2</i>                      | BIRTHPLACE                                    |  |                    |                   |
| COUNTY                                  |  | West Feliciana                                |  | CITY               |                   |
| ENUMERATED WITH<br><i>Russel, James</i> |  |   |  |                    |                   |
| RELATIONSHIP TO ABOVE                   |  |   |  |                    |                   |
| <input type="checkbox"/> FATHER         | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> NURSE                |  |                    |                   |
| <input type="checkbox"/> MOTHER         | <input type="checkbox"/> UNCLE           | <input type="checkbox"/> NURSE                |  |                    |                   |
| <input type="checkbox"/> GRANDFATHER    | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT              |  |                    |                   |
| <input type="checkbox"/> GRANDMOTHER    | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER               |  |                    |                   |
| <input type="checkbox"/> GRANDSON       | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT              |  |                    |                   |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)      |  |                    |                   |
| <input type="checkbox"/> AUNT           | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |                    |                   |
| <input type="checkbox"/> UNCLE          | <input type="checkbox"/> SISTER-IN-LAW   |   |  |                    |                   |

Form 10-637 10-20-211

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P01

| R240  |  | NAME OF INDIVIDUAL                                  |  | LOUISIANA |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|---|--|---|--|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|-------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| COLOR   | AGE                                      | BIRTHPLACE  |  | E.O.      | SHEET |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| B   | 9  |   |  | 81        | 32    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY  |  | CITY  |  |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|   |  | Madison   |  |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |   |  |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| Bedford Jim   |  |   |  |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |  |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> INMATE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> WIFE</td><td><input type="checkbox"/> NUNCE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input checked="" type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> |  |   |  |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> WIFE | <input type="checkbox"/> NUNCE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |  |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> WIFE            | <input type="checkbox"/> NUNCE                      |  |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |  |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 10-437 (4-20-01)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCENSUS-DC 18100-P61

LOUISIANA

|   |   |  |                   |                    |                                 |                                 |  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|---|--|-------------------|--------------------|---------------------------------|---------------------------------|--|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R240  | NAME OF INDIVIDUAL<br><i>Russell Cassie</i> |  | E.O.<br><i>29</i> | SHEET<br><i>13</i> |                                 |                                 |  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>B</i>   | AGE<br><i>15</i>                            | BIRTHPLACE                                 |                   |                    |                                 |                                 |  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>St. Charles</i>  | CITY  |  |                   |                    |                                 |                                 |  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Shuffey John</i>  |   |  |                   |                    |                                 |                                 |  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |   |  |                   |                    |                                 |                                 |  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input checked="" type="checkbox"/> SISTER</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> Niece</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |   |  |                   |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input checked="" type="checkbox"/> SISTER | <input type="checkbox"/> MOTHER | <input type="checkbox"/> Niece | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW             | <input checked="" type="checkbox"/> SISTER |                   |                    |                                 |                                 |  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> Niece              | <input type="checkbox"/> NURSE             |                   |                    |                                 |                                 |  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW      | <input type="checkbox"/> PATIENT           |                   |                    |                                 |                                 |  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW      | <input type="checkbox"/> ROOMER            |                   |                    |                                 |                                 |  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW         | <input type="checkbox"/> SERVANT           |                   |                    |                                 |                                 |  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW    | <input type="checkbox"/> OTHER (Specify)   |                   |                    |                                 |                                 |  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW     |  |                   |                    |                                 |                                 |  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW      |  |                   |                    |                                 |                                 |  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

Form 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

JSCOMM-DC 18160-P61

|                         |     |                |      |            |       |
|-------------------------|-----|----------------|------|------------|-------|
| R240                    |     | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |      | E.D.       | SHEET |
| B                       | 66  |                |      | 73         | 7     |
| COUNTY                  |     |                | CITY |            |       |
| St. James               |     |                |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Y I Pa                  |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |                                 |  |                                |                                      |  |                                     |  |   |  |                                 |                                 |                                      |                                |                                      |  |                                     |  |   |  |  |                                 |                                      |                                |                                      |  |                                     |  |   |  |                                   |                                 |                                      |                                |                                      |  |                                     |  |   |  |  |                                 |                                      |                                |                                      |  |                                     |  |   |  |                               |                                 |                                      |                                |                                      |  |                                     |  |   |  |                                |                                 |                                      |                                |                                      |  |                                     |  |   |  |
|--|---------------------------------|--|--------------------------------|--------------------------------------|--|-------------------------------------|--|---|--|---------------------------------|---------------------------------|--------------------------------------|--------------------------------|--------------------------------------|--|-------------------------------------|--|---|--|--|---------------------------------|--------------------------------------|--------------------------------|--------------------------------------|--|-------------------------------------|--|---|--|-----------------------------------|---------------------------------|--------------------------------------|--------------------------------|--------------------------------------|--|-------------------------------------|--|---|--|--|---------------------------------|--------------------------------------|--------------------------------|--------------------------------------|--|-------------------------------------|--|---|--|-------------------------------|---------------------------------|--------------------------------------|--------------------------------|--------------------------------------|--|-------------------------------------|--|---|--|--------------------------------|---------------------------------|--------------------------------------|--------------------------------|--------------------------------------|--|-------------------------------------|--|---|--|
| B 240                                      |                                 | NAME OF INDIVIDUAL   |                                | LOUISIANA                            |  | E.D.                                |  | SHEET                                   |  |                                 |                                 |                                      |                                |                                      |  |                                     |  |   |  |  |                                 |                                      |                                |                                      |  |                                     |  |   |  |                                   |                                 |                                      |                                |                                      |  |                                     |  |   |  |  |                                 |                                      |                                |                                      |  |                                     |  |   |  |                               |                                 |                                      |                                |                                      |  |                                     |  |   |  |                                |                                 |                                      |                                |                                      |  |                                     |  |   |  |
| RACHEL                                     |                                 | 67   |                                | CALCASIEU                            |  | 37                                  |  | 19                                      |  |                                 |                                 |                                      |                                |                                      |  |                                     |  |   |  |  |                                 |                                      |                                |                                      |  |                                     |  |   |  |                                   |                                 |                                      |                                |                                      |  |                                     |  |   |  |  |                                 |                                      |                                |                                      |  |                                     |  |   |  |                               |                                 |                                      |                                |                                      |  |                                     |  |   |  |                                |                                 |                                      |                                |                                      |  |                                     |  |   |  |
| COUNTY                                     |                                 | CITY   |                                | LAKE CHARLES                         |  |                                     |  |   |  |                                 |                                 |                                      |                                |                                      |  |                                     |  |   |  |  |                                 |                                      |                                |                                      |  |                                     |  |   |  |                                   |                                 |                                      |                                |                                      |  |                                     |  |   |  |  |                                 |                                      |                                |                                      |  |                                     |  |   |  |                               |                                 |                                      |                                |                                      |  |                                     |  |   |  |                                |                                 |                                      |                                |                                      |  |                                     |  |   |  |
| ENUMERATED WITH                            |                                 | RACHEL, FERMOR   |                                |                                      |  |                                     |  |   |  |                                 |                                 |                                      |                                |                                      |  |                                     |  |   |  |  |                                 |                                      |                                |                                      |  |                                     |  |   |  |                                   |                                 |                                      |                                |                                      |  |                                     |  |   |  |  |                                 |                                      |                                |                                      |  |                                     |  |   |  |                               |                                 |                                      |                                |                                      |  |                                     |  |   |  |                                |                                 |                                      |                                |                                      |  |                                     |  |   |  |
| RELATIONSHIP TO ABOVE                      |                                 | <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> Niece</td> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> </tr> <tr> <td><input checked="" type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> Niece</td> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> Niece</td> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> Niece</td> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> Niece</td> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> Niece</td> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> </tr> </table> |                                |                                      |  |                                     |  |   |  | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> Niece | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> BROTHER-IN-LAW | <input type="checkbox"/> SISTER-IN-LAW | <input checked="" type="checkbox"/> MOTHER | <input type="checkbox"/> FATHER | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> Niece | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> BROTHER-IN-LAW | <input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> FATHER | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> Niece | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> BROTHER-IN-LAW | <input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> FATHER | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> Niece | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> BROTHER-IN-LAW | <input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> AUNT | <input type="checkbox"/> FATHER | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> Niece | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> BROTHER-IN-LAW | <input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> UNCLE | <input type="checkbox"/> FATHER | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> Niece | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> BROTHER-IN-LAW | <input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> FATHER            | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> Niece | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> BROTHER-IN-LAW | <input type="checkbox"/> SISTER-IN-LAW |                                 |                                 |                                      |                                |                                      |  |                                     |  |   |  |  |                                 |                                      |                                |                                      |  |                                     |  |   |  |                                   |                                 |                                      |                                |                                      |  |                                     |  |   |  |  |                                 |                                      |                                |                                      |  |                                     |  |   |  |                               |                                 |                                      |                                |                                      |  |                                     |  |   |  |                                |                                 |                                      |                                |                                      |  |                                     |  |   |  |
| <input checked="" type="checkbox"/> MOTHER | <input type="checkbox"/> FATHER | <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> Niece | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> BROTHER-IN-LAW | <input type="checkbox"/> SISTER-IN-LAW |                                 |                                 |                                      |                                |                                      |  |                                     |  |   |  |  |                                 |                                      |                                |                                      |  |                                     |  |   |  |                                   |                                 |                                      |                                |                                      |  |                                     |  |   |  |  |                                 |                                      |                                |                                      |  |                                     |  |   |  |                               |                                 |                                      |                                |                                      |  |                                     |  |   |  |                                |                                 |                                      |                                |                                      |  |                                     |  |   |  |
| <input type="checkbox"/> GRANDSON          | <input type="checkbox"/> FATHER | <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> Niece | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> BROTHER-IN-LAW | <input type="checkbox"/> SISTER-IN-LAW |                                 |                                 |                                      |                                |                                      |  |                                     |  |   |  |  |                                 |                                      |                                |                                      |  |                                     |  |   |  |                                   |                                 |                                      |                                |                                      |  |                                     |  |   |  |  |                                 |                                      |                                |                                      |  |                                     |  |   |  |                               |                                 |                                      |                                |                                      |  |                                     |  |   |  |                                |                                 |                                      |                                |                                      |  |                                     |  |   |  |
| <input type="checkbox"/> GRANDDAUGHTER     | <input type="checkbox"/> FATHER | <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> Niece | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> BROTHER-IN-LAW | <input type="checkbox"/> SISTER-IN-LAW |                                 |                                 |                                      |                                |                                      |  |                                     |  |   |  |  |                                 |                                      |                                |                                      |  |                                     |  |   |  |                                   |                                 |                                      |                                |                                      |  |                                     |  |   |  |  |                                 |                                      |                                |                                      |  |                                     |  |   |  |                               |                                 |                                      |                                |                                      |  |                                     |  |   |  |                                |                                 |                                      |                                |                                      |  |                                     |  |   |  |
| <input type="checkbox"/> AUNT              | <input type="checkbox"/> FATHER | <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> Niece | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> BROTHER-IN-LAW | <input type="checkbox"/> SISTER-IN-LAW |                                 |                                 |                                      |                                |                                      |  |                                     |  |   |  |  |                                 |                                      |                                |                                      |  |                                     |  |   |  |                                   |                                 |                                      |                                |                                      |  |                                     |  |   |  |  |                                 |                                      |                                |                                      |  |                                     |  |   |  |                               |                                 |                                      |                                |                                      |  |                                     |  |   |  |                                |                                 |                                      |                                |                                      |  |                                     |  |   |  |
| <input type="checkbox"/> UNCLE             | <input type="checkbox"/> FATHER | <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> Niece | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> BROTHER-IN-LAW | <input type="checkbox"/> SISTER-IN-LAW |                                 |                                 |                                      |                                |                                      |  |                                     |  |   |  |  |                                 |                                      |                                |                                      |  |                                     |  |   |  |                                   |                                 |                                      |                                |                                      |  |                                     |  |   |  |  |                                 |                                      |                                |                                      |  |                                     |  |   |  |                               |                                 |                                      |                                |                                      |  |                                     |  |   |  |                                |                                 |                                      |                                |                                      |  |                                     |  |   |  |

FORM 10-517 (4-25-61)

1950 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

UNCOMM-OC 10100-P-61



LOUISIANA

|  |   |   |  |                   |                    |                                 |                                 |                                  |                                 |                                |                                  |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|---|---|--|-------------------|--------------------|---------------------------------|---------------------------------|----------------------------------|---------------------------------|--------------------------------|----------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|---|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R 240  |   | NAME OF INDIVIDUAL<br><i>Rachel Celestine</i> |  | E.O.<br><i>63</i> | SHEET<br><i>10</i> |                                 |                                 |                                  |                                 |                                |                                  |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>N</i>  | AGE<br><i>49</i>                                  | BIRTHPLACE                                    |  |                   |                    |                                 |                                 |                                  |                                 |                                |                                  |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>Grant</i>   |   | CITY  |  |                   |                    |                                 |                                 |                                  |                                 |                                |                                  |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Versha Bertrand</i>  |   |   |  |                   |                    |                                 |                                 |                                  |                                 |                                |                                  |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |   |   |  |                   |                    |                                 |                                 |                                  |                                 |                                |                                  |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> BOARDER</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> BOARDER</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input checked="" type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |   |   |  |                   |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> BOARDER | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> BOARDER | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input checked="" type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW                   | <input type="checkbox"/> BOARDER              |  |                   |                    |                                 |                                 |                                  |                                 |                                |                                  |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE                    | <input type="checkbox"/> BOARDER              |  |                   |                    |                                 |                                 |                                  |                                 |                                |                                  |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW            | <input type="checkbox"/> PATIENT              |  |                   |                    |                                 |                                 |                                  |                                 |                                |                                  |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input checked="" type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER               |  |                   |                    |                                 |                                 |                                  |                                 |                                |                                  |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW               | <input type="checkbox"/> SERVANT              |  |                   |                    |                                 |                                 |                                  |                                 |                                |                                  |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW          | <input type="checkbox"/> OTHER (Specify)      |  |                   |                    |                                 |                                 |                                  |                                 |                                |                                  |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW           |   |  |                   |                    |                                 |                                 |                                  |                                 |                                |                                  |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW            |   |  |                   |                    |                                 |                                 |                                  |                                 |                                |                                  |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-637 (4-10-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 1910-PC-1

|                         |        |                |      |            |       |
|-------------------------|--------|----------------|------|------------|-------|
| R246                    |        | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR                   | AGE    | BIRTHPLACE     |      | E.D.       | SHEET |
| B                       | 29     | Tex            |      | 60         | 14    |
| COUNTY                  |        |                | CITY |            |       |
| Caddo                   |        |                |      |            |       |
| OTHER MEMBERS OF FAMILY |        |                |      |            |       |
| NAME                    |        | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Eddie                   |        | W              | 25   |            |       |
| Rosa                    |        | F              | 6    |            |       |
| Lillie                  |        | D              | 4    |            |       |
| David                   |        | S              | 3    |            |       |
| Taylor                  | Bertie | S              | 26   |            |       |
|                         |        |                |      |            |       |
|                         |        |                |      |            |       |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R240                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.O.       | SHEET |
| B                       | 30  |                |     | 40         | 26    |
| COUNTY                  |     | CITY           |     |            |       |
| East Carroll            |     | /              |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Nancy                   |     | W              | 28  |            |       |
| Cora                    |     | D              | 5   |            |       |
| Charles Jr              |     | S              | 4   |            |       |
| Lybra                   |     | D              | 3   |            |       |
| John                    |     | D              | 2   |            |       |
| Bra                     |     | S              | 1/2 |            |       |
|                         |     |                |     |            |       |

FORM 18-636 (4-30-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |            |                  |     |            |       |
|-------------------------|------------|------------------|-----|------------|-------|
| R240                    |            | HEAD OF FAMILY   |     | LOUISIANA  |       |
| COLOR                   | AGE        | NAME             |     | E.O.       | SHEET |
|                         | 30         | Rouselle Charles |     | 68         | 15    |
| COUNTY                  |            | CITY             |     |            |       |
| St. James               |            |                  |     |            |       |
| OTHER MEMBERS OF FAMILY |            |                  |     |            |       |
|                         | NAME       | RELATIONSHIP     | AGE | BIRTHPLACE |       |
|                         | Calitini   | W                | 75  |            |       |
|                         | Idia       | S                | 20  |            |       |
|                         | Amelia     | S                | 19  |            |       |
|                         | Bernadette | D                | 14  |            |       |
|                         | Corone     | D                | 13  |            |       |
|                         | Harmonia   | D                | 11  |            |       |
|                         | Beulah     | D                | 7   |            |       |

FORM 10-636 (4-20-61)

1970 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

HEAD OF FAMILY - CONTINUED

LOUISIANA

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME    | RELATIONSHIP | AGE | BIRTHPLACE |
|---------|--------------|-----|------------|
| Charles | S            | 6   |            |
| Leonie  | D            | 3   |            |
|         |              |     |            |
|         |              |     |            |
|         |              |     |            |
|         |              |     |            |
|         |              |     |            |
|         |              |     |            |
|         |              |     |            |
|         |              |     |            |
|         |              |     |            |

FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18100-P01

|  |  |   |  |                   |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
|--|--|---|--|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|-------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|--|--|--------------------------------|--|--|
| 2240   |  | NAME OF INDIVIDUAL<br><i>Russel Charles</i> |  | LOUISIANA         |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| COLOR<br><i>TS</i>   | AGE<br><i>22</i>                                   | BIRTHPLACE                                  |  | E.D.<br><i>68</i> | SHEET<br><i>19</i> |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| COUNTY   |  | CITY<br><i>St. James</i>                    |  |                   |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| ENUMERATED WITH<br><i>Clayton George</i>   |  |   |  |                   |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   |  |                   |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NICE</td> <td><input type="checkbox"/> NUNCE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input checked="" type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |                   |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NICE | <input type="checkbox"/> NUNCE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input checked="" type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW                    | <input type="checkbox"/> INMATE             |  |                   |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NICE                      | <input type="checkbox"/> NUNCE              |  |                   |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW             | <input type="checkbox"/> PATIENT            |  |                   |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW             | <input type="checkbox"/> ROOMER             |  |                   |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW                | <input type="checkbox"/> SERVANT            |  |                   |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW           | <input type="checkbox"/> OTHER (Specify)    |  |                   |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input checked="" type="checkbox"/> BROTHER-IN-LAW |   |  |                   |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW             |   |  |                   |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |           |            |       |
|-------------------------|---|----------------|-----------|------------|-------|
| R 246                   |   | HEAD OF FAMILY |           | LOUISIANA  |       |
| COLOR                   | W | AGE            | 12        | BIRTHPLACE |       |
|                         |   |                |           | E.D.       | SHEET |
|                         |   |                |           | 55         | 17    |
| COUNTY                  |   |                | Iberville | CITY       |       |
|                         |   |                |           | Plaquemine |       |
| OTHER MEMBERS OF FAMILY |   |                |           |            |       |
| NAME                    |   | RELATIONSHIP   | AGE       | BIRTHPLACE |       |
| / Jennie                |   | W              | 20        |            |       |
| / Ellen                 |   | D              | 10        |            |       |
| / David                 |   | S              | 8         |            |       |
| / Thomas David          |   | F L            | 64        |            |       |
| / Ellen                 |   | M L            | 63        |            |       |
| / Annie                 |   | S L            | 24        |            |       |
|                         |   |                |           |            |       |
|                         |   |                |           |            |       |

 FORM 10-436 (4-20-31)  
 1910 CENSUS INDEX - FAMILY

 U.S. DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

|                         |     |                |      |            |       |
|-------------------------|-----|----------------|------|------------|-------|
| R240                    |     | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |      | E.D.       | SHEET |
| B                       | 30  |                |      | 27         | 19    |
| COUNTY                  |     |                | CITY |            |       |
| Caddo                   |     |                |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Marion                  |     | W              | 23   |            |       |
| Dora W                  |     | S              | 4    |            |       |
| 2 Niles                 |     | D              | 2    |            |       |
| and 1 servant           |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |   |                |       |                 |  |           |   |
|-------------------------|---|----------------|-------|-----------------|--|-----------|---|
| 1240                    |   | HEAD OF FAMILY |       | Russett Charles |  | LOUISIANA |   |
| COLOR                   | B | AGE            | 32    | BIRTHPLACE      |  | E.D.      | 3 |
| COUNTY                  |   | BIBBVILLE      |       | CITY            |  | SHEET 29  |   |
| OTHER MEMBERS OF FAMILY |   |                |       |                 |  |           |   |
| NAME                    |   | RELATIONSHIP   | AGE   | BIRTHPLACE      |  |           |   |
| Lucie                   |   | w              | 25    |                 |  |           |   |
| Daisy                   |   | S              | 7     |                 |  |           |   |
| W. H.                   |   | S              | 5     |                 |  |           |   |
| Eddie L                 |   | D              | 1 1/2 |                 |  |           |   |
|                         |   |                |       |                 |  |           |   |
|                         |   |                |       |                 |  |           |   |
|                         |   |                |       |                 |  |           |   |

FORM 19-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |     |            |       |
|-------------------------|--|----------------|-----|------------|-------|
| R240                    |  | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   |  | AGE            |     | E.D.       | SHEET |
| W                       |  | 56             |     | 79         | 24    |
| COUNTY                  |  | CITY           |     |            |       |
| Rapides                 |  | Alexandria     |     |            |       |
| OTHER MEMBERS OF FAMILY |  |                |     |            |       |
| NAME                    |  | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Margaret                |  | W              | 56  | Miss.      |       |
| Charles Jr.             |  | S              | 26  |            |       |
| Lucy                    |  | D              | 24  |            |       |
| Margaret                |  | D              | 22  |            |       |
| Berta                   |  | D              | 18  |            |       |
|                         |  |                |     |            |       |
|                         |  |                |     |            |       |

FORM 10-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |   |  |    |  |    |
|--|---|--|----|--|----|
| R 240  |   | NAME OF INDIVIDUAL   |    | LOUISIANA  |    |
| COLOR  | W | AGE  | 27 | ED.  | 44 |
|  |   | BIRTHPLACE   |    | SHEET 15   |    |
| COUNTY   |   | Calcasieu  |    | CITY   |    |
| ENUMERATED WITH  |   |  |    |  |    |
| Seth Will W  |   |  |    |  |    |
| RELATIONSHIP TO ABOVE  |   |  |    |  |    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |   | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NICE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |    | <input type="checkbox"/> WIFE<br><input type="checkbox"/> MURDER<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |    |

FORM 18-437 (4-28-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-OC 18100-P01

|  |   |                    |    |            |      |
|--|---|--------------------|----|------------|------|
| R240   |   | NAME OF INDIVIDUAL |    | LOUISIANA  |      |
| Russell Charlet  |   | E.D.               |    | SHEET      |      |
| COLOR  | W | AGE                | 33 | BIRTHPLACE | 80 6 |
| COUNTY   |   | Natchitoches       |    | CITY       |      |
| ENUMERATED WITH  |   | Natchitoches       |    |            |      |
| RELATIONSHIP TO ABOVE  |   | Smith 3 m.         |    |            |      |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER<br/> <input type="checkbox"/> MOTHER<br/> <input type="checkbox"/> GRANDFATHER<br/> <input type="checkbox"/> GRANDMOTHER<br/> <input type="checkbox"/> GRANDSON<br/> <input type="checkbox"/> GRANDDAUGHTER<br/> <input type="checkbox"/> AUNT<br/> <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW<br/> <input type="checkbox"/> NIECE<br/> <input type="checkbox"/> FATHER-IN-LAW<br/> <input type="checkbox"/> MOTHER-IN-LAW<br/> <input type="checkbox"/> SON-IN-LAW<br/> <input type="checkbox"/> DAUGHTER-IN-LAW<br/> <input type="checkbox"/> BROTHER-IN-LAW<br/> <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> REMATE<br/> <input type="checkbox"/> NURSE<br/> <input type="checkbox"/> PATIENT<br/> <input type="checkbox"/> ROOMER<br/> <input type="checkbox"/> SERVANT<br/> <input type="checkbox"/> OTHER (Specify) </div> </div> |   |                    |    |            |      |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |           |  |  |   |            |
|--|-----------|--|--|---|------------|
| R 240  |           | NAME OF INDIVIDUAL<br>Russell Charley  |  | LOUISIANA   |            |
| COLOR<br>W   | AGE<br>10 | BIRTHPLACE   |  | E.O.<br>43  | SHEET<br>1 |
| COUNTY<br>Calcasieu  |           | CITY<br>De Quincy  |  |   |            |
| ENUMERATED WITH<br>Perkins James H. (s)  |           |  |  |   |            |
| RELATIONSHIP TO ABOVE  |           |  |  |   |            |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |           | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NICE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> SLAVE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |            |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 1910-P-61

|  |  |   |            |                  |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|---|------------|------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|-------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R240   |  | NAME OF INDIVIDUAL<br><i>Kachall, Charles</i> |            | LOUISIANA        |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>B</i>  |  | AGE<br><i>70</i>                              | BIRTHPLACE | E.D.<br><i>9</i> | SHEET<br><i>13</i> |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>Ascension</i>   |  |   | CITY       |                  |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Washington, Lou</i>  |  |   |            |                  |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   |            |                  |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |            |                  |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE               |            |                  |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NECE            | <input type="checkbox"/> NURSE                |            |                  |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT              |            |                  |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER    |            |                  |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT              |            |                  |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)      |            |                  |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |   |            |                  |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |   |            |                  |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R240                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| Mu                      | 28  | Miss           |     | 110        | 16    |
| COUNTY                  |     | Jettrebonne    |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| + 1 PA                  |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |           |            |  |
|-------------------------|--|----------------|-----------|------------|--|
| R240                    |  | HEAD OF FAMILY |           | LOUISIANA  |  |
| COLOR                   |  | AGE            |           | ED. SHEET  |  |
| W                       |  | 35             |           | 12 13      |  |
| BIRTHPLACE              |  |                |           |            |  |
| COUNTY                  |  |                | CITY      |            |  |
| St. Landry              |  |                | Opulenses |            |  |
| OTHER MEMBERS OF FAMILY |  |                |           |            |  |
| NAME                    |  | RELATIONSHIP   | AGE       | BIRTHPLACE |  |
| Anna                    |  | W              | 31        |            |  |
| Joseph                  |  | S              | 3         |            |  |
| Paulo                   |  | S              | 1         |            |  |
| 2 boarders              |  |                |           |            |  |
|                         |  |                |           |            |  |
|                         |  |                |           |            |  |
|                         |  |                |           |            |  |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |              |                |            |           |       |
|-------------------------|--------------|----------------|------------|-----------|-------|
| R 240                   |              | HEAD OF FAMILY |            | LOUISIANA |       |
| COLOR                   |              | AGE            | BIRTHPLACE | E.O.      | SHEET |
| W                       |              | 46             |            | 89        | 9     |
| COUNTY                  |              |                | CITY       |           |       |
| Natchitoches            |              |                |            |           |       |
| OTHER MEMBERS OF FAMILY |              |                |            |           |       |
| NAME                    | RELATIONSHIP | AGE            | BIRTHPLACE |           |       |
| Laurie                  | W            | 36             |            |           |       |
| Oliver                  | D            | 19             |            |           |       |
| Deveney                 | S            | 13             |            |           |       |
| Lane                    | D            | 12             |            |           |       |
| Colon                   | S            | 8              |            |           |       |
| McLuen                  | D            | 4              |            |           |       |

FORM 16-536 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |   |   |  |                  |                    |
|---|---|---|--|------------------|--------------------|
| R240  |   | NAME OF INDIVIDUAL<br><i>Russell, Charlie</i>   |  | LOUISIANA        |                    |
| COLOR<br><i>W</i>   | AGE<br><i>12</i>  | BIRTHPLACE<br><i>Ala</i>  |  | ED.<br><i>34</i> | SHEET<br><i>10</i> |
| COUNTY<br><i>Caddo</i>  |   | CITY  |  |                  |                    |
| ENUMERATED WITH<br><i>Anderson, Andrew M</i>  |   |   |  |                  |                    |
| RELATIONSHIP TO ABOVE   |   |   |  |                  |                    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input checked="" type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHER<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NUDE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |  |                  |                    |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 1910S-P61

|  |                  |  |      |  |                   |
|--|------------------|--|------|--|-------------------|
| R240   |                  | NAME OF INDIVIDUAL<br><i>Roselle Chalotte</i>  |      | E.D.<br><i>27</i>  | SHEET<br><i>1</i> |
| COLOR<br><i>W</i>  | AGE<br><i>16</i> | BIRTHPLACE<br><i>LA.</i>   |      |  |                   |
| COUNTY<br><i>East Baton Rouge</i>  |                  |  | CITY |  |                   |
| ENUMERATED WITH<br><i>De Graciano Michele</i>  |                  |  |      |  |                   |
| RELATIONSHIP TO ABOVE  |                  |  |      |  |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NICE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> WMAITE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>sd</i> |                   |

FORM 16-637 (4-28-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |   |   |      |   |                 |
|--|---|---|------|---|-----------------|
| R240   |   | NAME OF INDIVIDUAL  |      | LOUISIANA   |                 |
| COLOR  | B | AGE   | 29   | BIRTHPLACE  | E.D. 25 SHEET 2 |
| COUNTY   |   |   | CITY |   |                 |
| Bossier  |   |   |      |   |                 |
| ENUMERATED WITH  |   |   |      |   |                 |
| Raisie Dally   |   |   |      |   |                 |
| RELATIONSHIP TO ABOVE  |   |   |      |   |                 |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |   | <input type="checkbox"/> NEPHER<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> INMATE<br><input type="checkbox"/> HUNGER<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br>D |                 |

FORM 19-637 (4-29-61)

1919 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |     |   |  |  |       |
|---|-----|---|--|--|-------|
| 274   |     | NAME OF INDIVIDUAL  |  | LOUISIANA  |       |
|   |     | Russell Chester   |  | E.D.   | SHEET |
| COLOR   | AGE | BIRTHPLACE  |  | 111  | 5     |
| B   | 4   |   |  |  |       |
| COUNTY  |     | Jerrebonne  |  | CITY   |       |
|   |     |   |  |  |       |
| ENUMERATED WITH   |     | Williams Mary   |  |  |       |
| RELATIONSHIP TO ABOVE   |     |   |  |  |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input checked="" type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |       |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |      |            |       |
|-------------------------|-----|----------------|------|------------|-------|
| 8240                    |     | HEAD OF FAMILY |      | LOUISIANA  |       |
| Russell                 |     | Christian      |      | E.D.       | SHEET |
| COLOR                   | AGE | BIRTHPLACE     |      | 120        | 6     |
| B                       | 80  | Va             |      |            |       |
| COUNTY                  |     |                | CITY |            |       |
| Tensas                  |     |                |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Living alone            |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |

FORM 18-436 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |           |                   |     |            |                     |
|-------------------------|-----------|-------------------|-----|------------|---------------------|
| R240                    |           | HEAD OF FAMILY    |     | LOUISIANA  |                     |
| COLOR                   | W         | AGE               | 42  | BIRTHPLACE | Roussel Christopher |
| COUNTY                  |           | St. James         |     | CITY       |                     |
| OTHER MEMBERS OF FAMILY |           |                   |     |            |                     |
|                         | NAME      | RELATION-<br>SHIP | AGE | BIRTHPLACE |                     |
|                         | Edith L.  | W                 | 29  |            |                     |
|                         | Yinson    | D                 | 21  |            |                     |
|                         | Christian | S                 | 15  |            |                     |
|                         | Warren    | S                 | 12  |            |                     |
|                         | Lawrence  | S                 | 9   |            |                     |
|                         | Harrell   | S                 | 5   |            |                     |
|                         |           |                   |     |            |                     |

FORM 16-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |                  |  |  |  |                    |
|--|------------------|--|--|--|--------------------|
| K240   |                  | NAME OF INDIVIDUAL<br><i>Russell Cirena</i>  |  | E.O.<br><i>70</i>  | SHEET<br><i>32</i> |
| COLOR<br><i>B</i>  | AGE<br><i>13</i> | BIRTHPLACE   |  |  |                    |
| COUNTY<br><i>JULIA ACADIA</i>  |                  | CITY<br><i>Crowley</i>   |  |  |                    |
| ENUMERATED WITH<br><i>Leslie, Frank</i>  |                  |  |  |  |                    |
| RELATIONSHIP TO ABOVE  |                  |  |  |  |                    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input checked="" type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                    |

FORM 18-437 (4-30-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18198-P01



|                         |         |                |     |                  |  |           |    |
|-------------------------|---------|----------------|-----|------------------|--|-----------|----|
| R 240                   |         | HEAD OF FAMILY |     | Recalling Curran |  | LOUISIANA |    |
| COLOR                   | W       | AGE            | 30  | BIRTHPLACE       |  | E.D.      | 82 |
|                         |         |                |     |                  |  | SHEET     | 21 |
| COUNTY                  |         | Rapid          |     | CITY             |  | Echo      |    |
| OTHER MEMBERS OF FAMILY |         |                |     |                  |  |           |    |
|                         | NAME    | RELATIONSHIP   | AGE | BIRTHPLACE       |  |           |    |
|                         | Achrah  | W              | 38  |                  |  |           |    |
|                         | Almer   | S              | 18  |                  |  |           |    |
|                         | Adeline | S              | 15  |                  |  |           |    |
|                         | Lillie  | S              | 3   |                  |  |           |    |
|                         | Bazon   | S              | 2   |                  |  |           |    |
|                         | Almer   | M              | 17  |                  |  |           |    |

Form 19-436 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |  |            |   |       |
|--|--|--|------------|---|-------|
| R240   |  | NAME OF INDIVIDUAL   |            | LOUISIANA   |       |
| COLOR  |  | AGE  | BIRTHPLACE | E.D.  | SHEET |
| W  |  | 37   |            | 93  | 2     |
| COUNTY   |  |  | CITY       |   |       |
| Natchitoches   |  |  |            |   |       |
| ENUMERATED WITH  |  |  |            |   |       |
| Hallie Alcie   |  |  |            |   |       |
| RELATIONSHIP TO ABOVE  |  |  |            |   |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NICE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |            | <input type="checkbox"/> WIDWIFE<br><input type="checkbox"/> NUNCE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br>C |       |

FORM 16-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 1919b-P61

|                                |                       |                     |                  |                   |
|--------------------------------|-----------------------|---------------------|------------------|-------------------|
| <b>R240</b>                    | <b>HEAD OF FAMILY</b> |                     | <b>LOUISIANA</b> |                   |
| <b>COLOR</b>                   | <b>AGE</b>            | <b>BIRTHPLACE</b>   |                  | <b>E.O.</b>       |
| <b>W</b>                       | <b>22</b>             |                     |                  | <b>117</b>        |
| <b>COUNTY</b>                  |                       | <b>CITY</b>         |                  |                   |
| <b>Richland</b>                |                       |                     |                  |                   |
| <b>OTHER MEMBERS OF FAMILY</b> |                       |                     |                  |                   |
| <b>NAME</b>                    |                       | <b>RELATIONSHIP</b> | <b>AGE</b>       | <b>BIRTHPLACE</b> |
| / <b>Jane</b>                  |                       | <b>W</b>            | <b>23</b>        |                   |
| <b>Carlton</b>                 |                       | <b>5</b>            | <b>14 1/2</b>    |                   |
|                                |                       |                     |                  |                   |
|                                |                       |                     |                  |                   |
|                                |                       |                     |                  |                   |
|                                |                       |                     |                  |                   |
|                                |                       |                     |                  |                   |
|                                |                       |                     |                  |                   |

FORM 16-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                                |  |                       |            |                   |              |
|--------------------------------|--|-----------------------|------------|-------------------|--------------|
| <b>R240</b>                    |  | <b>HEAD OF FAMILY</b> |            | <b>LOUISIANA</b>  |              |
| <b>COLOR</b>                   |  | <b>AGE</b>            |            | <b>E.D.</b>       | <b>SHEET</b> |
| <b>W</b>                       |  | <b>32</b>             |            | <b>4</b>          | <b>5</b>     |
| <b>BIRTHPLACE</b>              |  | <b>Assumption</b>     |            |                   |              |
| <b>CITY</b>                    |  |                       |            |                   |              |
| <b>OTHER MEMBERS OF FAMILY</b> |  |                       |            |                   |              |
| <b>NAME</b>                    |  | <b>RELATIONSHIP</b>   | <b>AGE</b> | <b>BIRTHPLACE</b> |              |
| <b>1 Isabelle</b>              |  | <b>W</b>              | <b>22</b>  |                   |              |
|                                |  |                       |            |                   |              |
|                                |  |                       |            |                   |              |
|                                |  |                       |            |                   |              |
|                                |  |                       |            |                   |              |
|                                |  |                       |            |                   |              |
|                                |  |                       |            |                   |              |
|                                |  |                       |            |                   |              |
|                                |  |                       |            |                   |              |

FORM 16-636 (4-20-21)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |                 |            |       |
|-------------------------|--|----------------|-----------------|------------|-------|
| R 240                   |  | HEAD OF FAMILY |                 | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE      | E.O.       | SHEET |
| Mm                      |  | 18             |                 | 41         | 16    |
| COUNTY                  |  |                | CITY            |            |       |
| East Carroll            |  |                | Lake Providence |            |       |
| OTHER MEMBERS OF FAMILY |  |                |                 |            |       |
| NAME                    |  | RELATIONSHIP   | AGE             | BIRTHPLACE |       |
| 1 Duane                 |  | B              | 24              |            |       |
| Joe                     |  | B              | 17              |            |       |
|                         |  |                |                 |            |       |
|                         |  |                |                 |            |       |
|                         |  |                |                 |            |       |
|                         |  |                |                 |            |       |
|                         |  |                |                 |            |       |
|                         |  |                |                 |            |       |

FORM 18-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |     |   |  |   |  |
|--|-----|---|--|---|--|
| B24  |     | NAME OF INDIVIDUAL  |  | LOUISIANA   |  |
| Racefort Clara   |     | E.D.  |  | SHEET   |  |
| COLOR  | AGE | BIRTHPLACE  |  |   |  |
| W  | 9   | Italy   |  |   |  |
| COUNTY   |     | CITY  |  |   |  |
| Iberia   |     |   |  |   |  |
| ENUMERATED WITH  |     |   |  |   |  |
| Racefort Vincent   |     |   |  |   |  |
| RELATIONSHIP TO ABOVE  |     |   |  |   |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHER<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NUNCE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br>Sl |  |

FORM 16-537 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCENS-DC 1910-PS1

|  |   |   |  |           |       |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
|--|---|---|--|-----------|-------|---------------------------------|---------------------------------|-------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|---|--|-------------------------------|---|--|--------------------------------|--|--|
| R240                                   |   | NAME OF INDIVIDUAL  |  | LOUISIANA |       |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| SEX                                    |   | AGE   |  | E.O.      | SHEET |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| M                                      |   | 22  |  | 93        | 13    |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| COUNTY                                 |   | CITY  |  |           |       |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| St. Mary                               |   | Patterson   |  |           |       |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| GENERATED WITH                         |   | Russell Louisie   |  |           |       |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE                  |   | <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIFE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> Niece</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input checked="" type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIFE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> Niece | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input checked="" type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW                     | <input type="checkbox"/> WIFE   |  |           |       |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> Niece                      | <input type="checkbox"/> NURSE  |  |           |       |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW              | <input type="checkbox"/> PATIENT  |  |           |       |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW              | <input type="checkbox"/> ROOMER   |  |           |       |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW                 | <input type="checkbox"/> SERVANT  |  |           |       |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER | <input checked="" type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)  |  |           |       |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW             |   |  |           |       |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW              |   |  |           |       |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |

FORM 16-537 (4-22-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1919 CENSUS INDEX - INDIVIDUAL

|  |                  |   |  |  |                   |
|--|------------------|---|--|--|-------------------|
| Q 240  |                  | NAME OF INDIVIDUAL<br><i>Rachel Clem</i>  |  | LOUISIANA  |                   |
| COLOR<br><i>W</i>  | AGE<br><i>20</i> | BIRTHPLACE  |  | E.O.<br><i>47</i>  | SHEET<br><i>3</i> |
| COUNTY   |                  | PRECISION   |  | CITY   |                   |
| EMERATED WITH<br><i>Robert, Clarence</i>   |                  |   |  |  |                   |
| RELATIONSHIP TO ABOVE  |                  |   |  |  |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> IMMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>Bo</i> |                   |

FORM 10-537 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|   |  |   |      |           |   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|---|--|---|------|-----------|---|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| R240  |  | NAME OF INDIVIDUAL                                  |      | LOUISIANA |   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|   |  | E.O.  |      | SHEET     |   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR   | AGE                                      | BIRTHPLACE  |      | 74        | 2 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY  | Natchitoches                             |   | CITY |           |   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |   |      |           |   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |      |           |   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHER</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |      |           |   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHER | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHER          | <input type="checkbox"/> INMATE                     |      |           |   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |      |           |   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |      |           |   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |      |           |   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |      |           |   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |      |           |   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |      |           |   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |      |           |   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 19-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMB-DC 1910-P61

|  |  |   |  |                    |                   |
|--|--|---|--|--------------------|-------------------|
| R240   |  | NAME OF INDIVIDUAL<br><i>Richard, Clemons</i> |  | LOUISIANA          |                   |
| COLOR<br><i>W</i>                            | AGE<br><i>28</i>                         | BIRTHPLACE                                    |  | E.O.<br><i>130</i> | SHEET<br><i>9</i> |
| COUNTY<br><i>Winn</i>                        |  | CITY  |  |                    |                   |
| ENumerated WITH<br><i>Richardson, Mammie</i> |  |   |  |                    |                   |
| RELATIONSHIP TO ABOVE                        |  |   |  |                    |                   |
| <input type="checkbox"/> FATHER              | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE               |  |                    |                   |
| <input type="checkbox"/> MOTHER              | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                |  |                    |                   |
| <input type="checkbox"/> GRANDFATHER         | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT              |  |                    |                   |
| <input type="checkbox"/> GRANDMOTHER         | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> WORKER    |  |                    |                   |
| <input type="checkbox"/> GRANDSON            | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT              |  |                    |                   |
| <input type="checkbox"/> GRANDDAUGHTER       | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)      |  |                    |                   |
| <input type="checkbox"/> AUNT                | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |                    |                   |
| <input type="checkbox"/> UNCLE               | <input type="checkbox"/> SISTER-IN-LAW   |   |  |                    |                   |

FORM 10-637 10-20-61

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 1919D-P61

|   |  |   |            |           |       |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|---|--|---|------------|-----------|-------|---------------------------------|---------------------------------|-------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| R240  |  | NAME OF INDIVIDUAL                                  |            | LOUISIANA |       |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR   |  | AGE   | BIRTHPLACE | E.D.      | SHEET |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| B   |  | 16  |            | 59        | 13    |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY  |  |   | CITY       |           |       |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| St. Bernard   |  |   |            |           |       |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ASSOCIATED WITH   |  |   |            |           |       |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| Pittman, Jamie  |  |   |            |           |       |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |            |           |       |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIFE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NUNCE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |            |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIFE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NUNCE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIFE                       |            |           |       |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NUNCE                      |            |           |       |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |            |           |       |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |            |           |       |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |            |           |       |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |            |           |       |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |            |           |       |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |            |           |       |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 10-437 (4-20-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |  |            |           |       |                                 |  |                               |                                 |                               |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|------------|-----------|-------|---------------------------------|--|-------------------------------|---------------------------------|-------------------------------|-------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R243  |  | NAME OF INDIVIDUAL                       |            | LOUISIANA |       |                                 |  |                               |                                 |                               |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR   |  | AGE                                      | BIRTHPLACE | E.D.      | SHEET |                                 |  |                               |                                 |                               |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| B   |  | 9  | Lafourche  | 41        | 8     |                                 |  |                               |                                 |                               |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY  |  | CITY                                     |            |           |       |                                 |  |                               |                                 |                               |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|   |  | Lafourche                                |            |           |       |                                 |  |                               |                                 |                               |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |  |            |           |       |                                 |  |                               |                                 |                               |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| William Pelicun   |  |  |            |           |       |                                 |  |                               |                                 |                               |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |            |           |       |                                 |  |                               |                                 |                               |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input checked="" type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> MATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NICE</td> <td><input type="checkbox"/> BORN</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |            |           |       | <input type="checkbox"/> FATHER | <input checked="" type="checkbox"/> NEPHEW | <input type="checkbox"/> MATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NICE | <input type="checkbox"/> BORN | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input checked="" type="checkbox"/> NEPHEW | <input type="checkbox"/> MATE            |            |           |       |                                 |  |                               |                                 |                               |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NICE              | <input type="checkbox"/> BORN            |            |           |       |                                 |  |                               |                                 |                               |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW     | <input type="checkbox"/> PATIENT         |            |           |       |                                 |  |                               |                                 |                               |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW     | <input type="checkbox"/> ROOMER          |            |           |       |                                 |  |                               |                                 |                               |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW        | <input type="checkbox"/> SERVANT         |            |           |       |                                 |  |                               |                                 |                               |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW   | <input type="checkbox"/> OTHER (Specify) |            |           |       |                                 |  |                               |                                 |                               |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW    |  |            |           |       |                                 |  |                               |                                 |                               |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW     |  |            |           |       |                                 |  |                               |                                 |                               |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |       |            |       |
|-------------------------|-----|----------------|-------|------------|-------|
| 2240                    |     | HEAD OF FAMILY |       | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |       | S.D.       | SHEET |
| B                       | 27  |                |       | 101        | 17    |
| COUNTY                  |     | Red River      |       | CITY       |       |
| OTHER MEMBERS OF FAMILY |     |                |       |            |       |
| NAME                    |     | RELATIONSHIP   | AGE   | BIRTHPLACE |       |
| / Delia                 |     | W              | 22    |            |       |
| / Mattie                |     | D              | 1 1/2 |            |       |
|                         |     |                |       |            |       |
|                         |     |                |       |            |       |
|                         |     |                |       |            |       |
|                         |     |                |       |            |       |
|                         |     |                |       |            |       |
|                         |     |                |       |            |       |
|                         |     |                |       |            |       |

FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |   |  |  |       |
|--|--|---|--|--|-------|
| R240   |  | NAME OF INDIVIDUAL  |  | LOUISIANA  |       |
| COLOR  |  | AGE   |  | E.D.   | SHEET |
| White  |  | 31  |  | 110  | 16    |
| BIRTHPLACE   |  | COUNTY  |  |  |       |
| Miss   |  | Tortobono   |  |  |       |
| CITY   |  | RELATIONSHIP WITH   |  |  |       |
|  |  | Russell, Charley  |  |  |       |
| RELATIONSHIP TO ABOVE  |  |   |  |  |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> BROTHER (Specify)<br>Pa. |       |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

UNCOMB-DC 10100-PS1

|  |                 |   |  |   |                   |
|--|-----------------|---|--|---|-------------------|
| K240   |                 | NAME OF INDIVIDUAL<br><i>Keshal Clabete</i>   |  | LOUISIANA   |                   |
| COLOR<br><i>W</i>  | AGE<br><i>3</i> | BIRTHPLACE  |  | E.D.<br><i>83</i>   | SHEET<br><i>9</i> |
| COUNTY   |                 | Natchitoches  |  | CITY  |                   |
| ENUMERATED WITH<br><i>Barbara Jean</i>   |                 |   |  |   |                   |
| RELATIONSHIP TO ABOVE  |                 |   |  |   |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                 | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> TENANT<br><input type="checkbox"/> NUNCE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>2</i> |                   |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |   |   |  |           |            |            |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|---|---|--|-----------|------------|------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R240  |   | NAME OF INDIVIDUAL<br><i>Russell, Collins</i> |  | LOUISIANA | E.D.<br>82 | SHEET<br>1 |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br>B  | AGE<br>6 1/2                              | BIRTHPLACE                                    |  |           |            |            |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br>Madison   |   | CITY  |  |           |            |            |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Russell, Lawrence</i>   |   |   |  |           |            |            |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |   |   |  |           |            |            |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input checked="" type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |   |   |  |           |            |            | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input checked="" type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW           | <input type="checkbox"/> INMATE               |  |           |            |            |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input checked="" type="checkbox"/> NIECE | <input type="checkbox"/> NURSE                |  |           |            |            |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW    | <input type="checkbox"/> PATIENT              |  |           |            |            |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW    | <input type="checkbox"/> ROOMER               |  |           |            |            |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW       | <input type="checkbox"/> SERVANT              |  |           |            |            |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW  | <input type="checkbox"/> OTHER (Specify)      |  |           |            |            |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW   |   |  |           |            |            |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW    |   |  |           |            |            |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 18-437 (4-26-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |     |                |       |            |       |
|-------------------------|-----|----------------|-------|------------|-------|
| R 240                   |     | HEAD OF FAMILY |       | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |       | E.D.       | SHEET |
| Mr                      | 35  |                |       | 75         | 17    |
| COUNTY                  |     | CITY           |       |            |       |
| St James                |     |                |       |            |       |
| OTHER MEMBERS OF FAMILY |     |                |       |            |       |
| NAME                    |     | RELATIONSHIP   | AGE   | BIRTHPLACE |       |
| Alton                   |     | S              | 2     |            |       |
| Elusaine                |     | D              | 7     |            |       |
| Joseph                  |     | S              | 1 1/2 |            |       |
|                         |     |                |       |            |       |
|                         |     |                |       |            |       |
|                         |     |                |       |            |       |
|                         |     |                |       |            |       |

FORM 16-436 (4-22-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |  |    |            |                  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|----|------------|------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R240   |  | NAME OF INDIVIDUAL                       |    | LOUISIANA  |                  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR  | B  | AGE                                      | 11 | BIRTHPLACE | Russell, Conilia |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY   |  | CITY                                     |    | E.O.       | 50               |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH  |  | SHEET 8                                  |    |            |                  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  | Williams, Elie                           |    |            |                  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |    |            |                  | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |    |            |                  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |    |            |                  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |    |            |                  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |    |            |                  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |    |            |                  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |    |            |                  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |    |            |                  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |    |            |                  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 16-637 10-20-51

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DO 16106-P61

|   |   |  |                               |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
|---|---|--|-------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|---|--|-------------------------------|---|--|--------------------------------|--|--|
| NAME OF INDIVIDUAL<br><i>B240 Rachel Carol L.</i>   |   | LOUISIANA                                |                               |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| COLOR<br><i>W</i>   | AGE<br><i>14</i>                                    | BIRTHPLACE                               | E.D. <i>68</i> SHEET <i>5</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| COUNTY  | CITY  |  |                               |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Patricia Dennis A.</i>  |   |  |                               |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |   |  |                               |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input checked="" type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |   |  |                               | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input checked="" type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW                     | <input type="checkbox"/> INMATE          |                               |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE                      | <input type="checkbox"/> NURSE           |                               |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW              | <input type="checkbox"/> PATIENT         |                               |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW              | <input type="checkbox"/> ROOMER          |                               |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW                 | <input type="checkbox"/> SERVANT         |                               |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input checked="" type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |                               |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW             |  |                               |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW              |  |                               |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCENS-DC 18100-P61

|  |  |  |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |   |   |  |                                |  |  |
|--|--|--|------------|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|---|---|--|--------------------------------|--|--|
| R240   |  | NAME OF INDIVIDUAL                       |            | LOUISIANA |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |   |   |  |                                |  |  |
| COLOR  |  | AGE                                      | BIRTHPLACE | E.D.      | SHEET |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |   |   |  |                                |  |  |
| W  |  | 75                                       |            | 69        | 18    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |   |   |  |                                |  |  |
| COUNTY   |  |  | CITY       |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |   |   |  |                                |  |  |
| ENUMERATED WITH <i>Dr. James Helbert, Louisiana</i>  |  |  |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |   |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |   |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input checked="" type="checkbox"/> SIBLING</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |            |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input checked="" type="checkbox"/> SIBLING | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |   |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |   |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |   |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |   |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |   |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |   |   |  |                                |  |  |
| <input checked="" type="checkbox"/> SIBLING  | <input type="checkbox"/> BROTHER-IN-LAW  |  |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |   |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |   |   |  |                                |  |  |

FORM 18-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |   |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
|---|--|---|--|-------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|----------|--------------------------------|--|--|
| R240  |  | NAME OF INDIVIDUAL<br><i>Roussel, Courne</i>        |  | LOUISIANA         |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| COLOR<br><i>W</i>   | AGE<br><i>20</i>                         | BIRTHPLACE  |  | E.D.<br><i>39</i> | SHEET<br><i>7</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| COUNTY<br><i>Lafourche</i>  |  | CITY  |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| ENUMERATED WITH<br><i>Gaudet, Charles</i>   |  |   |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
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| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  | <i>D</i>  |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |

FORM 16-637 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |                   |            |       |
|-------------------------|--|----------------|-------------------|------------|-------|
| R 340                   |  | HEAD OF FAMILY |                   | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE        | E.D.       | SHEET |
| W                       |  | 41             | Russell, Corrinia | 110        | 2     |
| COUNTY                  |  |                | CITY              |            |       |
| Tulrebonne              |  |                |                   |            |       |
| OTHER MEMBERS OF FAMILY |  |                |                   |            |       |
| NAME                    |  | RELATIONSHIP   | AGE               | BIRTHPLACE |       |
| Arthur                  |  | S              | 24                |            |       |
| Sidney                  |  | S              | 15                |            |       |
| Earl                    |  | S              | 12                |            |       |
| Pearl                   |  | D              | 9                 |            |       |
| Katty                   |  | D              | 7                 |            |       |
| Gaudreault, Mary        |  | M              | 64                | Tns        |       |

FORM 18-636 (4-26-31)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |                |      |            |       |
|---|--|----------------|------|------------|-------|
| R240  |  | INDIVIDUAL     |      | LOUISIANA  |       |
| NAME  |  | Russell Curtin |      | E.D.       | SHEET |
| COLOR   |  | AGE            |      | 53         | 1     |
| W   |  | 22             |      | BIRTHPLACE |       |
|   |  | Miss           |      |            |       |
| COUNTY  |  |                | CITY |            |       |
| Jackson   |  |                | Eros |            |       |
| ENUMERATED WITH   |  |                |      |            |       |
| Russell James B   |  |                |      |            |       |
| RELATIONSHIP TO ABOVE   |  |                |      |            |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE<br><input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input checked="" type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW<br><input type="checkbox"/> WIDMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |  |                |      |            |       |

FORM 16-627 (4-30-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 1910-PC1

|                         |   |                  |     |            |                 |
|-------------------------|---|------------------|-----|------------|-----------------|
| R240                    |   | HEAD OF FAMILY   |     | LOUISIANA  |                 |
| COLOR                   | B | AGE              | 21  | BIRTHPLACE | Russell, Curtis |
| COUNTY                  |   | West Baton Rouge |     | CITY       |                 |
| OTHER MEMBERS OF FAMILY |   |                  |     |            |                 |
| NAME                    |   | RELATIONSHIP     | AGE | BIRTHPLACE |                 |
| Bell, Rosa              |   | Not Reported     | 37  |            |                 |
| Hensley                 |   | S                | 14  |            |                 |
| Bertha                  |   | D                | 17  |            |                 |
| Mary                    |   | D                | 20  |            |                 |
|                         |   |                  |     |            |                 |
|                         |   |                  |     |            |                 |
|                         |   |                  |     |            |                 |
|                         |   |                  |     |            |                 |

FORM 16-436 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



| HEAD OF FAMILY          |              | LOUISIANA |            |
|-------------------------|--------------|-----------|------------|
| COLOR                   | AGE          | E.D.      | SHEET      |
| R-26                    | 34           | 119       | 10         |
| Webster                 |              | CITY      |            |
| OTHER MEMBERS OF FAMILY |              |           |            |
| NAME                    | RELATIONSHIP | AGE       | BIRTHPLACE |
| Ely's                   | W            | 36        |            |
| Beattie                 | D            | 15        |            |
| Janis                   | D            | 13        |            |
| Gordon                  | S            | 9         |            |
| D. W.                   | S            | 8         |            |
| Mary                    | D            | 6         |            |
| Willie                  | S            | 4         |            |

FORM 16-636 (4-26-61)

1916 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R240                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| B                       | 48  |                |     | 149        | 11    |
| COUNTY                  |     | CITY           |     |            |       |
| West Feliciana          |     |                |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Charlotte               |     | W              | 42  |            |       |
| Carrie                  |     | D              | 17  |            |       |
| Mary M.                 |     | D              | 15  |            |       |
| Louisa                  |     | D              | 13  |            |       |
| Amanda                  |     | D              | 12  |            |       |
| Edna                    |     | D              | 10  |            |       |
| George                  |     | S              | 8   |            |       |

FORM 18-636 (4-20-61)  
1960 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |              |                |            |           |       |
|-------------------------|--------------|----------------|------------|-----------|-------|
| R 240                   |              | HEAD OF FAMILY |            | LOUISIANA |       |
| COLOR                   | AGE          | BIRTHPLACE     |            | E.D.      | SHEET |
| W                       | 30           |                |            | 110       | 2     |
| COUNTY                  |              | CITY           |            |           |       |
| Tangipahoa              |              | Roseland       |            |           |       |
| OTHER MEMBERS OF FAMILY |              |                |            |           |       |
| NAME                    | RELATIONSHIP | AGE            | BIRTHPLACE |           |       |
| 1 not reported          | W            | 8              |            |           |       |
|                         |              |                |            |           |       |
|                         |              |                |            |           |       |
|                         |              |                |            |           |       |
|                         |              |                |            |           |       |
|                         |              |                |            |           |       |
|                         |              |                |            |           |       |
|                         |              |                |            |           |       |
|                         |              |                |            |           |       |

FORM 10-636 (4-30-67)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |       |            |  |
|-------------------------|-----|----------------|-------|------------|--|
| R240                    |     | HEAD OF FAMILY |       | LOUISIANA  |  |
| RUSSELL Gove            |     | E.D.           |       | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |       |            |  |
| B                       | 27  |                |       |            |  |
| COUNTY                  |     | CITY           |       |            |  |
| Tammany                 |     |                |       |            |  |
| OTHER MEMBERS OF FAMILY |     |                |       |            |  |
| NAME                    |     | RELATIONSHIP   | AGE   | BIRTHPLACE |  |
| Pearline's              |     | W              | 21    |            |  |
| Willie                  |     | S              | 4     |            |  |
| Birdella                |     | D              | 2     |            |  |
| James J.                |     | S              | 8 1/2 |            |  |
| More James              |     | br             |       |            |  |
|                         |     |                |       |            |  |
|                         |     |                |       |            |  |

FORM 16-436 (4-20-21)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |  |  |           |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|--|-----------|------------|-------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R240   |  | NAME OF INDIVIDUAL<br><i>Russell, Dave</i> |  | LOUISIANA | E.D.<br>10 | SHEET<br>32 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>B</i>  | AGE<br><i>76</i>                         | BIRTHPLACE                                 |  |           |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>Acadia</i>  | <i>add</i>                               | CITY<br><i>Crowley</i>                     |  |           |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Leslie Frank</i>   |  |  |  |           |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |  |           |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> Niece</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |           |            |             | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> Niece | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE            |  |           |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> Niece           | <input type="checkbox"/> NURSE             |  |           |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |  |           |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER            |  |           |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |  |           |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |  |           |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |           |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |  |           |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

Form 16-57 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U. S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 16100-P01

|                         |     |                |      |            |       |
|-------------------------|-----|----------------|------|------------|-------|
| R240                    |     | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |      | E.D.       | SHEET |
| B                       | 50  |                |      | 25         | 4     |
| COUNTY                  |     |                | CITY |            |       |
| Lafayette               |     |                |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| 1 Felicie               |     | W              | 60   |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |

FORM 18-436 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS





|                   |     |                |      |            |       |
|-------------------|-----|----------------|------|------------|-------|
| R240              |     | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR             | AGE | BIRTHPLACE     |      | E.O.       | SHEET |
| W                 | 33  |                |      | 93         | 19    |
| COUNTY            |     |                | CITY |            |       |
| Rapid             |     |                |      |            |       |
| MEMBERS OF FAMILY |     |                |      |            |       |
| NAME              |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Margrett          |     | W              | 29   |            |       |
| Leamer            |     | S              | 10   |            |       |
| Jim               |     | S              | 5    |            |       |
| Barlee            |     | D              | 2    |            |       |
|                   |     |                |      |            |       |
|                   |     |                |      |            |       |
|                   |     |                |      |            |       |
|                   |     |                |      |            |       |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |    |               |     |            |    |
|-------------------------|---|----------------|----|---------------|-----|------------|----|
| R246                    |   | HEAD OF FAMILY |    | Russell David |     | LOUISIANA  |    |
| COLOR                   | W | AGE            | 55 | BIRTHPLACE    |     | E.D.       | 51 |
|                         |   |                |    |               |     | SHEET      | 6  |
| COUNTY                  |   |                |    | Franklin      |     | CITY       |    |
|                         |   |                |    |               |     | Winston    |    |
| OTHER MEMBERS OF FAMILY |   |                |    |               |     |            |    |
| NAME                    |   |                |    | RELATIONSHIP  | AGE | BIRTHPLACE |    |
| Ella M                  |   |                |    | W             | 32  |            |    |
| Mary                    |   |                |    | D             | 15  |            |    |
|                         |   |                |    |               |     |            |    |
|                         |   |                |    |               |     |            |    |
|                         |   |                |    |               |     |            |    |
|                         |   |                |    |               |     |            |    |
|                         |   |                |    |               |     |            |    |
|                         |   |                |    |               |     |            |    |

FORM 18-636 (4-26-61)

1930 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |      |            |    |
|-------------------------|---|----------------|------|------------|----|
| R 242                   |   | HEAD OF FAMILY |      | LOUISIANA  |    |
| COLOR                   | W | AGE            | 56   | E.D.       | 30 |
|                         |   | BIRTHPLACE     |      | SHEET 3    |    |
| COUNTY                  |   |                | CITY |            |    |
| East Baton Rouge        |   |                |      |            |    |
| OTHER MEMBERS OF FAMILY |   |                |      |            |    |
| NAME                    |   | RELATIONSHIP   | AGE  | BIRTHPLACE |    |
| Eunice L.               |   | W              | 43   |            |    |
| James L.                |   | d              | 17   |            |    |
|                         |   |                |      |            |    |
|                         |   |                |      |            |    |
|                         |   |                |      |            |    |
|                         |   |                |      |            |    |
|                         |   |                |      |            |    |
|                         |   |                |      |            |    |
|                         |   |                |      |            |    |

FORM 16-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |       |             |                  |
|-------------------------|---|----------------|-------|-------------|------------------|
| R240                    |   | HEAD OF FAMILY |       | LOUISIANA   |                  |
| COLOR                   | W | AGE            | 34    | BIRTHPLACE  | East Baton Rouge |
|                         |   | CITY           |       | Baton Rouge |                  |
| OTHER MEMBERS OF FAMILY |   |                |       |             |                  |
| NAME                    |   | RELATIONSHIP   | AGE   | BIRTHPLACE  |                  |
| Lydia                   |   | W              | 24    |             |                  |
| Addie                   |   | D              | 2     |             |                  |
| Mary Leck               |   | D              | 1 3/2 |             |                  |
|                         |   |                |       |             |                  |
|                         |   |                |       |             |                  |
|                         |   |                |       |             |                  |
|                         |   |                |       |             |                  |
|                         |   |                |       |             |                  |

FORM 16-536 (4-22-21)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |         |  |      |   |    |
|--|---------|--|------|---|----|
| R240   |         | NAME OF INDIVIDUAL   |      | LOUISIANA   |    |
| COLOR  | W       | AGE  | 73   | E.D.  | 77 |
|  |         | BIRTHPLACE   | Ala  |   |    |
| COUNTY   | Rapidan |  | CITY |   |    |
| ENUMERATED WITH  |         |  |      |   |    |
| Buster, John H   |         |  |      |   |    |
| RELATIONSHIP TO ABOVE  |         |  |      |   |    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |         | <input type="checkbox"/> NEPHER<br><input type="checkbox"/> NICE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> HUSBAND<br><input type="checkbox"/> WIFE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify) |    |
| Be   |         |  |      |   |    |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18100-P61

|   |  |  |   |                   |  |           |     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|---|-------------------|--|-----------|-----|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R240  |  | NAME OF INDIVIDUAL                           |   | Lusell Dean       |  | LOUISIANA |     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR   | B  | AGE  | 9 | BIRTHPLACE        |  | E.D.      | 144 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|   |  |  |   |                   |  | SHEET 8   |     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY  |  |  |   | Vernon            |  | CITY      |     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|   |  |  |   | Leesville         |  |           |     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |  |   |                   |  |           |     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|   |  |  |   | Anderson, William |  |           |     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |   |                   |  |           |     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> PRISONER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |   |                   |  |           |     | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> PRISONER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE              |   |                   |  |           |     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE               |   |                   |  |           |     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT             |   |                   |  |           |     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> PRISONER |   |                   |  |           |     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT             |   |                   |  |           |     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)     |   |                   |  |           |     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |   |                   |  |           |     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |   |                   |  |           |     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |   |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|---|--|---|--|-----------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| R246  |  | NAME OF INDIVIDUAL                                  |  | LOUISIANA |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| Rachall Peck  |  | E.D.  |  | SHEET     |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR   | AGE                                      | BIRTHPLACE  |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| B   | 11                                       |   |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY  |  | Webster   |  | CITY      |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |   |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| Walton, Oliver  |  |   |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHER</td> <td><input type="checkbox"/> IMMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |           |  | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHER | <input type="checkbox"/> IMMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHER          | <input type="checkbox"/> IMMATE                     |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 10-637 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |       |                |     |            |   |      |       |     |    |
|-------------------------|-------|----------------|-----|------------|---|------|-------|-----|----|
| R-240                   |       | HEAD OF FAMILY |     | LOUISIANA  |   |      |       |     |    |
| COLOR                   | W     | AGE            | 69  | BIRTHPLACE | <table border="1"> <tr> <td>E.D.</td> <td>SHEET</td> </tr> <tr> <td>132</td> <td>30</td> </tr> </table> | E.D. | SHEET | 132 | 30 |
| E.D.                    | SHEET |                |     |            |   |      |       |     |    |
| 132                     | 30    |                |     |            |   |      |       |     |    |
| COUNTY                  |       | Union          |     | CITY       |   |      |       |     |    |
| OTHER MEMBERS OF FAMILY |       |                |     |            |   |      |       |     |    |
| NAME                    |       | RELATIONSHIP   | AGE | BIRTHPLACE |   |      |       |     |    |
| J. L. L.                |       |                |     |            |   |      |       |     |    |
|                         |       |                |     |            |   |      |       |     |    |
|                         |       |                |     |            |   |      |       |     |    |
|                         |       |                |     |            |   |      |       |     |    |
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|                         |       |                |     |            |   |      |       |     |    |
|                         |       |                |     |            |   |      |       |     |    |

FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                |                                |           |            |
|-------------------------|----------------|--------------------------------|-----------|------------|
| R248                    | HEAD OF FAMILY |                                | LOUISIANA |            |
| COLOR<br>W              | AGE<br>31      | BIRTHPLACE<br>Rouselle Delfine |           | E.D.<br>63 |
| SHEET<br>14             |                |                                |           |            |
| COUNTY<br>St. Charles   |                | CITY                           |           |            |
| OTHER MEMBERS OF FAMILY |                |                                |           |            |
| NAME                    |                | RELATION-<br>SHIP              | AGE       | BIRTHPLACE |
| Living alone            |                |                                |           |            |
|                         |                |                                |           |            |
|                         |                |                                |           |            |
|                         |                |                                |           |            |
|                         |                |                                |           |            |
|                         |                |                                |           |            |
|                         |                |                                |           |            |
|                         |                |                                |           |            |

FORM 16-636 (4-22-21)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |            |            |
|-------------------------|---|----------------|-----|------------|------------|
| R-240                   |   | HEAD OF FAMILY |     | LOUISIANA  |            |
| COLOR                   | W | AGE            | 39  | BIRTHPLACE | Deafney C. |
| COUNTY                  |   | East Feliciana |     | CITY       |            |
| OTHER MEMBERS OF FAMILY |   |                |     |            |            |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |            |
| Mattie                  |   | W              | 32  |            |            |
| Bettie                  |   | D              | 14  |            |            |
| Henry                   |   | S              | 11  |            |            |
| Calmar                  |   | D              | 9   |            |            |
| Calvin                  |   | S              | 6   |            |            |
|                         |   |                |     |            |            |
|                         |   |                |     |            |            |

FORM 10-436 (4-30-31)

1930 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R240                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.O.       | SHEET |
| W                       |  | 24             |            | 68         | 18    |
| COUNTY                  |  |                | CITY       |            |       |
| De Soto                 |  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Alice                   |  | W              | 20         | Tex        |       |
| Esther                  |  | D              | 3          |            |       |
| Lillie                  |  | D              | 5/12       |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 16-436 (4-20-21)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |  |  |           |       |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|--|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R240   |  | NAME OF INDIVIDUAL                       |  | LOUISIANA |       |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR  | AGE                                      | BIRTHPLACE                               |  | E.D.      | SHEET |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Wm   | 6  |  |  | 81        | 1     |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY   |  | CITY                                     |  |           |       |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Madison  |  |  |  |           |       |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH  |  |  |  |           |       |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Brooks, Mike   |  |  |  |           |       |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |  |           |       |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHER</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input checked="" type="checkbox"/> WIFE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHER | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input checked="" type="checkbox"/> WIFE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHER          | <input type="checkbox"/> INMATE          |  |           |       |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input checked="" type="checkbox"/> WIFE | <input type="checkbox"/> NURSE           |  |           |       |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |  |           |       |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |  |           |       |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |  |           |       |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |  |           |       |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |           |       |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |  |           |       |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-437 (4-26-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18198-P61

|                         |   |                |     |            |                |
|-------------------------|---|----------------|-----|------------|----------------|
| R240                    |   | HEAD OF FAMILY |     | LOUISIANA  |                |
| COLOR                   | C | AGE            | 40  | BIRTHPLACE | Russell Dallas |
| COUNTY                  |   | Jefferson      |     | CITY       |                |
| OTHER MEMBERS OF FAMILY |   |                |     |            |                |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |                |
| lives alone             |   |                |     |            |                |
|                         |   |                |     |            |                |
|                         |   |                |     |            |                |
|                         |   |                |     |            |                |
|                         |   |                |     |            |                |
|                         |   |                |     |            |                |
|                         |   |                |     |            |                |
|                         |   |                |     |            |                |
|                         |   |                |     |            |                |

FORM 18-436 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |            |                   |
|-------------------------|---|----------------|-----|------------|-------------------|
| K240                    |   | HEAD OF FAMILY |     | LOUISIANA  |                   |
| COLOR                   | W | AGE            | 39  | BIRTHPLACE | Rossell, Denville |
| COUNTY                  |   | Lafourche      |     | CITY       |                   |
| OTHER MEMBERS OF FAMILY |   |                |     |            |                   |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |                   |
| Florence                |   | W              | 38  |            |                   |
| Eva                     |   | D              | 11  |            |                   |
| Adam                    |   | S              | 9   |            |                   |
| + 1 Bo                  |   |                |     |            |                   |
|                         |   |                |     |            |                   |
|                         |   |                |     |            |                   |
|                         |   |                |     |            |                   |
|                         |   |                |     |            |                   |

FORM 18-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R240                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| B                       | 30  |                |     | 93         | 10    |
| COUNTY                  |     | Natchitoches   |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Patsy                   |     | W              | 30  |            |       |
| George                  |     | S              | 11  |            |       |
| Laura                   |     | D              | 9   |            |       |
| Ludwig                  |     | D              | 7   |            |       |
| Lester                  |     | S              | 5   |            |       |
| Bertha                  |     | D              | 4   |            |       |
|                         |     |                |     |            |       |

FORM 16-636 (4-22-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|   |  |   |    |            |  |           |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|---|--|---|----|------------|--|-----------|----|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| R240  |  | NAME OF INDIVIDUAL                                  |    | Dora       |  | LOUISIANA |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR   | B  | AGE   | 15 | BIRTHPLACE |  | E.D.      | 95 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|   |  |   |    | SHEET      |  | 14        |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY  |  |   |    | CITY       |  |           |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| Rapid   |  |   |    |            |  |           |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| GENERATED WITH  |  |   |    |            |  |           |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| Long, Susan   |  |   |    |            |  |           |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |    |            |  |           |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |    |            |  |           |    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |    |            |  |           |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |    |            |  |           |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |    |            |  |           |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |    |            |  |           |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |    |            |  |           |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |    |            |  |           |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |    |            |  |           |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |    |            |  |           |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| GA  |  |   |    |            |  |           |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 10-437 (4-20-61)

1930 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18199-P81

|                         |          |                |       |                  |  |           |     |
|-------------------------|----------|----------------|-------|------------------|--|-----------|-----|
| R 343                   |          | HEAD OF FAMILY |       | ROSELLIA DOUGLAS |  | LOUISIANA |     |
| COLOR                   | W        | AGE            | 32    | BIRTHPLACE       |  | E.D.      | 147 |
|                         |          |                |       |                  |  | SHEET     | 3   |
| COUNTY                  |          |                |       | West Feliciana   |  | CITY      |     |
| OTHER MEMBERS OF FAMILY |          |                |       |                  |  |           |     |
|                         | NAME     | RELATIONSHIP   | AGE   | BIRTHPLACE       |  |           |     |
|                         | Martha   | W              | 26    |                  |  |           |     |
|                         | Joe      | D              | 8     |                  |  |           |     |
|                         | Elvin    | S              | 6     |                  |  |           |     |
|                         | Clara    | D              | 5     |                  |  |           |     |
|                         | Garnett  | S              | 3     |                  |  |           |     |
|                         | Virginia | D              | 1 1/2 |                  |  |           |     |

FORM 16-636 (4-26-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |                  |   |  |   |                    |
|--|------------------|---|--|---|--------------------|
| R240   |                  | NAME OF INDIVIDUAL<br><i>Russell, Duane</i>   |  | LOUISIANA   |                    |
| COLOR  | AGE<br><i>24</i> | BIRTHPLACE  |  | E.D.<br><i>41</i>   | SHEET<br><i>16</i> |
| COUNTY<br><i>East Carroll</i>  |                  | CITY<br><i>Lake Providence</i>  |  |   |                    |
| ENUMERATED WITH<br><i>Russell, Clarence</i>  |                  |   |  |   |                    |
| RELATIONSHIP TO ABOVE  |                  |   |  |   |                    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>B</i> |                    |

FORM 16-637 (4-30-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18185-P61

|                         |     |                |      |            |       |
|-------------------------|-----|----------------|------|------------|-------|
| 2240                    |     | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |      | S.D.       | SHEET |
| B                       | 38  |                |      | 68         | 23    |
| COUNTY                  |     |                | CITY |            |       |
| 7th 500                 |     |                |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Charlotte               |     | W              | 37   |            |       |
| Henry                   |     | 8              | 17   |            |       |
| James R                 |     | 2              | 15   |            |       |
| Matthew                 |     | 8              | 14   |            |       |
| Anna                    |     | 2              | 13   |            |       |
| Douglas                 |     | 2              | 11   |            |       |
| Sedric                  |     | 2              | 6    |            |       |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|  |  |   |                          |  |                    |
|--|--|---|--------------------------|--|--------------------|
| R245   |  | NAME OF INDIVIDUAL<br><i>Rogland E. M.</i>  |                          | LOUISIANA  |                    |
| COLOR<br><i>W</i>  |  | AGE<br><i>81</i>  | BIRTHPLACE<br><i>Ala</i> | E.D.<br><i>62</i>  | SHEET<br><i>31</i> |
| COUNTY   |  |   | CITY<br><i>Rockelle</i>  |  |                    |
| ENUMERATED WITH<br><i>Rogland P. B.</i>  |  |   |                          |  |                    |
| RELATIONSHIP TO ABOVE  |  |   |                          |  |                    |
| <input checked="" type="checkbox"/> FATHER<br><input checked="" type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |                          | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                    |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |   |            |   |                   |
|--|--|---|------------|---|-------------------|
| R240   |  | NAME OF INDIVIDUAL<br><i>Russell Carl</i>   |            | LOUISIANA   |                   |
| COLOR<br><i>W</i>  |  | AGE<br><i>24</i>  | BIRTHPLACE |   | E.D.<br><i>99</i> |
| COUNTY   |  | CITY<br><i>Berwick</i>  |            | SHEET<br><i>13</i>  |                   |
| ENUMERATED WITH<br><i>Wife</i>   |  | RELATIONSHIP TO ABOVE<br><i>Wife</i>  |            |   |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |            | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> RIDER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>Pa</i> |                   |

Form 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |     |                    |  |           |       |
|--|-----|--------------------|--|-----------|-------|
| R240   |     | NAME OF INDIVIDUAL |  | LOUISIANA |       |
| R240   |     | Russell Ed         |  | E.D.      | SHEET |
| COLOR  | AGE | BIRTHPLACE         |  | 101       | 17    |
| B  | 28  |                    |  |           |       |
| COUNTY   |     | Red River          |  | CITY      |       |
|  |     |                    |  |           |       |
| RELATE WITH  |     |                    |  |           |       |
| Hale John  |     |                    |  |           |       |
| RELATIONSHIP TO ABOVE  |     |                    |  |           |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE<br><input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW<br><input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> PRISONER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |     |                    |  |           |       |

FORM 10-537 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |                |              |           |            |
|-------------------------|----------------|--------------|-----------|------------|
| R240                    | HEAD OF FAMILY |              | LOUISIANA |            |
| COLOR                   | AGE            | BIRTHPLACE   |           | SHEET      |
| B                       | 28             |              |           | 17         |
| COUNTY                  |                | CITY         |           |            |
| Bossier                 |                |              |           |            |
| OTHER MEMBERS OF FAMILY |                |              |           |            |
| NAME                    |                | RELATIONSHIP | AGE       | BIRTHPLACE |
| 1 Rosa                  |                | W            | 30        | Miss       |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |

FORM 10-636 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |         |                |           |            |    |
|-------------------------|---------|----------------|-----------|------------|----|
| B 245                   |         | HEAD OF FAMILY |           | LOUISIANA  |    |
| COLOR                   | W       | AGE            | 31        | E.D.       | 44 |
|                         |         | BIRTHPLACE     |           | SHEET 25   |    |
| COUNTY                  |         |                | Calcasieu |            |    |
|                         |         |                | CITY      |            |    |
| OTHER MEMBERS OF FAMILY |         |                |           |            |    |
|                         | NAME    | RELATIONSHIP   | AGE       | BIRTHPLACE |    |
|                         | Marie   | W              | 32        |            |    |
|                         | Alfred  | S              | 7         |            |    |
|                         | Edward  | S              | 6         |            |    |
|                         | Henry   | S              | 4         |            |    |
|                         | Kenneth | S              | 2         |            |    |
|                         | Walt    | S              | 9/12      |            |    |

FORM 15-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R240                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| B                       | 35  |                |     | 73         | 11    |
| COUNTY                  |     | CITY           |     |            |       |
| St. James               |     | St. James      |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| W I Carr                |     |                |     |            |       |
| G I Co                  |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 16-436 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |                  |  |  |           |            |             |
|---|------------------|--|--|-----------|------------|-------------|
| A 240   |                  | NAME OF INDIVIDUAL<br><i>Russell Eddie</i> |  | LOUISIANA | S.D.<br>89 | SHEET<br>20 |
| COLOR<br><i>W</i>   | AGE<br><i>19</i> | BIRTHPLACE                                 |  |           |            |             |
| COUNTY<br><i>Natchitoches</i>   |                  | CITY                                       |  |           |            |             |
| ENUMERATED WITH<br><i>Russell Oscar</i>   |                  |  |  |           |            |             |
| RELATIONSHIP TO ABOVE   |                  |  |  |           |            |             |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> FATHER<br/> <input type="checkbox"/> MOTHER<br/> <input type="checkbox"/> GRANDFATHER<br/> <input type="checkbox"/> GRANDMOTHER<br/> <input type="checkbox"/> GRANDSON<br/> <input type="checkbox"/> GRANDDAUGHTER<br/> <input type="checkbox"/> AUNT<br/> <input type="checkbox"/> UNCLE </div> <div style="width: 30%;"> <input type="checkbox"/> NEPHEW<br/> <input type="checkbox"/> NIECE<br/> <input type="checkbox"/> FATHER-IN-LAW<br/> <input type="checkbox"/> MOTHER-IN-LAW<br/> <input type="checkbox"/> SON-IN-LAW<br/> <input type="checkbox"/> DAUGHTER-IN-LAW<br/> <input type="checkbox"/> BROTHER-IN-LAW<br/> <input type="checkbox"/> SISTER-IN-LAW </div> <div style="width: 30%;"> <input type="checkbox"/> INMATE<br/> <input type="checkbox"/> NURSE<br/> <input type="checkbox"/> PATIENT<br/> <input type="checkbox"/> ROOMER<br/> <input type="checkbox"/> SERVANT<br/> <input checked="" type="checkbox"/> OTHER (Specify)<br/> <i>B</i> </div> </div> |                  |  |  |           |            |             |

FORM 10-537 (4-30-61)

1930 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18198-P61

|  |  |   |  |                    |                    |
|--|--|---|--|--------------------|--------------------|
| R240   |  | NAME OF INDIVIDUAL<br><i>Rickelle Eddie</i> |  | LOUISIANA          |                    |
| COLOR<br><i>B</i>                            | AGE<br><i>20</i>                         | BIRTH PLACE                                 |  | E.O.<br><i>138</i> | SHEET<br><i>18</i> |
| COUNTY                                       |  | West Baton Rouge                            |  | CITY               |                    |
| ENumerated WITH<br><i>Blodson Jim</i>        |  |   |  |                    |                    |
| RELATIONSHIP TO ABOVE                        |  |   |  |                    |                    |
| <input type="checkbox"/> FATHER              | <input type="checkbox"/> NEPHER          | <input type="checkbox"/> IMMATE             |  |                    |                    |
| <input type="checkbox"/> MOTHER              | <input type="checkbox"/> WIFE            | <input type="checkbox"/> NURSE              |  |                    |                    |
| <input type="checkbox"/> GRANDFATHER         | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT            |  |                    |                    |
| <input type="checkbox"/> GRANDMOTHER         | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER             |  |                    |                    |
| <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT            |  |                    |                    |
| <input type="checkbox"/> GRANDDAUGHTER       | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)    |  |                    |                    |
| <input type="checkbox"/> AUNT                | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |                    |                    |
| <input type="checkbox"/> UNCLE               | <input type="checkbox"/> SISTER-IN-LAW   |   |  |                    |                    |

FORM 10-57 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| R240  |  | NAME OF INDIVIDUAL<br>Raussel Eddie   |  | LOUISIANA  |  |
| DOB<br>W  |  | AGE<br>16   |  | E.D.<br>71   |  |
|   |  | BIRTHPLACE  |  | SHEET<br>27  |  |
| COUNTY<br>St. James   |  | CITY  |  |  |  |
| ENumerated WITH<br>Raussel Octave   |  |   |  |  |  |
| RELATIONSHIP TO ABOVE   |  |   |  |  |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input checked="" type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |  |

FORM 10-637 (10-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |      |            |       |
|-------------------------|-----|----------------|------|------------|-------|
| R240                    |     | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |      | E.D.       | SHEET |
| B                       | 20  |                |      | 62         | 4     |
| COUNTY                  |     |                | CITY |            |       |
| Do Soto                 |     |                |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| 1 M. Edwin              |     | W              | 18   |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |

FORM 19-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |            |
|-------------------------|--|----------------|------------|------------|------------|
| R240                    |  | HEAD OF FAMILY |            | LOUISIANA  |            |
| COLOR                   |  | AGE            | BIRTHPLACE |            | E.D. SHEET |
| mn                      |  | 32             |            |            | 92 15      |
| COUNTY                  |  |                | CITY       |            |            |
| Natchitoches            |  |                |            |            |            |
| OTHER MEMBERS OF FAMILY |  |                |            |            |            |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |            |
| Amelia                  |  | It             | 29         |            |            |
| Leo                     |  | 1              | 9          |            |            |
| Annie                   |  | 1              | 7          |            |            |
| Edmund                  |  | 1              | 5          |            |            |
| Joseph                  |  | 1              | 3          |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |

FORM 19-436 (6-20-61)

1919 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|  |  |  |            |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|------------|-----------|-------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R240   |  | NAME OF INDIVIDUAL                         |            | LOUISIANA |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR  |  | AGE  | BIRTHPLACE | E.D.      | SHEET |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| W  |  | 3  |            | 94        | 3     |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY   |  |  | CITY       |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Natchitoches   |  |  |            |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH  |  |  |            |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Rachel Victor  |  |  |            |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |            |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDOW</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |            |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDOW             |            |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE             |            |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |            |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER |            |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |            |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |            |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |            |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |            |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

Form 18-437 (4-28-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 1818-P-61

|                         |                                  | LOUISIANA    |                     |
|-------------------------|----------------------------------|--------------|---------------------|
| R240                    | HEAD OF FAMILY<br>Russell Edward |              | E.D. SHEET<br>78 14 |
| COLOR<br>W              | AGE<br>70                        | BIRTHPLACE   |                     |
| COUNTY                  | St. John the Baptist             |              | CITY                |
| OTHER MEMBERS OF FAMILY |                                  |              |                     |
| NAME                    |                                  | RELATIONSHIP | AGE                 |
| Leonie                  |                                  | D            | 35                  |
|                         |                                  |              |                     |
|                         |                                  |              |                     |
|                         |                                  |              |                     |
|                         |                                  |              |                     |
|                         |                                  |              |                     |
|                         |                                  |              |                     |
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|                         |                                  |              |                     |

FORM 16-636 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R 240                   |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| Mr                      |  | 23             |            | 80         | 6     |
| COUNTY                  |  |                | CITY       |            |       |
| St. John the Baptist    |  |                | Laplace    |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Mama                    |  | W              | 23         |            |       |
| Alma                    |  | S              | 2          |            |       |
| Alma                    |  | D              | 1/2        |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 16-636 (4-22-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R 240                   |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| W                       |  | 28             |            | 115        | 22    |
| COUNTY                  |  |                | CITY       |            |       |
| St. Landry              |  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| 1 Rosa                  |  | W              | 20         |            |       |
| Clara                   |  | D              | 2          |            |       |
| Pauline Eugene          |  | DO             | 16         |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 16-636 (4-26-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |    |               |     |            |    |
|-------------------------|---|----------------|----|---------------|-----|------------|----|
| R240                    |   | HEAD OF FAMILY |    | Kaskal Edward |     | LOUISIANA  |    |
| COLOR                   | B | AGE            | 27 | BIRTHPLACE    | ark | E.O.       | 62 |
| COUNTY                  |   | BENT           |    | CITY          |     | Rockelle   |    |
| OTHER MEMBERS OF FAMILY |   |                |    |               |     |            |    |
| NAME                    |   |                |    | RELATIONSHIP  | AGE | BIRTHPLACE |    |
| Living alone            |   |                |    |               |     |            |    |
|                         |   |                |    |               |     |            |    |
|                         |   |                |    |               |     |            |    |
|                         |   |                |    |               |     |            |    |
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|                         |   |                |    |               |     |            |    |
|                         |   |                |    |               |     |            |    |
|                         |   |                |    |               |     |            |    |

FORM 10-636 (4-26-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                                |            |                         |            |                   |              |
|--------------------------------|------------|-------------------------|------------|-------------------|--------------|
| <b>R240</b>                    |            | <b>HEAD OF FAMILY</b>   |            | <b>LOUISIANA</b>  |              |
| <b>NAME</b>                    |            | <b>Russel, Edward</b>   |            | <b>E.D.</b>       | <b>SHEET</b> |
| <b>COLOR</b>                   | <b>AGE</b> | <b>BIRTHPLACE</b>       |            | <b>137</b>        | <b>11</b>    |
| <b>mu</b>                      | <b>48</b>  |                         |            |                   |              |
| <b>COUNTY</b>                  |            | <b>West Baton Rouge</b> |            | <b>CITY</b>       |              |
|                                |            |                         |            |                   |              |
| <b>OTHER MEMBERS OF FAMILY</b> |            |                         |            |                   |              |
| <b>NAME</b>                    |            | <b>RELATIONSHIP</b>     | <b>AGE</b> | <b>BIRTHPLACE</b> |              |
| <b>1 Virginia</b>              |            | <b>W</b>                | <b>48</b>  |                   |              |
|                                |            |                         |            |                   |              |
|                                |            |                         |            |                   |              |
|                                |            |                         |            |                   |              |
|                                |            |                         |            |                   |              |
|                                |            |                         |            |                   |              |
|                                |            |                         |            |                   |              |
|                                |            |                         |            |                   |              |
|                                |            |                         |            |                   |              |

FORM 18-436 (4-22-31)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |   |      |  |  |
|---|--|---|------|--|--|
| <b>REED</b><br>COLOR <i>Wm</i>  |  | NAME OF INDIVIDUAL<br><i>Rachel Edward</i>  |      | LOUISIANA<br>E.D. <i>84</i> SHEET <i>13</i>  |  |
| AGE <i>17</i>   |  | BIRTHPLACE  |      |  |  |
| COUNTY<br><i>Natchitoches</i>   |  |   | CITY |  |  |
| ENUMERATED WITH<br><i>Dezudin Melina</i>  |  |   |      |  |  |
| RELATIONSHIP TO ABOVE   |  |   |      |  |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input checked="" type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |  |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18109-P01

|                         |   |                |          |            |     |
|-------------------------|---|----------------|----------|------------|-----|
| R240                    |   | HEAD OF FAMILY |          | LOUISIANA  |     |
| COLOR                   | B | AGE            | 42       | BIRTHPLACE | Ala |
| COUNTY                  |   |                | Quachita | CITY       |     |
| OTHER MEMBERS OF FAMILY |   |                |          |            |     |
| NAME                    |   | RELATIONSHIP   | AGE      | BIRTHPLACE |     |
| 1 Eunice                |   | W              | 39       |            |     |
| Crawford Clarence       |   | SS             | 16       |            |     |
| Russell, Willie         |   | AS             | 8        |            |     |
| Brown, Lillian          |   | AD             | 19       |            |     |
| Hopkins, O.B.           |   | NR             | 52       | SC         |     |
|                         |   |                |          |            |     |
|                         |   |                |          |            |     |

FORM 16-536 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |                |                |      |            |    |
|-------------------------|----------------|----------------|------|------------|----|
| B 246                   |                | HEAD OF FAMILY |      | LOUISIANA  |    |
| COLOR                   | It             | AGE            | 25   | E.D.       | 92 |
|                         |                | BIRTHPLACE     |      | SHEET      | 4  |
| COUNTY                  |                |                | CITY |            |    |
| Natchitoches            |                |                |      |            |    |
| OTHER MEMBERS OF FAMILY |                |                |      |            |    |
| NAME                    |                | RELATIONSHIP   | AGE  | BIRTHPLACE |    |
| 1                       | Agnes          | It             | 28   |            |    |
|                         | Childs, Carrie | Siz            | 10   |            |    |
| 1                       | Murrel         | BX             | 15   |            |    |
|                         |                |                |      |            |    |
|                         |                |                |      |            |    |
|                         |                |                |      |            |    |
|                         |                |                |      |            |    |
|                         |                |                |      |            |    |

FORM 16-436 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                          |                  |  |     |                   |                   |
|--------------------------|------------------|--|-----|-------------------|-------------------|
| R240                     |                  | HEAD OF FAMILY<br><i>Rachal Edward</i> |     | LOUISIANA         |                   |
| COLOR<br><i>B</i>        | AGE<br><i>24</i> | BIRTHPLACE                             |     | E.O.<br><i>78</i> | SHEET<br><i>3</i> |
| COUNTY<br><i>Napides</i> |                  | CITY<br><i>Alexandria</i>              |     |                   |                   |
| OTHER MEMBERS OF FAMILY  |                  |  |     |                   |                   |
| NAME                     |                  | RELATION-<br>SHIP                      | AGE | BIRTHPLACE        |                   |
| <i>Living alone</i>      |                  |  |     |                   |                   |
|                          |                  |  |     |                   |                   |
|                          |                  |  |     |                   |                   |
|                          |                  |  |     |                   |                   |
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|                          |                  |  |     |                   |                   |

FORM 18-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                  |     |            |       |
|-------------------------|-----|------------------|-----|------------|-------|
| R240                    |     | HEAD OF FAMILY   |     | LOUISIANA  |       |
| R240                    |     | Russell Edward H |     | E.D.       | SHEET |
| COLOR                   | AGE | BIRTHPLACE       |     | 21         | 6     |
| W                       | 34  | Ivan             |     |            |       |
| COUNTY                  |     | Avoyelles        |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |     |                  |     |            |       |
| NAME                    |     | RELATIONSHIP     | AGE | BIRTHPLACE |       |
| Alma                    |     | W                | 21  |            |       |
| Edward H. Jr.           |     | S                | 1   |            |       |
|                         |     |                  |     |            |       |
|                         |     |                  |     |            |       |
|                         |     |                  |     |            |       |
|                         |     |                  |     |            |       |
|                         |     |                  |     |            |       |
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|                         |     |                  |     |            |       |

FORM 16-636 (4-20-31)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |      |                |     |            |  |
|-------------------------|------|----------------|-----|------------|--|
| A240                    |      | HEAD OF FAMILY |     | LOUISIANA  |  |
| ROCHEL MRS. EDWIGE      |      | E.D.           |     | SHEET      |  |
| COLOR                   | AGE  | BIRTHPLACE     |     |            |  |
| W                       | 55   |                |     |            |  |
| COUNTY                  | Mary |                |     | CITY       |  |
| Patterson               |      |                |     |            |  |
| OTHER MEMBERS OF FAMILY |      |                |     |            |  |
| NAME                    |      | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| Cecile                  |      | D              | 22  |            |  |
| Edwige                  |      | D              | 20  |            |  |
| John                    |      | S              | 18  |            |  |
| Luisy                   |      | D              | 17  |            |  |
| Francina                |      | D              | 16  |            |  |
| Anna                    |      | D              | 14  |            |  |
| Blanchard Agnes B.      |      | D              | 28  |            |  |

FORM 18-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|   |  |   |  |                     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|---|--|---|--|---------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| R240  |  | NAME OF INDIVIDUAL<br>Russell Effie                 |  | LOUISIANA           |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR<br>W  | AGE<br>27                                | BIRTHPLACE<br>Ark                                   |  | E.D. SHEET<br>29 10 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY<br>Caddo   |  | CITY  |  |                     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH<br>Hendry Rebecca   |  |   |  |                     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |  |                     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> UNBORN</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |                     | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> UNBORN | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> UNBORN                     |  |                     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |  |                     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |                     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |                     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |                     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |                     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |                     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |  |                     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 16-537 (4-25-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |                  |   |      |   |                   |
|--|------------------|---|------|---|-------------------|
| R 240  |                  | NAME OF INDIVIDUAL<br><i>Joseph Effie</i>   |      | ED.<br><i>68</i>  | SHEET<br><i>8</i> |
| COLOR<br><i>B</i>  | AGE<br><i>20</i> | BIRTH-PLACE   |      |   |                   |
| COUNTY<br><i>De Soto</i>   |                  |   | CITY |   |                   |
| ENUMERATED WITH<br><i>Foster Hattie</i>  |                  |   |      |   |                   |
| RELATIONSHIP TO ABOVE  |                  |   |      |   |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> INMATE<br><input type="checkbox"/> BURGE<br><input type="checkbox"/> PAYMENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>D</i> |                   |

FORM 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 16100-P01

LOUISIANA

|  |  |   |             |             |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|--|--|---|-------------|-------------|---------------------------------|---------------------------------|-------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| R240   | NAME OF INDIVIDUAL<br>Kestly, Effie M    |   | E.D.<br>149 | SHEET<br>24 |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR<br>B   | AGE<br>9                                 | BIRTHPLACE  |             |             |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY<br>Vernon   |  | CITY<br>Fullerton                                   |             |             |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ASSOCIATED WITH<br>Haldon, James   |  |   |             |             |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   |             |             |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHER</td><td><input type="checkbox"/> WIFE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input checked="" type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> |  |   |             |             | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHER | <input type="checkbox"/> WIFE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHER          | <input type="checkbox"/> WIFE                       |             |             |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |             |             |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |             |             |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |             |             |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |             |             |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |             |             |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |   |             |             |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |   |             |             |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 16-57 16-20-51

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1916 CENSUS INDEX - INDIVIDUAL

USCOM-DC 1616-P61



|                         |                | LOUISIANA                   |                  |
|-------------------------|----------------|-----------------------------|------------------|
| 5240                    | HEAD OF FAMILY | Ragillio Eldridge J.        | E.D. 29 SHEET 10 |
| COLOR W                 | AGE 42         | BIRTHPLACE East Baton Rouge |                  |
| COUNTY                  |                | CITY                        |                  |
| OTHER MEMBERS OF FAMILY |                |                             |                  |
| NAME                    |                | RELATIONSHIP                | AGE              |
| Katy                    |                | W                           | 40               |
| Loses                   |                | S                           | 17               |
| Ventress                |                | S                           | 14               |
| Della                   |                | D                           | 13               |
| Elvira                  |                | D                           | 11               |
| Imogene                 |                | D                           | 6                |
| Walker                  |                | S                           | 4                |

FORM 16-436 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|   |  |  |              |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
|---|--|--|--------------|-----------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|---|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R240  |  | NAME OF INDIVIDUAL                       |              | LOUISIANA |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| COLOR   | AGE                                      | BIRTHPLACE                               | E.D.         | SHEET     |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| mu  | 23                                       |  | 94           | 9         |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| COUNTY  |  |  | CITY         |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |  | Natchitoches |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  | Rachel Lewis |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |              |           |  | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |              |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |              |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |              |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |              |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |              |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |              |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |              |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |              |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |

FORM 16-637 (4-28-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18105-P61

|                         |   |                |     |            |                  |
|-------------------------|---|----------------|-----|------------|------------------|
| A240                    |   | HEAD OF FAMILY |     | LOUISIANA  |                  |
| COLOR                   | W | AGE            | 54  | BIRTHPLACE | E.D. 68 SHEET 19 |
| COUNTY                  |   | De Soto        |     | CITY       |                  |
| OTHER MEMBERS OF FAMILY |   |                |     |            |                  |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |                  |
| / Anna                  |   | W              | 57  |            |                  |
| / Joe                   |   | S              | 33  |            |                  |
| / Servant               |   |                |     |            |                  |
|                         |   |                |     |            |                  |
|                         |   |                |     |            |                  |
|                         |   |                |     |            |                  |
|                         |   |                |     |            |                  |

FORM 18-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |   |   |   |  |                |
|---|---|---|---|--|----------------|
| R240  |   | NAME OF INDIVIDUAL  |   | LOUISIANA  |                |
| COLOR   | W | AGE   | 2 | BIRTHPLACE   | Russell, Elmer |
| COUNTY  |   | Caddo   |   | CITY   | Ala            |
| ENUMERATED WITH   |   |   |   |  |                |
| Anderson, Andrew M.   |   |   |   |  |                |
| RELATIONSHIP TO ABOVE   |   |   |   |  |                |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input checked="" type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |   | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |   | <input type="checkbox"/> WMAATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                |

FORM 10-437 (4-30-31)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18100-P01

|  |  |   |      |           |  |
|--|--|---|------|-----------|--|
| R-240                                  |  | NAME OF INDIVIDUAL                                  |      | LOUISIANA |  |
| COLOR                                  | AGE                                      | BIRTHPLACE  | E.D. | SHEET     |  |
| W                                      | 35                                       | Fla   | 120  | 4         |  |
| COUNTY                                 |  | CITY  |      |           |  |
|  |  | Webster   |      | Minden    |  |
| ENUMERATED WITH                        |  | Potenza, Rocco                                      |      |           |  |
| RELATIONSHIP TO ABOVE                  |  |   |      |           |  |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |      |           |  |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |      |           |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |      |           |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |      |           |  |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |      |           |  |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |      |           |  |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW  |   |      |           |  |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW   |   |      |           |  |

FORM 10-637 (4-25-61)

1916 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18196-P61

LOUISIANA

R240

NAME OF INDIVIDUAL *Doche, Elizabeth*

E.D. *68* SHEET *19*

COLOR *W* AGE *71* BIRTHPLACE *La*

COUNTY *Do Soto* CITY

ENUMERATED WITH *Daughter, Willie E.*

RELATIONSHIP TO ABOVE

|  |  |  |
|--|--|--|
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW  |  |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW   |  |

FORM 16-537 (4-22-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18198-P61

|                         |   |                |     |              |  |           |    |
|-------------------------|---|----------------|-----|--------------|--|-----------|----|
| R 240                   |   | HEAD OF FAMILY |     | Rachal Eliza |  | LOUISIANA |    |
| COLOR                   | W | AGE            | 56  | BIRTHPLACE   |  | E.O.      | 93 |
|                         |   |                |     |              |  | SHEET     | 13 |
| COUNTY                  |   |                |     | Natchitoches |  | CITY      |    |
| OTHER MEMBERS OF FAMILY |   |                |     |              |  |           |    |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE   |  |           |    |
| Fannie                  |   | W              | 56  |              |  |           |    |
| James                   |   | S              | 28  |              |  |           |    |
| Virginia                |   | D              | 23  |              |  |           |    |
| Eliza                   |   | S              | 20  |              |  |           |    |
| Francis                 |   | D              | 18  |              |  |           |    |
| Joseph                  |   | S              | 16  |              |  |           |    |
| John C                  |   | S              | 14  |              |  |           |    |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



## HEAD OF FAMILY - CONTINUED

LOUISIANA

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME    | RELATION-<br>SHIP | AGE | BIRTHPLACE |
|---------|-------------------|-----|------------|
| Jannied | D                 | 10  |            |
| Esau    | D                 | 11  |            |
| Charles | S                 | 8   |            |
| Herrell | S                 | 5   |            |
|         |                   |     |            |
|         |                   |     |            |
|         |                   |     |            |
|         |                   |     |            |
|         |                   |     |            |
|         |                   |     |            |

FORM 16-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMB-DC 16100-P61

|   |   |   |  |            |             |   |   |   |
|---|---|---|--|------------|-------------|---|---|---|
| Rato<br>COLOR   |   | NAME OF INDIVIDUAL<br>Rachel Ella   |  | LOUISIANA  |             |   |   |   |
| M<br>AGE  |   | 2<br>BIRTHPLACE   |  | E.D.<br>99 | SHEET<br>16 |   |   |   |
| COUNTY<br>Natchitoches  |   | CITY  |  |            |             |   |   |   |
| ENUMERATED WITH   |   |   |  |            |             |   |   |   |
| RELATIONSHIP TO ABOVE<br>Rachel John  |   |   |  |            |             |   |   |   |
| <table border="0"> <tr> <td> <input type="checkbox"/> FATHER<br/> <input type="checkbox"/> MOTHER<br/> <input type="checkbox"/> GRANDFATHER<br/> <input type="checkbox"/> GRANDMOTHER<br/> <input type="checkbox"/> GRANDSON<br/> <input checked="" type="checkbox"/> GRANDDAUGHTER<br/> <input type="checkbox"/> AUNT<br/> <input type="checkbox"/> UNCLE         </td> <td> <input type="checkbox"/> NEPHEW<br/> <input type="checkbox"/> NIECE<br/> <input type="checkbox"/> FATHER-IN-LAW<br/> <input type="checkbox"/> MOTHER-IN-LAW<br/> <input type="checkbox"/> SON-IN-LAW<br/> <input type="checkbox"/> DAUGHTER-IN-LAW<br/> <input type="checkbox"/> BROTHER-IN-LAW<br/> <input type="checkbox"/> SISTER-IN-LAW         </td> <td> <input type="checkbox"/> REMATE<br/> <input type="checkbox"/> MARRIAGE<br/> <input type="checkbox"/> PATIENT<br/> <input type="checkbox"/> ROOMER<br/> <input type="checkbox"/> SERVANT<br/> <input type="checkbox"/> OTHER (Specify)         </td> </tr> </table> |   |   |  |            |             | <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input checked="" type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> REMATE<br><input type="checkbox"/> MARRIAGE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input checked="" type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE   | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> REMATE<br><input type="checkbox"/> MARRIAGE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |  |            |             |   |   |   |

FORM 10-67 (4-29-61)

1910 CENSUS INDEX - NNDVI

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |     |                    |  |           |       |
|--|-----|--------------------|--|-----------|-------|
| R240   |     | NAME OF INDIVIDUAL |  | LOUISIANA |       |
| COLOR  | AGE | BIRTHPLACE         |  | E.D.      | SHEET |
| W  | 26  |                    |  | 75        | 19    |
| COUNTY   |     | CITY               |  |           |       |
| St. James  |     |                    |  |           |       |
| ENUMERATED WITH  |     |                    |  |           |       |
| Pachi, Amelia  |     |                    |  |           |       |
| RELATIONSHIP TO ABOVE  |     |                    |  |           |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE<br><input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW<br><input type="checkbox"/> WILATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input checked="" type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |     |                    |  |           |       |

FORM 16-437 (4-28-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |           |   |  |  |             |
|--|-----------|---|--|--|-------------|
| R240   |           | NAME OF INDIVIDUAL<br>Russell E. Lane   |  | LOUISIANA  |             |
| COLOR<br>B   | AGE<br>15 | BIRTHPLACE  |  | E.D.<br>66   | SHEET<br>18 |
| COUNTY<br>St. James  |           | CITY  |  |  |             |
| ENumerated WITH<br>Sidney Lewis  |           |   |  |  |             |
| RELATIONSHIP TO ABOVE  |           |   |  |  |             |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |           | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br>512 |             |

FORM 10-637 (4-22-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |   |  |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
|---|---|--|--|-----------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|---|--|-------------------------------|---|--|--------------------------------|--|--|
| 9240  |   | NAME OF INDIVIDUAL                       |  | LOUISIANA |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| Rasler, Ella  |   | E.D.                                     |  | SHEET     |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| COLOR   | AGE   | BIRTHPLACE                               |  | 107 11    |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| W   | 19  |  |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| COUNTY  |   | Terebonne                                |  | CITY      |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| ENUMERATED WITH   |   |  |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| Rasler, Alice   |   |  |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |   |  |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input checked="" type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |   |  |  |           |  | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input checked="" type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW                     | <input type="checkbox"/> INMATE          |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE                      | <input type="checkbox"/> NURSE           |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW              | <input type="checkbox"/> PATIENT         |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW              | <input type="checkbox"/> ROOMER          |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW                 | <input type="checkbox"/> SERVANT         |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input checked="" type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW             |  |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW              |  |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |

Form 16-537 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |   |  |      |                   |                    |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|---|--|------|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R240  |   | NAME OF INDIVIDUAL<br><i>Rapillia Ella</i> |      | LOUISIANA         |                    |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>W</i>   | AGE<br><i>22</i>                          | BIRTHPLACE                                 |      | E.O.<br><i>38</i> | SHEET<br><i>13</i> |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY  |   |  | CITY |                   |                    |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED BY <i>1st Folio</i><br><i>Mc Carthy Mary J</i>   |   |  |      |                   |                    |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |   |  |      |                   |                    |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input checked="" type="checkbox"/> NURSE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |   |  |      |                   |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input checked="" type="checkbox"/> NURSE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW           | <input type="checkbox"/> INMATE            |      |                   |                    |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input checked="" type="checkbox"/> NURSE | <input type="checkbox"/> NURSE             |      |                   |                    |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW    | <input type="checkbox"/> PATIENT           |      |                   |                    |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW    | <input type="checkbox"/> ROOMER            |      |                   |                    |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW       | <input type="checkbox"/> SERVANT           |      |                   |                    |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW  | <input type="checkbox"/> OTHER (Specify)   |      |                   |                    |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW   |  |      |                   |                    |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW    |  |      |                   |                    |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-637 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |   |            |   |                    |
|--|--|---|------------|---|--------------------|
| 8240   |  | NAME OF INDIVIDUAL<br><i>Rachel Ella</i>  |            | LOUISIANA   |                    |
| COLOR<br><i>B</i>  |  | AGE<br><i>12</i>  | BIRTHPLACE | E.D.<br><i>68</i>   | SHEET<br><i>11</i> |
| COUNTY<br><i>De Soto</i>   |  |   | CITY       |   |                    |
| ENUMERATED WITH<br><i>William Francis</i>  |  |   |            |   |                    |
| RELATIONSHIP TO ABOVE  |  |   |            |   |                    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |            | <input type="checkbox"/> WIFE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify)<br><i>TC</i> |                    |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| A240                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| 24                      |  | 49             |            | 101        | 3     |
| COUNTY                  |  |                | CITY       |            |       |
| Ouachita                |  |                | Monroe     |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Harry H.                |  | S              | 21         |            |       |
| Llewellyn               |  | S              | 19         |            |       |
| Marion L.               |  | S              | 15         |            |       |
| Virginia J.             |  | S              | 13         |            |       |
| Solothey S.             |  | S              | 11         |            |       |
| Mildred M.              |  | S              | 7          |            |       |
| and 2 L                 |  |                |            |            |       |

FORM 18-636 (4-26-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |     |                      |     |            |       |
|-------------------------|-----|----------------------|-----|------------|-------|
| R240                    |     | HEAD OF FAMILY       |     | LOUISIANA  |       |
|                         |     | Roussel, Ellen St.   |     | E.O.       | SHEET |
| COLOR                   | AGE | BIRTHPLACE           |     |            |       |
| W                       | 53  |                      |     |            |       |
| COUNTY                  |     | St. John the Baptist |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |     |                      |     |            |       |
| NAME                    |     | RELATIONSHIP         | AGE | BIRTHPLACE |       |
| Ben                     |     | S                    | 24  |            |       |
| Gabriel                 |     | D                    | 28  |            |       |
| Antoinette              |     | D                    | 26  |            |       |
| Ludovic                 |     | S                    | 23  |            |       |
| Roger                   |     | S                    | 20  |            |       |
| Camille                 |     | S                    | 20  |            |       |
| Rose                    |     | D                    | 18  |            |       |

FORM 10-436 (2-20-31)  
 1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

## LOUISIANA

CARD 2 OF 2

**OTHER MEMBERS OF FAMILY**

[illegible]

FORM 10-4360 (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMA DC 15196-P61

|                         |           |                |     |            |             |
|-------------------------|-----------|----------------|-----|------------|-------------|
| 240<br>R. Ellis         |           | HEAD OF FAMILY |     | LOUISIANA  |             |
| COLOR<br>B              | AGE<br>28 | BIRTHPLACE     |     | E.O.<br>12 | SHEET<br>16 |
| COUNTY                  |           | BOSSIER        |     | CITY       |             |
| OTHER MEMBERS OF FAMILY |           |                |     |            |             |
| NAME                    |           | RELATIONSHIP   | AGE | BIRTHPLACE |             |
| Living alone            |           |                |     |            |             |
|                         |           |                |     |            |             |
|                         |           |                |     |            |             |
|                         |           |                |     |            |             |
|                         |           |                |     |            |             |
|                         |           |                |     |            |             |
|                         |           |                |     |            |             |
|                         |           |                |     |            |             |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |   |  |           |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|--|--|---|--|-----------|--|---------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| R245   |  | NAME OF INDIVIDUAL                                  |  | LOUISIANA |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| Ragland, Ellie   |  | E.D.  |  | SHEET     |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR  | AGE                                      | BIRTHPLACE  |  |           |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| B  | 8  |   |  |           |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY   |  | CITY  |  |           |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| Ouchida  |  |   |  |           |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH  |  |   |  |           |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| Ellis, William   |  |   |  |           |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   |  |           |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDOW</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> Niece</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |           |  | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | <input type="checkbox"/> MOTHER | <input type="checkbox"/> Niece | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDOW                      |  |           |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> Niece           | <input type="checkbox"/> NURSE                      |  |           |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |           |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |           |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |           |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |           |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |           |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |   |  |           |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| Orphan Child   |  |   |  |           |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 10-537 (4-22-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC (1910-P0)

|                         |  |                |  |               |  |           |  |
|-------------------------|--|----------------|--|---------------|--|-----------|--|
| R-245                   |  | HEAD OF FAMILY |  | Ruglin, Ellis |  | LOUISIANA |  |
| COLOR                   |  | AGE            |  | BIRTHPLACE    |  | E.D.      |  |
| B                       |  | 35             |  |               |  | 110 6     |  |
| COUNTY                  |  |                |  | CITY          |  |           |  |
| East Feliciana          |  |                |  |               |  |           |  |
| OTHER MEMBERS OF FAMILY |  |                |  |               |  |           |  |
| NAME                    |  |                |  | RELATIONSHIP  |  | AGE       |  |
| Ella                    |  |                |  | W             |  | 33        |  |
| Rozella                 |  |                |  | D             |  | 9         |  |
| L. D.                   |  |                |  | D             |  | 7         |  |
| Viola                   |  |                |  | D             |  | 4         |  |
| Adelle                  |  |                |  | D             |  | 2         |  |
| Mary M                  |  |                |  | D             |  | 1 1/2     |  |
|                         |  |                |  |               |  |           |  |
|                         |  |                |  |               |  |           |  |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |  |
|-------------------------|-----|----------------|-----|------------|--|
| R 240                   |     | HEAD OF FAMILY |     | LOUISIANA  |  |
| Rachal Elma             |     | E.D.           |     | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |     |            |  |
| M                       | 60  |                |     |            |  |
| COUNTY                  |     | CITY           |     |            |  |
| Natchitoches            |     |                |     |            |  |
| OTHER MEMBERS OF FAMILY |     |                |     |            |  |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| / Mary                  |     | D              | 21  |            |  |
| Joseph                  |     | S              | 20  |            |  |
| Josephine               |     | D              | 18  |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |

FORM 10-436 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |           |                |       |              |         |           |  |
|-------------------------|-----------|----------------|-------|--------------|---------|-----------|--|
| K240                    |           | HEAD OF FAMILY |       | Roussel Elve |         | LOUISIANA |  |
| COLOR                   | W         | AGE            | 30    | BIRTHPLACE   | E.D. 45 |           |  |
| COUNTY                  | Lafourche |                |       | SHEET 21     |         |           |  |
| OTHER MEMBERS OF FAMILY |           |                |       |              |         |           |  |
| NAME                    |           | RELATIONSHIP   | AGE   | BIRTHPLACE   |         |           |  |
| Bernadette              |           | W              | 28    |              |         |           |  |
| Eunice                  |           | D              | 1 1/2 |              |         |           |  |
|                         |           |                |       |              |         |           |  |
|                         |           |                |       |              |         |           |  |
|                         |           |                |       |              |         |           |  |
|                         |           |                |       |              |         |           |  |
|                         |           |                |       |              |         |           |  |
|                         |           |                |       |              |         |           |  |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |   |  |  |           |       |
|--|---|--|--|-----------|-------|
| R246                                   |   | NAME OF INDIVIDUAL                       |  | LOUISIANA |       |
|  |   | Rachel Elmer                             |  | E.D.      | SHEET |
| COLOR                                  | AGE                                       | BIRTHPLACE                               |  |           |       |
| W                                      | 2   |  |  |           |       |
| COUNTY                                 |   | Matchitoches                             |  | CITY      |       |
| ENUMERATED WITH                        |   | Rachel Julian                            |  |           |       |
| RELATIONSHIP TO ABOVE                  |   |  |  |           |       |
| <input type="checkbox"/> FATHER        | <input checked="" type="checkbox"/> NIECE | <input type="checkbox"/> WIFE            |  |           |       |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> FATHER-IN-LAW    | <input type="checkbox"/> HUSBAND         |  |           |       |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> MOTHER-IN-LAW    | <input type="checkbox"/> PATIENT         |  |           |       |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> SON-IN-LAW       | <input type="checkbox"/> ROOMER          |  |           |       |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> DAUGHTER-IN-LAW  | <input type="checkbox"/> SERVANT         |  |           |       |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> BROTHER-IN-LAW   | <input type="checkbox"/> OTHER (Specify) |  |           |       |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> SISTER-IN-LAW    |  |  |           |       |
| <input type="checkbox"/> UNCLE         |   |  |  |           |       |

Form 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 18198-P41



|   |  |   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|---|--|---|--|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| R246  |  | NAME OF INDIVIDUAL                                  |  | LOUISIANA |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|   |  | Russell, Elvina                                     |  | E.D.      | SHEET |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR   | AGE                                      | BIRTHPLACE  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| B   | 12                                       |   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY  |  | Jefferson   |  | CITY      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  | Russell, Joseph                                     |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 19-537 (4-29-51)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 1919-P61

|  |      |   |  |   |  |
|--|------|---|--|---|--|
| P240   |      | NAME OF INDIVIDUAL  |  | LOUISIANA   |  |
| RUSSELL ELVIA  |      | R.D.  |  | SHEET   |  |
| COLOR  | AGE  | BIRTHPLACE  |  |   |  |
| B  | 50   |   |  |   |  |
| COUNTY   | CITY |   |  |   |  |
| Do Soto  |      | Mansfield   |  |   |  |
| ENUMERATED WITH  |      |   |  |   |  |
| Alexander Alexander  |      |   |  |   |  |
| RELATIONSHIP TO ABOVE  |      |   |  |   |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |      | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> PRISONER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |  |

FORM 16-637 (4-29-61)

1910 CENSUS INDEX - INDIV

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18169-P81

LOUISIANA

|  |  |                    |  |  |  |      |  |  |  |       |  |               |  |
|--|--|--------------------|--|--|--|------|--|--|--|-------|--|---------------|--|
| B240                                   |  | NAME OF INDIVIDUAL |  | Russell Emanuel                          |  | F.D. |  | 79   |  | SHEET |  | 22            |  |
| COLOR                                  |  | AGE                |  | BIRTHPLACE                               |  |      |  |  |  |       |  |               |  |
| B                                      |  | 23                 |  |  |  |      |  |  |  |       |  |               |  |
| COUNTY                                 |  |                    |  | Natchitoches                             |  |      |  | CITY                                       |  |       |  |               |  |
| ENUMERATED WITH                        |  |                    |  |  |  |      |  |  |  |       |  | Wright, Kelpy |  |
| RELATIONSHIP TO ABOVE                  |  |                    |  |  |  |      |  |  |  |       |  |               |  |
| <input type="checkbox"/> FATHER        |  |                    |  | <input type="checkbox"/> NEPHEW          |  |      |  | <input type="checkbox"/> INMATE            |  |       |  |               |  |
| <input type="checkbox"/> MOTHER        |  |                    |  | <input type="checkbox"/> NIECE           |  |      |  | <input type="checkbox"/> NURSE             |  |       |  |               |  |
| <input type="checkbox"/> GRANDFATHER   |  |                    |  | <input type="checkbox"/> FATHER-IN-LAW   |  |      |  | <input type="checkbox"/> PATIENT           |  |       |  |               |  |
| <input type="checkbox"/> GRANDMOTHER   |  |                    |  | <input type="checkbox"/> MOTHER-IN-LAW   |  |      |  | <input checked="" type="checkbox"/> ROOMER |  |       |  |               |  |
| <input type="checkbox"/> GRANDSON      |  |                    |  | <input type="checkbox"/> SON-IN-LAW      |  |      |  | <input type="checkbox"/> SERVANT           |  |       |  |               |  |
| <input type="checkbox"/> GRANDDAUGHTER |  |                    |  | <input type="checkbox"/> DAUGHTER-IN-LAW |  |      |  | <input type="checkbox"/> OTHER (Specify)   |  |       |  |               |  |
| <input type="checkbox"/> AUNT          |  |                    |  | <input type="checkbox"/> BROTHER-IN-LAW  |  |      |  |  |  |       |  |               |  |
| <input type="checkbox"/> UNCLE         |  |                    |  | <input type="checkbox"/> SISTER-IN-LAW   |  |      |  |  |  |       |  |               |  |

Form 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18108-P61

|                         |     |                |     |            |  |
|-------------------------|-----|----------------|-----|------------|--|
| R240                    |     | HEAD OF FAMILY |     | LOUISIANA  |  |
| Rachal, Emile           |     | E.D.           |     | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |     |            |  |
| mu                      | 60  |                |     |            |  |
| COUNTY                  |     | Natchitoches   |     | CITY       |  |
| OTHER MEMBERS OF FAMILY |     |                |     |            |  |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| Lizzie                  |     | W              | 50  |            |  |
| Eugene                  |     | S              | 19  |            |  |
| Lorissa                 |     | H              | 16  |            |  |
| Ozite                   |     | S              | 24  |            |  |
| Tony                    |     | S              | 5   |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |       |            |  |
|-------------------------|-----|----------------|-------|------------|--|
| A240                    |     | HEAD OF FAMILY |       | LOUISIANA  |  |
| Rachal, Emily           |     | E.D.           |       | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |       |            |  |
| W                       | 31  |                |       |            |  |
| COUNTY                  |     | Natchitoches   |       | CITY       |  |
| OTHER MEMBERS OF FAMILY |     |                |       |            |  |
| NAME                    |     | RELATIONSHIP   | AGE   | BIRTHPLACE |  |
| / Angelina              |     | W              | 29    |            |  |
| / Lennie                |     | D              | 4     |            |  |
| Ellis                   |     | S              | 1 1/2 |            |  |
|                         |     |                |       |            |  |
|                         |     |                |       |            |  |
|                         |     |                |       |            |  |
|                         |     |                |       |            |  |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R240                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.O.       | SHEET |
| W                       |  | 33             |            | 64         | 7     |
| COUNTY                  |  |                | CITY       |            |       |
| St. James               |  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| / Alvin                 |  | W              | 21         |            |       |
| Vbet                    |  | S              | 1          |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 16-636 (4-22-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |            |                |     |            |  |
|-------------------------|------------|----------------|-----|------------|--|
| R 240                   |            | HEAD OF FAMILY |     | LOUISIANA  |  |
| Rouselle, Emile         |            | E. D.          |     | SHEET      |  |
| COLOR                   | W          | AGE            | 71  | BIRTHPLACE |  |
| COUNTY                  | Assumption |                |     | CITY       |  |
| OTHER MEMBERS OF FAMILY |            |                |     |            |  |
| NAME                    |            | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| Living Alone            |            |                |     |            |  |
|                         |            |                |     |            |  |
|                         |            |                |     |            |  |
|                         |            |                |     |            |  |
|                         |            |                |     |            |  |
|                         |            |                |     |            |  |
|                         |            |                |     |            |  |
|                         |            |                |     |            |  |
|                         |            |                |     |            |  |

FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |            |
|-------------------------|--|----------------|------------|------------|------------|
| R240                    |  | HEAD OF FAMILY |            | LOUISIANA  |            |
| COLOR                   |  | AGE            | BIRTHPLACE |            | E.O. SHEET |
| W                       |  | 70             |            |            | 67 7       |
| COUNTY                  |  |                | St. James  | CITY       |            |
| OTHER MEMBERS OF FAMILY |  |                |            |            |            |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |            |
| Vigilini                |  | W              | 59         |            |            |
| Elena                   |  | D              | 17         |            |            |
| Vigen                   |  | S              | 23         |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |

FORM 16-636 (4-26-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|   |  |  |       |  |                                 |                                 |  |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|-------|--|---------------------------------|---------------------------------|--|-------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 220   |  | LOUISIANA                                |       |  |                                 |                                 |  |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| NAME OF INDIVIDUAL  |  | E.D.                                     | SHEET |  |                                 |                                 |  |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Russell Emily   |  | 66                                       | 24    |  |                                 |                                 |  |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| SEX   | AGE                                      | BIRTHPLACE                               |       |  |                                 |                                 |  |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| W   | 60                                       |  |       |  |                                 |                                 |  |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY  |  | CITY                                     |       |  |                                 |                                 |  |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| St. James   |  |  |       |  |                                 |                                 |  |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| EDUCATED WITH   |  |  |       |  |                                 |                                 |  |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Russell George  |  |  |       |  |                                 |                                 |  |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |       |  |                                 |                                 |  |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input checked="" type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> IMMATE</td> </tr> <tr> <td><input checked="" type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NICE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |       | <input checked="" type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> IMMATE | <input checked="" type="checkbox"/> MOTHER | <input type="checkbox"/> NICE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input checked="" type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> IMMATE          |       |  |                                 |                                 |  |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> MOTHER  | <input type="checkbox"/> NICE            | <input type="checkbox"/> NURSE           |       |  |                                 |                                 |  |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |       |  |                                 |                                 |  |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |       |  |                                 |                                 |  |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |       |  |                                 |                                 |  |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |       |  |                                 |                                 |  |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |       |  |                                 |                                 |  |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |       |  |                                 |                                 |  |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-627 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 16106-P01

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| R240  |  | NAME OF INDIVIDUAL<br><i>Russell Emmons</i>   |  | LOUISIANA  |  |
| COLOR<br><i>B</i>   |  | AGE<br><i>15</i>  |  | ED. SHEET<br><i>92 9</i>   |  |
| BIRTHPLACE  |  |   |  |  |  |
| COUNTY<br><i>Rapides</i>  |  | CITY  |  |  |  |
| ENUMERATED WITH<br><i>Belvin Miles</i>  |  |   |  |  |  |
| RELATIONSHIP TO ABOVE   |  |   |  |  |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input checked="" type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |  |

FORM 10-437 (4-22-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1930 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P61

|  |  |  |    |      |       |
|--|--|--|----|------|-------|
| R240                                   |  | STATE OF LOUISIANA                       |    | E.O. | SHEET |
| COLOR                                  | W  | AGE                                      | 23 | 69   | 29    |
| NAME OF INDIVIDUAL                     |  | Rousel, Emma                             |    |      |       |
| BIRTHPLACE                             |  | St. James                                |    |      |       |
| COUNTY                                 | CITY                                     |  |    |      |       |
| ENUMERATED WITH                        |  |  |    |      |       |
| Lizzie, Ernest                         |  |  |    |      |       |
| RELATIONSHIP TO ABOVE                  |  |  |    |      |       |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |    |      |       |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |    |      |       |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |    |      |       |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |    |      |       |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |    |      |       |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |    |      |       |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW  |  |    |      |       |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW   |  |    |      |       |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-NC 16100-P01

LOUISIANA

|  |  |   |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
|--|--|---|------------|------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|---|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R250   | NAME OF INDIVIDUAL<br>Russell, Emma      |   | E.D.<br>21 | SHEET<br>3 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| COLOR<br>D   | AGE<br>77                                | BIRTHPLACE                                  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br>East Baton Rouge   | CITY<br>Baton Rouge                      |   |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br>Lemon, Sidney   |  |   |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> INMATE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input checked="" type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> |  |   |            |            | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input checked="" type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE             |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE              |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT            |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER             |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input checked="" type="checkbox"/> SERVANT |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)    |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |   |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |   |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |

FORM 16-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P01

|                         |     |                |     |            |  |
|-------------------------|-----|----------------|-----|------------|--|
| RD40                    |     | HEAD OF FAMILY |     | LOUISIANA  |  |
| Rachel Ernest           |     | E.D.           |     | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |     |            |  |
| W                       | 52  |                |     |            |  |
| COUNTY                  |     | CITY           |     |            |  |
| Avoyelles               |     | Hessmer        |     |            |  |
| OTHER MEMBERS OF FAMILY |     |                |     |            |  |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| Ella                    |     | w              | 30  |            |  |
| Cleglor                 |     | s              | 12  |            |  |
| Ethelm                  |     | d              | 11  |            |  |
| Wade                    |     | s              | 9   |            |  |
| Curry                   |     | s              | 7   |            |  |
| Leo                     |     | s              | 6   |            |  |
| Mary L                  |     | d              | 4   |            |  |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

HEAD OF FAMILY - CONTINUED

## LOUISIANA

**CARD 2 OF 2**

**OTHER MEMBERS OF FAMILY**

NAME \_\_\_\_\_

RELATION-  
SHIP

AGE

BIRTHPLACE

1 Mary M

7

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

UNCOM-DC 15100-P61

|  |   |   |    |   |  |
|--|---|---|----|---|--|
| P2H  |   | NAME OF INDIVIDUAL  |    | LOUISIANA   |  |
| Rickle, Ernest   |   | E.D.  |    | SHEET   |  |
| COLOR  | W | AGE   | 55 | BIRTHPLACE  |  |
| COUNTY   |   | CITY  |    |   |  |
| ENUMERATED WITH  |   | New Iberia  |    |   |  |
| RELATIONSHIP TO ABOVE  |   | Mose, Carney P  |    |   |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |   | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |    | <input type="checkbox"/> IMMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> WORKER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |  |

FORM 19-527 (4-29-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

| R240                    |              | HEAD OF FAMILY |            | LOUISIANA |       |
|-------------------------|--------------|----------------|------------|-----------|-------|
| COLOR                   |              | AGE            | BIRTHPLACE | E.D.      | SHEET |
| mu                      |              | 49             |            | 67        | 1     |
| COUNTY                  |              |                | St. James  | CITY      |       |
| OTHER MEMBERS OF FAMILY |              |                |            |           |       |
| NAME                    | RELATIONSHIP | AGE            | BIRTHPLACE |           |       |
| Theresa                 | w            | 38             |            |           |       |
| Lernold                 | s            | 14             |            |           |       |
| Marguerite              | d            | 13             |            |           |       |
| Harroce s               | s            | 11             |            |           |       |
| Clodias                 | d            | 9              |            |           |       |
| Cornet Jr               | s            | 7              |            |           |       |
| Louise M                | d            | 6              |            |           |       |

FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



HEAD OF FAMILY - CONTINUE

LOUISIANA

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME      | RELATIONSHIP | AGE | BIRTHPLACE |
|-----------|--------------|-----|------------|
| George A  | S            | 4   |            |
| Leroy A   | S            | 3   |            |
| Emile A   | S            | 2   |            |
| Termond C | S            | 3/4 |            |
|           |              |     |            |
|           |              |     |            |
|           |              |     |            |
|           |              |     |            |
|           |              |     |            |
|           |              |     |            |

FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

UNCOM-DC 1488-PS1

|  |     |   |  |   |       |
|--|-----|---|--|---|-------|
| R240   |     | NAME OF INDIVIDUAL  |  | LOUISIANA   |       |
| COLOR  | AGE | BIRTHPLACE  |  | E.D.  | SHEET |
| B  | 4   | Rockwell, Edwin R.  |  | 130   | 5     |
| COUNTY   |     | CITY  |  |   |       |
| Winn   |     |   |  |   |       |
| ENUMERATED WITH  |     |   |  |   |       |
| James, Jack  |     |   |  |   |       |
| RELATIONSHIP TO ABOVE  |     |   |  |   |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify) |       |
|  |     |   |  | Ch.   |       |

FORM 10-637 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 1910-P-61

|   |                 |  |  |   |                   |
|---|-----------------|--|--|---|-------------------|
| R240  |                 | NAME OF INDIVIDUAL<br><i>Russell, Essie</i>  |  | LOUISIANA   |                   |
| COLOR<br><i>B</i>   | AGE<br><i>6</i> | BIRTHPLACE   |  | E.D.<br><i>75</i>   | SHEET<br><i>1</i> |
| COUNTY<br><i>No Soto</i>  |                 | CITY   |  |   |                   |
| ENUMERATED WITH<br><i>Elam, Jesse</i>   |                 |  |  |   |                   |
| RELATIONSHIP TO ABOVE   |                 |  |  |   |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input checked="" type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                 | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NICE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> PAIREE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                   |

FORM 10-57 (4-22-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS


USCOMM-DC 19100-P61

|                         |  |                |                 |            |            |
|-------------------------|--|----------------|-----------------|------------|------------|
| R245                    |  | HEAD OF FAMILY |                 | LOUISIANA  |            |
| COLOR                   |  | AGE            | BIRTHPLACE      |            | E.D. SHEET |
| W                       |  | 51             | Russell Etienne |            | 104 34     |
| COUNTY                  |  |                | CITY            |            |            |
| Terrebonne              |  |                | Houma           |            |            |
| OTHER MEMBERS OF FAMILY |  |                |                 |            |            |
| NAME                    |  | RELATIONSHIP   | AGE             | BIRTHPLACE |            |
| Clara                   |  | W              | 37              |            |            |
| Edmond                  |  | S              | 4               |            |            |
| Albert                  |  | S              | 4               |            |            |
| Etienne Jr.             |  | S.             | 2               |            |            |
| Duffy Nicholas          |  | 76             | 65              |            |            |
|                         |  |                |                 |            |            |
|                         |  |                |                 |            |            |

FORM 10-436 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |           |   |      |   |             |
|--|-----------|---|------|---|-------------|
| R240   |           | NAME OF INDIVIDUAL<br>Rachel Etta   |      | E.O.<br>140   | SHEET<br>16 |
| COLOR<br>W   | AGE<br>13 | BIRTHPLACE  |      |   |             |
| COUNTY<br>Union  |           |   | CITY |   |             |
| ENUMERATED WITH<br>Law James   |           |   |      |   |             |
| RELATIONSHIP TO ABOVE  |           |   |      |   |             |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |           | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br> |             |

FORM 16-437 (4-22-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 16100-P01

|   |  |   |           |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|---|--|---|-----------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| <b>R210</b>   |  | <b>LOUISIANA</b>                                    |           |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| NAME OF INDIVIDUAL  |  | E.D.  | SHEET     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <i>Rachel Endolph</i>   |  | <i>94</i>   | <i>14</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR   | AGE                                      | BIRTHPLACE  |           |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <i>W</i>  | <i>18</i>                                |   |           |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY  |  | CITY  |           |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <i>St. Mary</i>   |  |   |           |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |   |           |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <i>Mrs. J. J. J. J.</i>   |  |   |           |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |           |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |           | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |           |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |           |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |           |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |           |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |           |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |           |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |           |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |           |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

Form 10-437 (4-20-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 1910-P-1

|  |     |  |  |  |       |
|--|-----|--|--|--|-------|
| R240   |     | NAME OF INDIVIDUAL   |  | LOUISIANA  |       |
| COLOR  | AGE | BIRTHPLACE   |  | E.O.   | SHEET |
| B  | 70  |  |  | 78   | 12    |
| COUNTY   |     | St. John the Baptist   |  | CITY   |       |
| ENUMERATED WITH  |     |  |  |  |       |
| Percy, Willie  |     |  |  |  |       |
| RELATIONSHIP TO ABOVE  |     |  |  |  |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input checked="" type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |       |

FORM 16-537 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 1910b-P01

LOUISIANA

|                         |                |              |                 |            |      |    |       |    |
|-------------------------|----------------|--------------|-----------------|------------|------|----|-------|----|
| R240                    | HEAD OF FAMILY |              | Roussel, Eugene |            | E.D. | 75 | SHEET | 14 |
| COLOR<br>Wm             | AGE<br>36      | BIRTHPLACE   |                 |            |      |    |       |    |
| COUNTY                  |                | St. James    |                 |            | CITY |    |       |    |
| OTHER MEMBERS OF FAMILY |                |              |                 |            |      |    |       |    |
| NAME                    |                | RELATIONSHIP | AGE             | BIRTHPLACE |      |    |       |    |
| Frances                 |                | W            | 35              |            |      |    |       |    |
| Blake                   |                | W            | 16              |            |      |    |       |    |
| D. Neal                 |                | S            | 15              |            |      |    |       |    |
| Cromine                 |                | D            | 13              |            |      |    |       |    |
| Elle                    |                | D            | 11              |            |      |    |       |    |
| Eugene, Jr.             |                | S            | 10              |            |      |    |       |    |
| Benjamin                |                | S            | 7               |            |      |    |       |    |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



LOUISIANA

HEAD OF FAMILY - CONTINUE

CARD 2 ONLY

## OTHER MEMBERS OF FAMILY

| NAME       | RELATIONSHIP | AGE | BIRTHPLACE |
|------------|--------------|-----|------------|
| / Anita    | D            | 4   |            |
| Marquerite | D            | 2   |            |
|            |              |     |            |
|            |              |     |            |
|            |              |     |            |
|            |              |     |            |
|            |              |     |            |
|            |              |     |            |
|            |              |     |            |
|            |              |     |            |

FORM 10-436a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 16100-P01

|                         |              | LOUISIANA  |            |
|-------------------------|--------------|------------|------------|
| HEAD OF FAMILY          |              | E.O.       | SHEET      |
| R240 Rachel Eugene B    |              | 93         | 16         |
| COLOR                   | AGE          | BIRTHPLACE |            |
| W                       | 20           |            |            |
| COUNTY                  | Natchitoches |            | CITY       |
| Natchitoches            |              |            |            |
| OTHER MEMBERS OF FAMILY |              |            |            |
| NAME                    | RELATIONSHIP | AGE        | BIRTHPLACE |
| Emilie                  | S            | 2          |            |
| Hallea                  | S            | 7/2        |            |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |  |   |  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
|--|--|---|--|------------|------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|-----------|--------------------------------|--|--|
| R240   |  | NAME OF INDIVIDUAL<br>Russell Eugene L              |  | E.O.<br>53 | SHEET<br>1 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| COLOR<br>W   | AGE<br>40                                | BIRTHPLACE<br>Miss                                  |  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| COUNTY<br>Jackson  |  | CITY<br>Eros  |  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| ENUMERATED WITH<br>Russell James H.  |  |   |  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   |  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> Niece</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>si</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |            |            | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> Niece | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>si</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> Niece           | <input type="checkbox"/> NURSE                      |  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  | <i>si</i>   |  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |   |  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |

FORM 10-437 (4-30-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1960 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 10106-P01

LOUISIANA

|                                |   |              |            |             |
|--------------------------------|---|--------------|------------|-------------|
| R240                           | HEAD OF FAMILY<br><i>Russell Eugene</i> |              | E.D.<br>78 | SHEET<br>10 |
| COLOR<br><i>mu</i>             | AGE<br>54                               | BIRTHPLACE   |            |             |
| COUNTY<br>St. John the Baptist |   | CITY         |            |             |
| OTHER MEMBERS OF FAMILY        |   |              |            |             |
| NAME                           |   | RELATIONSHIP | AGE        | BIRTHPLACE  |
| <i>Josephine</i>               |   | <i>W</i>     | <i>50</i>  |             |
| <i>Robert, Thasphile</i>       |   | <i>Son</i>   | <i>14</i>  |             |
|                                |   |              |            |             |
|                                |   |              |            |             |
|                                |   |              |            |             |
|                                |   |              |            |             |
|                                |   |              |            |             |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                      |     |            |  |
|-------------------------|-----|----------------------|-----|------------|--|
| R240                    |     | HEAD OF FAMILY       |     | LOUISIANA  |  |
| Rosaire Euphasie        |     | E.O.                 |     | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE           |     |            |  |
| 1st                     | 71  |                      |     |            |  |
| COUNTY                  |     | St. John the Baptist |     | CITY       |  |
| OTHER MEMBERS OF FAMILY |     |                      |     |            |  |
| NAME                    |     | RELATIONSHIP         | AGE | BIRTHPLACE |  |
| Amanda                  |     | D                    | 72  |            |  |
| Henry                   |     | S                    | 40  |            |  |
| Lida                    |     | D                    | 32  |            |  |
|                         |     |                      |     |            |  |
|                         |     |                      |     |            |  |
|                         |     |                      |     |            |  |
|                         |     |                      |     |            |  |
|                         |     |                      |     |            |  |

FORM 16-436 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|                         |     |                |      |            |       |
|-------------------------|-----|----------------|------|------------|-------|
| R 240                   |     | HEAD OF FAMILY |      | E.O.       | SHEET |
|                         |     | Ransell, Duick |      | 75         | 14    |
| COLOR                   | AGE | BIRTHPLACE     |      |            |       |
| Wm                      | 42  |                |      |            |       |
| COUNTY                  |     |                | CITY |            |       |
| St. James               |     |                |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Helen                   |     | W              | 36   |            |       |
| Jimmy H.                |     | D              | 19   |            |       |
| Philomena               |     | D              | 17   |            |       |
| Lulien                  |     | S              | 15   |            |       |
| Berthelene              |     | S              | 13   |            |       |
| Lurik                   |     | D              | 10   |            |       |
| Nesovic                 |     | D              | 9    |            |       |

FORM 16-634 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME      | RELATIONSHIP | AGE | BIRTHPLACE |
|-----------|--------------|-----|------------|
| 1 Helen B | D            | 8   |            |
|           |              |     |            |
|           |              |     |            |
|           |              |     |            |
|           |              |     |            |
|           |              |     |            |
|           |              |     |            |
|           |              |     |            |
|           |              |     |            |
|           |              |     |            |
|           |              |     |            |
|           |              |     |            |
|           |              |     |            |
|           |              |     |            |
|           |              |     |            |

FORM 16-436a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMMA-DC 1910C-P61

LOUISIANA

|  |  |  |  |            |             |
|--|--|--|--|------------|-------------|
| R240                                   |  | NAME OF INDIVIDUAL<br>Russell, Eva       |  | E.O.<br>99 | SHEET<br>14 |
| COLOR<br>B                             | AGE<br>7                                 | BIRTHPLACE                               |  |            |             |
| COUNTY<br>St. Mary                     |  | CITY<br>Berwick                          |  |            |             |
| ENumerated WITH<br>Mama, Oscar         |  |  |  |            |             |
| RELATIONSHIP TO ABOVE                  |  |  |  |            |             |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |  |            |             |
| <input type="checkbox"/> MOTHER        | <input checked="" type="checkbox"/> WIFE | <input type="checkbox"/> NURSE           |  |            |             |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |  |            |             |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |  |            |             |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |  |            |             |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |  |            |             |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |            |             |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW   |  |  |            |             |

FORM 10-437 (4-30-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 10100-P01



LOUISIANA

|  |           |   |  |   |            |
|--|-----------|---|--|---|------------|
| R240   |           | NAME OF INDIVIDUAL<br>Russell Cane  |  | E.D.<br>110   | SHEET<br>4 |
| COLOR<br>W   | AGE<br>31 | BIRTHPLACE  |  |   |            |
| COUNTY<br>Tangipahoa   |           | CITY<br>Roseland  |  |   |            |
| ENUMERATED WITH<br>Vendry Bennett M  |           |   |  |   |            |
| RELATIONSHIP TO ABOVE  |           |   |  |   |            |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |           | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> IMMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |            |

FORM 10-437 (4-22-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1940 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P01

LOUISIANA

|  |  |  |   |            |  |       |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
|--|--|--|---|------------|--|-------|--|---------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|---|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R240   |  | NAME OF INDIVIDUAL                       |   | E.D.       |  | SHEET |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| Rumell, Eva A  |  | 28                                       |   | 13         |  |       |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| COLOR  | W  | AGE                                      | 3 | BIRTHPLACE |  |       |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| COUNTY   |  |  |   | CITY       |  |       |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| Calcasieu  |  |  |   |            |  |       |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH  |  |  |   |            |  |       |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| Henry, Rose E  |  |  |   |            |  |       |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |   |            |  |       |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDOW</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |   |            |  |       |  | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDOW           |   |            |  |       |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |   |            |  |       |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |   |            |  |       |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |   |            |  |       |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |   |            |  |       |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |   |            |  |       |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |   |            |  |       |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |   |            |  |       |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |

FORM 16-437 (4-22-31)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCENS-DC 18104-P-01

LOUISIANA

|                         |  |                |            |                |     |            |       |
|-------------------------|--|----------------|------------|----------------|-----|------------|-------|
| P 440                   |  | HEAD OF FAMILY |            | Rugley Eveline |     | E.D.       | SHEET |
| COLOR B                 |  | AGE            | BIRTHPLACE |                |     |            |       |
|                         |  | 35             |            |                |     |            |       |
| COUNTY                  |  |                |            | CITY           |     |            |       |
| Do Soto                 |  |                |            |                |     |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |                |     |            |       |
| NAME                    |  |                |            | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Williams C. D.          |  |                |            | S              | 14  |            |       |
| Haynes Rob Jr.          |  |                |            | S              | 9   |            |       |
| 1 Aubrey                |  |                |            | D              | 3   |            |       |
|                         |  |                |            |                |     |            |       |
|                         |  |                |            |                |     |            |       |
|                         |  |                |            |                |     |            |       |
|                         |  |                |            |                |     |            |       |
|                         |  |                |            |                |     |            |       |

FORM 16-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                |                    |              |           |            |      |       |
|-------------------------|----------------|--------------------|--------------|-----------|------------|------|-------|
| R 242                   |                | HEAD OF FAMILY     |              | LOUISIANA |            | E.D. | SHEET |
| 628                     |                | Roggallis, Everett |              | 41        |            |      |       |
| COLOR                   |                | BIRTHPLACE         |              |           |            |      |       |
| COUNTY                  | East Feliciana |                    |              | CITY      |            |      |       |
| OTHER MEMBERS OF FAMILY |                |                    |              |           |            |      |       |
| NAME                    |                |                    | RELATIONSHIP | AGE       | BIRTHPLACE |      |       |
| 1 Ella                  |                |                    | W            | 22        |            |      |       |
|                         |                |                    |              |           |            |      |       |
|                         |                |                    |              |           |            |      |       |
|                         |                |                    |              |           |            |      |       |
|                         |                |                    |              |           |            |      |       |
|                         |                |                    |              |           |            |      |       |
|                         |                |                    |              |           |            |      |       |
|                         |                |                    |              |           |            |      |       |
|                         |                |                    |              |           |            |      |       |
|                         |                |                    |              |           |            |      |       |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

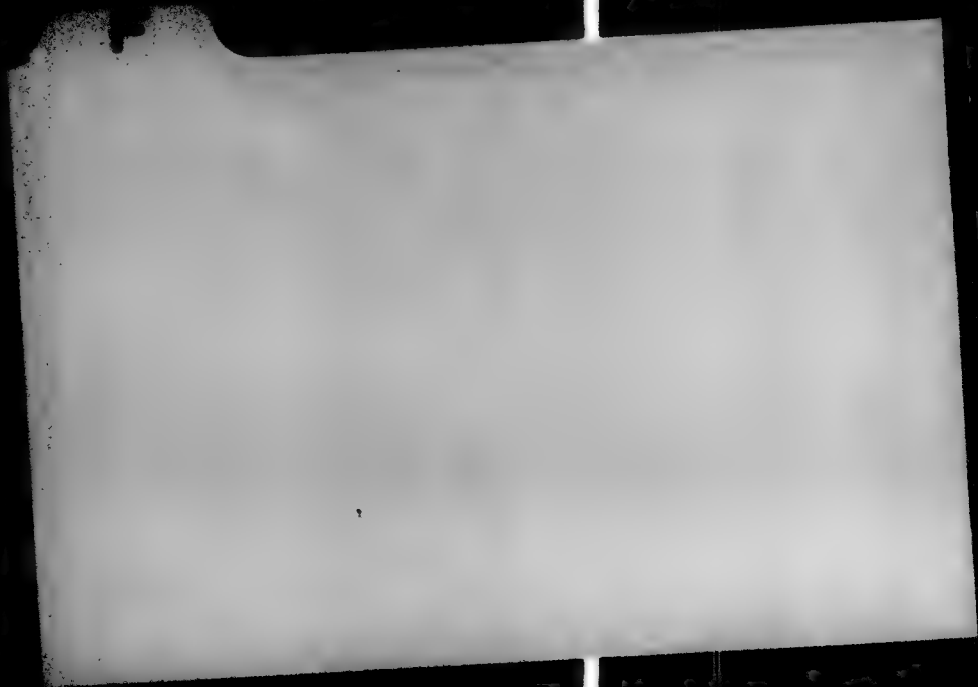
|  |  |  |            |             |
|--|--|--|------------|-------------|
| R 240                                      | NAME OF INDIVIDUAL<br><i>Josephine Everett</i> |  | E.O.<br>38 | SHEET<br>13 |
| COLOR<br><i>W</i>                          | AGE<br>28                                      | BIRTHPLACE                               |            |             |
| COUNTY<br>East Feliciana                   |  | CITY                                     |            |             |
| ENUMERATED WITH<br><i>Mc Carath Mary J</i> |  |  |            |             |
| RELATIONSHIP TO ABOVE                      |  |  |            |             |
| <input type="checkbox"/> FATHER            | <input type="checkbox"/> NEPHEW                | <input type="checkbox"/> WIDWIFE         |            |             |
| <input type="checkbox"/> MOTHER            | <input type="checkbox"/> NIECE                 | <input type="checkbox"/> NURSE           |            |             |
| <input type="checkbox"/> GRANDFATHER       | <input type="checkbox"/> FATHER-IN-LAW         | <input type="checkbox"/> PATIENT         |            |             |
| <input type="checkbox"/> GRANDMOTHER       | <input type="checkbox"/> MOTHER-IN-LAW         | <input type="checkbox"/> ROOMER          |            |             |
| <input type="checkbox"/> GRANDSON          | <input type="checkbox"/> SON-IN-LAW            | <input type="checkbox"/> SERVANT         |            |             |
| <input type="checkbox"/> GRANDDAUGHTER     | <input type="checkbox"/> DAUGHTER-IN-LAW       | <input type="checkbox"/> OTHER (Specify) |            |             |
| <input type="checkbox"/> AUNT              | <input type="checkbox"/> BROTHER-IN-LAW        |  |            |             |
| <input type="checkbox"/> UNCLE             | <input type="checkbox"/> SISTER-IN-LAW         |  |            |             |

FORM 16-517 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 16186-P31



|                         |   |                |    |                 |     |            |    |
|-------------------------|---|----------------|----|-----------------|-----|------------|----|
| R245                    |   | HEAD OF FAMILY |    | ROSELINE, TALON |     | LOUISIANA  |    |
| COLOR                   | W | AGE            | 60 | BIRTHPLACE      |     | E.D.       | 28 |
|                         |   |                |    |                 |     | SHEET      | 23 |
| COUNTY                  |   |                |    | Jefferson       |     | CITY       |    |
| OTHER MEMBERS OF FAMILY |   |                |    |                 |     |            |    |
| NAME                    |   |                |    | RELATIONSHIP    | AGE | BIRTHPLACE |    |
| Lura                    |   |                |    | W               | 45  |            |    |
| Matilda                 |   |                |    | D               | 16  |            |    |
| Mary                    |   |                |    | D               | 7   |            |    |
| Josephine               |   |                |    | D               | 6   |            |    |
| Opie                    |   |                |    | S               | 21  |            |    |
|                         |   |                |    |                 |     |            |    |
|                         |   |                |    |                 |     |            |    |

FORM 18-436 (4-22-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |     |   |  |   |       |
|--|-----|---|--|---|-------|
| R-246  |     | NAME OF INDIVIDUAL  |  | LOUISIANA   |       |
| COLOR  | AGE | BIRTHPLACE  |  | E.D.  | SHEET |
| W  | 13  | Union   |  | 132   | 29    |
| COUNTY   |     | CITY  |  |   |       |
| ENUMERATED WITH  |     |   |  |   |       |
| Coleman, Herschel  |     |   |  |   |       |
| RELATIONSHIP TO ABOVE  |     |   |  |   |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> IMMIGRANT<br><input type="checkbox"/> NUNCE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |       |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USC106W-DC 18105-P06



|                         |              |                |      |            |       |
|-------------------------|--------------|----------------|------|------------|-------|
| R240                    |              | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR                   | AGE          | NAME           |      | E.D.       | SHEET |
| B                       | 38           | Russell Fannie |      | 41         | 18    |
| BIRTHPLACE              |              |                |      |            |       |
| COUNTY                  | East Carroll |                | CITY |            |       |
| OTHER MEMBERS OF FAMILY |              |                |      |            |       |
| NAME                    |              | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Hesena                  |              | 10             | 5    |            |       |
|                         |              |                |      |            |       |
|                         |              |                |      |            |       |
|                         |              |                |      |            |       |
|                         |              |                |      |            |       |
|                         |              |                |      |            |       |
|                         |              |                |      |            |       |
|                         |              |                |      |            |       |
|                         |              |                |      |            |       |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| R-40   |  | NAME OF INDIVIDUAL  |  | LOUISIANA   |  |
| COLOR  |  | AGE   |  | E.D.  |  |
| B  |  | 17  |  | 13  |  |
| BIRTHPLACE   |  | COUNTY  |  | SHEET   |  |
|  |  | Ascension   |  | 4   |  |
| CITY   |  | ENUMERATED WITH   |  |   |  |
|  |  | Woods Nellie  |  |   |  |
| RELATIONSHIP TO ABOVE  |  |   |  |   |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> WIFE<br><input type="checkbox"/> HUSBAND<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br>Daughter |  |

FORM 10-537 (4-22-61)

1930 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 19100-P61

|                         |        |                |      |            |       |
|-------------------------|--------|----------------|------|------------|-------|
| R245                    |        | HEAD OF FAMILY |      | LOUISIANA  |       |
| Kopland                 |        | Gannie A       |      | E.D.       | SHEET |
| COLOR                   | W      | AGE            | 67   | BIRTHPLACE | Ark.  |
| COUNTY                  | Cibola |                | CITY | Homer      |       |
| OTHER MEMBERS OF FAMILY |        |                |      |            |       |
| NAME                    |        | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Mathie L.               |        | D              | 38   |            |       |
| May                     |        | D              | 34   |            |       |
| 4 H. Boarders           |        |                |      |            |       |
|                         |        |                |      |            |       |
|                         |        |                |      |            |       |
|                         |        |                |      |            |       |
|                         |        |                |      |            |       |

FORM 16-536 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|   |           |   |      |  |            |
|---|-----------|---|------|--|------------|
| R 240   |           | NAME OF INDIVIDUAL<br>Russell Fannie S.   |      | E.D.<br>110  | SHEET<br>3 |
| COLOR<br>W  | AGE<br>64 | BIRTHPLACE<br>Ala   |      |  |            |
| COUNTY<br>Sabine  |           |   | CITY |  |            |
| ENUMERATED WITH<br>Russell John C.  |           |   |      |  |            |
| RELATIONSHIP TO ABOVE   |           |   |      |  |            |
| <input type="checkbox"/> FATHER<br><input checked="" type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |           | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |            |

FORM 10-437 10-20-617

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMA-DC 16193-P81

|   |  |   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|---|--|---|--|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| R240  |  | NAME OF INDIVIDUAL<br><i>Russel Felix</i>                       |  | E.O.<br><i>67</i> | SHEET<br><i>12</i> |                                 |                                 |                                 |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR<br><i>R</i>   | AGE<br><i>1</i>                          | BIRTHPLACE  |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY  |  | CITY  |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>St. James</i>   |  |   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE<br><i>Hit Jacob</i>   |  |   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> IMMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> MURDER</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)<br/><i>R</i></td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |                   |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> IMMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> MURDER | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify)<br><i>R</i> | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> IMMATE                                 |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> MURDER                                 |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                                |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                                 |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                                |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify)<br><i>R</i> |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 10-637 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |      |            |       |
|-------------------------|-----|----------------|------|------------|-------|
| R240                    |     | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |      | R.D.       | SHEET |
| mu                      | 40  |                |      | 92         | 26    |
| COUNTY                  |     | Natchitoches   |      | CITY       |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Alexandria              |     | H              | 34   |            |       |
| Edison                  |     | S              | 17   |            |       |
| Delta                   |     | D              | 11   |            |       |
| Ellie                   |     | D              | 7    |            |       |
| Alvinista               |     | D              | 5    |            |       |
| Inelix                  |     | S              | 4/12 |            |       |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |     |   |      |  |  |
|---|-----|---|------|--|--|
| R246  |     | NAME OF INDIVIDUAL  |      | LOUISIANA  |  |
| COLOR   | AGE | BIRTHPLACE  | E.O. | SHEET  |  |
| 24  | 6   |   | 92   | 13   |  |
| COUNTY  |     | CITY  |      |  |  |
|   |     | Natchitoches  |      |  |  |
| ENUMERATED WITH   |     |   |      |  |  |
| Lacasse, Ben  |     |   |      |  |  |
| RELATIONSHIP TO ABOVE   |     |   |      |  |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input checked="" type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> NEARTE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |  |

FORM 10-437 (4-29-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18195-P01

|   |   |                     |      |            |       |
|---|---|---------------------|------|------------|-------|
| R 240   |   | NAME OF INDIVIDUAL  |      | LOUISIANA  |       |
| R 240   |   | Russell Felix Grant |      | E.D.       | SHEET |
| COLOR   | 6 | AGE                 | 11   | BIRTHPLACE | 58 6  |
| COUNTY  |   |                     | Cade | CITY       |       |
| ENUMERATED WITH   |   |                     |      |            |       |
| Belen A. L.   |   |                     |      |            |       |
| RELATIONSHIP TO ABOVE   |   |                     |      |            |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE<br><input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW<br><input type="checkbox"/> WIDWIFE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify) |   |                     |      |            |       |
| 5-5   |   |                     |      |            |       |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |   |                |     |            |           |
|-------------------------|---|----------------|-----|------------|-----------|
| 13240                   |   | HEAD OF FAMILY |     | LOUISIANA  |           |
| COLOR                   | W | AGE            | 31  | BIRTHPLACE | St. James |
| COUNTY                  |   | CITY           |     |            |           |
| OTHER MEMBERS OF FAMILY |   |                |     |            |           |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |           |
| William                 |   | S              | 15  |            |           |
| Eloise                  |   | D              | 13  |            |           |
| Ilda                    |   | D              | 11  |            |           |
| Blanche                 |   | S              | 9   |            |           |
| Netta                   |   | D              | 7   |            |           |
|                         |   |                |     |            |           |
|                         |   |                |     |            |           |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |              |  |
|-------------------------|---|----------------|-----|--------------|--|
| R240                    |   | HEAD OF FAMILY |     | LOUISIANA    |  |
| Rachel, Ferman          |   | E.O.           |     | 37           |  |
| COLOR                   | W | AGE            | 28  | BIRTHPLACE   |  |
| COUNTY                  |   | Calcasieu      |     | CITY         |  |
|                         |   |                |     | Lake Charles |  |
| OTHER MEMBERS OF FAMILY |   |                |     |              |  |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE   |  |
| Verna                   |   | W              | 20  |              |  |
| Celeste                 |   | M              | 67  |              |  |
| Heles                   |   | D              | 28  |              |  |
| Lillian                 |   | D              | 24  |              |  |
|                         |   |                |     |              |  |
|                         |   |                |     |              |  |
|                         |   |                |     |              |  |
|                         |   |                |     |              |  |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R 240                   |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| Wm                      | 31  |                |     | 82         | 10    |
| COUNTY                  |     | CITY           |     |            |       |
| St. John the Baptist    |     |                |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Lina Albe               |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 18-436 (4-20-61)  
1918 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |            |            |       |
|-------------------------|-----|----------------|------------|------------|-------|
| A240                    |     | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |            | E.D.       | SHEET |
| W                       | 50  | Miss           |            | 80         | 16    |
| COUNTY                  |     |                | Rapides    |            |       |
|                         |     |                | CITY       |            |       |
|                         |     |                | Alexandria |            |       |
| OTHER MEMBERS OF FAMILY |     |                |            |            |       |
| NAME                    |     | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Rosalie                 |     | W              | 41         |            |       |
| Maudie                  |     | D              | 16         | Tex        |       |
|                         |     |                |            |            |       |
|                         |     |                |            |            |       |
|                         |     |                |            |            |       |
|                         |     |                |            |            |       |
|                         |     |                |            |            |       |
|                         |     |                |            |            |       |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |  |   |            |                |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
|---|--|--|---|------------|----------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|---|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R240  |  | NAME OF INDIVIDUAL                       |   | LOUISIANA  |                |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| COLOR   | B  | AGE                                      | 9 | BIRTHPLACE | Russell Flodin |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| COUNTY  |  | CITY                                     |   | S.D.       | 111            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| EMIGRATED WITH  |  | Tortoborda                               |   | SHEET 2    |                |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |   |            |                |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |   |            |                | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |   |            |                |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |   |            |                |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |   |            |                |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |   |            |                |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |   |            |                |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |   |            |                |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |   |            |                |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |   |            |                |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 16100-P61

|                         |                |            |            |       |
|-------------------------|----------------|------------|------------|-------|
| R240                    | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   | AGE            | BIRTHPLACE | E.O.       | SHEET |
| W                       | 35             |            | 93         | 19    |
| COUNTY                  |                | CITY       |            |       |
|                         |                | Rapid      |            |       |
| OTHER MEMBERS OF FAMILY |                |            |            |       |
| NAME                    | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Cora                    | W              | 30         |            |       |
| Azela                   | D              | 15         |            |       |
| Henry                   | S              | 13         |            |       |
| Dempie                  | S              | 11         |            |       |
| Edna                    | D              | 9          |            |       |
| Anna                    | D              | 7          |            |       |
|                         |                |            |            |       |
|                         |                |            |            |       |

FORM 16-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |                  |   |  |  |                    |
|--|------------------|---|--|--|--------------------|
| 1274   |                  | NAME OF INDIVIDUAL<br><i>Russell Florence</i>   |  | LOUISIANA  |                    |
| COLOR<br><i>B</i>  | AGE<br><i>14</i> | BIRTHPLACE  |  | E.D.<br><i>68</i>  | SHEET<br><i>18</i> |
| COUNTY<br><i>St. James James</i>   |                  | CITY  |  |  |                    |
| ENUMERATED WITH<br><i>Lidney Louis</i>   |                  |   |  |  |                    |
| RELATIONSHIP TO ABOVE  |                  |   |  |  |                    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> WIDWIFE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify)<br><i>50</i> |                    |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

URCOMM-DC 16199-P01

|  |     |   |  |  |       |
|--|-----|---|--|--|-------|
| R 240  |     | NAME OF INDIVIDUAL  |  | LOUISIANA  |       |
| COLOR  | AGE | BIRTHPLACE  |  | E.D.   | SHEET |
| B  | 20  | Roussel, Florence   |  | 77   | 8     |
| COUNTY   |     | CITY  |  |  |       |
| Inhabited with   |     | St. John the Baptist  |  |  |       |
| Relationship to above  |     | Thomas Robert   |  |  |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br>D |       |

FORM 18-637 (4-30-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|  |     |   |  |  |       |
|--|-----|---|--|--|-------|
| R240   |     | NAME OF INDIVIDUAL  |  | LOUISIANA  |       |
| COLOR  | AGE | BIRTHPLACE  |  | R.D.   | SHEET |
| B  | 19  |   |  | 78   | 13    |
| COUNTY   |     | CITY  |  |  |       |
| St. John the Baptist   |     |   |  |  |       |
| ENUMERATED WITH  |     |   |  |  |       |
| Jasmin, Thuma  |     |   |  |  |       |
| RELATIONSHIP TO ABOVE  |     |   |  |  |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> WARD<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> WORKER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |       |

Form 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |                  |   |  |  |                   |
|--|------------------|---|--|--|-------------------|
| R240   |                  | NAME OF INDIVIDUAL<br><i>Russell Frank</i>  |  | LOUISIANA  |                   |
| COLOR<br><i>B</i>  | AGE<br><i>19</i> | BIRTHPLACE  |  | E.D.<br><i>76</i>  | SHEET<br><i>1</i> |
| COUNTY<br><i>De Soto</i>   |                  | CITY  |  |  |                   |
| ENUMERATED WITH<br><i>Raonaugh, Joe</i>  |                  |   |  |  |                   |
| RELATIONSHIP TO ABOVE  |                  |   |  |  |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify)<br><i>Lived there</i> |                   |

FORM 18-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                      |     |            |       |
|-------------------------|-----|----------------------|-----|------------|-------|
| R 240                   |     | HEAD OF FAMILY       |     | Louisiana  |       |
| COLOR                   | AGE | BIRTHPLACE           |     | E.O.       | SHEET |
| Gr                      | 21  |                      |     | 80         | 6     |
| COUNTY                  |     | St. John the Baptist |     | CITY       |       |
|                         |     |                      |     | Lafayette  |       |
| OTHER MEMBERS OF FAMILY |     |                      |     |            |       |
| NAME                    |     | RELATIONSHIP         | AGE | BIRTHPLACE |       |
| William                 |     | W                    | 21  |            |       |
| Daisy                   |     | S                    | 7/2 |            |       |
|                         |     |                      |     |            |       |
|                         |     |                      |     |            |       |
|                         |     |                      |     |            |       |
|                         |     |                      |     |            |       |
|                         |     |                      |     |            |       |
|                         |     |                      |     |            |       |
|                         |     |                      |     |            |       |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |   |             |             |                |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|--|--|---|-------------|-------------|----------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|-------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| R245   |  | NAME OF INDIVIDUAL                                  |             | LOUISIANA   |                |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR  | B  | AGE   | 2           | BIRTH PLACE | East Feliciana |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY   |  |   | CITY        |             |                |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH  |  |   | Clinton     |             |                |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   | Mare, Ellen |             |                |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NICE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |             |             |                | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NICE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |             |             |                |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NICE            | <input type="checkbox"/> NURSE                      |             |             |                |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |             |             |                |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |             |             |                |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |             |             |                |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |             |             |                |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |   |             |             |                |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |   |             |             |                |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 16100-PS1

|                         |              |                |            |           |       |
|-------------------------|--------------|----------------|------------|-----------|-------|
| R245                    |              | HEAD OF FAMILY |            | LOUISIANA |       |
| COLOR                   | AGE          | BIRTHPLACE     |            | E.D.      | SHEET |
| B                       | 54           | Bagdad, Frank  |            | 101       | 5     |
| COUNTY                  |              | CITY           |            |           |       |
| St Landry               |              |                |            |           |       |
| OTHER MEMBERS OF FAMILY |              |                |            |           |       |
| NAME                    | RELATIONSHIP | AGE            | BIRTHPLACE |           |       |
| Mary                    | W            | 44             |            |           |       |
| Vanilla                 | D            | 15             |            |           |       |
| Boulah                  | D            | 14             |            |           |       |
| Bessie                  | D            | 13             |            |           |       |
| Mary                    | D            | 11             |            |           |       |
| Frank                   | D            | 9              |            |           |       |
| Lilly                   | D            | 6              |            |           |       |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE CENSUS  
LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME   | RELATION-<br>SHIP | AGE   | BIRTHPLACE |
|--------|-------------------|-------|------------|
| Pasey  | S                 | 4     |            |
| Rogers | S                 | 3     |            |
| Quen   | S                 | 6 1/2 |            |
|        |                   |       |            |
|        |                   |       |            |
|        |                   |       |            |
|        |                   |       |            |
|        |                   |       |            |
|        |                   |       |            |
|        |                   |       |            |
|        |                   |       |            |

FORM 10-6360 (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18160-P61

|   |  |   |  |                   |                    |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|---|--|-------------------|--------------------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|--|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R240  |  | NAME OF INDIVIDUAL<br><i>Rachel Frost</i> |  | LOUISIANA         |                    |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>brn</i>   | AGE<br><i>11</i>                         | BIRTHPLACE                                |  | S.D.<br><i>8/</i> | SHEET<br><i>13</i> |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>Natchitoches</i>   |  | CITY                                      |  |                   |                    |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Dezeline Malone</i>   |  |   |  |                   |                    |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |  |                   |                    |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDOW</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> MURDER</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |                   |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> MURDER | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDOW            |  |                   |                    |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> MURDER           |  |                   |                    |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT          |  |                   |                    |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER           |  |                   |                    |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT          |  |                   |                    |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)  |  |                   |                    |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |                   |                    |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |  |                   |                    |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 19-437 (4-29-51)

1919 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-OC 19199-P01

|                         |   |                |    |               |  |            |     |
|-------------------------|---|----------------|----|---------------|--|------------|-----|
| A 240                   |   | HEAD OF FAMILY |    | Russell Frank |  | LOUISIANA  |     |
| COLOR                   | B | AGE            | 43 | BIRTHPLACE    |  | E.D.       | 104 |
| CITY                    |   |                |    | Houma         |  |            |     |
| Terebonne               |   |                |    |               |  |            |     |
| OTHER MEMBERS OF FAMILY |   |                |    |               |  |            |     |
| NAME                    |   | RELATIONSHIP   |    | AGE           |  | BIRTHPLACE |     |
| 1 Lizzie                |   | W              |    | 49            |  |            |     |
| and 1 S                 |   |                |    |               |  |            |     |
| and 1 D                 |   |                |    |               |  |            |     |
|                         |   |                |    |               |  |            |     |
|                         |   |                |    |               |  |            |     |
|                         |   |                |    |               |  |            |     |
|                         |   |                |    |               |  |            |     |
|                         |   |                |    |               |  |            |     |
|                         |   |                |    |               |  |            |     |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |   |                |              |            |              |
|-------------------------|---|----------------|--------------|------------|--------------|
| R 240                   |   | HEAD OF FAMILY |              | LOUISIANA  |              |
| COLOR                   | M | AGE            | 26           | BIRTHPLACE | Rechal Frank |
|                         |   |                |              | E.O.       | 93           |
|                         |   |                |              | SHEET      | 7            |
| COUNTY                  |   |                | Natchitoches | CITY       |              |
| OTHER MEMBERS OF FAMILY |   |                |              |            |              |
| NAME                    |   | RELATIONSHIP   | AGE          | BIRTHPLACE |              |
| Theray                  |   | W              | 25           |            |              |
| Lamiae                  |   | D              | 4            |            |              |
| August                  |   | S              | 3            |            |              |
| Louis                   |   | S              | 2            |            |              |
| Lesse                   |   | D              | 8 1/2        |            |              |
| 1 Bo                    |   |                |              |            |              |
|                         |   |                |              |            |              |
|                         |   |                |              |            |              |

FORM 16-636 (4-20-31)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R200                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | U.D.       | SHEET |
| ma                      | 36  |                |     | 92         | 18    |
| COUNTY                  |     | Natchitoches   |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Julia                   |     | 26             | 34  |            |       |
| Joseph                  |     | S              | 14  |            |       |
| Maceo                   |     | S              | 11  |            |       |
| Jettie                  |     | S              | 10  |            |       |
| Calbert                 |     | S              | 7   |            |       |
| Mary                    |     | S              | 5   |            |       |
| Estelle                 |     | S              | 4   |            |       |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

### INDEX OF THE CENSUS

HEAD OF FAMILY - CONTINUED

**LOUISIANA**

CARD 2 OF 2

**OTHER MEMBERS OF FAMILY**

[illegible]

FORM 10-6360 (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

UNCORRECTED 1910-751

|                         |                |            |            |            |
|-------------------------|----------------|------------|------------|------------|
| R 240                   | HEAD OF FAMILY |            | LOUISIANA  |            |
| COLOR                   | AGE            | BIRTHPLACE |            | E.O. SHEET |
| M                       | 38             |            |            | 93 15      |
| COUNTY                  |                | CITY       |            |            |
| Natchitoches            |                |            |            |            |
| OTHER MEMBERS OF FAMILY |                |            |            |            |
| NAME                    | RELATIONSHIP   | AGE        | BIRTHPLACE |            |
| Rosalie                 | W              | 35         |            |            |
| Mary                    | D              | 17         |            |            |
| Apphia                  | D              | 13         |            |            |
| Lana                    | D              | 7          |            |            |
|                         |                |            |            |            |
|                         |                |            |            |            |
|                         |                |            |            |            |
|                         |                |            |            |            |

FORM 10-436 (10-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |           |                |     |            |       |
|-------------------------|-----------|----------------|-----|------------|-------|
| A240                    |           | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   |           | AGE            |     | E.D.       | SHEET |
| B                       |           | 44             |     | 92         | 12    |
| COUNTY                  |           | CITY           |     |            |       |
| St. Tammany             |           | Mandeville     |     |            |       |
| OTHER MEMBERS OF FAMILY |           |                |     |            |       |
|                         | NAME      | RELATIONSHIP   | AGE | BIRTHPLACE |       |
|                         | Anna      | W              | 39  |            |       |
|                         | John      | S              | 20  |            |       |
|                         | Frank Jr. | S              | 16  |            |       |
|                         | Ida       | S              | 14  |            |       |
|                         | Gennie    | D              | 7   |            |       |
|                         | Ellen     | D              | 6   |            |       |
|                         | Herman    | S              | 5   |            |       |

FORM 16-636 (4-20-31)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |  |  |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|--|-----------|-------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|--|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R240   |  | NAME OF INDIVIDUAL                       |  | LOUISIANA |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| R240   |  | Russell Frank                            |  | E.D.      | SHEET |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR  | AGE  | BIRTHPLACE                               |  | 101       | 8     |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| 2  | 35   | Red River                                |  |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY   | CITY   |  |  |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| ENumerated WITH Penn Bill  |  |  |  |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |  |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDOW</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input checked="" type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input checked="" type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW                | <input type="checkbox"/> WIDOW           |  |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE                 | <input type="checkbox"/> NURSE           |  |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW         | <input type="checkbox"/> PATIENT         |  |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW         | <input type="checkbox"/> ROOMER          |  |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input checked="" type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT         |  |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW       | <input type="checkbox"/> OTHER (Specify) |  |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW        |  |  |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW         |  |  |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 18-637 (4-28-61)

1930 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

UNCOM-DC 18198-P61

|                         |     |                |          |            |       |
|-------------------------|-----|----------------|----------|------------|-------|
| R240                    |     | HEAD OF FAMILY |          | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |          | E.D.       | SHEET |
| B                       | 30  | Russell French |          | 114        | 11    |
| COUNTY                  |     |                | CITY     |            |       |
| Richland                |     |                | Rayville |            |       |
| OTHER MEMBERS OF FAMILY |     |                |          |            |       |
| NAME                    |     | RELATIONSHIP   | AGE      | BIRTHPLACE |       |
| Williams George         |     | W              | 19       | Ala        |       |
| + 1 Ba                  |     |                |          |            |       |
|                         |     |                |          |            |       |
|                         |     |                |          |            |       |
|                         |     |                |          |            |       |
|                         |     |                |          |            |       |
|                         |     |                |          |            |       |
|                         |     |                |          |            |       |
|                         |     |                |          |            |       |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |            |
|-------------------------|--|----------------|------------|------------|------------|
| R240                    |  | HEAD OF FAMILY |            | LOUISIANA  |            |
| COLOR                   |  | AGE            | BIRTHPLACE |            | E.O. SHEET |
| W                       |  | 24             | Miss       |            | 99 27      |
| COUNTY                  |  |                | CITY       |            |            |
| St. Mary                |  |                |            |            |            |
| OTHER MEMBERS OF FAMILY |  |                |            |            |            |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |            |
| Living alone            |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| P246                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| W                       | 39  |                |     | 95         | 9     |
| COUNTY                  |     | Mad River      |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Bernard H               |     | W              | 31  |            |       |
| Elsie                   |     | d              | 10  |            |       |
| Adda                    |     | d              | 5   |            |       |
| William C               |     | f              | 83  |            |       |
| Annie E                 |     | Om             | 74  |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 16-436 (4-20-31)  
1916 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |   | LOUISIANA |          |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|---|-----------|----------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R-240  | NAME OF HEAD OF HOUSEHOLD                | Russell, Fred                                       |           | E.D.     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| 12   | AGE                                      | 24  | 120       | SHEET 22 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| BIRTHPLACE   |  | Ark.  |           |          |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| CITY   |  | Minden  |           |          |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| REGISTERED CITY  |  | Woburn  |           |          |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  | Wife  |           |          |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> <del>WIFE</del></td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> MISTRESS-IN-LAW</td> <td></td> </tr> </table> |  |   |           |          | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> <del>WIFE</del> | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> MISTRESS-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |           |          |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |           |          |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |           |          |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> <del>WIFE</del> |           |          |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |           |          |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)            |           |          |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |   |           |          |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> MISTRESS-IN-LAW |   |           |          |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

Form 10-437 (4-20-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 10100-P01

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| B240                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| W                       | 34  |                |     | 70         | 1     |
| COUNTY                  |     | CITY           |     |            |       |
| Lincoln                 |     | Lima           |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Melia D                 |     | W              | 30  |            |       |
| Mae                     |     | D              | 7   |            |       |
| Ivies                   |     | D              | 5   |            |       |
| Edgar                   |     | S              | 3   |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R2 40                   |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            |            | E.O.       | SHEET |
| H                       |  | 30             |            | 78         | 5     |
| BIRTHPLACE              |  |                |            |            |       |
| COUNTY                  |  |                | CITY       |            |       |
| Rapides                 |  |                | Alexandria |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Living alone            |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 16-636 (4-26-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |     |   |      |   |       |
|---|-----|---|------|---|-------|
| R240  |     | NAME OF INDIVIDUAL  |      | LOUISIANA   |       |
|   |     | Rachel Frederick  |      | E.D.  | SHEET |
| COLOR   | AGE | BIRTHPLACE  |      | 93  | 16    |
| M   | 3   |   |      |   |       |
| COUNTY  |     |   | CITY |   |       |
| Natchitoches  |     |   |      |   |       |
| ENUMERATED WITH   |     |   |      |   |       |
| Rachel John   |     |   |      |   |       |
| RELATIONSHIP TO ABOVE   |     |   |      |   |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input checked="" type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> WIDOW<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |       |

FORM 16-437 (4-22-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18199-P01

|  |   |   |   |   |                  |
|--|---|---|---|---|------------------|
| R240   |   | NAME OF INDIVIDUAL  |   | LOUISIANA   |                  |
| COLOR  | W | AGE   | 7 | BIRTHPLACE  | Russel, Frederic |
| COUNTY   |   | Livingston  |   | CITY  |                  |
| ENUMERATED WITH  |   | Mitchel, Fieldon B  |   |   |                  |
| RELATIONSHIP TO ABOVE  |   |   |   |   |                  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |   | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |   | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br>SS |                  |

FORM 16-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |        |             |  |
|-------------------------|-----|----------------|--------|-------------|--|
| K240                    |     | HEAD OF FAMILY |        | LOUISIANA   |  |
| ROSSSELLA G.            |     | E.D.           |        | SHEET       |  |
| COLOR                   | AGE | BIRTHPLACE     |        |             |  |
| W                       | 28  | 77. Y.         |        |             |  |
| COUNTY                  |     | CITY           |        |             |  |
| Iberia                  |     | New Iberia     |        |             |  |
| OTHER MEMBERS OF FAMILY |     |                |        |             |  |
| NAME                    |     | RELATIONSHIP   | AGE    | BIRTHPLACE  |  |
| Lena                    |     | W              | 25     | 77. Y.      |  |
| Matilda                 |     | 10             | 3      |             |  |
| Josephine               |     | 11             | 13 1/2 |             |  |
| Beatrice Matilda        |     | M              | 60     | St. Italian |  |
|                         |     |                |        |             |  |
|                         |     |                |        |             |  |
|                         |     |                |        |             |  |
|                         |     |                |        |             |  |

FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |            |                |      |            |                |
|-------------------------|------------|----------------|------|------------|----------------|
| R240                    |            | HEAD OF FAMILY |      | LOUISIANA  |                |
| COLOR                   | W          | AGE            | 29   | BIRTHPLACE | Russell, G. H. |
| COUNTY                  | Washington |                | CITY | Bogalusa   |                |
| OTHER MEMBERS OF FAMILY |            |                |      |            |                |
| NAME                    |            | RELATIONSHIP   | AGE  | BIRTHPLACE |                |
| Belle                   |            | W              | 20   |            |                |
| Archie                  |            | 5              | 2    |            |                |
|                         |            |                |      |            |                |
|                         |            |                |      |            |                |
|                         |            |                |      |            |                |
|                         |            |                |      |            |                |
|                         |            |                |      |            |                |
|                         |            |                |      |            |                |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|   |  |   |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|---|--|---|--|------------|-------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| R242  |  | NAME OF INDIVIDUAL<br><i>Leopoldo Dominguez</i>     |  | E.D.<br>34 | SHEET<br>10 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR<br><i>B</i>   | AGE<br>24                                | BIRTHPLACE<br><i>Mex.</i>                           |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY<br><i>Concordia</i>  |  | CITY  |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Henderson Lucindy</i>   |  |   |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |            |             | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 16164-P61

|  |   |   |  |                    |
|--|---|---|--|--------------------|
| K245   |   | NAME OF INDIVIDUAL<br><i>Reusling George</i>  |  | LOUISIANA          |
| COLOR<br><i>W</i>  | AGE<br><i>22</i>  | BIRTHPLACE  |  | E.D.<br><i>110</i> |
| CITY<br><i>Tangipahoa</i>  |   | SHEET<br><i>13</i>  |  |                    |
| ENUMERATED WITH<br><i>White William H</i>  |   |   |  |                    |
| RELATIONSHIP TO ABOVE  |   |   |  |                    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> IMMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |  |                    |

FORM 18-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |            |                |      |            |                 |
|-------------------------|------------|----------------|------|------------|-----------------|
| R240                    |            | HEAD OF FAMILY |      | LOUISIANA  |                 |
| COLOR                   | W          | AGE            | 32   | BIRTHPLACE | Russell, George |
| COUNTY                  | Washington |                | CITY | Bogalusa   |                 |
| OTHER MEMBERS OF FAMILY |            |                |      |            |                 |
| NAME                    |            | RELATIONSHIP   | AGE  | BIRTHPLACE |                 |
| Willie                  |            | W              | 30   | Miss       |                 |
| Clifton                 |            | S              | 8    | Miss       |                 |
| Fannie                  |            | D              | 6    | Miss       |                 |
|                         |            |                |      |            |                 |
|                         |            |                |      |            |                 |
|                         |            |                |      |            |                 |
|                         |            |                |      |            |                 |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |   |  |           |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|---|--|-----------|--------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R240  |  | NAME OF INDIVIDUAL<br><i>Resill, George</i> |  | LOUISIANA | E.D.<br><i>132</i> | SHEET<br><i>20</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>W</i>   | AGE<br><i>39</i>                         | BIRTHPLACE                                  |  |           |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>Washington</i>   |  | CITY<br><i>Bogalusa</i>                     |  |           |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENumerated WITH<br><i>Slade, Charles</i>  |  |   |  |           |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |  |           |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |           |                    |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE             |  |           |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE              |  |           |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT            |  |           |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER  |  |           |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT            |  |           |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)    |  |           |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |           |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |  |           |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 16-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 16199-P61

|                         |  |                |            |            |            |
|-------------------------|--|----------------|------------|------------|------------|
| R240                    |  | HEAD OF FAMILY |            | LOUISIANA  |            |
| COLOR                   |  | AGE            | BIRTHPLACE |            | E.D. SHEET |
| Wm                      |  | 28             |            |            | 68 19      |
| COUNTY                  |  |                | St. James  | CITY       |            |
| OTHER MEMBERS OF FAMILY |  |                |            |            |            |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |            |
| Josephine               |  | W              | 25         |            |            |
| Victoria                |  | D              | 7          |            |            |
| Lanessa                 |  | D              | 4          |            |            |
| Justin                  |  | D              | 3          |            |            |
| Clayton Allen           |  | Si-L           | 17         |            |            |
| Russell Leola           |  | D              | 2          |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |

FORM 16-636 (4-20-61)

1919 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |      |            |       |
|-------------------------|---|----------------|------|------------|-------|
| 1240                    |   | HEAD OF FAMILY |      | LOUISIANA  |       |
| RUSSELL                 |   | George         |      | E.D.       | SHEET |
| COLOR                   | B | AGE            | 35   | 49         | 3     |
| COUNTY                  |   |                | CITY |            |       |
| Plaquemines             |   |                |      |            |       |
| OTHER MEMBERS OF FAMILY |   |                |      |            |       |
| NAME                    |   | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| 1 McInnes               |   | W              | 30   |            |       |
| 1 Stella                |   | W              | 7    |            |       |
|                         |   |                |      |            |       |
|                         |   |                |      |            |       |
|                         |   |                |      |            |       |
|                         |   |                |      |            |       |
|                         |   |                |      |            |       |
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FORM 10-636 (2-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                       |           |            |           |
|-------------------------|--|-----------------------|-----------|------------|-----------|
| <i>NA 10</i>            |  | HEAD OF FAMILY        |           | LOUISIANA  |           |
| <i>B</i>                |  | <i>Russell George</i> |           | E.O.       | SHEET     |
| <i>30</i>               |  | BIRTHPLACE            |           | <i>149</i> | <i>11</i> |
| COUNTY                  |  | West Feliciana        |           | CITY       |           |
| OTHER MEMBERS OF FAMILY |  |                       |           |            |           |
| NAME                    |  | RELATIONSHIP          | AGE       | BIRTHPLACE |           |
| <i>Amanda</i>           |  | <i>W</i>              | <i>68</i> |            |           |
| <i>Samuel</i>           |  | <i>S</i>              | <i>27</i> |            |           |
| <i>Willie</i>           |  | <i>S</i>              | <i>28</i> |            |           |
|                         |  |                       |           |            |           |
|                         |  |                       |           |            |           |
|                         |  |                       |           |            |           |
|                         |  |                       |           |            |           |
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FORM 10-436 (4-20-91)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |      |
|-------------------------|--|----------------|------------|------------|------|
| R240                    |  | HEAD OF FAMILY |            | LOUISIANA  |      |
| COLOR                   |  | AGE            | BIRTHPLACE |            | E.O. |
| Mu                      |  | 45             |            |            | 62   |
| COUNTY                  |  | Charles        |            | CITY       |      |
| OTHER MEMBERS OF FAMILY |  |                |            |            |      |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |      |
| 1 Laura                 |  | W              | 41         |            |      |
|                         |  |                |            |            |      |
|                         |  |                |            |            |      |
|                         |  |                |            |            |      |
|                         |  |                |            |            |      |
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FORM 18-626 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|           |       |                |                         |            |       |
|-----------|-------|----------------|-------------------------|------------|-------|
| R 240     |       | HEAD OF FAMILY |                         | Louisiana  |       |
| COLOR     |       | AGE            | BIRTHPLACE              | E.D.       | SHEET |
| W         |       | 30             |                         | 66         | 24    |
| COUNTY    |       |                | CITY                    |            |       |
| St. James |       |                | OTHER MEMBERS OF FAMILY |            |       |
|           | NAME  | RELATIONSHIP   | AGE                     | BIRTHPLACE |       |
| 1         | Mabel | W              | 26                      |            |       |
|           | Glenn | S              | 1 1/2                   |            |       |
|           | Emily | M              | 66                      |            |       |
|           |       |                |                         |            |       |
|           |       |                |                         |            |       |
|           |       |                |                         |            |       |
|           |       |                |                         |            |       |
|           |       |                |                         |            |       |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |                 |            |       |
|-------------------------|--|----------------|-----------------|------------|-------|
| R 240                   |  | HEAD OF FAMILY |                 | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE      | E.D.       | SHEET |
| b                       |  | 39             | Russell, George | 140        | 2     |
| COUNTY                  |  |                | CITY            |            |       |
| West Baton Rouge        |  |                |                 |            |       |
| OTHER MEMBERS OF FAMILY |  |                |                 |            |       |
| NAME                    |  | RELATIONSHIP   | AGE             | BIRTHPLACE |       |
| Mary                    |  | W              | 32              |            |       |
| Willie                  |  | 5              | 12              |            |       |
| Georgia                 |  | 0              | 3               |            |       |
| Lorella                 |  | 0              | 1               |            |       |
|                         |  |                |                 |            |       |
|                         |  |                |                 |            |       |
|                         |  |                |                 |            |       |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |  |
|-------------------------|-----|----------------|-----|------------|--|
| 8240                    |     | HEAD OF FAMILY |     | LOUISIANA  |  |
| Ruezel George D         |     | E.D.           |     | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |     |            |  |
| W                       | 43  |                |     |            |  |
| COUNTY                  |     | CITY           |     |            |  |
| La Salle                |     | Jena           |     |            |  |
| OTHER MEMBERS OF FAMILY |     |                |     |            |  |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| Lydia                   |     | W              | 17  |            |  |
| Ruby                    |     | D              | 12  |            |  |
| George                  |     | S              | 17  |            |  |
| Houston                 |     | S              | 15  |            |  |
| Stella                  |     | D              | 11  |            |  |
| Rabbie                  |     | D              | 8   |            |  |
|                         |     |                |     |            |  |

FORM 18-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |              |           |            |
|-------------------------|--|----------------|--------------|-----------|------------|
| R240                    |  | HEAD OF FAMILY |              | LOUISIANA |            |
| COLOR                   |  | AGE            | BIRTHPLACE   | E.O.      | SHEET      |
| W                       |  | 57             |              | 39        | 7          |
| COUNTY                  |  |                | Lafourche    | CITY      |            |
| OTHER MEMBERS OF FAMILY |  |                |              |           |            |
| NAME                    |  |                | RELATIONSHIP | AGE       | BIRTHPLACE |
| Gaudet, Clara           |  |                | D            | 19        |            |
| 1 Manuel                |  |                | 52           | 24        |            |
|                         |  |                |              |           |            |
|                         |  |                |              |           |            |
|                         |  |                |              |           |            |
|                         |  |                |              |           |            |
|                         |  |                |              |           |            |
|                         |  |                |              |           |            |

FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|--|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R240   |  | NAME OF INDIVIDUAL                       |  | LOUISIANA |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| BORN   |  | AGE                                      |  | E.D.      | SHEET |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| B  |  | 14                                       |  | 87        | 21    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY   |  | BIRTHPLACE                               |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| St. Mary   |  |  |  | CITY      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| EMIGRATED WITH   |  | Foreman Richard                          |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-427 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 1910-PC1

|                         |  |                |            |            |            |
|-------------------------|--|----------------|------------|------------|------------|
| R240                    |  | HEAD OF FAMILY |            | LOUISIANA  |            |
| COLOR                   |  | AGE            | BIRTHPLACE |            | S.D. SHEET |
| B                       |  | 20             |            |            | 105 22     |
| COUNTY                  |  |                | CITY       |            |            |
| Sabine                  |  |                |            |            |            |
| OTHER MEMBERS OF FAMILY |  |                |            |            |            |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |            |
| Salene                  |  | W              | 23         |            |            |
| Golden Robert J         |  | SS             | 4          |            |            |
| Ruthie                  |  | SD             | 2          |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R245                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
|                         |  | 42             | Ala        | 112        | 26    |
| COUNTY                  |  |                | CITY       |            |       |
| Tangipahoa              |  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| 45 Jo.                  |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 16-536 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |     |   |  |   |  |
|--|-----|---|--|---|--|
| R245   |     | NAME OF INDIVIDUAL  |  | LOUISIANA   |  |
| Ragland Gilbert  |     | E.D.  |  | SHEET   |  |
| COLOR  | AGE | BIRTHPLACE  |  |   |  |
| B  | 35  | Ala.  |  |   |  |
| COUNTY   |     | CITY  |  |   |  |
| Tangipahoa   |     | Kentwood  |  |   |  |
| ENUMERATED WITH  |     |   |  |   |  |
| Morsean Ellin  |     |   |  |   |  |
| RELATIONSHIP TO ABOVE  |     |   |  |   |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> Niece<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> IMMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |  |

FORM 10-427 (4-20-61)

1940 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCO:MA-DC (15125-P6)



|  |  |   |      |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |     |                                |  |  |
|--|--|---|------|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|-----|--------------------------------|--|--|
| 0242   |  | NAME OF INDIVIDUAL                                  |      | LOUISIANA |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |     |                                |  |  |
| COLOR  |  | AGE   |      | E.D.      | SHEET |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |     |                                |  |  |
| W  |  | 4   |      | 63        | 10    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |     |                                |  |  |
| BIRTHPLACE   |  | Gordon  |      |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |     |                                |  |  |
| COUNTY   |  |   | CITY |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |     |                                |  |  |
| ENUMERATED WITH  |  |   |      |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |     |                                |  |  |
| Bullitt, John M Sr   |  |   |      |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |     |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   |      |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |     |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td>5-5</td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |      |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | 5-5 | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDATE                     |      |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |     |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |      |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |     |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |      |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |     |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |      |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |     |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |      |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |     |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |      |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |     |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  | 5-5   |      |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |     |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |   |      |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |     |                                |  |  |

FORM 18-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |  |  |  |       |
|--|--|--|--|--|-------|
| R240   |  | NAME OF INDIVIDUAL   |  | LOUISIANA  |       |
| R  |  | Russell, Grant   |  | E.D.   | SHEET |
| AGE  |  | BIRTHPLACE   |  | 109  | 13    |
| 20   |  |  |  |  |       |
| COUNTY   |  | Ouachita   |  | CITY   |       |
|  |  |  |  |  |       |
| ENUMERATED WITH  |  | Crafford Ebbes   |  |  |       |
| RELATIONSHIP TO ABOVE  |  |  |  |  |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input checked="" type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NUNSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |       |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |                |            |  |
|-------------------------|-----|----------------|----------------|------------|--|
| R 242                   |     | HEAD OF FAMILY |                | LOUISIANA  |  |
| Rakelisa, Green         |     | E.O.           |                | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |                |            |  |
| So B                    | 80  | Miss           |                |            |  |
| COUNTY                  |     |                | CITY           |            |  |
| East Baton Rouge        |     |                | So Baton Rouge |            |  |
| OTHER MEMBERS OF FAMILY |     |                |                |            |  |
| NAME                    |     | RELATIONSHIP   | AGE            | BIRTHPLACE |  |
| Lemini, Sugar           |     | bro            | 25             |            |  |
|                         |     |                |                |            |  |
|                         |     |                |                |            |  |
|                         |     |                |                |            |  |
|                         |     |                |                |            |  |
|                         |     |                |                |            |  |
|                         |     |                |                |            |  |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| 13240                   |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| B                       |  | 45             |            | 95         | 1     |
| COUNTY                  |  |                | CITY       |            |       |
| Red River               |  |                | Coushatta  |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Charlotte               |  | w              | 45         |            |       |
| Silla                   |  | d              | 16         |            |       |
| Mollie                  |  | d              | 11         |            |       |
| Willie May              |  | d              | 9          |            |       |
| Green go                |  | s              | 7          |            |       |
| Shondia                 |  | d              | 3 1/2      |            |       |
| Jackson, Julie E.       |  | sd             | 4          |            |       |

FORM 10400 (4-20-21)

1910 CENSUS INDEX - FAMILY and 1 boarder

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |      |            |       |
|-------------------------|-----|----------------|------|------------|-------|
| R 240                   |     | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |      | E.D.       | SHEET |
| 81                      | 30  |                |      | 1          | 25    |
| COUNTY                  |     |                | CITY |            |       |
| Bienville               |     |                |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Susan                   |     | W              | 25   |            |       |
| Florence                |     | D              | 6    |            |       |
| Hessy                   |     | S              | 4    |            |       |
| Sarah                   |     | D              | 2    |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |

FORM 16-436 (2-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |   |      |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|---|--|---|------|--------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| R240  |  | NAME OF DEPENDENT<br><i>Rachel Gulcher</i>          |      | U.S.<br><i>140</i> | SHEET<br><i>16</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR<br><i>W</i>   | AGE<br><i>21</i>                         | BIRTHPLACE  |      |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY  |  |   | CITY |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Law</i> <i>John</i>   |  |   |      |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |      |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |      |                    |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |      |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |      |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |      |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |      |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |      |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |      |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |      |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |      |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 10-437 10-20-511

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 1910-PC1

|   |     |                    |      |           |  |
|---|-----|--------------------|------|-----------|--|
| 2240  |     | NAME OF INDIVIDUAL |      | LOUISIANA |  |
| COLOR   | AGE | BIRTHPLACE         | E.O. | SHEET     |  |
| Ym  | 57  | Miss               | 52   | 17        |  |
| COUNTY  |     | CITY               |      |           |  |
| Plaquemine  |     |                    |      |           |  |
| ENUMERATED WITH   |     |                    |      |           |  |
| Relationship to above   |     |                    |      |           |  |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER<br/> <input type="checkbox"/> MOTHER<br/> <input type="checkbox"/> GRANDFATHER<br/> <input type="checkbox"/> GRANDMOTHER<br/> <input type="checkbox"/> GRANDSON<br/> <input type="checkbox"/> GRANDDAUGHTER<br/> <input type="checkbox"/> AUNT<br/> <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW<br/> <input type="checkbox"/> NIECE<br/> <input type="checkbox"/> FATHER-IN-LAW<br/> <input type="checkbox"/> MOTHER-IN-LAW<br/> <input type="checkbox"/> SON-IN-LAW<br/> <input type="checkbox"/> DAUGHTER-IN-LAW<br/> <input type="checkbox"/> BROTHER-IN-LAW<br/> <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> NEARTE<br/> <input type="checkbox"/> NURSE<br/> <input type="checkbox"/> PATIENT<br/> <input checked="" type="checkbox"/> ROOMER<br/> <input type="checkbox"/> SERVANT<br/> <input type="checkbox"/> OTHER (Specify) </div> </div> |     |                    |      |           |  |

FORM 10-437 (4-22-31)

1910 CENSUS INDEX - INDIV

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |   |      |   |  |
|--|--|---|------|---|--|
| R 240  |  | NAME OF INDIVIDUAL<br><i>Russell Guss</i>   |      | LOUISIANA   |  |
| E.D.   |  | SHEET   |      |   |  |
| COLOR<br><i>W</i>  |  | AGE<br><i>17</i>  |      | BIRTHPLACE<br><i>77 12</i>  |  |
| COUNTY<br><i>De Soto</i>   |  |   | CITY |   |  |
| ENUMERATED WITH<br><i>W. Hittin S. L.</i>  |  |   |      |   |  |
| RELATIONSHIP TO ABOVE  |  |   |      |   |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> IMMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> <del>POWER</del><br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |  |

FORM 19-637 (4-29-61)

1919 CENSUS INDEX - INDIV

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                                |            |                       |             |                   |              |
|--------------------------------|------------|-----------------------|-------------|-------------------|--------------|
| <b>R240</b>                    |            | <b>HEAD OF FAMILY</b> |             | <b>LOUISIANA</b>  |              |
| <b>COLOR</b>                   | <b>AGE</b> | <b>BIRTHPLACE</b>     |             | <b>E.O.</b>       | <b>SHEET</b> |
|                                |            |                       |             |                   |              |
| <b>COUNTY</b>                  |            |                       | <b>CITY</b> |                   |              |
| <b>Natchitoches</b>            |            |                       |             |                   |              |
| <b>OTHER MEMBERS OF FAMILY</b> |            |                       |             |                   |              |
| <b>NAME</b>                    |            | <b>RELATIONSHIP</b>   | <b>AGE</b>  | <b>BIRTHPLACE</b> |              |
|                                |            |                       |             |                   |              |
|                                |            |                       |             |                   |              |
|                                |            |                       |             |                   |              |
|                                |            |                       |             |                   |              |
|                                |            |                       |             |                   |              |
|                                |            |                       |             |                   |              |
|                                |            |                       |             |                   |              |
|                                |            |                       |             |                   |              |
|                                |            |                       |             |                   |              |

FORM 16-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                 |      |            |  |
|-------------------------|--|-----------------|------|------------|--|
| R245                    |  | HEAD OF FAMILY. |      | LOUISIANA  |  |
| COLOR                   |  | AGE             |      | E.D.       |  |
| W                       |  | 50              |      | 142        |  |
|                         |  | BIRTHPLACE.     |      | SHEET      |  |
|                         |  | Miss            |      | 24         |  |
| COUNTY                  |  |                 | CITY |            |  |
| West Carroll            |  |                 |      |            |  |
| OTHER MEMBERS OF FAMILY |  |                 |      |            |  |
| NAME                    |  | RELATIONSHIP    | AGE  | BIRTHPLACE |  |
| Ella                    |  | W               | 35   |            |  |
| Nelly                   |  | D               | 10   | Miss       |  |
| Mollie                  |  | D               | 6    |            |  |
| Phemie                  |  | D               | 4    |            |  |
| Lizzie                  |  | D               | 2    |            |  |
| Grace                   |  | B               | 27   |            |  |

Form 16-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R 240                   |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| w                       |  | 60             |            | 93         | 1     |
| COUNTY                  |  |                | CITY       |            |       |
| Natchitoches            |  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Family                  |  | w              | 48         |            |       |
| Eugene                  |  | D              | 12         |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                   |            |            |       |
|-------------------------|--|-------------------|------------|------------|-------|
| R 240                   |  | HEAD OF FAMILY    |            | LOUISIANA  |       |
| COLOR                   |  | AGE               | BIRTHPLACE | E.D.       | SHEET |
| W                       |  | 48                |            | 71         | 19    |
| COUNTY                  |  |                   | CITY       |            |       |
| Avoyelles               |  |                   |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                   |            |            |       |
| NAME                    |  | RELATION-<br>SHIP | AGE        | BIRTHPLACE |       |
| Alfonse                 |  | W                 | 43         |            |       |
| Alcide                  |  | S                 | 12         |            |       |
| Harroette               |  | D                 | 9          |            |       |
| Vallery                 |  | S                 | 5          |            |       |
| Huston                  |  | S                 | 3          |            |       |
|                         |  |                   |            |            |       |
|                         |  |                   |            |            |       |

Form 19-436 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |             |            |            |
|-------------------------|--|----------------|-------------|------------|------------|
| P240                    |  | HEAD OF FAMILY |             | LOUISIANA  |            |
| COLOR                   |  | AGE            | BIRTHPLACE  |            | E.O. SHEET |
| W                       |  | 42             | Rachel, Guy |            | 94 23      |
| COUNTY                  |  |                | CITY        |            |            |
| St. Mary                |  |                |             |            |            |
| OTHER MEMBERS OF FAMILY |  |                |             |            |            |
| NAME                    |  | RELATIONSHIP   | AGE         | BIRTHPLACE |            |
| 1. Lillie               |  | W              | 29          |            |            |
|                         |  |                |             |            |            |
|                         |  |                |             |            |            |
|                         |  |                |             |            |            |
|                         |  |                |             |            |            |
|                         |  |                |             |            |            |
|                         |  |                |             |            |            |
|                         |  |                |             |            |            |
|                         |  |                |             |            |            |

FORM 16-636 (4-20-51)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |  |
|-------------------------|-----|----------------|-----|------------|--|
| R 2410                  |     | HEAD OF FAMILY |     | LOUISIANA  |  |
| Ruskey Guy              |     | E.D.           |     | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |     |            |  |
| W                       | 34  | Mo.            |     | 81 8       |  |
| COUNTY                  |     | CITY           |     |            |  |
| Rapides                 |     | Alexandria     |     |            |  |
| OTHER MEMBERS OF FAMILY |     |                |     |            |  |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| 1 Ruth                  |     | W              | 29  | Texas      |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |

FORM 16-636 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

## LOUISIANA

|  |  |  |  |               |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|--|---------------|-------------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R240   |  | NAME OF INDIVIDUAL<br>Russell H. L.        |  | E.D. 27<br>37 | SHEET<br>24 |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br>W   | AGE<br>39                                | BIRTHPLACE<br>Miss                         |  |               |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br>Caddo  |  | CITY                                       |  |               |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br>Gregg O. L.   |  |  |  |               |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |  |               |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDOW</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |               |             | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDOW             |  |               |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE             |  |               |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |  |               |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER |  |               |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |  |               |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |  |               |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |               |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |  |               |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 16-637 (4-22-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 16155-P61

|   |             |                    |      |             |    |
|---|-------------|--------------------|------|-------------|----|
| B240  |             | NAME OF INDIVIDUAL |      | LOUISIANA   |    |
| RUSSELL HAGER   |             | E.D.               |      | SHEET       |    |
| COLOR   | B           | AGE                | 3    | BIRTHPLACE  | LA |
| COUNTY  | Baton Rouge |                    | CITY | Baton Rouge |    |
| ENUMERATED WITH   |             |                    |      |             |    |
| CRACK MARY  |             |                    |      |             |    |
| RELATIONSHIP TO ABOVE   |             |                    |      |             |    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input checked="" type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE<br><input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW<br><input type="checkbox"/> IMMIGRANT<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |             |                    |      |             |    |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |  |                |     |            |       |
|-------------------------|--|----------------|-----|------------|-------|
| R240                    |  | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   |  | AGE            |     | E.D.       | SHEET |
| B                       |  | 27             |     | 149        | 27    |
| COUNTY                  |  | CITY           |     |            |       |
| Vernon                  |  | Fullerton      |     |            |       |
| OTHER MEMBERS OF FAMILY |  |                |     |            |       |
| NAME                    |  | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Salina                  |  | W              | 28  |            |       |
| Noura                   |  | D              | 8   |            |       |
| Ruth                    |  | D              | 6   |            |       |
| Ursula                  |  | D              | 4   |            |       |
| Hydeon                  |  | S              | 3   |            |       |
| Louise                  |  | C              | 37  |            |       |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |  |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
|---|--|--|------------|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|--|--|--------------------------------|--|--|
| R270  |  | NAME OF INDIVIDUAL                       |            | LOUISIANA |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| COLOR   |  | AGE                                      | BIRTHPLACE | E.D.      | SHEET |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| B   |  | 22                                       |            | 32        | 13    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| COUNTY  |  |  | CITY       |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| Plaquemines   |  |  |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| ENUMERATED WITH   |  |  |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| Lewis, Joseph   |  |  |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input checked="" type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> MISTRESS-IN-LAW</td> <td></td> </tr> </table> |  |  |            |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input checked="" type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> MISTRESS-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW                    | <input type="checkbox"/> INMATE          |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE                     | <input type="checkbox"/> NURSE           |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW             | <input type="checkbox"/> PATIENT         |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW             | <input type="checkbox"/> ROOMER          |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW                | <input type="checkbox"/> SERVANT         |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW           | <input type="checkbox"/> OTHER (Specify) |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input checked="" type="checkbox"/> BROTHER-IN-LAW |  |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> MISTRESS-IN-LAW           |  |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |

FORM 18-637 (4-20-65)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18100-P61

LOUISIANA

|   |  |  |                   |                   |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|-------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|--|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R240  | NAME OF INDIVIDUAL<br><i>Rockell Hanna</i> |  | E.O.<br><i>27</i> | SHEET<br><i>6</i> |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>B</i>   | AGE<br><i>97</i>                           | BIRTHPLACE<br><i>S. C.</i>               |                   |                   |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>Clai borne</i>   |  | CITY<br><i>Homer</i>                     |                   |                   |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Edwards Miss</i>  |  |  |                   |                   |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |                   |                   |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input checked="" type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td></td> </tr> </table> |  |  |                   |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input checked="" type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> MOTHER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW            | <input type="checkbox"/> INMATE          |                   |                   |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE             | <input type="checkbox"/> NURSE           |                   |                   |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW     | <input type="checkbox"/> PATIENT         |                   |                   |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW     | <input type="checkbox"/> ROOMER          |                   |                   |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW        | <input type="checkbox"/> SERVANT         |                   |                   |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW   | <input type="checkbox"/> OTHER (Specify) |                   |                   |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW    |  |                   |                   |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> MOTHER-IN-LAW     |  |                   |                   |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 16-637 (4-22-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

|   |  |  |    |                 |     |           |       |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|----|-----------------|-----|-----------|-------|---------------------------------|---------------------------------|---------------------------------|--|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R-246   |  | NAME OF INDIVIDUAL                       |    | ROCHELLE HARRIS |     | LOUISIANA |       |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR   | B  | AGE                                      | 71 | BIRTHPLACE      | ALA | E.D.      | SHEET |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY  |  | Union                                    |    | CITY            |     |           |       |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |  |    |                 |     |           |       |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ROCHELLE BILLY  |  |  |    |                 |     |           |       |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |    |                 |     |           |       |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
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| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> IMMATE          |    |                 |     |           |       |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |    |                 |     |           |       |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |    |                 |     |           |       |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |    |                 |     |           |       |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |    |                 |     |           |       |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |    |                 |     |           |       |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |    |                 |     |           |       |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |    |                 |     |           |       |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 18-427 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

|                         |  |                |            |            |            |
|-------------------------|--|----------------|------------|------------|------------|
| R240                    |  | HEAD OF FAMILY |            | LOUISIANA  |            |
| COLOR                   |  | AGE            | BIRTHPLACE |            | E.O. SHEET |
| B                       |  | 20             |            |            | 89 2       |
| COUNTY                  |  |                | CITY       |            |            |
| Natchitoches            |  |                | Provençal  |            |            |
| OTHER MEMBERS OF FAMILY |  |                |            |            |            |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |            |
| Ellen                   |  | W              | 16         |            |            |
| Sarah Mary              |  | M-1            | 41         |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |

FORM 16-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                |                 |            |      |
|-------------------------|----------------|-----------------|------------|------|
| R240                    | HEAD OF FAMILY |                 | LOUISIANA  |      |
| COLOR                   | AGE            | BIRTHPLACE      |            | E.D. |
| B                       | 39             | Russell, Harvey |            | 40   |
| COUNTY                  | CITY           |                 | SHEET      |      |
| East Carroll            |                |                 | 2          |      |
| OTHER MEMBERS OF FAMILY |                |                 |            |      |
| NAME                    | RELATIONSHIP   | AGE             | BIRTHPLACE |      |
| Fannie                  | W              | 32              | Miss       |      |
| Lillie                  | D              | 5               | Miss       |      |
| Julius                  | S              | 4               |            |      |
|                         |                |                 |            |      |
|                         |                |                 |            |      |
|                         |                |                 |            |      |
|                         |                |                 |            |      |
|                         |                |                 |            |      |

FORM 10-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |  |  |   |               |  |      |       |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
|--|--|--|---|---------------|--|------|-------|---------------------------------|---------------------------------|-------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|---|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R 240  |  | NAME OF INDIVIDUAL                       |   | Rachel Hattie |  | E.O. | SHEET |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| COLOR  | M  | AGE                                      | 2 | BIRTHPLACE    |  | 93   | 16    |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| COUNTY   |  |  |   | Natchitoches  |  | CITY |       |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH  |  |  |   |               |  |      |       |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| Rachel Jones   |  |  |   |               |  |      |       |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |   |               |  |      |       |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> WIFE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input checked="" type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> |  |  |   |               |  |      |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIFE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIFE            |   |               |  |      |       |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |   |               |  |      |       |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |   |               |  |      |       |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |   |               |  |      |       |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |   |               |  |      |       |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |   |               |  |      |       |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |   |               |  |      |       |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |   |               |  |      |       |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |

FORM 16-437 (4-22-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIV

USCOMM-DC 16195-P81

|  |  |   |  |           |            |            |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
|--|--|---|--|-----------|------------|------------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|---|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R240   |  | NAME OF INDIVIDUAL<br><i>Kenneth Lattin</i> |  | LOUISIANA | E.D.<br>75 | SHEET<br>1 |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>B</i>  | AGE<br><i>9</i>                          | BIRTHPLACE<br><i>7-0-00</i>                 |  |           |            |            |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| COUNTY   |  | CITY  |  |           |            |            |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Elam, James</i>  |  |   |  |           |            |            |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   |  |           |            |            |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDOW</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |           |            |            | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDOW              |  |           |            |            |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE              |  |           |            |            |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT            |  |           |            |            |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER             |  |           |            |            |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT            |  |           |            |            |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)    |  |           |            |            |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |           |            |            |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |   |  |           |            |            |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |

FORM 10-617 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1920 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 10100-P01



|                         |     |                |     |            |  |
|-------------------------|-----|----------------|-----|------------|--|
| 1740                    |     | HEAD OF FAMILY |     | LOUISIANA  |  |
| Russh, Hattie           |     | E.O.           |     | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |     |            |  |
| 8                       | 37  |                |     |            |  |
| COUNTY                  |     | Caddo          |     | CITY       |  |
| OTHER MEMBERS OF FAMILY |     |                |     |            |  |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| M. T.                   |     | 2              | 8   |            |  |
| Minaie                  |     | 4              | 4   |            |  |
| Rauliac                 |     | 4              | 2   |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |   |                             |   |                    |
|--|--|---|-----------------------------|---|--------------------|
| B 240  |  | NAME OF INDIVIDUAL<br><i>Rachel, Helen</i>  |                             | LOUISIANA   |                    |
| COLOR<br><i>W</i>  |  | AGE<br><i>28</i>  | BIRTHPLACE                  | E.D.<br><i>37</i>   | SHEET<br><i>19</i> |
| COUNTY<br><i>Calcasieu</i>   |  |   | CITY<br><i>Lake Charles</i> |   |                    |
| ENUMERATED WITH<br><i>Rachel, Fern</i>   |  |   |                             |   |                    |
| RELATIONSHIP TO ABOVE  |  |   |                             |   |                    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |                             | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>D</i> |                    |

FORM 10-637 (4-22-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18182-P61

|  |  |   |  |                    |                   |                                 |                                 |                                 |                                 |                                |                               |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|---|--|--------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|-------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R-240  |  | NAME OF INDIVIDUAL<br><i>Russell Wendly</i> |  | E.D.<br><i>136</i> | SHEET<br><i>7</i> |                                 |                                 |                                 |                                 |                                |                               |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>W</i>  | AGE<br><i>NR</i>                         | BIRTHPLACE<br><i>NR</i>                     |  |                    |                   |                                 |                                 |                                 |                                 |                                |                               |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>Union</i>   |  | CITY<br><i>Berme</i>                        |  |                    |                   |                                 |                                 |                                 |                                 |                                |                               |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Russell Lila</i>   |  |   |  |                    |                   |                                 |                                 |                                 |                                 |                                |                               |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   |  |                    |                   |                                 |                                 |                                 |                                 |                                |                               |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> WIFE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |                    |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> WIFE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE             |  |                    |                   |                                 |                                 |                                 |                                 |                                |                               |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> WIFE               |  |                    |                   |                                 |                                 |                                 |                                 |                                |                               |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT            |  |                    |                   |                                 |                                 |                                 |                                 |                                |                               |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER  |  |                    |                   |                                 |                                 |                                 |                                 |                                |                               |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT            |  |                    |                   |                                 |                                 |                                 |                                 |                                |                               |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)    |  |                    |                   |                                 |                                 |                                 |                                 |                                |                               |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |                    |                   |                                 |                                 |                                 |                                 |                                |                               |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |   |  |                    |                   |                                 |                                 |                                 |                                 |                                |                               |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 16-537 (4-26-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18108-P61

|   |  |   |      |           |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |    |                                |  |  |
|---|--|---|------|-----------|----|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|----|--------------------------------|--|--|
| R24   |  | NAME OF INDIVIDUAL                                  |      | LOUISIANA |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |    |                                |  |  |
| COLOR   | B  | AGE   | 8    | E.D.      | 14 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |    |                                |  |  |
|   |  | BIRTHPLACE  |      | SHEET 14  |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |    |                                |  |  |
| COUNTY  |  |   | CITY |           |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |    |                                |  |  |
| Bossier   |  |   |      |           |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |    |                                |  |  |
| ENUMERATED WITH   |  |   |      |           |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |    |                                |  |  |
| Hall, Jasper  |  |   |      |           |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |    |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |      |           |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |    |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td>SS</td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> MISTRESS-IN-LAW</td> <td></td> </tr> </table> |  |   |      |           |    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | SS | <input type="checkbox"/> UNCLE | <input type="checkbox"/> MISTRESS-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |      |           |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |    |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |      |           |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |    |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |      |           |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |    |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |      |           |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |    |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |      |           |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |    |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |      |           |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |    |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  | SS  |      |           |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |    |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> MISTRESS-IN-LAW |   |      |           |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |    |                                |  |  |

FORM 10-437 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| P-240                   |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| W                       | 37  |                |     | 16         | 28    |
| COUNTY                  |     | CITY           |     |            |       |
| Avoyelles               |     | Manassa        |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Adelle                  |     | W              | 37  |            |       |
| Elizabeth               |     | D              | 19  |            |       |
| Ada                     |     | S              | 16  |            |       |
| Milton                  |     | S              | 14  |            |       |
| Mela                    |     | S              | 9   |            |       |
| Leon                    |     | S              | 7   |            |       |
| Alva                    |     | S              | 5   |            |       |

FORM 10-36 (4-30-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R240                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.O.       | SHEET |
| W                       | 53  |                |     | 3          | 3     |
| COUNTY                  |     | CITY           |     |            |       |
| Caldwell                |     | Columbia       |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| 1 Fannie                |     | W              | 40  |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 18-436 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |   |            |  |                    |
|--|--|---|------------|--|--------------------|
| K240   |  | NAME OF INDIVIDUAL<br><i>Russell, Harry</i>   |            | LOUISIANA  |                    |
| COLOR<br><i>B</i>  |  | AGE<br><i>54</i>  | BIRTHPLACE | E.D.<br><i>9</i>   | SHEET<br><i>11</i> |
| COUNTY<br><i>Ascension</i>   |  |   | CITY       |  |                    |
| SUGGESTED WITH<br><i>Stephens, Arthur</i>  |  |   |            |  |                    |
| RELATIONSHIP TO ABOVE  |  |   |            |  |                    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |            | <input type="checkbox"/> WHAITE<br><input type="checkbox"/> MURDER<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>Partner</i> |                    |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMB-DC 1010-P61



|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| 07240                   |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| W                       | 34  |                |     | 71         | 15    |
| COUNTY                  |     | CITY           |     |            |       |
| St. James               |     |                |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Inez                    |     | W              | 22  |            |       |
| Aida                    |     | S              | 1   |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 16-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |      |
|-------------------------|--|----------------|------------|------------|------|
| 19240                   |  | HEAD OF FAMILY |            | LOUISIANA  |      |
| COLOR                   |  | AGE            | BIRTHPLACE |            | E.D. |
| W                       |  | 39             |            |            | 68   |
| COUNTY                  |  | St. James      |            | CITY       |      |
| OTHER MEMBERS OF FAMILY |  |                |            |            |      |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |      |
| Calcutta                |  | W              | 27         |            |      |
| Annette                 |  | V              | 10         |            |      |
| Loana                   |  | V              | 7          |            |      |
| Espanance               |  | V              | 4          |            |      |
| Olga                    |  | D              | 2          |            |      |
|                         |  |                |            |            |      |
|                         |  |                |            |            |      |

FORM 18-636 (4-28-61)

1918 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |               |  |           |       |
|-------------------------|---|----------------|-----|---------------|--|-----------|-------|
| R240                    |   | HEAD OF FAMILY |     | Rachal Henry  |  | LOUISIANA |       |
| COLOR                   | W | AGE            | 43  | BIRTHPLACE    |  | E.D.      | SHEET |
|                         |   |                |     |               |  | 708       | 16    |
| COUNTY                  |   |                |     | CITY          |  |           |       |
| St. Landry              |   |                |     | Melville Town |  |           |       |
| OTHER MEMBERS OF FAMILY |   |                |     |               |  |           |       |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE    |  |           |       |
| Lizzie E.               |   | W              | 39  |               |  |           |       |
| Hilda                   |   | D              | 14  |               |  |           |       |
|                         |   |                |     |               |  |           |       |
|                         |   |                |     |               |  |           |       |
|                         |   |                |     |               |  |           |       |
|                         |   |                |     |               |  |           |       |
|                         |   |                |     |               |  |           |       |
|                         |   |                |     |               |  |           |       |

FORM 16-436 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |   |   |    |   |  |
|--|---|---|----|---|--|
| B240   |   | NAME OF INDIVIDUAL  |    | LOUISIANA   |  |
| Lachal, Henry  |   | E.O.  |    | SHEET   |  |
| COLOR  | W | AGE   | 23 | BIRTHPLACE  |  |
| COUNTY   |   | BENT  |    | CITY  |  |
| ENUMERATED WITH  |   |   |    |   |  |
| Fletcher, James H.   |   |   |    |   |  |
| RELATIONSHIP TO ABOVE  |   |   |    |   |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |   | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |    | <input type="checkbox"/> BOARDER<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |  |
|  |   |   |    | Bo  |  |

FORM 10-637 (4-22-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18100-P01

|   |  |   |  |                   |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|---|--|---|--|-------------------|--------------------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| R240  |  | NAME OF INDIVIDUAL<br><i>Russell Henry</i>          |  | LOUISIANA         |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR<br><i>W</i>   | AGE<br><i>24</i>                         | BIRTHPLACE  |  | E.D.<br><i>32</i> | SHEET<br><i>15</i> |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY<br><i>Caddo</i>  |  | CITY<br><i>Blanchard Village</i>                    |  |                   |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Rogers James O.</i>   |  |   |  |                   |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |  |                   |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> WIDOW</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input checked="" type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> |  |   |  |                   |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDOW                      |  |                   |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |  |                   |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |                   |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |                   |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |                   |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |                   |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |                   |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |  |                   |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 16-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |            |            |       |
|-------------------------|-----|----------------|------------|------------|-------|
| R240                    |     | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |            | E.D.       | SHEET |
| 13                      | 17  | Rockell Henry  |            | 24         | 10    |
| COUNTY                  |     |                | CITY       |            |       |
| North                   |     |                | Jeanerette |            |       |
| OTHER MEMBERS OF FAMILY |     |                |            |            |       |
| NAME                    |     | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Emilia                  |     | W              | 21         |            |       |
| Robert                  |     | S              | 21         |            |       |
| Victoria                |     | D              | 15         |            |       |
| Joseph                  |     | D              | 2          |            |       |
|                         |     |                |            |            |       |
|                         |     |                |            |            |       |
|                         |     |                |            |            |       |
|                         |     |                |            |            |       |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |              |                |      |            |    |
|-------------------------|--------------|----------------|------|------------|----|
| R240                    |              | HEAD OF FAMILY |      | LOUISIANA  |    |
| COLOR                   | W            | AGE            | 30   | E.D.       | 89 |
|                         |              | BIRTHPLACE     | Miss | SHEET      | 4  |
| COUNTY                  | Natchitoches |                |      | CITY       |    |
| OTHER MEMBERS OF FAMILY |              |                |      |            |    |
| NAME                    |              | RELATIONSHIP   | AGE  | BIRTHPLACE |    |
| Hattie E                |              | W              | 44   |            |    |
| Katie                   |              | D              | 16   |            |    |
| Walter S                |              | S              | 14   |            |    |
| Hattie B                |              | D              | 11   |            |    |
| William H               |              | S              | 7    |            |    |
| Mora                    |              | D              | 5    |            |    |
|                         |              |                |      |            |    |
|                         |              |                |      |            |    |

FORM 16-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |   |    |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|---|--|---|----|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| R240  |  | NAME OF INDIVIDUAL                                  |    | LOUISIANA |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| R240  |  | Russell Henry                                       |    | E.D.      | SHEET |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR   | B  | AGE   | 16 | 113       | 4     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| BIRTHPLACE  |  |   |    |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY  |  | Richland  |    | CITY      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |   |    |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| Russell Jr.   |  |   |    |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |    |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |    |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |    |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |    |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |    |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |    |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |    |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |    |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |    |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |    |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 10-527 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 16105-P01



|                         |  |                |             |            |            |
|-------------------------|--|----------------|-------------|------------|------------|
| R240                    |  | HEAD OF FAMILY |             | LOUISIANA  |            |
| COLOR                   |  | AGE            | BIRTHPLACE  |            | E.D. SHEET |
| W                       |  | 50             |             |            | 23 6       |
| COUNTY                  |  |                | CITY        |            |            |
| East Baton Rouge        |  |                | Baton Rouge |            |            |
| OTHER MEMBERS OF FAMILY |  |                |             |            |            |
| NAME                    |  | RELATIONSHIP   | AGE         | BIRTHPLACE |            |
| Addie                   |  | W              | 40          |            |            |
| Addie L.                |  | D              | 21          |            |            |
| Alpha M.                |  | D              | 17          |            |            |
| Ruth                    |  | D              | 12          |            |            |
| Henry L. Jr.            |  | S              | 10          |            |            |
| Anastie                 |  | S              | 47          |            |            |
| Kellie, Addie           |  | M L            | 7.3         |            |            |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |  |   |            |                |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|---|------------|----------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|-------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|--|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R240   |  | NAME OF INDIVIDUAL                       |   | LOUISIANA  |                |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR  | W  | AGE                                      | 4 | BIRTHPLACE | Rachel Henry R |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY   |  | Natchitoches                             |   | CITY       |                |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH  |  |  |   |            |                |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |   |            |                |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> WIFE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |   |            |                | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> WIFE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |   |            |                |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> WIFE            | <input type="checkbox"/> NURSE           |   |            |                |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |   |            |                |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |   |            |                |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |   |            |                |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |   |            |                |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |   |            |                |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |   |            |                |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18100-P61

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R240                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| W                       | 53  |                |     | 93         | 11    |
| COUNTY                  |     | CITY           |     |            |       |
| Natchitoches            |     |                |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Arsenia                 |     | W              | 50  |            |       |
| Julian                  |     | S              | 18  |            |       |
| Catherine               |     | D              | 15  |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                   |     |            |       |
|-------------------------|-----|-------------------|-----|------------|-------|
| P240                    |     | HEAD OF FAMILY    |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE        |     | E.D.       | SHEET |
| W                       | 43  | Russell Hutton H. |     | 112        | 4     |
| COUNTY                  |     | CITY              |     |            |       |
| Tangipahoa              |     |                   |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                   |     |            |       |
| NAME                    |     | RELATIONSHIP      | AGE | BIRTHPLACE |       |
| Julia                   |     | W                 | 38  |            |       |
|                         |     |                   |     |            |       |
|                         |     |                   |     |            |       |
|                         |     |                   |     |            |       |
|                         |     |                   |     |            |       |
|                         |     |                   |     |            |       |
|                         |     |                   |     |            |       |
|                         |     |                   |     |            |       |

FORM 16-536 (4-30-51)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                    |      |            |       |
|-------------------------|-----|--------------------|------|------------|-------|
| K240                    |     | HEAD OF FAMILY     |      | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE         |      | E.D.       | SHEET |
| B                       | 54  | Russell, Henderson |      | 79         | 22    |
| COUNTY                  |     |                    | CITY |            |       |
| Natchitoches            |     |                    |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                    |      |            |       |
| NAME                    |     | RELATIONSHIP       | AGE  | BIRTHPLACE |       |
| 1 Buford                |     | 9                  | 23   |            |       |
| 1 dr                    |     |                    |      |            |       |
| Russell, Edwin          |     | 5                  | 7    |            |       |
|                         |     |                    |      |            |       |
|                         |     |                    |      |            |       |
|                         |     |                    |      |            |       |
|                         |     |                    |      |            |       |
|                         |     |                    |      |            |       |

FORM 18-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |                  |  |
|-------------------------|---|----------------|-----|------------------|--|
| 1924                    |   | HEAD OF FAMILY |     | LOUISIANA        |  |
| COLOR                   | W | AGE            | 60  | BIRTHPLACE       |  |
|                         |   |                |     | E.D. 15 SHEET 12 |  |
| COUNTY                  |   | Iberia         |     | CITY             |  |
| OTHER MEMBERS OF FAMILY |   |                |     |                  |  |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE       |  |
| Joseph                  |   | S              | 30  |                  |  |
| Minerdis                |   | D              | 26  |                  |  |
| Honore Jr.              |   | S              | 22  |                  |  |
| Sybrian                 |   | S              | 20  |                  |  |
| Normie                  |   | D              | 24  |                  |  |
|                         |   |                |     |                  |  |
|                         |   |                |     |                  |  |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |   |   |      |  |    |
|--|---|---|------|--|----|
| R240   |   | NAME OF INDIVIDUAL  |      | LOUISIANA  |    |
| COLOR  | W | AGE   | 24   | E.O.   | 84 |
|  |   | BIRTHPLACE  |      | SHEET 26   |    |
| COUNTY   |   |   | CITY |  |    |
| Natchitoches   |   |   |      |  |    |
| ENUMERATED WITH  |   |   |      |  |    |
| Rachel Asistich  |   |   |      |  |    |
| RELATIONSHIP TO ABOVE  |   |   |      |  |    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |   | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> ROOMMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br>B |    |

FORM 10-637 (4-20-61)

1940 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMB-DC 16106-P01

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| A 2 70                  |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | S.D.       | SHEET |
| B                       | 22  |                |     | 106        | 4     |
| COUNTY                  |     | Dorchina       |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| 1 Louise                |     | W              | 19  |            |       |
| Johnson Millie          |     | M              | 26  |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 16-526 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|   |  |   |  |           |       |                                 |                                 |                                    |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|---|--|-----------|-------|---------------------------------|---------------------------------|------------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R 740   |  | NAME OF INDIVIDUAL                          |  | LOUISIANA |       |                                 |                                 |                                    |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| R 740   |  | Russell, Horton                             |  | E.D.      | SHEET |                                 |                                 |                                    |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR   | AGE                                      | BIRTHPLACE                                  |  | 144       | 8     |                                 |                                 |                                    |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| B   | 1  |   |  |           |       |                                 |                                 |                                    |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY  |  | CITY  |  |           |       |                                 |                                 |                                    |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Vernon  |  | Leesville                                   |  |           |       |                                 |                                 |                                    |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENumerated WITH   |  |   |  |           |       |                                 |                                 |                                    |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Anderson, William   |  |   |  |           |       |                                 |                                 |                                    |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |  |           |       |                                 |                                 |                                    |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> IMMIGRANT</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> HUSBAND</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> IMMIGRANT | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> HUSBAND | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> IMMIGRANT          |  |           |       |                                 |                                 |                                    |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE              |  |           |       |                                 |                                 |                                    |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT            |  |           |       |                                 |                                 |                                    |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> HUSBAND |  |           |       |                                 |                                 |                                    |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT            |  |           |       |                                 |                                 |                                    |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)    |  |           |       |                                 |                                 |                                    |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |           |       |                                 |                                 |                                    |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |  |           |       |                                 |                                 |                                    |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-437 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18100-P01

|                         |              |                      |            |            |        |
|-------------------------|--------------|----------------------|------------|------------|--------|
| R240                    |              | HEAD OF FAMILY       |            | LOUISIANA  |        |
| COLOR                   | B            | AGE                  | 35         | BIRTHPLACE | Robert |
| COUNTY                  |              | St. John the Baptist |            | CITY       |        |
| OTHER MEMBERS OF FAMILY |              |                      |            |            |        |
| NAME                    | RELATIONSHIP | AGE                  | BIRTHPLACE |            |        |
| Estelle                 | W            | 52                   |            |            |        |
| Antoinette              | D            | 16                   |            |            |        |
| Louise                  | D            | 12                   |            |            |        |
| Wilbert                 | S            | 9                    |            |            |        |
| Armand                  | S            | 19                   |            |            |        |
|                         |              |                      |            |            |        |
|                         |              |                      |            |            |        |

FORM 10-436 (4-20-31)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |   |                    |   |           |     |
|---|---|--------------------|---|-----------|-----|
| 3240  |   | NAME OF INDIVIDUAL |   | LOUISIANA |     |
| SEX   | B | AGE                | 8 | ED.       | 111 |
| BIRTHPLACE  |   | Terrebonne         |   |           |     |
| CITY  |   | Terrebonne         |   |           |     |
| ENumerated WITH   |   |                    |   |           |     |
| RELATIONSHIP TO ABOVE   |   |                    |   |           |     |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER<br/> <input type="checkbox"/> MOTHER<br/> <input type="checkbox"/> GRANDFATHER<br/> <input type="checkbox"/> GRANDMOTHER<br/> <input checked="" type="checkbox"/> GRANDSON<br/> <input type="checkbox"/> GRANDDAUGHTER<br/> <input type="checkbox"/> AUNT<br/> <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW<br/> <input type="checkbox"/> NIECE<br/> <input type="checkbox"/> FATHER-IN-LAW<br/> <input type="checkbox"/> MOTHER-IN-LAW<br/> <input type="checkbox"/> SON-IN-LAW<br/> <input type="checkbox"/> DAUGHTER-IN-LAW<br/> <input type="checkbox"/> BROTHER-IN-LAW<br/> <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE<br/> <input type="checkbox"/> NURSE<br/> <input type="checkbox"/> PATIENT<br/> <input type="checkbox"/> ROOMER<br/> <input type="checkbox"/> SERVANT<br/> <input type="checkbox"/> OTHER (Specify) </div> </div> |   |                    |   |           |     |

FORM 10-437 (4-22-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 16199-P61

|                         |   |                |     |            |                   |
|-------------------------|---|----------------|-----|------------|-------------------|
| R240                    |   | HEAD OF FAMILY |     | LOUISIANA  |                   |
| COLOR                   | W | AGE            | 56  | BIRTHPLACE | Russell Hippolite |
| COUNTY                  |   | St. James      |     | CITY       |                   |
| OTHER MEMBERS OF FAMILY |   |                |     |            |                   |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |                   |
| Valentine               |   | W              | 56  |            |                   |
| Edgard                  |   | S              | 22  |            |                   |
| Ferdier                 |   | S              | 17  |            |                   |
|                         |   |                |     |            |                   |
|                         |   |                |     |            |                   |
|                         |   |                |     |            |                   |
|                         |   |                |     |            |                   |
|                         |   |                |     |            |                   |

FORM 10-636 (4-20-61)

1919 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |            |           |
|-------------------------|---|----------------|-----|------------|-----------|
| R240                    |   | HEAD OF FAMILY |     | LOUISIANA  |           |
| COLOR                   | W | AGE            | 27  | BIRTHPLACE | St. James |
| COUNTY                  |   | St. James      |     | CITY       |           |
| OTHER MEMBERS OF FAMILY |   |                |     |            |           |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |           |
| Appetite                |   | W              | 24  |            |           |
| Lawrence                |   | S              | 7   |            |           |
| Eddy                    |   | D              | 4   |            |           |
| Meadley                 |   | D              | 2   |            |           |
| Larry                   |   | S              | 7/2 |            |           |
|                         |   |                |     |            |           |
|                         |   |                |     |            |           |

FORM 18-636 (4-29-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |                  |   |  |   |                    |
|--|------------------|---|--|---|--------------------|
| 9240   |                  | NAME OF INDIVIDUAL<br><i>Ronald Lde</i>   |  | LOUISIANA   |                    |
| COLOR<br><i>Em</i>   | AGE<br><i>14</i> | BIRTHPLACE  |  | E.D.<br><i>71</i>   | SHEET<br><i>19</i> |
| COUNTY   |                  | CITY  |  |   |                    |
| St. John the Baptist   |                  |   |  |   |                    |
| ENUMERATED WITH<br><i>Ernest Michel</i>  |                  |   |  |   |                    |
| RELATIONSHIP TO ABOVE  |                  |   |  |   |                    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                    |

FORM 10-437 (4-26-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USECOM-DC 10100-001

|   |  |  |  |           |  |                                 |                                 |                                   |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
|---|--|--|--|-----------|--|---------------------------------|---------------------------------|-----------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|---|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R240  |  | NAME OF INDIVIDUAL                       |  | LOUISIANA |  |                                 |                                 |                                   |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| Rachal, Idarie  |  | E.D.                                     |  | SHEET     |  |                                 |                                 |                                   |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| COLOR   | AGE                                      | BIRTHPLACE                               |  | 92 13     |  |                                 |                                 |                                   |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| 24  | 5  |  |  |           |  |                                 |                                 |                                   |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| COUNTY  |  | CITY                                     |  |           |  |                                 |                                 |                                   |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| Natchitoches  |  |  |  |           |  |                                 |                                 |                                   |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |  |  |           |  |                                 |                                 |                                   |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| Lacasse, Ben  |  |  |  |           |  |                                 |                                 |                                   |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |  |           |  |                                 |                                 |                                   |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> ROOMMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> Niece</td> <td><input type="checkbox"/> NUNCE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |           |  | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> ROOMMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> Niece | <input type="checkbox"/> NUNCE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> ROOMMATE        |  |           |  |                                 |                                 |                                   |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> Niece           | <input type="checkbox"/> NUNCE           |  |           |  |                                 |                                 |                                   |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |  |           |  |                                 |                                 |                                   |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |  |           |  |                                 |                                 |                                   |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |  |           |  |                                 |                                 |                                   |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |  |           |  |                                 |                                 |                                   |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |           |  |                                 |                                 |                                   |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |  |           |  |                                 |                                 |                                   |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                                |                |              |                 |            |            |
|--------------------------------|----------------|--------------|-----------------|------------|------------|
| R240                           | HEAD OF FAMILY |              | Roussel, Ignace |            | LOUISIANA  |
| COLOR<br>W                     | AGE<br>33      | BIRTHPLACE   |                 | E.O.<br>77 | SHEET<br>7 |
| COUNTY<br>St. John the Baptist |                |              | CITY            |            |            |
| OTHER MEMBERS OF FAMILY        |                |              |                 |            |            |
| NAME                           |                | RELATIONSHIP | AGE             | BIRTHPLACE |            |
| Ernestine                      |                | W            | 32              |            |            |
| Annette                        |                | N.R.         | 8               |            |            |
| Leona                          |                | N.R.         | 7               |            |            |
| Leonie                         |                | N.R.         | 6               |            |            |
| Adam                           |                | N.R.         | 2               |            |            |
| Eva                            |                | N.R.         | 2               |            |            |

FORM 16-536 (4-20-57)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|  |   |   |    |   |    |
|--|---|---|----|---|----|
| R240   |   | NAME OF INDIVIDUAL  |    | LOUISIANA   |    |
| COLOR  | B | AGE   | 23 | E.D.  | 30 |
|  |   | BIRTHPLACE  |    | SHEET 7   |    |
| COUNTY   |   | Calcasieu   |    | CITY  |    |
|  |   |   |    | Kinder  |    |
| ENUMERATED WITH  |   | Paul Simmons  |    |   |    |
| RELATIONSHIP TO ABOVE  |   |   |    |   |    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |   | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |    | <input type="checkbox"/> WIDOW<br><input type="checkbox"/> MURDER<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |    |

FORM 16-637 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCENS-DC 16106-P61

|  |     |  |      |  |       |
|--|-----|--|------|--|-------|
| R240   |     | NAME OF INDIVIDUAL   |      | LOUISIANA  |       |
| COLOR  | AGE | BIRTHPLACE   |      | E.D.   | SHEET |
| B  | 8   |  |      | 1  | 3     |
| COUNTY   |     |  | CITY |  |       |
| Bienville  |     |  |      |  |       |
| ENUMERATED WITH  |     |  |      |  |       |
| Sneed, Ben   |     |  |      |  |       |
| RELATIONSHIP TO ABOVE  |     |  |      |  |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input checked="" type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |       |

FORM 10-637 (4-20-61)

1930 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18100-P01

|                         |              |                |      |            |       |
|-------------------------|--------------|----------------|------|------------|-------|
| R. 240                  |              | HEAD OF FAMILY |      | Louisiana  |       |
| COLOR                   | AGE          | BIRTHPLACE     |      | E.D.       | SHEET |
| B                       | 34           |                |      | 142        | 14    |
| COUNTY                  |              |                | CITY |            |       |
| West Carroll            |              |                |      |            |       |
| OTHER MEMBERS OF FAMILY |              |                |      |            |       |
| NAME                    |              | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
|                         | Babe         | S              | 18   |            |       |
|                         | Mary         | D              | 14   |            |       |
|                         | Edna         | D              | 10   |            |       |
|                         | Samuel B. F. | F              | 76   | Louis      |       |
|                         |              |                |      |            |       |
|                         |              |                |      |            |       |
|                         |              |                |      |            |       |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |                 |            |       |
|-------------------------|-----|----------------|-----------------|------------|-------|
| R 240                   |     | HEAD OF FAMILY |                 | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |                 | E.O.       | SHEET |
| B                       | 40  |                |                 | 41         | 10    |
| COUNTY                  |     |                | CITY            |            |       |
| East Carroll            |     |                | Lake Providence |            |       |
| OTHER MEMBERS OF FAMILY |     |                |                 |            |       |
| NAME                    |     | RELATIONSHIP   | AGE             | BIRTHPLACE |       |
| 1 Susan                 |     | W              | 40              | Ala.       |       |
|                         |     |                |                 |            |       |
|                         |     |                |                 |            |       |
|                         |     |                |                 |            |       |
|                         |     |                |                 |            |       |
|                         |     |                |                 |            |       |
|                         |     |                |                 |            |       |
|                         |     |                |                 |            |       |

Form 16-536 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |           |                |     |            |            |
|-------------------------|-----------|----------------|-----|------------|------------|
| R 240                   |           | HEAD OF FAMILY |     | LOUISIANA  |            |
| COLOR<br>B              | AGE<br>30 | Gashell, Isaac |     | E.D.<br>4  | SHEET<br>6 |
| COUNTY                  |           | CITY           |     |            |            |
| OTHER MEMBERS OF FAMILY |           |                |     |            |            |
|                         | NAME      | RELATIONSHIP   | AGE | BIRTHPLACE |            |
|                         | Liddy     | W              | 27  |            |            |
|                         | Nashie    | D              | 2   |            |            |
|                         | Mary      | D              | 5   |            |            |
|                         | Henry     | S              | 3   |            |            |
|                         | Gracie    | S              | 2   |            |            |
|                         | Infant    | S              | Y/2 |            |            |
|                         | Infant    | D              | Y/2 |            |            |

FORM 16-436 (4-20-07)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R240                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.O.       | SHEET |
| B                       | 80  |                |     | 147        | 14    |
| COUNTY                  |     | CITY           |     |            |       |
| West Feliciana          |     |                |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| 1 Matilda               |     | 4              | 72  |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
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|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 16-436 (4-26-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |               |     |           |    |
|-------------------------|---|----------------|-----|---------------|-----|-----------|----|
| R 240                   |   | HEAD OF FAMILY |     | Russey, Isaac |     | LOUISIANA |    |
| COLOR                   | B | AGE            | 38  | BIRTHPLACE    | Tex | E.D.      | 62 |
|                         |   |                |     |               |     | SHEET 4   |    |
| COUNTY                  |   |                |     | Do Soto       |     | CITY      |    |
| OTHER MEMBERS OF FAMILY |   |                |     |               |     |           |    |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE    |     |           |    |
| Lylea                   |   | S              | 27  |               |     |           |    |
| Polly                   |   | D              | 32  |               |     |           |    |
| Lina                    |   | S              | 27  |               |     |           |    |
| Mary                    |   | D              | 19  |               |     |           |    |
| Bessie                  |   | D              | 18  |               |     |           |    |
| Isaac                   |   | S              | 23  |               |     |           |    |
| Laura                   |   | D              | 15  |               |     |           |    |

FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

HEAD OF FAMILY - CONTINUED

LOUISIANA

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME      | RELATIONSHIP | AGE   | BIRTHPLACE |
|-----------|--------------|-------|------------|
| Henrietta | D            | 14    |            |
| Bertrude  | D            | 13    |            |
| Charlie   | S            | 25    |            |
| Monelle   | S            | 22    |            |
| Louise    | D-S          | 18    |            |
| Thomas    | GS           | 3     |            |
| Annie May | GD           | 7 1/2 |            |
|           |              |       |            |
|           |              |       |            |

FORM 10-436a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 16100-P01



|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R240                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.O.       | SHEET |
| B                       | 37  | Ala.           |     | 117        | 2     |
| COUNTY                  |     | CITY           |     |            |       |
| Richland                |     | Mangham        |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Emma                    |     | W              | 39  | Ala.       |       |
| Halsey                  |     | S              | 14  |            |       |
| Ophelia                 |     | D              | 10  |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
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FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |       |            |       |
|-------------------------|-----|----------------|-------|------------|-------|
| R-240                   |     | HEAD OF FAMILY |       | LOUISIANA  |       |
| COLOR                   | AGE | NAME           |       | E.D.       | SHEET |
| W                       | 28  | Rachel Isaac   |       | 16         | 31    |
| COUNTY                  |     | BIRTHPLACE     |       |            |       |
| Avoyelles               |     |                |       | CITY       |       |
| OTHER MEMBERS OF FAMILY |     |                |       |            |       |
| NAME                    |     | RELATIONSHIP   | AGE   | BIRTHPLACE |       |
| Josephine               |     | W              | 20    |            |       |
| Carrie                  |     | D              | 5     |            |       |
| Eddie                   |     | P              | 6 1/2 |            |       |
|                         |     |                |       |            |       |
|                         |     |                |       |            |       |
|                         |     |                |       |            |       |
|                         |     |                |       |            |       |
|                         |     |                |       |            |       |

FORM 16-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |     |   |  |  |       |
|--|-----|---|--|--|-------|
| R243   |     | NAME OF INDIVIDUAL  |  | LOUISIANA  |       |
| COLOR  | AGE | BIRTHPLACE  |  | E.O.   | SHEET |
| a1   | 20  | Tangipahoa  |  | 707  | 5     |
| COUNTRY  |     | CITY  |  |  |       |
| EDUCATED WITH  |     | Kentwood  |  |  |       |
| RELATIONSHIP TO ABOVE  |     | Peames Mary E   |  |  |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> WORKER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |       |

FORM 10-437 (4-25-57)

1930 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USC&amp;MS-DC 1930-P-81

|   |     |                    |  |           |       |
|---|-----|--------------------|--|-----------|-------|
| R240  |     | NAME OF INDIVIDUAL |  | LOUISIANA |       |
| COLOR   | AGE | BIRTHPLACE         |  | E.O.      | SHEET |
| W   | 22  |                    |  | 1471      |       |
| COUNTY  |     | CITY               |  |           |       |
| VICTIM  |     |                    |  |           |       |
| RATHERED WITH   |     |                    |  |           |       |
| RELATIONSHIP TO ABOVE   |     |                    |  |           |       |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER<br/> <input type="checkbox"/> MOTHER<br/> <input type="checkbox"/> GRANDFATHER<br/> <input checked="" type="checkbox"/> GRANDMOTHER<br/> <input type="checkbox"/> GRANDSON<br/> <input type="checkbox"/> GRANDDAUGHTER<br/> <input type="checkbox"/> AUNT<br/> <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW<br/> <input type="checkbox"/> NIECE<br/> <input type="checkbox"/> FATHER-IN-LAW<br/> <input type="checkbox"/> MOTHER-IN-LAW<br/> <input type="checkbox"/> SON-IN-LAW<br/> <input type="checkbox"/> DAUGHTER-IN-LAW<br/> <input type="checkbox"/> BROTHER-IN-LAW<br/> <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> DEBATE<br/> <input type="checkbox"/> NURSE<br/> <input type="checkbox"/> PAYMENT<br/> <input type="checkbox"/> ROOMER<br/> <input type="checkbox"/> SERVANT<br/> <input type="checkbox"/> OTHER (Specify) </div> </div> |     |                    |  |           |       |

FORM 19-537 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |   |  |                   |                   |                                 |                                 |                                |                                 |                                |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|---|--|---|--|-------------------|-------------------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------|-------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| A-240   |  | NAME OF INDIVIDUAL<br><i>Leah Q.B.</i>              |  | LOUISIANA         |                   |                                 |                                 |                                |                                 |                                |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR<br><i>B</i>   | AGE<br><i>14</i>                         | BIRTHPLACE  |  | E.D.<br><i>68</i> | SHEET<br><i>8</i> |                                 |                                 |                                |                                 |                                |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY<br><i>De Soto</i>  |  | CITY  |  |                   |                   |                                 |                                 |                                |                                 |                                |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Foster Hatten</i>   |  |   |  |                   |                   |                                 |                                 |                                |                                 |                                |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |  |                   |                   |                                 |                                 |                                |                                 |                                |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WMAVE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> WIFE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |                   |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WMAVE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> WIFE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WMAVE                      |  |                   |                   |                                 |                                 |                                |                                 |                                |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> WIFE                       |  |                   |                   |                                 |                                 |                                |                                 |                                |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |                   |                   |                                 |                                 |                                |                                 |                                |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |                   |                   |                                 |                                 |                                |                                 |                                |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |                   |                   |                                 |                                 |                                |                                 |                                |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |                   |                   |                                 |                                 |                                |                                 |                                |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |                   |                   |                                 |                                 |                                |                                 |                                |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |  |                   |                   |                                 |                                 |                                |                                 |                                |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 19-537 (4-29-41)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |          |                |                     |            |  |
|-------------------------|----------|----------------|---------------------|------------|--|
| 1240                    |          | HEAD OF FAMILY |                     | LOUISIANA  |  |
| RUSSEL, J. L.           |          | E.D.           |                     | 5          |  |
| COLOR                   | W        | AGE            | 59                  | BIRTHPLACE |  |
| COUNTY                  | Acadison |                | CITY Donaldsonville |            |  |
| OTHER MEMBERS OF FAMILY |          |                |                     |            |  |
| NAME                    |          | RELATIONSHIP   | AGE                 | BIRTHPLACE |  |
|                         |          |                |                     |            |  |
|                         |          |                |                     |            |  |
|                         |          |                |                     |            |  |
|                         |          |                |                     |            |  |
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|                         |          |                |                     |            |  |
|                         |          |                |                     |            |  |
|                         |          |                |                     |            |  |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                              |            |            |          |
|-------------------------|------------------------------|------------|------------|----------|
| R245                    | HEAD OF FAMILY <i>Roslon</i> |            | LOUISIANA  |          |
| COLOR                   | AGE                          | BIRTHPLACE | E.O.       | SHEET    |
| <i>B</i>                | <i>46</i>                    |            | <i>109</i> | <i>4</i> |
| COUNTY                  | CITY                         |            |            |          |
| <i>Sabine</i>           | <i>Pleasant Hill</i>         |            |            |          |
| OTHER MEMBERS OF FAMILY |                              |            |            |          |
| NAME                    | RELATIONSHIP                 | AGE        | BIRTHPLACE |          |
| <i>1 Carolina</i>       | <i>W</i>                     | <i>45</i>  |            |          |
| <i>7 1 Bo.</i>          |                              |            |            |          |
|                         |                              |            |            |          |
|                         |                              |            |            |          |
|                         |                              |            |            |          |
|                         |                              |            |            |          |
|                         |                              |            |            |          |
|                         |                              |            |            |          |

FORM 10-636 (4-22-61)

1970 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |  |      |                   |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|------|-------------------|--------------------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R240   |  | NAME OF INDIVIDUAL<br><i>Rachel, Jack</i>    |      | LOUISIANA         |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>W</i>  | AGE<br><i>24</i>                         | BIRTHPLACE                                   |      | E.D.<br><i>54</i> | SHEET<br><i>15</i> |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>Jackson</i>   |  |  | CITY |                   |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Adams, J. B.</i>   |  |  |      |                   |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |      |                   |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDOW</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> Niece</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> DOMESTIC</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |      |                   |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | <input type="checkbox"/> MOTHER | <input type="checkbox"/> Niece | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> DOMESTIC | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDOW               |      |                   |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> Niece           | <input type="checkbox"/> NURSE               |      |                   |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT             |      |                   |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> DOMESTIC |      |                   |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT             |      |                   |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)     |      |                   |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |      |                   |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |      |                   |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-437 (4-30-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18102-P01



| HEAD OF FAMILY          |                  | LOUISIANA         |            |
|-------------------------|------------------|-------------------|------------|
| R370                    | Russell, Jacob C | E.O. 8            | SHEET 3    |
| COLOR<br>W              | AGE<br>36        | BIRTHPLACE<br>S C |            |
| COUNTY<br>Greenville    | CITY             |                   |            |
| OTHER MEMBERS OF FAMILY |                  |                   |            |
| NAME                    | RELATIONSHIP     | AGE               | BIRTHPLACE |
| Gella                   | W                | 30                |            |
| Luther F                | ✓                | 6                 |            |
| Rufus C                 | ✓                | 4                 |            |
| Ruth                    | 0                | 0                 |            |
| Robert                  | 8                | 4 1/2             |            |
|                         |                  |                   |            |
|                         |                  |                   |            |

FORM 16-526 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R240                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| B                       |  | 47             | Ark        | 43         | 7     |
| COUNTY                  |  |                | CITY       |            |       |
| East Carroll            |  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| 1 Cherry                |  | W              | 47         |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |          |  |  |   |            |             |
|--|----------|--|--|---|------------|-------------|
| R 240  |          | NAME OF INDIVIDUAL<br><i>Russel James</i>  |  | LOUISIANA   | E.D.<br>42 | SHEET<br>15 |
| COLOR<br><i>W</i>  | AGE<br>2 | BIRTHPLACE   |  |   |            |             |
| COUNTY<br><i>Calcasieu</i>   |          | CITY   |  |   |            |             |
| ENUMERATED WITH<br><i>Russel Alon</i>  |          |  |  |   |            |             |
| RELATIONSHIP TO ABOVE  |          |  |  |   |            |             |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |          | <input checked="" type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> WIFE<br><input type="checkbox"/> MURDER<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |            |             |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

UICOM-DC 15100-P61

|   |  |  |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|------------|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 18200   |  | NAME OF INDIVIDUAL                         |            | LOUISIANA |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR   |  | AGE  | BIRTHPLACE | E.D.      | SHEET |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| D   |  | 28   | Tex        | 44        | 16    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY  |  |  | CITY       |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Calcasieu   |  |  |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |  |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Knox, Jessie  |  |  |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |            |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE            |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE             |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 16-437 (4-20-01)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCENSUS-DC 18100-P01

|  |           |  |       |   |    |
|--|-----------|--|-------|---|----|
| R240   |           | NAME OF INDIVIDUAL   |       | LOUISIANA   |    |
| COLOR  | B         | AGE  | 28    | E.D.  | 44 |
|  |           | BIRTHPLACE   | TEXAS |   |    |
| COUNTY   | Calcasieu |  | CITY  | De Ridder   |    |
| ENUMERATED WITH  |           |  |       |   |    |
| Knot, Jessie   |           |  |       |   |    |
| RELATIONSHIP TO ABOVE  |           |  |       |   |    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |           | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NICE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |       | <input type="checkbox"/> TENANT<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |    |

FORM 10-437 (4-30-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 10100-P01

|                         |     |                |     |            |  |
|-------------------------|-----|----------------|-----|------------|--|
| R-240                   |     | HEAD OF FAMILY |     | LOUISIANA  |  |
| Russell James           |     | E.D.           |     | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |     |            |  |
| W                       | 40  |                |     |            |  |
| COUNTY                  |     | Washington     |     | CITY       |  |
|                         |     |                |     |            |  |
| OTHER MEMBERS OF FAMILY |     |                |     |            |  |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| Marie                   |     | H              | 92  |            |  |
| Bertha                  |     | D              | 14  |            |  |
| Bertha                  |     | S              | 12  |            |  |
| Emell                   |     | D              | 9   |            |  |
| Athelie                 |     | D              | 6   |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |               |       |           |  |
|-------------------------|-----|----------------|-----|---------------|-------|-----------|--|
| R 240                   |     | HEAD OF FAMILY |     | Russell James |       | LOUISIANA |  |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.          | SHEET |           |  |
| 13                      | 37  |                |     | 104           | 16    |           |  |
| COUNTY                  |     | Terrebonne     |     | CITY          |       | Nouma     |  |
| OTHER MEMBERS OF FAMILY |     |                |     |               |       |           |  |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE    |       |           |  |
| Rebecca                 |     | W              | 38  |               |       |           |  |
| Lilly                   |     | D              | 16  |               |       |           |  |
| Frank                   |     | S              | 13  |               |       |           |  |
| Maria                   |     | S              | 11  |               |       |           |  |
| Laura                   |     | D              | 10  |               |       |           |  |
| Pearl                   |     | D              | 9   |               |       |           |  |
| Anthony                 |     | S              | 8   |               |       |           |  |

FORM 10-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS





|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| B240                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | S.D.       | SHEET |
| C                       | 40  |                |     | 28         | 12    |
| COUNTY                  |     | Jefferson      |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Marie                   |     | W              | 38  |            |       |
| Ellen                   |     | D              | 14  |            |       |
| Virginia                |     | D              | 13  |            |       |
| Alice                   |     | D              | 12  |            |       |
| Minnie                  |     | D              | 9   |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 10-436 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |  |
|-------------------------|-----|----------------|-----|------------|--|
| R240                    |     | HEAD OF FAMILY |     | LOUISIANA  |  |
| Russett James           |     | E.D.           |     | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |     |            |  |
| W                       | 30  | Mich           |     |            |  |
| COUNTY                  |     | CITY           |     |            |  |
| Jackson                 |     | Chatham        |     |            |  |
| OTHER MEMBERS OF FAMILY |     |                |     |            |  |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| Clara E.                |     | W              | 24  | Mich       |  |
| James H.                |     | P              | 2   |            |  |
| James L.                |     | S              | 13  |            |  |
| Joseph                  |     | B              | 22  | Cann       |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |

FORM 16-536 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |      |            |     |
|-------------------------|---|----------------|------|------------|-----|
| R 342                   |   | HEAD OF FAMILY |      | LOUISIANA  |     |
| COLOR                   | W | AGE            | 35   | E.D.       | 147 |
|                         |   | BIRTHPLACE     |      | SHEET      | 4   |
| COUNTY                  |   |                | CITY |            |     |
| West Feliciana          |   |                |      |            |     |
| OTHER MEMBERS OF FAMILY |   |                |      |            |     |
| NAME                    |   | RELATIONSHIP   | AGE  | BIRTHPLACE |     |
| Elisa                   |   | W              | 51   |            |     |
| Mildred                 |   | D              | 11   |            |     |
| George                  |   | S              | 7    |            |     |
| Elna                    |   | D              | 5    |            |     |
| Umar                    |   | D              | 2    |            |     |
| Sarah                   |   | M              | 79   |            |     |

FORM 16-436 (4-20-31)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |                |            |            |
|-------------------------|--|----------------|----------------|------------|------------|
| R240                    |  | HEAD OF FAMILY |                | LOUISIANA  |            |
| COLOR                   |  | AGE            | BIRTHPLACE     |            | E.D. SHEET |
| W                       |  | 26             | Russell, James |            | 95 8       |
| COUNTY                  |  |                | CITY           |            |            |
| St. Mary                |  |                | Morgan.        |            |            |
| OTHER MEMBERS OF FAMILY |  |                |                |            |            |
| NAME                    |  | RELATIONSHIP   | AGE            | BIRTHPLACE |            |
| Emma                    |  | W              | 27             |            |            |
| Whitney                 |  | S              | 3              |            |            |
| Loretta                 |  | D              | 2              |            |            |
| Rodden                  |  | S              | 1/2            |            |            |
| Peepes, Victoria        |  | SD             | 9              |            |            |
| Alvin                   |  | SS             | 8              |            |            |
| James                   |  | SS             | 7              |            |            |

Form 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |      |            |  |
|-------------------------|--|----------------|------|------------|--|
| R240                    |  | HEAD OF FAMILY |      | LOUISIANA  |  |
| COLOR                   |  | AGE            |      | SHEET      |  |
| w                       |  | 61             |      | 109/12     |  |
| BIRTHPLACE              |  | Miss           |      |            |  |
| COUNTY                  |  |                | CITY |            |  |
| Tangipahoa              |  |                |      |            |  |
| OTHER MEMBERS OF FAMILY |  |                |      |            |  |
| NAME                    |  | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| 1 Sarah                 |  | w              | 61   | Miss       |  |
|                         |  |                |      |            |  |
|                         |  |                |      |            |  |
|                         |  |                |      |            |  |
|                         |  |                |      |            |  |
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|                         |  |                |      |            |  |

FORM 18-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |       |            |       |
|-------------------------|-----|----------------|-------|------------|-------|
| R 240                   |     | HEAD OF FAMILY |       | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |       | E.D.       | SHEET |
| B                       | 80  |                |       | 152        | 2     |
| COUNTY                  |     |                | CITY  |            |       |
| West Feliciana          |     |                |       |            |       |
| OTHER MEMBERS OF FAMILY |     |                |       |            |       |
| NAME                    |     | RELATIONSHIP   | AGE   | BIRTHPLACE |       |
| Caroline                |     | W              | 50    | Md         |       |
| Rosa                    |     | SD             | 25    | Md.        |       |
| Mathias                 |     | N              | 3     |            |       |
| Caroline                |     | Ni             | 1 1/2 |            |       |
|                         |     |                |       |            |       |
|                         |     |                |       |            |       |
|                         |     |                |       |            |       |

FORM 16-636 (4-26-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |       |            |  |
|-------------------------|-----|----------------|-------|------------|--|
| A 240                   |     | HEAD OF FAMILY |       | LOUISIANA  |  |
| RUSSELL JAMES           |     | E.D.           |       | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |       |            |  |
| B                       | 21  | CLAI BORN      |       |            |  |
| COUNTY                  |     | CITY           |       |            |  |
| OTHER MEMBERS OF FAMILY |     |                |       |            |  |
| NAME                    |     | RELATIONSHIP   | AGE   | BIRTHPLACE |  |
| 1 Lema                  |     | W              | 17    |            |  |
| Luthie L.               |     | D              | 5 1/2 |            |  |
|                         |     |                |       |            |  |
|                         |     |                |       |            |  |
|                         |     |                |       |            |  |
|                         |     |                |       |            |  |
|                         |     |                |       |            |  |
|                         |     |                |       |            |  |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |  |                  |  |           |  |
|-------------------------|--|----------------|--|------------------|--|-----------|--|
| R240                    |  | HEAD OF FAMILY |  | Risley James     |  | LOUISIANA |  |
| COLOR                   |  | AGE            |  | BIRTHPLACE       |  | E.D.      |  |
| B                       |  | 42             |  |                  |  | 35        |  |
| COUNTY                  |  |                |  | CITY             |  |           |  |
| Concordia               |  |                |  | Farriday Village |  |           |  |
| OTHER MEMBERS OF FAMILY |  |                |  |                  |  |           |  |
| NAME                    |  |                |  | RELATIONSHIP     |  | AGE       |  |
|                         |  |                |  |                  |  |           |  |
| Addline                 |  |                |  | W                |  | 38        |  |
| Lee Roy                 |  |                |  | S                |  | 5         |  |
|                         |  |                |  |                  |  |           |  |
|                         |  |                |  |                  |  |           |  |
|                         |  |                |  |                  |  |           |  |
|                         |  |                |  |                  |  |           |  |
|                         |  |                |  |                  |  |           |  |
|                         |  |                |  |                  |  |           |  |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |   |                |          |            |       |
|-------------------------|---|----------------|----------|------------|-------|
| R240                    |   | HEAD OF FAMILY |          | LOUISIANA  |       |
| R240                    |   | Russell, James |          | E.D.       | SHEET |
| COLOR                   | B | AGE            | 50       | 104        | 27    |
| BIRTHPLACE              |   |                |          |            |       |
| COUNTY                  |   |                | Ouachita | CITY       |       |
|                         |   |                | Morrise  |            |       |
| OTHER MEMBERS OF FAMILY |   |                |          |            |       |
| NAME                    |   | RELATIONSHIP   | AGE      | BIRTHPLACE |       |
| Bettie                  |   | W              | 48       |            |       |
| Ruby                    |   | D              | 18       |            |       |
| Robert                  |   | S              | 6        |            |       |
|                         |   |                |          |            |       |
|                         |   |                |          |            |       |
|                         |   |                |          |            |       |
|                         |   |                |          |            |       |
|                         |   |                |          |            |       |

|                         |     |                | LOUISIANA |            |       |
|-------------------------|-----|----------------|-----------|------------|-------|
| 19240                   |     | HEAD OF FAMILY |           | E.D.       | SHEET |
| COLOR                   | AGE | BIRTHPLACE     |           |            |       |
| W                       | 22  |                |           |            |       |
| COUNTY                  |     | La Salle       |           | CITY       |       |
| OTHER MEMBERS OF FAMILY |     |                |           |            |       |
| NAME                    |     | RELATIONSHIP   | AGE       | BIRTHPLACE |       |
| Jimmie                  |     | W              | 22        |            |       |
| Carlton                 |     | S              | 2         |            |       |
| Elizabeth               |     | S              | 1/2       |            |       |
|                         |     |                |           |            |       |
|                         |     |                |           |            |       |
|                         |     |                |           |            |       |
|                         |     |                |           |            |       |
|                         |     |                |           |            |       |

FORM 16-436 (4-26-31)

1919 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |              | LOUISIANA                         |                 |
|-------------------------|--------------|-----------------------------------|-----------------|
| R240                    |              | HEAD OF FAMILY<br>Russell James C | E.D. 77 SHEET 9 |
| COLOR<br>W              | AGE<br>47    | BIRTHPLACE                        |                 |
| COUNTY<br>De Soto       |              | CITY                              |                 |
| OTHER MEMBERS OF FAMILY |              |                                   |                 |
| NAME                    | RELATIONSHIP | AGE                               | BIRTHPLACE      |
| Lula                    | W            | 18                                |                 |
| James Jr.               | S            | 16                                |                 |
| Lee                     | W            | 11                                |                 |
| Bernice                 | D            | 7                                 |                 |
|                         |              |                                   |                 |
|                         |              |                                   |                 |
|                         |              |                                   |                 |

FORM 10-436 (2-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

| HEAD OF FAMILY          |              |            | LOUISIANA  |       |
|-------------------------|--------------|------------|------------|-------|
| COLOR                   | AGE          | BIRTHPLACE | E.O.       | SHEET |
| W                       | 32           |            | 5.3        | 1     |
| COUNTY                  |              | Jackson    | CITY       |       |
|                         |              |            | Eros       |       |
| OTHER MEMBERS OF FAMILY |              |            |            |       |
| NAME                    | RELATIONSHIP | AGE        | BIRTHPLACE |       |
| Eudora L                | W            | 31         |            |       |
| Estes                   | S            | 8          |            |       |
| Norman J                | D            | 2          |            |       |
| Eugene J                | Sr           | 40         | Miss       |       |
| Curtis                  | PL           | 22         | Miss       |       |
|                         |              |            |            |       |
|                         |              |            |            |       |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

| HEAD OF FAMILY          |              |                 | LOUISIANA  |       |
|-------------------------|--------------|-----------------|------------|-------|
| COLOR                   | AGE          | BIRTHPLACE      | L.O.       | SHEET |
| R 240                   | 64           | Russell James W | 115        | 24    |
| W                       |              | Miss            |            |       |
| COUNTY                  | St. Landry   |                 | CITY       |       |
| OTHER MEMBERS OF FAMILY |              |                 |            |       |
| NAME                    | RELATIONSHIP | AGE             | BIRTHPLACE |       |
| William                 | W            | 51              |            |       |
| Marshall                | S            | 26              |            |       |
| Annie                   | D            | 22              |            |       |
| Samuel H                | S            | 21              |            |       |
| Mina                    | D            | 13              |            |       |
| Mrs. David Louis        | H & G        | 15              |            |       |

Form 16-636 (4-26-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                 |      |            |  |
|-------------------------|-----|-----------------|------|------------|--|
| R240                    |     | HEAD OF FAMILY  |      | LOUISIANA  |  |
| Rusell Jane             |     | E.D.            |      | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE      |      |            |  |
| B                       | 40  | <del>Miss</del> |      |            |  |
| COUNTY                  |     |                 | CITY |            |  |
| Caddo                   |     |                 |      |            |  |
| OTHER MEMBERS OF FAMILY |     |                 |      |            |  |
| NAME                    |     | RELATIONSHIP    | AGE  | BIRTHPLACE |  |
| Mary                    |     | D               | 23   |            |  |
| Lillie                  |     | D               | 19   |            |  |
| Gloss.                  |     | D               | 18   |            |  |
| Lela                    |     | D               | 16   |            |  |
|                         |     |                 |      |            |  |
|                         |     |                 |      |            |  |
|                         |     |                 |      |            |  |

LOUISIANA

|   |  |  |  |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
|---|--|--|--|--------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|---|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R240  |  | NAME OF INDIVIDUAL<br><i>Russell James</i> |  | E.O.<br><i>114</i> | SHEET<br><i>36</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>Dr</i>  | AGE<br><i>16</i>                         | BIRTHPLACE                                 |  |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>Richland</i>   |  | CITY                                       |  |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Kelly Ephraim</i>   |  |  |  |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |  |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> Niece</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |                    |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> Niece | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE            |  |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> Niece           | <input type="checkbox"/> NURSE             |  |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |  |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER            |  |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |  |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |  |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |  |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |

FORM 16-517 (4-30-51)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCIB-NC 18185-P81

LOUISIANA

|  |           |  |  |  |       |
|--|-----------|--|--|--|-------|
| R 240                                  |           | NAME OF INDIVIDUAL<br>Russell, Jamie     |  | E.O.                                       | SHEET |
| COLOR<br>W                             | AGE<br>23 | BIRTHPLACE                               |  |  |       |
| COUNTY<br>Lafayette                    |           | CITY<br>Lafayette                        |  |  |       |
| ENUMERATED WITH<br>Halland, Violet     |           |  |  |  |       |
| RELATIONSHIP TO ABOVE                  |           |  |  |  |       |
| <input type="checkbox"/> FATHER        |           | <input type="checkbox"/> NEPHEW          |  | <input type="checkbox"/> WIDOW             |       |
| <input type="checkbox"/> MOTHER        |           | <input type="checkbox"/> NIECE           |  | <input type="checkbox"/> NURSE             |       |
| <input type="checkbox"/> GRANDFATHER   |           | <input type="checkbox"/> FATHER-IN-LAW   |  | <input type="checkbox"/> PATIENT           |       |
| <input type="checkbox"/> GRANDMOTHER   |           | <input type="checkbox"/> MOTHER-IN-LAW   |  | <input checked="" type="checkbox"/> ROOMER |       |
| <input type="checkbox"/> GRANDSON      |           | <input type="checkbox"/> SON-IN-LAW      |  | <input type="checkbox"/> SERVANT           |       |
| <input type="checkbox"/> GRANDDAUGHTER |           | <input type="checkbox"/> DAUGHTER-IN-LAW |  | <input type="checkbox"/> OTHER (Specify)   |       |
| <input type="checkbox"/> AUNT          |           | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |       |
| <input type="checkbox"/> UNCLE         |           | <input type="checkbox"/> SISTER-IN-LAW   |  |  |       |

FORM 10-627 (4-30-31)

1910 CENSUS INDEX - INDIVID

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-NC 10100-P01



|                         |     |                |      |            |  |
|-------------------------|-----|----------------|------|------------|--|
| 19240                   |     | HEAD OF FAMILY |      | LOUISIANA  |  |
| RUSSELL, JASON          |     | E.D.           |      | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |      |            |  |
| B                       | 18  |                |      |            |  |
| COUNTY                  |     |                | CITY |            |  |
| Jackson                 |     |                |      |            |  |
| OTHER MEMBERS OF FAMILY |     |                |      |            |  |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| Living Alone            |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |

FORM 10-636 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |  |   |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|--|--|---|--|-------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| R240   |  | NAME OF INDIVIDUAL<br><i>Rachal Jasper</i>                      |  | E.D.<br><i>83</i> | SHEET<br><i>9</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR<br><i>W</i>  | AGE<br><i>7</i>                          | BIRTHPLACE  |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY<br><i>Natchitoches</i>  |  | CITY  |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Basham</i>   |  |   |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)<br/><i>S</i></td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |                   |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify)<br><i>S</i> | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                                 |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                                  |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                                |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                                 |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                                |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify)<br><i>S</i> |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |   |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 18-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18109-P61

|                         |  |                |  |               |  |            |  |
|-------------------------|--|----------------|--|---------------|--|------------|--|
| R200                    |  | HEAD OF FAMILY |  | ROCHELLE, JAY |  | LOUISIANA  |  |
| COLOR                   |  | AGE            |  | BIRTHPLACE    |  | E.O. SHEET |  |
| W                       |  | 49             |  |               |  | 110 34     |  |
| COUNTY                  |  |                |  | TERRIBONNE    |  | CITY       |  |
| OTHER MEMBERS OF FAMILY |  |                |  |               |  |            |  |
| NAME                    |  |                |  | RELATIONSHIP  |  | AGE        |  |
| Fanny                   |  |                |  | W             |  | 33         |  |
| James                   |  |                |  | S             |  | 7          |  |
| Joseph                  |  |                |  | S             |  | 5          |  |
| Stewart                 |  |                |  | S             |  | 4          |  |
| Margaret                |  |                |  | D             |  | 2          |  |
|                         |  |                |  |               |  |            |  |
|                         |  |                |  |               |  |            |  |

Form 16-536 (4-26-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |  |   |  |      |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|--|--|---|--|------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|-------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| R 240  |  | NAME OF INDIVIDUAL                                  |  | E.D. | SHEET |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|  |  | Rachel Jefferson                                    |  | 81   | 6     |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR  | AGE                                      | BIRTHPLACE  |  |      |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| W  | 50                                       |   |  |      |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY   |  | Natchitoches  |  | CITY |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|  |  |   |  |      |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH  |  |   |  |      |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| Rachel Joseph B  |  |   |  |      |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   |  |      |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> WIFE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |      |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> WIFE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |  |      |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> WIFE            | <input type="checkbox"/> NURSE                      |  |      |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |      |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |      |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |      |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |      |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |      |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |   |  |      |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 16-637 (4-22-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 16100-P61

LOUISIANA

|  |  |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |            |                                |  |  |
|--|--|--|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|------------|--------------------------------|--|--|
| R240   | NAME OF INDIVIDUAL<br><i>Russell, Jennie</i> |  | E.D.<br><i>10</i> | SHEET<br><i>32</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |            |                                |  |  |
| COLOR<br><i>W</i>  | AGE<br><i>25</i>                             | BIRTHPLACE                               |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |            |                                |  |  |
| COUNTY<br><i>Acadia</i>  |  | CITY<br><i>Crowley</i>                   |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |            |                                |  |  |
| ENUMERATED WITH<br><i>Kibedecamp Frank</i>   |  |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |            |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |            |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>Com</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |                   |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>Com</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW              | <input type="checkbox"/> INMATE          |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |            |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE               | <input type="checkbox"/> NURSE           |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |            |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW       | <input type="checkbox"/> PATIENT         |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |            |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW       | <input type="checkbox"/> ROOMER          |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |            |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW          | <input type="checkbox"/> SERVANT         |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |            |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW     | <input type="checkbox"/> OTHER (Specify) |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |            |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW      | <i>Com</i>                               |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |            |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW       |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |            |                                |  |  |

FORM 16-637 (4-20-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 1910-P-01

LOUISIANA

|  |   |   |            |            |                                 |                                 |                                   |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|--|---|---|------------|------------|---------------------------------|---------------------------------|-----------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| R340   | NAME OF INDIVIDUAL<br><i>Hickley Jennie</i> |   | E.D.<br>45 | SHEET<br>4 |                                 |                                 |                                   |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR<br><i>W</i>  | AGE<br><i>55</i>                            | BIRTHPLACE  |            |            |                                 |                                 |                                   |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY   |   | CITY<br><i>Clinton</i>  |            |            |                                 |                                 |                                   |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>James Robert P</i>   |   |   |            |            |                                 |                                 |                                   |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |   |   |            |            |                                 |                                 |                                   |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
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| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW             | <input type="checkbox"/> ROOMMATE                                       |            |            |                                 |                                 |                                   |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE              | <input type="checkbox"/> NURSE  |            |            |                                 |                                 |                                   |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW      | <input type="checkbox"/> PATIENT  |            |            |                                 |                                 |                                   |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW      | <input type="checkbox"/> ROOMER   |            |            |                                 |                                 |                                   |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW         | <input type="checkbox"/> SERVANT  |            |            |                                 |                                 |                                   |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW    | <input checked="" type="checkbox"/> OTHER (Specify)<br><i>Companion</i> |            |            |                                 |                                 |                                   |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW     |   |            |            |                                 |                                 |                                   |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW      |   |            |            |                                 |                                 |                                   |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 10-637 (4-22-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIV

USC&amp;MS-DC 1910-PS1

| LOUISIANA               |                |              |         |
|-------------------------|----------------|--------------|---------|
| R242                    | HEAD OF FAMILY |              | E.D. 16 |
| Kaisles, Joppy          |                | SHEET 8      |         |
| COLOR B                 | AGE 46         | BIRTHPLACE   |         |
| COUNTY                  | CITY           |              |         |
| OTHER MEMBERS OF FAMILY |                |              |         |
| NAME                    |                | RELATIONSHIP | AGE     |
| 1 Abbie                 |                | W            | 45      |
|                         |                |              |         |
|                         |                |              |         |
|                         |                |              |         |
|                         |                |              |         |
|                         |                |              |         |
|                         |                |              |         |
|                         |                |              |         |

FORM 16-636 (4-20-61)

1970 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

| R240                    |              | HEAD OF FAMILY |            | LOUISIANA |       |
|-------------------------|--------------|----------------|------------|-----------|-------|
| COLOR                   | AGE          | BIRTHPLACE     |            | E.D.      | SHEET |
| w                       | 54           |                |            | 61        | 10    |
| COUNTY                  |              | La Salle       |            | CITY      |       |
| OTHER MEMBERS OF FAMILY |              |                |            |           |       |
| NAME                    | RELATIONSHIP | AGE            | BIRTHPLACE |           |       |
| Mrs. J. A.              | w            | 43             |            |           |       |
| Baby                    | S            | 20             |            |           |       |
| Willie W.               | S            | 13             |            |           |       |
| John V.                 | S            | 12             |            |           |       |
| Lena M.                 | D            | 10             |            |           |       |
| John D.                 | S            | 7              |            |           |       |
| Joseph Z.               | S            | 5              |            |           |       |



LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME      | RELATIONSHIP | AGE   | BIRTHPLACE |
|-----------|--------------|-------|------------|
| 1 Clyde   | S            | 3     |            |
| (my name) | S            | 2 1/2 |            |
|           |              |       |            |
|           |              |       |            |
|           |              |       |            |
|           |              |       |            |
|           |              |       |            |
|           |              |       |            |
|           |              |       |            |
|           |              |       |            |

FORM 10-636a (4-20-67)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-OC 1910-P91

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R240                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| B                       |  | 80             | Va         | 99         | 17    |
| COUNTY                  |  |                | CITY       |            |       |
| St. Mary                |  |                | Berwick    |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Living alone            |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
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|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |              |                |      |            |       |
|-------------------------|--------------|----------------|------|------------|-------|
| R240                    |              | HEAD OF FAMILY |      | LOUISIANA  |       |
|                         |              |                |      | E.D.       | SHEET |
| COLOR                   | AGE          | BIRTHPLACE     |      |            |       |
|                         |              |                |      |            |       |
| COUNTY                  | Natchitoches |                | CITY |            |       |
| OTHER MEMBERS OF FAMILY |              |                |      |            |       |
| NAME                    |              | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
|                         |              |                |      |            |       |
|                         |              |                |      |            |       |
|                         |              |                |      |            |       |
|                         |              |                |      |            |       |
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|                         |              |                |      |            |       |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|                         |                |              |      |            |
|-------------------------|----------------|--------------|------|------------|
| R 240                   | HEAD OF FAMILY |              | E.O. | SHEET      |
|                         | Russell, Jesse |              | 10   | 1          |
| COLOR                   | AGE            | BIRTHPLACE   |      |            |
| B                       | 24             |              |      |            |
| COUNTY                  |                | CITY         |      |            |
| Assumption              |                |              |      |            |
| OTHER MEMBERS OF FAMILY |                |              |      |            |
| NAME                    |                | RELATIONSHIP | AGE  | BIRTHPLACE |
| Lillie (M)              |                | W            | 19   |            |
| James (M)               |                | S            | 1    |            |
| James, 3rd              |                | B.           | 19   |            |
| Cecilia, Home           |                | B.           | 19   |            |
|                         |                |              |      |            |
|                         |                |              |      |            |
|                         |                |              |      |            |

|  |           |  |  |  |            |
|--|-----------|--|--|--|------------|
| R240   |           | NAME OF INDIVIDUAL<br><i>Russell Jean</i>  |  | E.D.<br>4  | SHEET<br>6 |
| COLOR<br>W   | AGE<br>30 | BIRTHPLACE<br>Ind.   |  |  |            |
| COUNTY<br>Caldwell   |           | CITY   |  |  |            |
| ENUMERATED WITH<br><i>Sweeney Annie</i>  |           |  |  |  |            |
| RELATIONSHIP TO ABOVE  |           |  |  |  |            |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |           | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> WIFE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify)<br><hr/> |            |

FORM 16-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 15129-P-61

LOUISIANA

|                         |                                      |                       |                |                 |
|-------------------------|--------------------------------------|-----------------------|----------------|-----------------|
| R240                    | HEAD OF FAMILY <i>Russell Jessie</i> |                       | E.O. <i>93</i> | SHEET <i>28</i> |
| COLOR <i>Wm</i>         | AGE <i>19</i>                        | BIRTHPLACE            |                |                 |
| COUNTY <i>St. Mary</i>  |                                      | CITY <i>Patterson</i> |                |                 |
| OTHER MEMBERS OF FAMILY |                                      |                       |                |                 |
| NAME                    |                                      | RELATIONSHIP          | AGE            | BIRTHPLACE      |
| <i>42 friends</i>       |                                      |                       |                |                 |
|                         |                                      |                       |                |                 |
|                         |                                      |                       |                |                 |
|                         |                                      |                       |                |                 |
|                         |                                      |                       |                |                 |
|                         |                                      |                       |                |                 |
|                         |                                      |                       |                |                 |
|                         |                                      |                       |                |                 |

FORM 10-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                | LOUISIANA  |            |
|-------------------------|----------------|------------|------------|
| R240                    | HEAD OF FAMILY |            | E.D. 94    |
| COLOR                   | AGE            | BIRTHPLACE |            |
| W                       | 65             | Tex.       |            |
| COUNTY                  |                | CITY       |            |
| Morehouse               |                |            |            |
| OTHER MEMBERS OF FAMILY |                |            |            |
| NAME                    | RELATIONSHIP   | AGE        | BIRTHPLACE |
| 1 Jennie                | W              | 52         | Texas      |
|                         |                |            |            |
|                         |                |            |            |
|                         |                |            |            |
|                         |                |            |            |
|                         |                |            |            |
|                         |                |            |            |
|                         |                |            |            |
|                         |                |            |            |

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| K240                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| B                       |  | 42             | ala.       | 113        | 4     |
| COUNTY                  |  | CITY           |            |            |       |
| Richland                |  | Richlar        |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Mary                    |  | w              | 29         | ala        |       |
| Anna                    |  | sp             | 21         |            |       |
| John                    |  | ys             | 3          |            |       |
| Bertha                  |  | ys             | 1 1/2      |            |       |
| John                    |  | B              | 22         | ala        |       |
| Henry                   |  | B              | 16         |            |       |

FORM 18-636 (4-28-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



LOUISIANA

|                         |           |                                 |           |            |       |
|-------------------------|-----------|---------------------------------|-----------|------------|-------|
| R246                    |           | HEAD OF FAMILY <i>Lady, Jim</i> |           | E.O.       | SHEET |
| COLOR                   | AGE       | BIRTHPLACE                      |           |            |       |
| <i>B</i>                | <i>37</i> |                                 |           |            |       |
| COUNTY                  |           | <i>Griff</i>                    |           | CITY       |       |
| OTHER MEMBERS OF FAMILY |           |                                 |           |            |       |
| NAME                    |           | RELATIONSHIP                    | AGE       | BIRTHPLACE |       |
| <i>/ Matilda</i>        |           | <i>W</i>                        | <i>34</i> |            |       |
| <i>Bessie</i>           |           | <i>D</i>                        | <i>5</i>  |            |       |
| <i>Bernard, Alonzo</i>  |           | <i>A-5</i>                      | <i>16</i> |            |       |
|                         |           |                                 |           |            |       |
|                         |           |                                 |           |            |       |
|                         |           |                                 |           |            |       |
|                         |           |                                 |           |            |       |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|                         |                |     |                 |              |      |            |       |   |
|-------------------------|----------------|-----|-----------------|--------------|------|------------|-------|---|
| R240                    | HEAD OF FAMILY |     | Russell Jane M. |              | E.D. | 1:6        | SHEET | 3 |
| COLOR                   | W              | AGE | 53              | BIRTHPLACE   |      |            |       |   |
| COUNTY                  |                |     |                 | Sabine       | CITY |            |       |   |
| OTHER MEMBERS OF FAMILY |                |     |                 |              |      |            |       |   |
| NAME                    |                |     |                 | RELATIONSHIP | AGE  | BIRTHPLACE |       |   |
| Lizzie                  |                |     |                 | W            | 51   |            |       |   |
| James                   |                |     |                 | S            | 10   |            |       |   |
| Odie                    |                |     |                 | S            | 10   |            |       |   |
| and 2 Se                |                |     |                 |              |      |            |       |   |
|                         |                |     |                 |              |      |            |       |   |
|                         |                |     |                 |              |      |            |       |   |
|                         |                |     |                 |              |      |            |       |   |

LOUISIANA

|  |   |   |                 |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
|--|---|---|-----------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|-----------|--------------------------------|--|--|
| R240   | NAME OF INDIVIDUAL<br><i>Rachal Jerning</i> |   | ED<br><i>83</i> | SHEET<br><i>9</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| COLOR<br><i>W</i>  | AGE<br><i>1/2</i>                           | BIRTHPLACE  |                 |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| COUNTY<br><i>Natchitoches</i>  |   | CITY  |                 |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| ENUMERATED WITH<br><i>Barbain man</i>  |   |   |                 |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| RELATIONSHIP TO ABOVE  |   |   |                 |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>id</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |   |   |                 |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>id</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW             | <input type="checkbox"/> INMATE                     |                 |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE              | <input type="checkbox"/> NURSE                      |                 |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW      | <input type="checkbox"/> PATIENT                    |                 |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW      | <input type="checkbox"/> ROOMER                     |                 |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW         | <input type="checkbox"/> SERVANT                    |                 |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW    | <input checked="" type="checkbox"/> OTHER (Specify) |                 |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW     | <i>id</i>   |                 |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW      |   |                 |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |

FORM 10-637 (4-22-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1970 CENSUS INDEX - INDIVIDUAL

USCOMB-DC 18192-P&amp;I

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R 240                   |  | HEAD OF FAMILY |            | Louisiana  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.O.       | SHEET |
| W                       |  | 35             |            | 113        | 9     |
| COUNTY                  |  |                | CITY       |            |       |
| Tangipahoa              |  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Luisiana                |  | W              | 52         |            |       |
| Isola                   |  | D              | 17         |            |       |
| Remy                    |  | S              | 15         |            |       |
| Thomas                  |  | S              | 12         |            |       |
| Ned                     |  | D              | 10         |            |       |
| Lawrence                |  | S              | 7          |            |       |
| Dettie                  |  | S              | 5          |            |       |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME   | RELATIONSHIP | AGE | BIRTHPLACE |
|--------|--------------|-----|------------|
| Percy  | S            | 4   |            |
| Alonzo | S            | 2   |            |
|        |              |     |            |
|        |              |     |            |
|        |              |     |            |
|        |              |     |            |
|        |              |     |            |
|        |              |     |            |
|        |              |     |            |
|        |              |     |            |

FORM 18-638a (4-20-51)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-4-01 10100-P01

LOUISIANA

|                         |  |                |            |              |                  |            |       |
|-------------------------|--|----------------|------------|--------------|------------------|------------|-------|
| R240                    |  | HEAD OF FAMILY |            | Rachel Joe   |                  | E.D.       | SHEET |
| W                       |  | AGE            | BIRTHPLACE |              |                  |            |       |
| 30                      |  |                |            |              |                  |            |       |
| COUNTY                  |  |                |            | CITY         |                  |            |       |
| Rapides                 |  |                |            |              |                  |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |              |                  |            |       |
| NAME                    |  |                |            | RELATIONSHIP | AGE              | BIRTHPLACE |       |
| Mary                    |  |                |            | W            | 24               |            |       |
| Virginia                |  |                |            | D            | 6                |            |       |
| Nedume                  |  |                |            | D            | 5                |            |       |
| James                   |  |                |            | S            | 4                |            |       |
| Mena                    |  |                |            | S            | 1 $\frac{2}{12}$ |            |       |
|                         |  |                |            |              |                  |            |       |
|                         |  |                |            |              |                  |            |       |

FORM 16-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |              |                | LOUISIANA  |       |
|-------------------------|--------------|----------------|------------|-------|
| HEAD OF FAMILY          |              |                | S.D.       | SHEET |
| R240                    |              |                | 88         | 2     |
| COLOR                   | AGE          | BIRTHPLACE     |            |       |
| B                       | 27           | Morehouse CITY |            |       |
| COUNTY                  |              |                |            |       |
| OTHER MEMBERS OF FAMILY |              |                |            |       |
| NAME                    | RELATIONSHIP | AGE            | BIRTHPLACE |       |
| 1 Edwin                 | W            | 24             |            |       |
|                         |              |                |            |       |
|                         |              |                |            |       |
|                         |              |                |            |       |
|                         |              |                |            |       |
|                         |              |                |            |       |
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|                         |              |                |            |       |
|                         |              |                |            |       |

FORM 10-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |  |  |  |                 |                |
|--|--|--|--|-----------------|----------------|
| R240                                   |  | NAME OF INDIVIDUAL <i>Russell Jr</i>     |  | E.B. <i>111</i> | SHEET <i>2</i> |
| COLOR <i>B</i>                         | AGE <i>36</i>                                  | BIRTHPLACE                               |  |                 |                |
| CITY                                   |  | CITY                                     |  |                 |                |
| COUNTY                                 |  | <i>Terrebonne</i>                        |  |                 |                |
| MARRIED WITH                           |  | <i>Williams Mary</i>                     |  |                 |                |
| RELATIONSHIP TO ABOVE                  |  |  |  |                 |                |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW                | <input type="checkbox"/> WIFE            |  |                 |                |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NIECE                 | <input type="checkbox"/> NURSE           |  |                 |                |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW         | <input type="checkbox"/> PATIENT         |  |                 |                |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW         | <input type="checkbox"/> ROOMER          |  |                 |                |
| <input type="checkbox"/> GRANDSON      | <input checked="" type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT         |  |                 |                |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW       | <input type="checkbox"/> OTHER (Specify) |  |                 |                |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW        |  |  |                 |                |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW         |  |  |                 |                |

FORM 10-437 (4-29-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1960 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18198-P61



LOUISIANA

|                         |     |                |  |             |  |            |      |
|-------------------------|-----|----------------|--|-------------|--|------------|------|
| R240                    |     | HEAD OF FAMILY |  | Rachel, Joe |  | E.O.       | SERY |
| 92                      |     | 24             |  | 36          |  |            |      |
| COLOR                   | AGE | BIRTHPLACE     |  |             |  |            |      |
| mu                      | 24  |                |  |             |  |            |      |
| COUNTY                  |     | Natchitoches   |  | CITY        |  |            |      |
| OTHER MEMBERS OF FAMILY |     |                |  |             |  |            |      |
| NAME                    |     | RELATIONSHIP   |  | AGE         |  | BIRTHPLACE |      |
| 1 Addie                 |     | H              |  | 16          |  |            |      |
|                         |     |                |  |             |  |            |      |
|                         |     |                |  |             |  |            |      |
|                         |     |                |  |             |  |            |      |
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|                         |     |                |  |             |  |            |      |
|                         |     |                |  |             |  |            |      |
|                         |     |                |  |             |  |            |      |
|                         |     |                |  |             |  |            |      |

FORM 16-636 (4-22-31)

1919 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|   |  |   |                    |
|---|--|---|--------------------|
| NAME OF INDIVIDUAL<br><i>Russell, Joe</i>   |  | E.O.<br><i>34</i>   | SHEET<br><i>10</i> |
| COLOR<br><i>W</i>   | AGE<br><i>9</i>  | BIRTHPLACE<br><i>Ala</i>  |                    |
| COUNTY<br><i>Caddo</i>  |  | CITY  |                    |
| ENUMERATED WITH<br><i>Anderson, Andrew M.</i>   |  |   |                    |
| RELATIONSHIP TO ABOVE   |  |   |                    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input checked="" type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NICE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> BOARDER<br><input type="checkbox"/> HOUSE<br><input type="checkbox"/> PAYMENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                    |

FORM 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 1515B-P81

| LOUISIANA  |                  |   |  |   |                   |
|--|------------------|---|--|---|-------------------|
| R245   |                  | NAME OF INDIVIDUAL<br><i>Rosaline, Joe</i>  |  | E.D.<br><i>57</i>   | SHEET<br><i>5</i> |
| COLOR<br><i>W</i>  | AGE<br><i>35</i> | BIRTHPLACE<br><i>Iberville</i>  |  | CITY  |                   |
| COUNTY   |                  |   |  |   |                   |
| ENUMERATED WITH<br><i>Maranda, Tony</i>  |                  |   |  |   |                   |
| RELATIONSHIP TO ABOVE  |                  |   |  |   |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>C</i> |                   |

FORM 10-437 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18100-P01

LOUISIANA

|                         |                |              |      |            |
|-------------------------|----------------|--------------|------|------------|
| R 240                   | HEAD OF FAMILY |              | E.D. | SHEET      |
|                         | Russell Jas    |              | 67   | 12         |
| COLOR                   | AGE            | BIRTHPLACE   |      |            |
| B                       | 50             |              |      |            |
| COUNTY                  | St. James      |              | CITY |            |
| OTHER MEMBERS OF FAMILY |                |              |      |            |
| NAME                    |                | RELATIONSHIP | AGE  | BIRTHPLACE |
| Mary                    |                | W            | 50   |            |
| Harry                   |                | S            | 18   |            |
| Walker Paul Jr          |                | S            | 13   |            |
|                         |                |              |      |            |
|                         |                |              |      |            |
|                         |                |              |      |            |
|                         |                |              |      |            |
|                         |                |              |      |            |

FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                   |            |                | LOUISIANA |  |
|-------------------------|-------------------|------------|----------------|-----------|--|
|                         |                   |            | E.D.           | SHEET     |  |
| R-240                   |                   |            | HEAD OF FAMILY |           |  |
|                         |                   |            | Bussel Joe     |           |  |
| COLOR                   | AGE               | BIRTHPLACE |                |           |  |
| D                       | 24                |            |                |           |  |
| COUNTY                  |                   | St. James  |                | CITY      |  |
| OTHER MEMBERS OF FAMILY |                   |            |                |           |  |
| NAME                    | RELATION-<br>SHIP | AGE        | BIRTHPLACE     |           |  |
| 1 Emilia                | W                 | 25         |                |           |  |
| Wheeler Milby           | D                 | 9          |                |           |  |
|                         |                   |            |                |           |  |
|                         |                   |            |                |           |  |
|                         |                   |            |                |           |  |
|                         |                   |            |                |           |  |
|                         |                   |            |                |           |  |
|                         |                   |            |                |           |  |
|                         |                   |            |                |           |  |

FORM 10-636 (4-20-21)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |  |   |                 |       |
|--|--|---|-----------------|-------|
| R240                                   | NAME OF INDIVIDUAL                       |   | E.O.            | SHEET |
|  | Russell Joe                              |   | 41              | 16    |
| COLOR                                  | AGE                                      | BIRTHPLACE  |                 |       |
| White                                  | 17                                       |   |                 |       |
| COUNTY                                 | East Carroll                             |   | CITY            |       |
|  |  |   | Lake Providence |       |
| ENUMERATED WITH                        |  |   |                 |       |
| Russell Clarence                       |  |   |                 |       |
| RELATIONSHIP TO ABOVE                  |  |   |                 |       |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |                 |       |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |                 |       |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |                 |       |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |                 |       |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |                 |       |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |                 |       |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW  | B   |                 |       |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW   |   |                 |       |

FORM 10-437 (4-20-31)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCENS-DC 1910-501

|                         |              |            |            |
|-------------------------|--------------|------------|------------|
|                         |              | LOUISIANA  |            |
| HEAD OF FAMILY          |              | E.D.       | SHEET      |
| 8240 Russell Johanne    |              | 49         | 2.         |
| COLOR                   | AGE          | BIRTHPLACE |            |
| B                       | 26           | Plaquemine |            |
| COUNTY                  | CITY         |            |            |
| OTHER MEMBERS OF FAMILY |              |            |            |
| NAME                    | RELATIONSHIP | AGE        | BIRTHPLACE |
| Lena alone              |              |            |            |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |

FORM 10-436 (4-30-31)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

PRODUCT OF

~~Manufacturing Co., Newark~~

MADE IN U. S. A.

LIBRARY BUREAU DEPARTMENT  
ORDERED EVERYWHERE

**Soundex**  
QUICK AS  
A FLASH

KEY-LOTTED CHART

| b   | c   | d   | e   | f   | g   |
|-----|-----|-----|-----|-----|-----|
| 100 | 200 | 300 | 400 | 500 | 600 |



|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R240                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| White                   | 42  |                |     |            | 2     |
| COUNTY                  |     | Natchitoches   |     | CITY       |       |
|                         |     |                |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| L. J. ...               |     |                |     |            |       |
| ...                     |     |                |     |            |       |
| ...                     |     |                |     |            |       |
| ...                     |     |                |     |            |       |
| ...                     |     |                |     |            |       |
| ...                     |     |                |     |            |       |
| ...                     |     |                |     |            |       |
| ...                     |     |                |     |            |       |
| ...                     |     |                |     |            |       |
| ...                     |     |                |     |            |       |

FORM 16-435 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

## LOUISIANA

CARD 2 OF 2

**OTHER MEMBERS OF FAMILY**

[illegible]

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USC044-DC 15100-P01

115COMB-10 15100-P-61

|                         |              |                |            |           |       |
|-------------------------|--------------|----------------|------------|-----------|-------|
| R 240                   |              | HEAD OF FAMILY |            | LOUISIANA |       |
| COLOR                   | AGE          | NAME           |            | B.D.      | SHEET |
| B                       | 29           | Russell, John  |            | 75        | 3     |
| COUNTY                  |              | CITY           |            |           |       |
| De Soto                 |              |                |            |           |       |
| OTHER MEMBERS OF FAMILY |              |                |            |           |       |
| NAME                    | RELATIONSHIP | AGE            | BIRTHPLACE |           |       |
| Albertis                | W            | 25             |            |           |       |
| Brook C                 | S            | 17             |            |           |       |
| Lizzie                  | D            | 15             |            |           |       |
| Earl                    | S            | 13             |            |           |       |
| Freddie                 | S            | 10             |            |           |       |
| Ollie                   | S            | 7              |            |           |       |
| Willie                  | S            | 4              |            |           |       |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                |              |           |            |
|-------------------------|----------------|--------------|-----------|------------|
| 3340                    | HEAD OF FAMILY |              | LOUISIANA |            |
| COLOR                   | AGE            | BIRTHPLACE   | E.D.      | SHEET      |
| B                       | 30             | Russell John | 72        | 9          |
| COUNTY                  |                | CITY         |           |            |
| De Soto                 |                |              |           |            |
| OTHER MEMBERS OF FAMILY |                |              |           |            |
| NAME                    |                | RELATIONSHIP | AGE       | BIRTHPLACE |
| Wells                   | Martha         | Consent.     | 35        |            |
| Russell                 | Marcell        | S            | 13        |            |
| Wells                   | Lee            | SD           | 8         |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |

FORM 18-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

HEAD OF FAMILY

LOUISIANA

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R-340                   |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | R.D.       | SHEET |
| 13                      | 18  |                |     | 68         | 2     |
| COUNTY                  |     | De Soto        |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Living Alone            |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |                  |  |  |   |                   |
|--|------------------|--|--|---|-------------------|
| R24  |                  | NAME OF INDIVIDUAL<br><i>Regal, John</i>   |  | LOUISIANA   |                   |
| COLOR<br><i>W</i>  | AGE<br><i>37</i> | BIRTHPLACE   |  | E.D.<br><i>37</i>   | SHEET<br><i>4</i> |
| COUNTY<br><i>Calcasieu</i>   |                  | CITY<br><i>Lake Charles</i>  |  |   |                   |
| ENUMERATED WITH<br><i>Dooland, Martha</i>  |                  |  |  |   |                   |
| RELATIONSHIP TO ABOVE  |                  |  |  |   |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NICE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> WIFE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>S</i> |                   |

FORM 18-437 (4-20-31)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 1910-P-81

HEAD OF FAMILY

LOUISIANA

|                         |   |                |              |            |      |
|-------------------------|---|----------------|--------------|------------|------|
| R240                    |   | HEAD OF FAMILY |              | LOUISIANA  |      |
| COLOR                   | B | AGE            | 34           | BIRTHPLACE | Miss |
| COUNTY                  |   |                | East Carroll |            |      |
| CITY                    |   |                |              |            |      |
| OTHER MEMBERS OF FAMILY |   |                |              |            |      |
| NAME                    |   | RELATIONSHIP   | AGE          | BIRTHPLACE |      |
| 1 Julia                 |   | w              | 32           |            |      |
| Marydoy, Fannie         |   | sd             | 11           |            |      |
|                         |   |                |              |            |      |
|                         |   |                |              |            |      |
|                         |   |                |              |            |      |
|                         |   |                |              |            |      |
|                         |   |                |              |            |      |
|                         |   |                |              |            |      |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                |  |           |  |
|----------------|--|-----------|--|
| HEAD OF FAMILY |  | LOUISIANA |  |
|----------------|--|-----------|--|

|                         |          |                |            |            |       |
|-------------------------|----------|----------------|------------|------------|-------|
| R240                    |          | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |          | AGE            | BIRTHPLACE | E.O.       | SHEET |
| B                       |          | 40             |            | 78         | 5     |
| COUNTY                  |          |                | CITY       |            |       |
| St. John the Baptist    |          |                |            |            |       |
| OTHER MEMBERS OF FAMILY |          |                |            |            |       |
|                         | NAME     | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
|                         | Annette  | W              | 37         |            |       |
|                         | Marie    | D              | 14         |            |       |
|                         | Landry   | S              | 11         |            |       |
|                         | Leontine | D              | 9          |            |       |
|                         | Edille   | D              | 7          |            |       |
|                         | Lillian  | D              | 5          |            |       |
|                         | Ernest   | S              | 3          |            |       |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS





|                         |   |                |     |            |           |
|-------------------------|---|----------------|-----|------------|-----------|
| 19240                   |   | HEAD OF FAMILY |     | LOUISIANA  |           |
| COLOR                   | W | AGE            | 29  | BIRTHPLACE | St. James |
| COUNTY                  |   | St. James      |     | CITY       |           |
| OTHER MEMBERS OF FAMILY |   |                |     |            |           |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |           |
| Willie                  |   | B              | 27  |            |           |
| Adele                   |   | M              | 66  |            |           |
| Louise                  |   | S              | 25  |            |           |
|                         |   |                |     |            |           |
|                         |   |                |     |            |           |
|                         |   |                |     |            |           |
|                         |   |                |     |            |           |
|                         |   |                |     |            |           |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |     |   |  |   |       |
|--|-----|---|--|---|-------|
| R240   |     | NAME OF INDIVIDUAL  |  | LOUISIANA   |       |
| COLOR  | AGE | BIRTHPLACE  |  | E.D.  | SHEET |
| 44   | 24  | Ark.  |  | 63  | 7     |
| COUNTRY  |     | CITY  |  |   |       |
| ENUMERATED WITH  |     | La Salle  |  |   |       |
| RELATIONSHIP TO ABOVE  |     | Jackson Willie Sr.  |  |   |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> WIDOW<br><input type="checkbox"/> WIFE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify) |       |
|  |     |   |  | Bo  |       |

FORM 10-637 (4-22-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

US COMP-DC 18199-P-91

USCENS-DC 18199-P-1

| NAME OF INDIVIDUAL   |  | LOUISIANA  |                |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|----------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| COLOR <i>R 215</i>   | AGE <i>22</i>                            | BIRTHPLACE <i>Bayland, Tenn</i>                      | E.D. <i>12</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY <i>2</i>  | SHEET <i>23</i>                          |  |                |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH <i>Bossier</i>   |  | CITY   |                |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE <i>Young, J.H.</i>   |  |  |                |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> UNBORN</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> Niece</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input checked="" type="checkbox"/> <del>WOMAN</del></td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> MISTRESS-IN-LAW</td><td></td></tr></tbody></table> |  |  |                | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> UNBORN | <input type="checkbox"/> MOTHER | <input type="checkbox"/> Niece | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> <del>WOMAN</del> | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> MISTRESS-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> UNBORN                      |                |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> Niece           | <input type="checkbox"/> NURSE                       |                |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                     |                |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> <del>WOMAN</del> |                |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                     |                |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)             |                |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |                |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> MISTRESS-IN-LAW |  |                |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 16-637 (9-22-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCENS-DC 18199-P-1

|                         |              |                |     |            |       |
|-------------------------|--------------|----------------|-----|------------|-------|
| R240                    |              | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE          | BIRTHPLACE     |     | E.D.       | SHEET |
| mm                      | 26           |                |     | 41         | 3     |
| COUNTY                  | Natchitoches |                |     | CITY       |       |
| Natchitoches            |              |                |     |            |       |
| OTHER MEMBERS OF FAMILY |              |                |     |            |       |
| NAME                    |              | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Luc                     |              | W              | 20  |            |       |
| Bernardette             |              | D              | 6   |            |       |
| Maisy                   |              | D              | 4   |            |       |
| c/1 Leardes             |              |                |     |            |       |
|                         |              |                |     |            |       |
|                         |              |                |     |            |       |
|                         |              |                |     |            |       |
|                         |              |                |     |            |       |

FORM 16-436 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                                |            |                       |            |                   |              |
|--------------------------------|------------|-----------------------|------------|-------------------|--------------|
| <b>R240</b>                    |            | <b>HEAD OF FAMILY</b> |            | <b>LOUISIANA</b>  |              |
| <b>COLOR</b>                   | <b>AGE</b> | <b>BIRTHPLACE</b>     |            | <b>E.D.</b>       | <b>SHEET</b> |
| <i>W</i>                       | <i>63</i>  | <i>Rachal, John</i>   |            | <i>94</i>         | <i>6</i>     |
| <b>COUNTY</b>                  |            | <b>CITY</b>           |            |                   |              |
| <i>Natchitoches</i>            |            |                       |            |                   |              |
| <b>OTHER MEMBERS OF FAMILY</b> |            |                       |            |                   |              |
| <b>NAME</b>                    |            | <b>RELATIONSHIP</b>   | <b>AGE</b> | <b>BIRTHPLACE</b> |              |
| <i>1 Davis</i>                 |            | <i>S</i>              | <i>14</i>  |                   |              |
|                                |            |                       |            |                   |              |
|                                |            |                       |            |                   |              |
|                                |            |                       |            |                   |              |
|                                |            |                       |            |                   |              |
|                                |            |                       |            |                   |              |
|                                |            |                       |            |                   |              |
|                                |            |                       |            |                   |              |
|                                |            |                       |            |                   |              |

FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R240                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| mn                      | 29  |                |     | 92         | 39    |
| COUNTY                  |     | Natchitoches   |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Amanda                  |     | H              | 27  |            |       |
| Adelia                  |     | S              | 7   |            |       |
| Alberta                 |     | S              | 4   |            |       |
| Zirata                  |     | S              | 6   |            |       |
| Augustine               |     | S              | 2   |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 16-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |            |       |
|-------------------------|---|----------------|-----|------------|-------|
| R 240                   |   | HEAD OF FAMILY |     | Louisiana  |       |
| COLOR                   | M | AGE            | 60  | BIRTHPLACE |       |
|                         |   |                |     | E.O.       | 93 16 |
| COUNTY                  |   | Natchitoches   |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |   |                |     |            |       |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Baptiste                |   | S              | 31  |            |       |
| Herbert                 |   | S              | 23  |            |       |
| Augustine               |   | DL             | 22  |            |       |
| Friedrick               |   | GS             | 3   |            |       |
| E. D. Jones             |   | GD             | 2   |            |       |
| Native                  |   | GD             | 2   |            |       |
|                         |   |                |     |            |       |
|                         |   |                |     |            |       |

FORM 16-436 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|  |   |   |    |   |             |
|--|---|---|----|---|-------------|
| R 246  |   | NAME OF INDIVIDUAL  |    | LOUISIANA   |             |
| COLOR  | W | AGE   | 35 | BIRTHPLACE  | Rachel John |
| COUNTY   |   | Natchitoches  |    | CITY  |             |
| ENUMERATED WITH  |   |   |    |   |             |
| Berbansa Charles   |   |   |    |   |             |
| RELATIONSHIP TO ABOVE  |   |   |    |   |             |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |   | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |    | <input type="checkbox"/> WIDOW<br><input type="checkbox"/> WIFE<br><input checked="" type="checkbox"/> PARTNER<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |             |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIV

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 1910-P-61

|  |  |  |  |            |             |
|--|--|--|--|------------|-------------|
| R240                                   |  | NAME OF INDIVIDUAL<br><i>Richard John</i>  |  | LOUISIANA  |             |
| COLOR<br>0                             | AGE<br>25                                | BIRTHPLACE                                 |  | E.D.<br>85 | SHEET<br>10 |
| COUNTY                                 |  | CITY                                       |  |            |             |
|  |  | Natchitoches                               |  |            |             |
| ENUMERATED WITH                        |  |  |  |            |             |
| <i>Roberts Nina Jr</i>                 |  |  |  |            |             |
| RELATIONSHIP TO ABOVE                  |  |  |  |            |             |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIFE              |  |            |             |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE             |  |            |             |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |  |            |             |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER |  |            |             |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |  |            |             |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |  |            |             |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |            |             |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW   |  |  |            |             |

FORM 19-537 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R240                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| B                       | 43  | Russell John   |     | 108        | 5     |
| COUNTY                  |     | CITY           |     |            |       |
| Ouachita                |     |                |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Ann                     |     | w              | 20  |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 16-636 (4-20-91)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                       |     |  |      |           |  |
|-----------------------|-----|--|------|-----------|--|
| R240                  |     | NAME OF INDIVIDUAL   |      | LOUISIANA |  |
| COLOR                 | AGE | BIRTHPLACE   | E.O. | SHEET     |  |
| W                     | 20  | Natchitoches   | 74   | 5         |  |
| COUNTY                |     | CITY   |      |           |  |
| ENUMERATED WITH       |     | Russett, John  |      |           |  |
| RELATIONSHIP TO ABOVE |     | <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER<br/> <input type="checkbox"/> MOTHER<br/> <input type="checkbox"/> GRANDFATHER<br/> <input type="checkbox"/> GRANDMOTHER<br/> <input type="checkbox"/> GRANDSON<br/> <input type="checkbox"/> GRANDDAUGHTER<br/> <input type="checkbox"/> AUNT<br/> <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW<br/> <input type="checkbox"/> NIECE<br/> <input type="checkbox"/> FATHER-IN-LAW<br/> <input type="checkbox"/> MOTHER-IN-LAW<br/> <input type="checkbox"/> SON-IN-LAW<br/> <input type="checkbox"/> DAUGHTER-IN-LAW<br/> <input type="checkbox"/> BROTHER-IN-LAW<br/> <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE<br/> <input type="checkbox"/> NURSE<br/> <input type="checkbox"/> PATIENT<br/> <input type="checkbox"/> ROOMER<br/> <input type="checkbox"/> SERVANT<br/> <input type="checkbox"/> OTHER (Specify) </div> </div> |      |           |  |

FORM 16-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18108-P61

|                         |   |                |      |            |      |
|-------------------------|---|----------------|------|------------|------|
| R240                    |   | HEAD OF FAMILY |      | LOUISIANA  |      |
| COLOR                   | W | AGE            | 25   | BIRTHPLACE | Tex. |
| COUNTY                  |   |                | CITY |            |      |
| Brenville               |   |                |      |            |      |
| OTHER MEMBERS OF FAMILY |   |                |      |            |      |
| NAME                    |   | RELATIONSHIP   | AGE  | BIRTHPLACE |      |
| Emma                    |   | W              | 25   |            |      |
| Helen                   |   | S              | 3    |            |      |
| Nora                    |   | S              | 4    |            |      |
| Edna                    |   | S              | 1    |            |      |
|                         |   |                |      |            |      |
|                         |   |                |      |            |      |
|                         |   |                |      |            |      |

FORM 19-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |                  |   |  |  |                    |
|--|------------------|---|--|--|--------------------|
| R240   |                  | NAME OF INDIVIDUAL<br><i>Russell John</i>   |  | LOUISIANA  |                    |
| COLOR<br><i>B</i>  | AGE<br><i>30</i> | BIRTHPLACE  |  | E.D.<br><i>105</i>   | SHEET<br><i>22</i> |
| COUNTY<br><i>Sabine</i>  |                  | CITY  |  |  |                    |
| ENUMERATED WITH<br><i>Ward Willie</i>  |                  |   |  |  |                    |
| RELATIONSHIP TO ABOVE  |                  |   |  |  |                    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> WIDOW<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                    |

Form 16-537 (4-25-61)

1950 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCENS-DC 16195-P01

|                         |                |              |           |            |
|-------------------------|----------------|--------------|-----------|------------|
| R240                    | HEAD OF FAMILY |              | LOUISIANA |            |
| COLOR                   | AGE            | BIRTHPLACE   | E.D.      | SHEET      |
| B                       | 25             | Russell John | 85        | 2          |
| COUNTY                  | Madison        |              | CITY      |            |
| OTHER MEMBERS OF FAMILY |                |              |           |            |
| NAME                    |                | RELATIONSHIP | AGE       | BIRTHPLACE |
| 1 Ada                   |                | w            | 23        |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |

Form 16-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |                  |   |  |   |                    |
|--|------------------|---|--|---|--------------------|
| R 243  |                  | NAME OF INDIVIDUAL<br><i>Russell, John</i>  |  | LOUISIANA   |                    |
| COLOR<br><i>W</i>  | AGE<br><i>30</i> | BIRTHPLACE  |  | E.D.<br><i>76</i>   | SHEET<br><i>11</i> |
| COUNTY<br><i>Rapides</i>   |                  | CITY<br><i>Alexandria</i>   |  |   |                    |
| ENUMERATED WITH<br><i>Menard, Charles B</i>  |                  |   |  |   |                    |
| RELATIONSHIP TO ABOVE  |                  |   |  |   |                    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> WMA TE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                    |

FORM 10-437 (4-22-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USC&GM-DC 1819B-P61



|  |  |   |            |   |       |
|--|--|---|------------|---|-------|
| R240   |  | NAME OF INDIVIDUAL  |            | LOUISIANA   |       |
| COLOR  |  | AGE   | BIRTHPLACE | E.D.  | SHEET |
| COUNTY   |  | Sabine  |            | 10  | 2     |
| ENUMERATED WITH  |  | Alford Riley C  |            |   |       |
| RELATIONSHIP TO ABOVE  |  |   |            |   |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |            | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify) |       |
|  |  | Relative  |            |   |       |

FORM 16-437 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |   |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|---|--|--------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|--|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R240  |  | NAME OF INDIVIDUAL<br><i>Russell John</i> |  | LOUISIANA          |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>W</i>   | AGE<br><i>3</i>                          | BIRTHPLACE                                |  | E.D.<br><i>113</i> | SHEET<br><i>4</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY  |  | CITY<br><i>Richland</i>                   |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Russell John</i>  |  |   |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |                    |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE           |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE            |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT          |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER           |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT          |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)  |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |                  |  |                    |  |  |
|--|------------------|--|--------------------|--|--|
| N240   |                  | NAME OF INDIVIDUAL<br><i>Russell John</i>  |                    | LOUISIANA  |  |
| COLOR<br><i>B</i>  | AGE<br><i>22</i> | BIRTHPLACE<br><i>Richland</i>  | E.D.<br><i>113</i> | SHEET<br><i>4</i>  |  |
| COUNTY   |                  | CITY   |                    |  |  |
| ENUMERATED WITH<br><i>Russell John</i>   |                  |  |                    |  |  |
| RELATIONSHIP TO ABOVE  |                  |  |                    |  |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHER<br><input type="checkbox"/> NICE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |                    | <input type="checkbox"/> WIDWIFE<br><input type="checkbox"/> NUNCE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>B</i> |  |

FORM 10-437 (4-18-61)

1919 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |  |  |           |       |
|--|--|--|--|-----------|-------|
| A240                                   |  | NAME OF INDIVIDUAL                         |  | LOUISIANA |       |
| COLOR                                  | AGE                                      | BIRTHPLACE                                 |  | E.D.      | SHEET |
| W                                      | 20                                       | Russell John                               |  | 110       | 4     |
| COUNTY                                 |  | CITY                                       |  |           |       |
| Tangipahoa                             |  | Roseland                                   |  |           |       |
| ENUMERATED WITH                        |  |  |  |           |       |
| Hendry Bennett M                       |  |  |  |           |       |
| RELATIONSHIP TO ABOVE                  |  |  |  |           |       |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE            |  |           |       |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NIECE           | <input type="checkbox"/> INMATE            |  |           |       |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |  |           |       |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER |  |           |       |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |  |           |       |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |  |           |       |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |           |       |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW   |  |  |           |       |

FORM 10-637 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                   |     |            |       |
|-------------------------|-----|-------------------|-----|------------|-------|
| R240                    |     | HEAD OF FAMILY    |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE        |     | E.D.       | SHEET |
| mu                      | 28  |                   |     | 92         | 38    |
| COUNTY                  |     | Natchitoches CITY |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                   |     |            |       |
| NAME                    |     | RELATIONSHIP      | AGE | BIRTHPLACE |       |
| Loullie                 |     | H                 | 24  |            |       |
| Mch                     |     | S                 | 3   |            |       |
| Afyge                   |     | S                 | 2   |            |       |
|                         |     |                   |     |            |       |
|                         |     |                   |     |            |       |
|                         |     |                   |     |            |       |
|                         |     |                   |     |            |       |
|                         |     |                   |     |            |       |

FORM 16-636 (10-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |    |                |     |              |  |           |    |
|-------------------------|----|----------------|-----|--------------|--|-----------|----|
| R240                    |    | HEAD OF FAMILY |     | Rachol, Jno  |  | LOUISIANA |    |
| COLOR                   | Mu | AGE            | 35  | BIRTHPLACE   |  | E.D.      | 92 |
|                         |    |                |     |              |  | SHEET     | 37 |
| COUNTY                  |    |                |     | Natchitoches |  | CITY      |    |
| OTHER MEMBERS OF FAMILY |    |                |     |              |  |           |    |
| NAME                    |    | RELATIONSHIP   | AGE | BIRTHPLACE   |  |           |    |
| Marguerite              |    | H              | 33  |              |  |           |    |
| Cleveland               |    | S              | 9   |              |  |           |    |
| Clement                 |    | S              | 7   |              |  |           |    |
| Rosalia                 |    | S              | 5   |              |  |           |    |
| Etta                    |    | S              | 3   |              |  |           |    |
| Peter                   |    | S              | 2   |              |  |           |    |
| Edgar                   |    | S              | 1   |              |  |           |    |

FORM 18-636 (4-30-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



DIVISION OF THE CENSUS  
U.S. DEPARTMENT OF COMMERCE 18122-531

|                         |     |                |      |            |       |
|-------------------------|-----|----------------|------|------------|-------|
| R240                    |     | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |      | E.D.       | SHEET |
| Wm                      | 37  |                |      | 92         | 20    |
| COUNTY                  |     | CITY           |      |            |       |
| Natchitoches            |     |                |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Mary                    |     | W              | 32   |            |       |
| Minnie                  |     | D              | 14   |            |       |
| John                    |     | S              | 11   |            |       |
| Berma                   |     | D              | 10   |            |       |
| Frank                   |     | S              | 8    |            |       |
| Joseph                  |     | S              | 4    |            |       |
| Berma                   |     | S              | 7/12 |            |       |

FORM 16-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS





|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R240                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.O.       | SHEET |
| B                       | 23  |                |     | 90         | 14    |
| COUNTY                  |     | Morehouse      |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Minnie                  |     | W              | 18  |            |       |
| Ella                    |     | D              | 14  |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |   |      |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |     |                                |  |  |
|--|--|---|------|-----------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|-----|--------------------------------|--|--|
| B243   |  | NAME OF INDIVIDUAL                                  |      | LOUISIANA |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |     |                                |  |  |
| COLOR  | AGE                                      | BIRTHPLACE  | E.O. | SHEET     |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |     |                                |  |  |
| B  | 22                                       | Rightston, John                                     | 52   | 4         |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |     |                                |  |  |
| COUNTY   |  |   | CITY |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |     |                                |  |  |
| Berville   |  |   |      |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |     |                                |  |  |
| ENUMERATED WITH  |  |   |      |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |     |                                |  |  |
| Pier, John   |  |   |      |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |     |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   |      |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |     |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td>Pc.</td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |      |           |  | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | Pc. | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |      |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |     |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |      |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |     |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |      |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |     |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |      |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |     |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |      |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |     |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |      |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |     |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  | Pc.   |      |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |     |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |   |      |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |     |                                |  |  |

FORM 10-437 (4-20-61)

1960 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 18100-P01

|                         |  |                |              |            |            |
|-------------------------|--|----------------|--------------|------------|------------|
| R 242                   |  | HEAD OF FAMILY |              | LOUISIANA  |            |
| COLOR                   |  | AGE            | BIRTHPLACE   |            | E.D. SHEET |
| W                       |  | 20             |              |            | 87 19      |
| COUNTY                  |  |                | Natchitoches |            | CITY       |
| OTHER MEMBERS OF FAMILY |  |                |              |            |            |
| NAME                    |  | RELATIONSHIP   | AGE          | BIRTHPLACE |            |
| Margaret                |  | W              | 28           |            |            |
| Lola                    |  | D              | 11           |            |            |
| David                   |  | S              | 8            |            |            |
| James                   |  | S              | 7            |            |            |
|                         |  |                |              |            |            |
|                         |  |                |              |            |            |
|                         |  |                |              |            |            |
|                         |  |                |              |            |            |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |   |  |                   |                   |                                 |                                 |                                    |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|--|--|---|--|-------------------|-------------------|---------------------------------|---------------------------------|------------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| P 240  |  | NAME OF INDIVIDUAL<br><i>Lashel John B</i>          |  | LOUISIANA         |                   |                                 |                                 |                                    |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR<br><i>B</i>  | AGE<br><i>14</i>                         | BIRTHPLACE  |  | E.D.<br><i>68</i> | SHEET<br><i>8</i> |                                 |                                 |                                    |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY<br><i>De Soto</i>   |  | CITY  |  |                   |                   |                                 |                                 |                                    |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Foster, Walter</i>   |  |   |  |                   |                   |                                 |                                 |                                    |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   |  |                   |                   |                                 |                                 |                                    |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> IMMIGRANT</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |                   |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> IMMIGRANT | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> IMMIGRANT                  |  |                   |                   |                                 |                                 |                                    |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |  |                   |                   |                                 |                                 |                                    |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |                   |                   |                                 |                                 |                                    |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |                   |                   |                                 |                                 |                                    |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |                   |                   |                                 |                                 |                                    |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |                   |                   |                                 |                                 |                                    |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |                   |                   |                                 |                                 |                                    |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |   |  |                   |                   |                                 |                                 |                                    |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 16-637 (4-30-61)

1918 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 16163-P01

|                         |                 |              |           |            |
|-------------------------|-----------------|--------------|-----------|------------|
| R240                    | HEAD OF FAMILY  |              | LOUISIANA |            |
|                         | Russell John C. |              | E.D.      | SHEET      |
| COLOR                   | AGE             | BIRTHPLACE   |           |            |
| W                       | 27              |              |           | 3          |
| COUNTY                  |                 | CITY         |           |            |
| Sabino                  |                 |              |           |            |
| OTHER MEMBERS OF FAMILY |                 |              |           |            |
| NAME                    |                 | RELATIONSHIP | AGE       | BIRTHPLACE |
| Blanch y                |                 | W            | 20        |            |
| Fannie                  |                 | M            | 64        | Ala.       |
| Susan A.                |                 | Si           | 25        |            |
|                         |                 |              |           |            |
|                         |                 |              |           |            |
|                         |                 |              |           |            |
|                         |                 |              |           |            |

FORM 16-436 (4-20-01)  
1916 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                |                        |           |                 |
|-------------------------|----------------|------------------------|-----------|-----------------|
| R 240                   | HEAD OF FAMILY |                        | LOUISIANA |                 |
| COLOR<br>W              | AGE<br>32      | NAME<br>Russell John C |           | SHEET<br>115 22 |
| COUNTY                  |                | CITY                   |           |                 |
| St. Landry              |                |                        |           |                 |
| OTHER MEMBERS OF FAMILY |                |                        |           |                 |
| NAME                    |                | RELATIONSHIP           | AGE       | BIRTHPLACE      |
| Laura                   |                | W                      | 22        |                 |
| McKee Nealy             |                | W                      | 25        |                 |
|                         |                |                        |           |                 |
|                         |                |                        |           |                 |
|                         |                |                        |           |                 |
|                         |                |                        |           |                 |
|                         |                |                        |           |                 |

FORM 16-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R240                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| W                       | 38  |                |     | 41         | 12    |
| COUNTY                  |     | Lafourche      |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Louise M                |     | W              | 35  |            |       |
| Anselie C               |     | D              | 17  |            |       |
| Pauline M               |     | D              | 16  |            |       |
| Victoria M              |     | D              | 13  |            |       |
| Edwin S M               |     | S              | 9   |            |       |
| Hester M                |     | D              | 4   |            |       |
| Adeline S               |     | Si             | 35  |            |       |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|  |  |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|--|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R240   |  | NAME OF INDIVIDUAL                       |  | LOUISIANA |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| R240   |  | Russell John Henry                       |  | E.D.      | SHEET |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR  | AGE                                      | BIRTHPLACE                               |  | 87        | 13    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| B  | 4  |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY   |  | CITY                                     |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| St. Mary   |  |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH  |  |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Russell also   |  |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 16-637 (4-29-61)

1916 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-OC 1916-761

|                         |   |                |     |                 |  |           |     |
|-------------------------|---|----------------|-----|-----------------|--|-----------|-----|
| R240                    |   | HEAD OF FAMILY |     | Russell John K. |  | LOUISIANA |     |
| COLOR                   | W | AGE            | 42  | BIRTHPLACE      |  | E.D.      | 147 |
|                         |   |                |     | SHEET           |  | 1         |     |
| COUNTY                  |   |                |     | Vernon          |  | CITY      |     |
| OTHER MEMBERS OF FAMILY |   |                |     |                 |  |           |     |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE      |  |           |     |
| Anna                    |   | W              | 42  |                 |  |           |     |
| Eace                    |   | D              | 10  |                 |  |           |     |
| Ethel                   |   | D              | 8   |                 |  |           |     |
| Zelma                   |   | D              | 2   |                 |  |           |     |
| Lula                    |   | SD             | 32  |                 |  |           |     |
| Dijana                  |   | SS             | 20  |                 |  |           |     |
| William                 |   | SS             | 16  |                 |  |           |     |
| Lennie                  |   |                |     |                 |  |           |     |

FORM 10-636 (4-20-07)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

HEAD OF FAMILY - CONTINUED

LOUISIANA

CARD 2 OF 2

**OTHER MEMBERS OF FAMILY**

[illegible]

FORM 10-634 (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 15100-701

|                         |     |                |      |            |  |
|-------------------------|-----|----------------|------|------------|--|
| R 240                   |     | HEAD OF FAMILY |      | LOUISIANA  |  |
| COLOR                   | AGE | BIRTHPLACE     | E.D. | SHEET      |  |
| B N                     | 65  | S. C.          | 8    | 22         |  |
| COUNTY                  |     | City           |      |            |  |
| Bienville               |     |                |      |            |  |
| OTHER MEMBERS OF FAMILY |     |                |      |            |  |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| 1 Martha                |     | N              | 60   | S. C.      |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |            |                |
|-------------------------|---|----------------|-----|------------|----------------|
| 8240                    |   | HEAD OF FAMILY |     | LOUISIANA  |                |
| COLOR                   | W | AGE            | 33  | BIRTHPLACE | Russell John L |
| COUNTY                  |   | Lincoln        |     | CITY       |                |
| OTHER MEMBERS OF FAMILY |   |                |     |            |                |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |                |
| Wills A.                |   | W              | 33  |            |                |
| J. C.                   |   | S              | 9   |            |                |
| Verney                  |   | D              | 7   |            |                |
| Jenne                   |   | S              | 3   |            |                |
|                         |   |                |     |            |                |
|                         |   |                |     |            |                |
|                         |   |                |     |            |                |
|                         |   |                |     |            |                |

FORM 18-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

| HEAD OF FAMILY          |              |                  | LOUISIANA  |       |
|-------------------------|--------------|------------------|------------|-------|
| COLOR                   | AGE          | BIRTHPLACE       | E.O.       | SHEET |
| B                       | 30           | Rockelle, John R | 131        | 7     |
| COUNTY                  |              | CITY             |            |       |
| Union                   |              |                  |            |       |
| OTHER MEMBERS OF FAMILY |              |                  |            |       |
| NAME                    | RELATIONSHIP | AGE              | BIRTHPLACE |       |
| 1 Lilly M               | w            | 26               |            |       |
| Cotton, Rosa A          | ni           | 7                |            |       |
|                         |              |                  |            |       |
|                         |              |                  |            |       |
|                         |              |                  |            |       |
|                         |              |                  |            |       |
|                         |              |                  |            |       |
|                         |              |                  |            |       |

FORM 16-636 (4-20-61)  
1916 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                |              |           |            |
|-------------------------|----------------|--------------|-----------|------------|
| R240                    | HEAD OF FAMILY |              | LOUISIANA |            |
| COLOR                   | AGE            | BIRTHPLACE   | E.D.      | SHEET      |
| W                       | 54             | Ala.         | 135       | 7          |
| COUNTY                  |                | CITY         |           |            |
| Union                   |                |              |           |            |
| OTHER MEMBERS OF FAMILY |                |              |           |            |
| NAME                    |                | RELATIONSHIP | AGE       | BIRTHPLACE |
| Amanda                  |                | W            | 55        | Ala        |
| Green                   |                | S            | 18        |            |
| Ada                     |                | D            | 11        |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |

FORM 18-436 (4-20-21)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |            |                |     |            |       |
|-------------------------|------------|----------------|-----|------------|-------|
| R240                    |            | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE        | BIRTHPLACE     |     | E.O.       | SHEET |
| Wm                      | 50         |                |     | 94         | 9     |
| COUNTY                  |            | CITY           |     |            |       |
| Natchitoches            |            |                |     |            |       |
| OTHER MEMBERS OF FAMILY |            |                |     |            |       |
| NAME                    |            | RELATIONSHIP   | AGE | BIRTHPLACE |       |
|                         | Emma       | W              | 47  |            |       |
|                         | Louis      | S              | 21  |            |       |
|                         | Zellene    | D              | 15  |            |       |
|                         | Chie       | S              | 12  |            |       |
|                         | Lawrence   | S              | 10  |            |       |
|                         | Irised     | S              | 7   |            |       |
|                         | Mari Louis | D              | 4   |            |       |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



## HEAD OF FAMILY - CONTINUED

LOUISIANA

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME            | RELATIONSHIP | AGE | BIRTHPLACE |
|-----------------|--------------|-----|------------|
| Bassett, Lucy   | D            | 26  |            |
| Bass            | G-D          | 6   |            |
| Ma May          | G-D          | 2   |            |
| Jasper          | S-S          | 12  |            |
| Conde, Royellia | S-L          | 55  |            |
|                 |              |     |            |
|                 |              |     |            |
|                 |              |     |            |
|                 |              |     |            |
|                 |              |     |            |

FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 18108-P61

|                         |                |            |            |       |
|-------------------------|----------------|------------|------------|-------|
| R240                    | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   | AGE            | BIRTHPLACE |            | E.D.  |
| mu                      | 33             |            |            | 110   |
| COUNTY                  |                | CITY       |            | SHEET |
| St. Landry              |                |            |            | 7     |
| OTHER MEMBERS OF FAMILY |                |            |            |       |
| NAME                    | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Eleanor                 | W              | 24         |            |       |
| Joseph                  | N              | 20         |            |       |
| Johnie Jr.              | S              | 12         |            |       |
| Edmonia                 | D              | 9          |            |       |
| Carine                  | D              | 7          |            |       |
| Mitziere Eyement        | M-L            | 55         |            |       |
| Holden G.B.             | F-L            | 54         |            |       |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |   |               |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |   |                                |  |  |
|--|--|---|---------------|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|---|--------------------------------|--|--|
| R240   |  | NAME OF INDIVIDUAL                                  |               | LOUISIANA |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |   |                                |  |  |
| COLOR  | AGE                                      | BIRTHPLACE  |               | E.A.      | SHEET |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |   |                                |  |  |
| W  | 13                                       | Sabine  |               | 109       | 17    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |   |                                |  |  |
| COUNTY   |  |   | CITY          |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |   |                                |  |  |
| ENUMERATED WITH  |  |   |               |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |   |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   | Hicks, Andy D |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |   |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> IMMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td>5</td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |               |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> IMMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | 5 | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> IMMATE                     |               |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |   |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |               |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |   |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |               |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |   |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |               |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |   |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |               |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |   |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |               |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |   |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  | 5   |               |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |   |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |   |               |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |   |                                |  |  |

FORM 10-57 (4-22-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 16100-P01


|   |  |   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|---|--|---|--|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| P240  |  | NAME OF INDIVIDUAL                                  |  | LOUISIANA |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR   | AGE                                      | BIRTHPLACE  |  | S.D.      | SHEET |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| B   | 16                                       |   |  | 76        | 12    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY  |  | CITY  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| De Soto   |  |   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| Moore, Teallie  |  |   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHER</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> WINTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHER | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> WINTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHER          | <input type="checkbox"/> INMATE                     |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> WINTER-IN-LAW   |   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 10-437 (4-23-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 10100-P01

|   |  |                    |  |           |       |
|---|--|--------------------|--|-----------|-------|
| 2240  |  | NAME OF INDIVIDUAL |  | LOUISIANA |       |
| COLOR   |  | AGE                |  | ED.       | SHEET |
| B   |  | 12                 |  | 30        | 19    |
| COUNTY  |  | BIRTHPLACE         |  |           |       |
| East Baton Rouge  |  |                    |  | CITY      |       |
| ENUMERATED WITH   |  |                    |  |           |       |
| Sankins, Sandy  |  |                    |  |           |       |
| RELATIONSHIP TO ABOVE   |  |                    |  |           |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE<br><input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW<br><input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |  |                    |  |           |       |
| <div style="text-align: right;">  </div>  |  |                    |  |           |       |

Form 18-437 (4-28-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |  |  |           |       |                                 |                                 |                               |                                 |                               |                                   |                                      |  |                                 |                                      |  |                                  |                                   |                                     |  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|--|-----------|-------|---------------------------------|---------------------------------|-------------------------------|---------------------------------|-------------------------------|-----------------------------------|--------------------------------------|--|---------------------------------|--------------------------------------|--|----------------------------------|-----------------------------------|-------------------------------------|--|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R240   |  | NAME OF INDIVIDUAL                       |  | LOUISIANA |       |                                 |                                 |                               |                                 |                               |                                   |                                      |  |                                 |                                      |  |                                  |                                   |                                     |  |  |  |  |                               |   |  |                                |  |  |
| COLOR  | AGE                                      | BIRTHPLACE                               |  | E.D.      | SHEET |                                 |                                 |                               |                                 |                               |                                   |                                      |  |                                 |                                      |  |                                  |                                   |                                     |  |  |  |  |                               |   |  |                                |  |  |
| W  | 14                                       | Natchitoches                             |  | 83        | 9     |                                 |                                 |                               |                                 |                               |                                   |                                      |  |                                 |                                      |  |                                  |                                   |                                     |  |  |  |  |                               |   |  |                                |  |  |
| COUNTY   |  | CITY                                     |  |           |       |                                 |                                 |                               |                                 |                               |                                   |                                      |  |                                 |                                      |  |                                  |                                   |                                     |  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH  |  |  |  |           |       |                                 |                                 |                               |                                 |                               |                                   |                                      |  |                                 |                                      |  |                                  |                                   |                                     |  |  |  |  |                               |   |  |                                |  |  |
| Berba  |  |  |  |           |       |                                 |                                 |                               |                                 |                               |                                   |                                      |  |                                 |                                      |  |                                  |                                   |                                     |  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |  |           |       |                                 |                                 |                               |                                 |                               |                                   |                                      |  |                                 |                                      |  |                                  |                                   |                                     |  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIFE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NICE</td> <td><input type="checkbox"/> DAUGHTER</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIFE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NICE | <input type="checkbox"/> DAUGHTER | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW |  | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIFE            |  |           |       |                                 |                                 |                               |                                 |                               |                                   |                                      |  |                                 |                                      |  |                                  |                                   |                                     |  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NICE            | <input type="checkbox"/> DAUGHTER        |  |           |       |                                 |                                 |                               |                                 |                               |                                   |                                      |  |                                 |                                      |  |                                  |                                   |                                     |  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> ROOMER          |  |           |       |                                 |                                 |                               |                                 |                               |                                   |                                      |  |                                 |                                      |  |                                  |                                   |                                     |  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> SERVANT         |  |           |       |                                 |                                 |                               |                                 |                               |                                   |                                      |  |                                 |                                      |  |                                  |                                   |                                     |  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> OTHER (Specify) |  |           |       |                                 |                                 |                               |                                 |                               |                                   |                                      |  |                                 |                                      |  |                                  |                                   |                                     |  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW |  |  |           |       |                                 |                                 |                               |                                 |                               |                                   |                                      |  |                                 |                                      |  |                                  |                                   |                                     |  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |           |       |                                 |                                 |                               |                                 |                               |                                   |                                      |  |                                 |                                      |  |                                  |                                   |                                     |  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |  |           |       |                                 |                                 |                               |                                 |                               |                                   |                                      |  |                                 |                                      |  |                                  |                                   |                                     |  |  |  |  |                               |   |  |                                |  |  |

FORM 16-437 (4-30-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                          |         |                |            |            |       |
|--------------------------|---------|----------------|------------|------------|-------|
| R240                     |         | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                    |         | AGE            | BIRTHPLACE | E.O.       | SHEET |
| 13                       |         | 31             |            | 146        | 8     |
| COUNTY                   |         |                | CITY       |            |       |
| West Feliciana           |         |                |            |            |       |
| OTHER MEMBERS OF FAMILY. |         |                |            |            |       |
|                          | NAME    | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
|                          | Seline  | W              | 41         |            |       |
|                          | Mary    | D              | 15         |            |       |
|                          | Rose L  | D              | 14         |            |       |
|                          | Winnie  | D              | 11         |            |       |
|                          | Alberta | D              | 8          |            |       |
|                          | Lidney  | S              | 7          |            |       |

FORM 16-636 (4-20-61)  
1919 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |     |                    |   |           |       |
|--|-----|--------------------|---|-----------|-------|
| R246   |     | NAME OF INDIVIDUAL |   | LOUISIANA |       |
| COLOR  | AGE | BIRTHPLACE         |   | E.D.      | SHEET |
| B  | 65  | Jorda              |   | 88        | 22    |
| COUNTY   |     |                    | CITY  |           |       |
| REGISTERED WITH  |     |                    |   |           |       |
| RELATIONSHIP TO ABOVE  |     |                    | Webb Taylor   |           |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     |                    | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |           |       |
|  |     |                    | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify)   |           |       |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-OC 16196-P61



|                         |              |                |            |            |               |
|-------------------------|--------------|----------------|------------|------------|---------------|
| R 240                   |              | HEAD OF FAMILY |            | LOUISIANA  |               |
| COLOR                   | 24           | AGE            | 44         | BIRTHPLACE | Rachel Joseph |
| COUNTY                  |              | Natchitoches   |            | CITY       |               |
| OTHER MEMBERS OF FAMILY |              |                |            |            |               |
| NAME                    | RELATIONSHIP | AGE            | BIRTHPLACE |            |               |
| Octave                  | 24           | 40             |            |            |               |
| Lelia                   | D            | 16             |            |            |               |
| Antoinette              | D            | 14             |            |            |               |
| Josephine               | D            | 12             |            |            |               |
| Lulu                    | D            | 10             |            |            |               |
| Ellen                   | D            | 9              |            |            |               |
| Earnest                 | D            | 3              |            |            |               |

FORM 10-436 (4-10-40)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |       |            |        |
|-------------------------|---|----------------|-------|------------|--------|
| R240                    |   | HEAD OF FAMILY |       | LOUISIANA  |        |
| COLOR                   | W | AGE            | 24    | BIRTHPLACE | Joseph |
| COUNTY                  |   | Sabine         |       | CITY       |        |
| OTHER MEMBERS OF FAMILY |   |                |       |            |        |
| NAME                    |   | RELATIONSHIP   | AGE   | BIRTHPLACE |        |
| Verna M                 |   | W              | 21    | Miss       |        |
| Joseph W                |   | S              | 6     |            |        |
| Sam I                   |   | S              | 4     |            |        |
| Charlie H               |   | S              | 1 3/4 |            |        |
| and 1 Bo                |   |                |       |            |        |
|                         |   |                |       |            |        |
|                         |   |                |       |            |        |

Form 16-636 (4-26-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |                  |   |  |   |                   |
|--|------------------|---|--|---|-------------------|
| R240   |                  | NAME OF INDIVIDUAL<br><i>Rachell Joseph</i>   |  | LOUISIANA   |                   |
| COLOR<br><i>B</i>  | AGE<br><i>70</i> | BIRTHPLACE  |  | E.D.<br><i>124</i>  | SHEET<br><i>8</i> |
| COUNTY<br><i>Winn</i>  |                  | CITY  |  |   |                   |
| ENUMERATED WITH<br><i>Smith, Bessie</i>  |                  |   |  |   |                   |
| RELATIONSHIP TO ABOVE  |                  |   |  |   |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> NEGATE<br><input type="checkbox"/> NONE<br><input checked="" type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                   |

FORM 16-437 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMB-DC 18100-P61

|                         |        |                |     |            |       |
|-------------------------|--------|----------------|-----|------------|-------|
| R-240                   |        | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | W      | AGE            | 39  | BIRTHPLACE | Syria |
| COUNTY                  | Acadia | CITY           |     | Crawley    |       |
| OTHER MEMBERS OF FAMILY |        |                |     |            |       |
| NAME                    |        | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| — Flora                 |        | w              | 24  | Syria      |       |
|                         |        |                |     |            |       |
|                         |        |                |     |            |       |
|                         |        |                |     |            |       |
|                         |        |                |     |            |       |
|                         |        |                |     |            |       |
|                         |        |                |     |            |       |
|                         |        |                |     |            |       |

FORM 10-536 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |            |   |               |  |                   |
|---|------------|---|---------------|--|-------------------|
| R240  |            | NAME OF INDIVIDUAL  |               | LOUISIANA  |                   |
| COLOR   | B          | AGE   | 1             | BIRTH PLACE  | Russell Joseph J. |
| COUNTY  | Terrebonne |   | CITY          | E.D.   | 111               |
| ENUMERATED WITH   |            |   | SHEET 2       |  |                   |
| RELATIONSHIP TO ABOVE   |            |   | Williams Mary |  |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input checked="" type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |            | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |               | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                   |

FORM 16-437 (4-30-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

UNCOMB-DC 18100-P61

|  |          |   |  |  |            |
|--|----------|---|--|--|------------|
| R 240  |          | NAME OF INDIVIDUAL<br><i>Russell, Joseph</i>  |  | E.O.<br>108  | SHEET<br>4 |
| COLOR<br>6   | AGE<br>7 | BIRTHPLACE  |  |  |            |
| COUNTY<br>Ouachita   |          | CITY  |  |  |            |
| ENUMERATED WITH<br><i>Russell, Stephen</i>   |          |   |  |  |            |
| RELATIONSHIP TO ABOVE  |          |   |  |  |            |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |          | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><u>SS</u> |            |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIV

|                         |   |                |       |            |               |
|-------------------------|---|----------------|-------|------------|---------------|
| R 240                   |   | HEAD OF FAMILY |       | Louisiana  |               |
| COLOR                   | W | AGE            | 38    | BIRTHPLACE | Rachel Joseph |
| COUNTY                  |   | Natchitoches   |       | CITY       |               |
| OTHER MEMBERS OF FAMILY |   |                |       |            |               |
| NAME                    |   | RELATIONSHIP   | AGE   | BIRTHPLACE |               |
| Marie                   |   | D              | 3     |            |               |
| Daisy                   |   | D              | 1 3/2 |            |               |
| Rosa                    |   | W              | 20    |            |               |
|                         |   |                |       |            |               |
|                         |   |                |       |            |               |
|                         |   |                |       |            |               |
|                         |   |                |       |            |               |
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FORM 16-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |      |            |  |
|-------------------------|-----|----------------|------|------------|--|
| R240                    |     | HEAD OF FAMILY |      | LOUISIANA  |  |
| COLOR                   | AGE | BIRTHPLACE     | E.D. | SHEET      |  |
| COUNTY                  |     | Natchitoches   |      | CITY       |  |
| OTHER MEMBERS OF FAMILY |     |                |      |            |  |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| John                    |     | 41             | 35   |            |  |
| Lillian                 |     | 5              | 12   |            |  |
| Frank                   |     | 2              | 18   |            |  |
| David                   |     | 10             | 20   |            |  |
| Lillian                 |     | 9-3            | 7    |            |  |
| Paul                    |     | 3-3            | 2    |            |  |
| Lillian                 |     | 3-3            | 2    |            |  |

Form 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R240                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| COUNTY                  |     | Natchitoches   |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
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FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |            |                |      |            |   |
|-------------------------|------------|----------------|------|------------|---|
| R240                    |            | HEAD OF FAMILY |      | LOUISIANA  |   |
| COLOR                   | W          | AGE            | 63   | BIRTHPLACE |   |
|                         |            | Joseph         |      | E.D.       | 4 |
|                         |            |                |      | SHEET      | 9 |
| COUNTY                  | Assumption |                | CITY |            |   |
| OTHER MEMBERS OF FAMILY |            |                |      |            |   |
| NAME                    |            | RELATIONSHIP   | AGE  | BIRTHPLACE |   |
| 1 Felicia               |            | W              | 64   |            |   |
|                         |            |                |      |            |   |
|                         |            |                |      |            |   |
|                         |            |                |      |            |   |
|                         |            |                |      |            |   |
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|                         |            |                |      |            |   |

FORM 16-636 (4-30-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |   |  |    |   |        |
|--|---|--|----|---|--------|
| R240   |   | NAME OF INDIVIDUAL   |    | LOUISIANA   |        |
| COLOR  | B | AGE  | 25 | PLACE   | Joseph |
| COUNTY   |   | Assumption   |    | CITY  |        |
| ENUMERATED WITH  |   | Bensadalle Louis   |    |   |        |
| RELATIONSHIP TO ABOVE  |   |  |    |   |        |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |   | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NICE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |    | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify)<br><u>Lodger</u> |        |

Form 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCORN-DC 1910-901

|                         |        |                  |           |            |    |
|-------------------------|--------|------------------|-----------|------------|----|
| R240                    |        | HEAD OF FAMILY   |           | LOUISIANA  |    |
| COLOR                   | B      | AGE              | 33        | BIRTHPLACE |    |
|                         |        | Roussell, Joseph |           | E.O.       | 27 |
|                         |        |                  |           | SHEET      | 25 |
| COUNTY                  |        |                  | Jefferson | CITY       |    |
| OTHER MEMBERS OF FAMILY |        |                  |           |            |    |
| NAME                    |        | RELATIONSHIP     | AGE       | BIRTHPLACE |    |
| 1                       | Mary   | w                | 23        |            |    |
|                         | Elvina | dc               | 12        |            |    |
|                         |        |                  |           |            |    |
|                         |        |                  |           |            |    |
|                         |        |                  |           |            |    |
|                         |        |                  |           |            |    |
|                         |        |                  |           |            |    |
|                         |        |                  |           |            |    |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |     |                    |      |           |  |
|--|-----|--------------------|------|-----------|--|
| R240   |     | NAME OF INDIVIDUAL |      | LOUISIANA |  |
| COLOR  | AGE | BIRTHPLACE         | E.D. | SHEET     |  |
| W  | 72  | Car                | 57   | 15        |  |
| COUNTY   |     | CITY               |      |           |  |
| Jackson  |     | Chatham            |      |           |  |
| ENUMERATED WITH  |     |                    |      |           |  |
| Russell, James   |     |                    |      |           |  |
| RELATIONSHIP TO ABOVE  |     |                    |      |           |  |
| <input checked="" type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE<br><input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW<br><input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |     |                    |      |           |  |

FORM 10-637 (10-22-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCENS-DC 16195-P61

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R248                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| W                       | 43  |                |     | 114        | 25    |
| COUNTY                  |     | St. Landry     |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Virginia                |     | W              | 44  |            |       |
| Rosa                    |     | N              | 18  |            |       |
| Roberta                 |     | N              | 16  |            |       |
| Shammyan                |     | S              | 25  |            |       |
| Cecile                  |     | N              | 13  |            |       |
| John                    |     | S              | 10  |            |       |
| Mary                    |     | N              | 6   |            |       |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

HEAD OF FAMILY - CONTINUED

LOUISIANA

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME                     | RELATION-<br>SHIP | AGE       | BIRTHPLACE |
|--------------------------|-------------------|-----------|------------|
| <i>Hullary, Harriett</i> | <i>M</i>          | <i>74</i> |            |
|                          |                   |           |            |
|                          |                   |           |            |
|                          |                   |           |            |
|                          |                   |           |            |
|                          |                   |           |            |
|                          |                   |           |            |
|                          |                   |           |            |
|                          |                   |           |            |
|                          |                   |           |            |
|                          |                   |           |            |

FORM 10-436a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 1910B-P01

|  |     |  |  |  |       |
|--|-----|--|--|--|-------|
| R 246  |     | NAME OF INDIVIDUAL   |  | LOUISIANA  |       |
| COLOR  | Age | BIRTHPLACE   |  | E.D.   | SHEET |
| mul  | 20  |  |  | 110  | 7     |
| COUNTY   |     | St. Landry   |  | CITY   |       |
| ENUMERATED WITH  |     |  |  |  |       |
| Rachelle Johnie  |     |  |  |  |       |
| RELATIONSHIP TO ABOVE  |     |  |  |  |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input checked="" type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |       |

FORM 16-637 (4-22-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |                |                   |                        |            |           |
|-------------------------|----------------|-------------------|------------------------|------------|-----------|
| <i>R340</i>             | HEAD OF FAMILY |                   | <i>Russell Joseph.</i> |            | LOUISIANA |
| COLOR                   | AGE            | BIRTHPLACE        | E.D.                   | SHEET      |           |
| <i>B</i>                | <i>30</i>      |                   | <i>49</i>              | <i>9</i>   |           |
| COUNTY                  |                | <i>Plaquemine</i> |                        | CITY       |           |
| OTHER MEMBERS OF FAMILY |                |                   |                        |            |           |
| NAME                    |                | RELATIONSHIP      | AGE                    | BIRTHPLACE |           |
| <i>1 Rose</i>           |                | <i>w</i>          | <i>27</i>              |            |           |
| <i>Randall Paul</i>     |                | <i>S.S.</i>       | <i>7</i>               |            |           |
| <i>2 Conn.</i>          |                |                   |                        |            |           |
|                         |                |                   |                        |            |           |
|                         |                |                   |                        |            |           |
|                         |                |                   |                        |            |           |
|                         |                |                   |                        |            |           |

FORM 18-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |                      |  |         |  |    |
|--|----------------------|--|---------|--|----|
| R240   |                      | NAME OF INDIVIDUAL   |         | LOUISIANA  |    |
| COLOR  | B                    | AGE  | 22      | E.D.   | 77 |
|  |                      | BIRTHPLACE   | SHEET 8 |  |    |
| COUNTY   | St. John the Baptist |  | CITY    |  |    |
| ENUMERATED WITH  |                      |  |         |  |    |
| Thomas, Robert   |                      |  |         |  |    |
| RELATIONSHIP TO ABOVE  |                      |  |         |  |    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                      | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input checked="" type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |         | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |    |

FORM 16-537 (4-30-51)

1918 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-OC 18108-P61

|                         |     |                      |     |            |       |
|-------------------------|-----|----------------------|-----|------------|-------|
| R 240                   |     | HEAD OF FAMILY       |     | LOUISIANA  |       |
| Russell                 |     | Joseph               |     | E.D.       | SHEET |
| COLOR                   | AGE | BIRTHPLACE           |     | 82         | 14    |
| B                       | 55  |                      |     |            |       |
| COUNTY                  |     | St. John the Baptist |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |     |                      |     |            |       |
| NAME                    |     | RELATIONSHIP         | AGE | BIRTHPLACE |       |
| Elizabeth               |     | W                    | 50  |            |       |
|                         |     |                      |     |            |       |
|                         |     |                      |     |            |       |
|                         |     |                      |     |            |       |
|                         |     |                      |     |            |       |
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|                         |     |                      |     |            |       |

FORM 10-630 (4-20-51)

1930 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |     |                    |  |           |       |
|--|-----|--------------------|--|-----------|-------|
| R 246  |     | NAME OF INDIVIDUAL |  | LOUISIANA |       |
|  |     | Kogillis, Joseph   |  | E.O.      | SHEET |
| COLOR  | AGE | BIRTH PLACE        |  | 3         | 26    |
| W  | 87  |                    |  |           |       |
| COUNTRY  |     | Caldwell           |  | CITY      |       |
| ENUMERATED WITH  |     |                    |  |           |       |
| Kogillis Joseph B.   |     |                    |  |           |       |
| RELATIONSHIP TO ABOVE  |     |                    |  |           |       |
| <input checked="" type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE<br><input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW<br><input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |     |                    |  |           |       |

FORM 16-517 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18159-P-61

|  |  |  |                    |                   |  |
|--|--|--|--------------------|-------------------|--|
| K340                                   |  | NAME OF INDIVIDUAL<br><i>Rachel Joseph</i> |                    | LOUISIANA         |  |
| COLOR<br><i>B</i>                      | AGE<br><i>21</i>                         | BIRTHPLACE                                 | E.D.<br><i>124</i> | SHEET<br><i>7</i> |  |
| COUNTY                                 |  | CITY<br><i>Winn</i>                        |                    |                   |  |
| ENUMERATED WITH<br><i>Linka, Grant</i> |  |  |                    |                   |  |
| RELATIONSHIP TO ABOVE                  |  |  |                    |                   |  |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE            |                    |                   |  |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE             |                    |                   |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |                    |                   |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER |                    |                   |  |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |                    |                   |  |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |                    |                   |  |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW  |  |                    |                   |  |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW   |  |                    |                   |  |

FORM 10-427 (4-22-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                                |            |                        |             |                   |              |
|--------------------------------|------------|------------------------|-------------|-------------------|--------------|
| <b>R240</b>                    |            | <b>HEAD OF FAMILY</b>  |             | <b>LOUISIANA</b>  |              |
| <b>COLOR</b>                   | <b>AGE</b> | <b>BIRTHPLACE</b>      |             | <b>E.D.</b>       | <b>SHEET</b> |
| <i>W</i>                       | <i>54</i>  | <i>Rachel Joseph B</i> |             | <i>81</i>         | <i>6</i>     |
| <b>COUNTY</b>                  |            |                        | <b>CITY</b> |                   |              |
| <i>Natchitoches</i>            |            |                        |             |                   |              |
| <b>OTHER MEMBERS OF FAMILY</b> |            |                        |             |                   |              |
| <b>NAME</b>                    |            | <b>RELATIONSHIP</b>    | <b>AGE</b>  | <b>BIRTHPLACE</b> |              |
| <i>Jefferson</i>               |            | <i>B</i>               | <i>50</i>   |                   |              |
| <i>Josephine</i>               |            | <i>NI</i>              | <i>21</i>   |                   |              |
|                                |            |                        |             |                   |              |
|                                |            |                        |             |                   |              |
|                                |            |                        |             |                   |              |
|                                |            |                        |             |                   |              |
|                                |            |                        |             |                   |              |
|                                |            |                        |             |                   |              |

FORM 10-436 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |            |                    |
|-------------------------|---|----------------|-----|------------|--------------------|
| R240                    |   | HEAD OF FAMILY |     | LOUISIANA  |                    |
| COLOR                   | W | AGE            | 25  | BIRTHPLACE | Regillia, Joseph B |
| COUNTY                  |   | Caldwell       |     | CITY       |                    |
| OTHER MEMBERS OF FAMILY |   |                |     |            |                    |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |                    |
| / Octavia               |   | W              | 28  |            |                    |
| Joseph                  |   | F              | 87  |            |                    |
|                         |   |                |     |            |                    |
|                         |   |                |     |            |                    |
|                         |   |                |     |            |                    |
|                         |   |                |     |            |                    |
|                         |   |                |     |            |                    |
|                         |   |                |     |            |                    |

Form 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

| R240                    | HEAD OF FAMILY <i>Rachel Joseph C</i> |            | E.D. <i>93</i>        | SHEET <i>10</i> |
|-------------------------|---------------------------------------|------------|-----------------------|-----------------|
| COLOR <i>Green</i>      | AGE <i>58</i>                         | BIRTHPLACE |                       |                 |
| COUNTY <i>Y</i>         | St. Mary                              |            | CITY <i>Patterson</i> |                 |
| OTHER MEMBERS OF FAMILY |                                       |            |                       |                 |
| NAME                    | RELATIONSHIP                          | AGE        | BIRTHPLACE            |                 |
| <i>Mary</i>             | <i>W</i>                              | <i>32</i>  |                       |                 |
| <i>William</i>          | <i>S</i>                              | <i>19</i>  |                       |                 |
| <i>Louise</i>           | <i>D</i>                              | <i>17</i>  |                       |                 |
| <i>Josephine</i>        | <i>D</i>                              | <i>14</i>  |                       |                 |
| <i>Carillo</i>          | <i>D</i>                              | <i>19</i>  |                       |                 |
|                         |                                       |            |                       |                 |
|                         |                                       |            |                       |                 |

FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



LOUISIANA

|  |  |  |  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|--|------------|------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|--|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R240   |  | NAME OF INDIVIDUAL<br>Roussel, Joseph E  |  | E.O.<br>39 | SHEET<br>7 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br>W   | AGE<br>4/12                              | BIRTHPLACE                               |  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br>Lafourche  |  | CITY                                     |  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br>Gaudet, Charles   |  |  |  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> INMATE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input checked="" type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> |  |  |  |            |            | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 16-537 (4-25-51)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 10100-751

|                         |              |                      |            |
|-------------------------|--------------|----------------------|------------|
|                         |              | LOUISIANA            |            |
| R 245                   |              | HEAD OF FAMILY       | E.O. 35    |
| Kagland, Joseph M       |              | SHEET 20             |            |
| COLOR<br>W              | AGE<br>30    | BIRTHPLACE<br>Texas  |            |
| COUNTY<br>Calcasieu     |              | CITY<br>Lake Charles |            |
| OTHER MEMBERS OF FAMILY |              |                      |            |
| NAME                    | RELATIONSHIP | AGE                  | BIRTHPLACE |
| / Passye W              |              | 29                   | Tex        |
| / Joseph M, Jr          |              | 13                   |            |
|                         |              |                      |            |
|                         |              |                      |            |
|                         |              |                      |            |
|                         |              |                      |            |
|                         |              |                      |            |
|                         |              |                      |            |

FORM 16-636 (4-26-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                                     |                    |      | LOUISIANA  |             |
|-------------------------|-------------------------------------|--------------------|------|------------|-------------|
| R240                    | HEAD OF FAMILY<br>Russell Joseph O. |                    |      | E.D.<br>30 | SHEET<br>27 |
| COLOR<br>W              | AGE<br>43                           | BIRTHPLACE<br>Ark. |      |            |             |
| COUNTY<br>Calcasieu     |                                     |                    | CITY |            |             |
| OTHER MEMBERS OF FAMILY |                                     |                    |      |            |             |
| NAME                    |                                     | RELATIONSHIP       | AGE  | BIRTHPLACE |             |
|                         | Mary M.                             | W                  | 40   | Texas      |             |
|                         | Josephine                           | D                  | 15   | Texas      |             |
|                         | Joseph W.                           | S                  | 10   |            |             |
|                         | Claude C.                           | S                  | 9    |            |             |
|                         | Rena M.                             | D                  | 6    |            |             |
|                         | Harvey W.                           | S                  | 3    | Texas      |             |
|                         |                                     |                    |      |            |             |

|                         |                | LOUISIANA                   |                  |
|-------------------------|----------------|-----------------------------|------------------|
| R240                    | HEAD OF FAMILY | Russell Joseph P            | E.D. 17 SHEET 14 |
| COLOR<br>W              | AGE<br>60      | BIRTHPLACE<br>Aust - German |                  |
| COUNTY<br>Iberia        |                | CITY<br>New Iberia          |                  |
| OTHER MEMBERS OF FAMILY |                |                             |                  |
| NAME                    |                | RELATIONSHIP                | AGE BIRTHPLACE   |
| / Kate F                |                | W                           | 56 Wa            |
| Henrietta               |                | W                           | 18               |
| Elizabeth Sarah L       |                | M L                         | 76 Va            |
|                         |                |                             |                  |
|                         |                |                             |                  |
|                         |                |                             |                  |
|                         |                |                             |                  |

FORM 16-636 (2-22-21)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|                         |                                     |                   |            |            |
|-------------------------|-------------------------------------|-------------------|------------|------------|
| R240                    | HEAD OF FAMILY<br>Russell Joseph D. |                   | E.O.<br>32 | SHEET<br>3 |
| COLOR<br>W              | AGE<br>28                           | BIRTHPLACE<br>Mo. |            |            |
| COUNTY<br>Calcasieu     |                                     | CITY<br>Welsh     |            |            |
| OTHER MEMBERS OF FAMILY |                                     |                   |            |            |
| NAME                    |                                     | RELATIONSHIP      | AGE        | BIRTHPLACE |
| Jellie E.               |                                     | W                 | 22         | Mo.        |
| Oda R.                  |                                     | D                 | 4          |            |
| Ralph E.                |                                     | S                 | 2          |            |
|                         |                                     |                   |            |            |
|                         |                                     |                   |            |            |
|                         |                                     |                   |            |            |
|                         |                                     |                   |            |            |
|                         |                                     |                   |            |            |

FORM 18-636 (4-28-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

R 230

LOUISIANA

|                         |   |                 |              |            |            |       |  |
|-------------------------|---|-----------------|--------------|------------|------------|-------|--|
| <del>144</del>          |   | HEAD OF FAMILY  |              | E.D.       |            | SHEET |  |
|                         |   | Rosket Joseph W |              | 33         |            | 15    |  |
| COLOR                   | W | AGE             | 48           | BIRTHPLACE |            |       |  |
| COUNTY                  |   |                 | Calcasieu    |            | CITY       |       |  |
| OTHER MEMBERS OF FAMILY |   |                 |              |            |            |       |  |
| NAME                    |   |                 | RELATIONSHIP | AGE        | BIRTHPLACE |       |  |
| Grace                   |   |                 | W            | 38         |            |       |  |
| Harry                   |   |                 | S            | 20         |            |       |  |
| Charlie                 |   |                 | S            | 18         |            |       |  |
| Grace                   |   |                 | D            | 15         |            |       |  |
| Albert                  |   |                 | S            | 13         |            |       |  |
| Paul                    |   |                 | S            | 12         |            |       |  |

FORM 16-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |  |   |       |
|--|--|---|-------|
| R240                                   | NAME OF INDIVIDUAL                       | E.O.  | SHEET |
|  | Rachal Josephine                         | 80  | 22    |
| COLOR                                  | AGE                                      | BIRTHPLACE                                  |       |
| W                                      | 35                                       |   |       |
| COUNTY                                 | CITY                                     |   |       |
|  | Rapides                                  | Alexandria                                  |       |
| ENUMERATED WITH                        |  |   |       |
| Brown Casser                           |  |   |       |
| RELATIONSHIP TO ABOVE                  |  |   |       |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDOW              |       |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE              |       |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT            |       |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER             |       |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW      | <input checked="" type="checkbox"/> SERVANT |       |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)    |       |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW  |   |       |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW   |   |       |

FORM 10-437 (4-22-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1970 CENSUS INDEX - INDIVIDUAL

USCOMM-PC 1970-P01

LOUISIANA

|  |  |  |      |            |            |
|--|--|--|------|------------|------------|
| R240                                       |  | NAME OF INDIVIDUAL<br><i>Rachel, Josephine</i> |      | E.O.<br>81 | SHEET<br>6 |
| COLOR<br>W                                 | AGE<br>21                                | BIRTHPLACE                                     |      |            |            |
| COUNTY<br><i>Natchitoches</i>              | <i>Natchitoches</i>                      |  | CITY |            |            |
| ENUMERATED WITH<br><i>Rachel, Joseph B</i> |  |  |      |            |            |
| RELATIONSHIP TO ABOVE                      |  |  |      |            |            |
| <input type="checkbox"/> FATHER            | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                |      |            |            |
| <input type="checkbox"/> MOTHER            | <input checked="" type="checkbox"/> WIFE | <input type="checkbox"/> NURSE                 |      |            |            |
| <input type="checkbox"/> GRANDFATHER       | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT               |      |            |            |
| <input type="checkbox"/> GRANDMOTHER       | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                |      |            |            |
| <input type="checkbox"/> GRANDSON          | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT               |      |            |            |
| <input type="checkbox"/> GRANDDAUGHTER     | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)       |      |            |            |
| <input type="checkbox"/> AUNT              | <input type="checkbox"/> BROTHER-IN-LAW  |  |      |            |            |
| <input type="checkbox"/> UNCLE             | <input type="checkbox"/> SISTER-IN-LAW   |  |      |            |            |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U. S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

165000-DC 1910-PS-1



|   |  |   |  |           |            |             |
|---|--|---|--|-----------|------------|-------------|
| R-240                                   |  | NAME OF INDIVIDUAL<br><i>Samuel Josephine</i> |  | LOUISIANA | E.D.<br>52 | SHEET<br>30 |
| COLOR<br><i>Ym</i>                      | AGE<br><i>40</i>                         | BIRTHPLACE                                    |  |           |            |             |
| COUNTY<br><b>Plaquemines</b>            |  | CITY  |  |           |            |             |
| ENUMERATED WITH<br><i>Agnes, Mother</i> |  |   |  |           |            |             |
| RELATIONSHIP TO ABOVE                   |  |   |  |           |            |             |
| <input type="checkbox"/> FATHER         | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> MATE                 |  |           |            |             |
| <input type="checkbox"/> MOTHER         | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                |  |           |            |             |
| <input type="checkbox"/> GRANDFATHER    | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT              |  |           |            |             |
| <input type="checkbox"/> GRANDMOTHER    | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER               |  |           |            |             |
| <input type="checkbox"/> GRANDSON       | <input type="checkbox"/> SON-IN-LAW      | <input checked="" type="checkbox"/> SERVANT   |  |           |            |             |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)      |  |           |            |             |
| <input type="checkbox"/> AUNT           | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |           |            |             |
| <input type="checkbox"/> UNCLE          | <input type="checkbox"/> SISTER-IN-LAW   |   |  |           |            |             |

Form 10-437 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|   |   |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|---|--|------------|-------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R240  | NAME OF INDIVIDUAL<br><i>Rachel Jones</i> |  | E.O.<br>79 | SHEET<br>14 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br>W  | AGE<br>35                                 | BIRTHPLACE                                 |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br>Rapides   | CITY<br><i>Alexandria</i>                 |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>McNeill, Thomas I</i>   |   |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |   |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |   |  |            |             | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW           | <input type="checkbox"/> INMATE            |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE            | <input type="checkbox"/> NURSE             |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW    | <input type="checkbox"/> PATIENT           |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW    | <input checked="" type="checkbox"/> ROOMER |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW       | <input type="checkbox"/> SERVANT           |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW  | <input type="checkbox"/> OTHER (Specify)   |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW   |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW    |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1930 CENSUS INDEX - INDIVIDUAL

USCENS-DC (1010-7-61)

LOUISIANA

|                         |                  |                  |                     |                        |           |       |          |
|-------------------------|------------------|------------------|---------------------|------------------------|-----------|-------|----------|
| <i>B240</i>             | HEAD OF FAMILY   |                  | <i>Rachal Jules</i> | E.O.                   | <i>18</i> | SHEET | <i>2</i> |
| COLOR<br><i>W</i>       | AGE<br><i>27</i> | BIRTHPLACE       |                     |                        |           |       |          |
| COUNTY                  |                  | <i>Avoyelles</i> |                     | CITY<br><i>Hessmer</i> |           |       |          |
| OTHER MEMBERS OF FAMILY |                  |                  |                     |                        |           |       |          |
| NAME                    |                  | RELATIONSHIP     | AGE                 | BIRTHPLACE             |           |       |          |
| <i>Mary</i>             |                  | <i>w</i>         | <i>20</i>           |                        |           |       |          |
| <i>Corine</i>           |                  | <i>d</i>         | <i>3</i>            |                        |           |       |          |
|                         |                  |                  |                     |                        |           |       |          |
|                         |                  |                  |                     |                        |           |       |          |
|                         |                  |                  |                     |                        |           |       |          |
|                         |                  |                  |                     |                        |           |       |          |
|                         |                  |                  |                     |                        |           |       |          |
|                         |                  |                  |                     |                        |           |       |          |

FORM 16-636 (4-22-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |  |  |  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|--|------------|------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R240   |  | NAME OF INDIVIDUAL<br>Ramsell, Julia       |  | E.D.<br>78 | SHEET<br>8 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br>W   | AGE<br>65                                | BIRTHPLACE                                 |  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br>St. John the Baptist   |  | CITY                                       |  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br>Thomas, Julia   |  |  |  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> INMATE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input checked="" type="checkbox"/> SPOUSE</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> |  |  |  |            |            | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> SPOUSE | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE            |  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE             |  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> SPOUSE |  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 16-637 (4-29-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 16199-P61

LOUISIANA

|  |                  |   |  |   |                    |
|--|------------------|---|--|---|--------------------|
| R240   |                  | NAME OF INDIVIDUAL<br><i>Russell Julian G.</i>  |  | E.O.<br><i>98</i>   | SHEET<br><i>22</i> |
| COLOR<br><i>W</i>  | AGE<br><i>24</i> | BIRTHPLACE  |  |   |                    |
| COUNTY<br><i>St. Tammany</i>   |                  | CITY  |  |   |                    |
| ENUMERATED WITH<br><i>Betty Louise G.</i>  |                  |   |  |   |                    |
| RELATIONSHIP TO ABOVE  |                  |   |  |   |                    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> DEBATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify)<br><hr/> |                    |

FORM 16-437 (4-29-51)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18109-P01

LOUISIANA

|                         |                |              |      |            |
|-------------------------|----------------|--------------|------|------------|
| R 242                   | HEAD OF FAMILY |              | E.O. | SHEET      |
|                         | Regulus Julia  |              | 38   | 12         |
| COLOR                   | AGE            | BIRTHPLACE   |      |            |
| W                       | 40             |              |      |            |
| COUNTY                  |                | CITY         |      |            |
| East Feliciana          |                |              |      |            |
| OTHER MEMBERS OF FAMILY |                |              |      |            |
|                         | NAME           | RELATIONSHIP | AGE  | BIRTHPLACE |
|                         | Robert         | S            | 20   |            |
|                         | Joseph C.      | S            | 17   |            |
|                         | Pete           | S            | 14   |            |
|                         | Jesse          | S            | 18   |            |
|                         | Butner         | U            | 12   |            |
|                         | Frank          | S            | 16   |            |
|                         | Emmett         | S            | 8    |            |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



LOUISIANA

|                         |  |                |  |                     |     |            |       |
|-------------------------|--|----------------|--|---------------------|-----|------------|-------|
| R242                    |  | HEAD OF FAMILY |  | Rozillis, Julian C. |     | E.O.       | SHEET |
| COLOR                   |  | AGE            |  | BIRTHPLACE          |     | 30         | 4     |
| W                       |  | 22             |  |                     |     |            |       |
| COUNTY                  |  |                |  | CITY                |     |            |       |
| East Baton Rouge        |  |                |  |                     |     |            |       |
| OTHER MEMBERS OF FAMILY |  |                |  |                     |     |            |       |
| NAME                    |  |                |  | RELATIONSHIP        | AGE | BIRTHPLACE |       |
| Eve B.                  |  |                |  | W                   | 20  |            |       |
| not named               |  |                |  | 19                  | 1/2 |            |       |
|                         |  |                |  |                     |     |            |       |
|                         |  |                |  |                     |     |            |       |
|                         |  |                |  |                     |     |            |       |
|                         |  |                |  |                     |     |            |       |
|                         |  |                |  |                     |     |            |       |
|                         |  |                |  |                     |     |            |       |
|                         |  |                |  |                     |     |            |       |



## LOUISIANA

|   |  |  |             |
|---|--|--|-------------|
| B240                                      | NAME OF INDIVIDUAL<br><i>Rachale Julie</i> | E.O.<br>91                               | SHEET<br>24 |
| COLOR<br><i>W</i>                         | AGE<br><i>65</i>                           | BIRTHPLACE                               |             |
| COUNTY<br><i>Natchitoches</i>             | CITY                                       |  |             |
| ENUMERATED WITH<br><i>Rachale, August</i> |  |  |             |
| RELATIONSHIP TO ABOVE                     |  |  |             |
| <input type="checkbox"/> FATHER           | <input type="checkbox"/> NEPHEW            | <input type="checkbox"/> INMATE          |             |
| <input type="checkbox"/> MOTHER           | <input type="checkbox"/> NIECE             | <input type="checkbox"/> NURSE           |             |
| <input type="checkbox"/> GRANDFATHER      | <input type="checkbox"/> FATHER-IN-LAW     | <input type="checkbox"/> PATIENT         |             |
| <input type="checkbox"/> GRANDMOTHER      | <input type="checkbox"/> MOTHER-IN-LAW     | <input type="checkbox"/> ROOMER          |             |
| <input type="checkbox"/> GRANDSON         | <input type="checkbox"/> SON-IN-LAW        | <input type="checkbox"/> SERVANT         |             |
| <input type="checkbox"/> GRANDDAUGHTER    | <input type="checkbox"/> DAUGHTER-IN-LAW   | <input type="checkbox"/> OTHER (Specify) |             |
| <input type="checkbox"/> AUNT             | <input type="checkbox"/> BROTHER-IN-LAW    |  |             |
| <input type="checkbox"/> UNCLE            | <input type="checkbox"/> SISTER-IN-LAW     |  |             |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P01

LOUISIANA

|                         |                |              |               |            |       |
|-------------------------|----------------|--------------|---------------|------------|-------|
| R 240                   | HEAD OF FAMILY |              | Rachal Julius | E.D.       | SHEET |
|                         |                |              |               | 93         | 4     |
| COLOR                   | AGE            | BIRTHPLACE   |               |            |       |
| W                       | 30             |              |               |            |       |
| COUNTY                  | Natchitoches   |              |               | CITY       |       |
| OTHER MEMBERS OF FAMILY |                |              |               |            |       |
| NAME                    |                | RELATIONSHIP | AGE           | BIRTHPLACE |       |
| Lacasse Lem             |                | W            | 20            |            |       |
| Lacasse                 |                | Hi           | 2             |            |       |
|                         |                |              |               |            |       |
|                         |                |              |               |            |       |
|                         |                |              |               |            |       |
|                         |                |              |               |            |       |
|                         |                |              |               |            |       |
|                         |                |              |               |            |       |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|                         |  |                |              |                 |            |      |       |
|-------------------------|--|----------------|--------------|-----------------|------------|------|-------|
| R 240                   |  | HEAD OF FAMILY |              | Rachel Julius M |            | E.D. | SHEET |
| W                       |  | 60             | 93 3         |                 |            |      |       |
| COLOR                   |  | AGE            | BIRTHPLACE   |                 |            |      |       |
| COUNTY                  |  | Matchitoches   |              |                 | CITY       |      |       |
| OTHER MEMBERS OF FAMILY |  |                |              |                 |            |      |       |
| NAME                    |  |                | RELATIONSHIP | AGE             | BIRTHPLACE |      |       |
| 1 Euphaus               |  |                | W            | 57              |            |      |       |
| Spellway Julia S        |  |                | D            | 33              |            |      |       |
| 1 Maria                 |  |                | G.D.         | 15              |            |      |       |
| 1 Adeun                 |  |                | G.S.         | 12              |            |      |       |
| 1 Oliver                |  |                | G.S.         | 9               |            |      |       |
| Rachel Massellato       |  |                | D            | 22              |            |      |       |
| Arasside                |  |                | D            | 22              |            |      |       |

Form 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME            | RELATION-<br>SHIP | AGE       | BIRTHPLACE |
|-----------------|-------------------|-----------|------------|
| <i>I Thorow</i> | <i>5</i>          | <i>17</i> |            |
|                 |                   |           |            |
|                 |                   |           |            |
|                 |                   |           |            |
|                 |                   |           |            |
|                 |                   |           |            |
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|                 |                   |           |            |
|                 |                   |           |            |
|                 |                   |           |            |

FORM 10-436a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 15100-P61

LOUISIANA

|  |           |   |  |  |            |
|--|-----------|---|--|--|------------|
| R240   |           | NAME OF INDIVIDUAL<br><i>Ramsey, Julia</i>  |  | E.D.<br>78   | SHEET<br>8 |
| COLOR<br><i>W</i>  | AGE<br>65 | BIRTHPLACE  |  |  |            |
| COUNTY<br>St. John the Baptist   | CITY      |   |  |  |            |
| ENUMERATED WITH<br><i>Thomas, Julia</i>  |           |   |  |  |            |
| RELATIONSHIP TO ABOVE  |           |   |  |  |            |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |           | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify)<br><hr/> |            |

FORM 16-637 (6-22-67)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1916 CENSUS INDEX - INDIVIDUAL

USCOM-DC 16156-P81

LOUISIANA

|   |  |  |  |                   |                    |
|---|--|--|--|-------------------|--------------------|
| R240                                      |  | NAME OF INDIVIDUAL<br><i>Russell Julian W.</i> |  | E.O.<br><i>98</i> | SHEET<br><i>22</i> |
| COLOR<br><i>W</i>                         | AGE<br><i>24</i>                         | BIRTHPLACE                                     |  |                   |                    |
| COUNTY<br><i>St. Tammany</i>              |  | CITY   |  |                   |                    |
| ENUMERATED WITH<br><i>Betty Lewis Jr.</i> |  |  |  |                   |                    |
| RELATIONSHIP TO ABOVE                     |  |  |  |                   |                    |
| <input type="checkbox"/> FATHER           | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                |  |                   |                    |
| <input type="checkbox"/> MOTHER           | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                 |  |                   |                    |
| <input type="checkbox"/> GRANDFATHER      | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT               |  |                   |                    |
| <input type="checkbox"/> GRANDMOTHER      | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                |  |                   |                    |
| <input type="checkbox"/> GRANDSON         | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT               |  |                   |                    |
| <input type="checkbox"/> GRANDDAUGHTER    | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)       |  |                   |                    |
| <input type="checkbox"/> AUNT             | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |                   |                    |
| <input type="checkbox"/> UNCLE            | <input type="checkbox"/> SISTER-IN-LAW   |  |  |                   |                    |

FORM 10-637 (4-29-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18199-P81

LOUISIANA

|                         |                |            |            |       |
|-------------------------|----------------|------------|------------|-------|
| R 242                   | HEAD OF FAMILY |            | E.D.       | SHEET |
|                         | Regulus Julia  |            | 38         | 12    |
| COLOR                   | AGE            | BIRTHPLACE |            |       |
| W                       | 40             |            |            |       |
| COUNTY                  |                | CITY       |            |       |
| East Feliciana          |                |            |            |       |
| OTHER MEMBERS OF FAMILY |                |            |            |       |
| NAME                    | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Robert                  | S              | 20         |            |       |
| Joseph C.               | S              | 17         |            |       |
| Pete                    | S              | 14         |            |       |
| Jessie                  | S              | 18         |            |       |
| Batman                  | U              | 12         |            |       |
| Frank                   | S              | 16         |            |       |
| Emmett                  | S              | 8          |            |       |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME   | RELATIONSHIP | AGE | BIRTHPLACE |
|--------|--------------|-----|------------|
| Willie | S            | 7   |            |
| John   | S            | 5   |            |
|        |              |     |            |
|        |              |     |            |
|        |              |     |            |
|        |              |     |            |
|        |              |     |            |
|        |              |     |            |
|        |              |     |            |
|        |              |     |            |

FORM 18-636a (4-20-61)

1918 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18100-P61



|                         |                  |                |     |            |  |
|-------------------------|------------------|----------------|-----|------------|--|
| R242                    |                  | HEAD OF FAMILY |     | LOUISIANA  |  |
| Rogillie, Julian E.     |                  | E.D.           |     | SHEET      |  |
| COLOR                   | W                | AGE            | 33  | BIRTHPLACE |  |
| COUNTY                  | East Baton Rouge |                |     | CITY       |  |
| OTHER MEMBERS OF FAMILY |                  |                |     |            |  |
| NAME                    |                  | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| Eugene B.               |                  | W              | 28  |            |  |
| not named               |                  | 10             | 1/2 |            |  |
|                         |                  |                |     |            |  |
|                         |                  |                |     |            |  |
|                         |                  |                |     |            |  |
|                         |                  |                |     |            |  |
|                         |                  |                |     |            |  |
|                         |                  |                |     |            |  |

Form 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|---|--|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| <b>B246</b>  | NAME OF INDIVIDUAL<br><i>Rachale, Julie</i> |  | E.D.<br><i>91</i> | SHEET<br><i>24</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>W</i>  | AGE<br><i>63</i>                            | BIRTHPLACE                               |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>Natchitoches</i>  |   | CITY                                     |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Rachale, August</i>  |   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |   |  |                   |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW             | <input type="checkbox"/> INMATE          |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE              | <input type="checkbox"/> NURSE           |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW      | <input type="checkbox"/> PATIENT         |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW      | <input type="checkbox"/> ROOMER          |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW         | <input type="checkbox"/> SERVANT         |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW    | <input type="checkbox"/> OTHER (Specify) |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW     |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW      |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 16-627 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 16100-P61

|                         |                              | LOUISIANA    |            |
|-------------------------|------------------------------|--------------|------------|
| R 240                   | HEAD OF FAMILY Rachel Julius |              | E.O. 93    |
| COLOR W                 | AGE 30                       | BIRTHPLACE   |            |
| COUNTY Natchitoches     |                              | CITY         |            |
| OTHER MEMBERS OF FAMILY |                              |              |            |
| NAME                    |                              | RELATIONSHIP | BIRTHPLACE |
| / Lacen Leon            |                              | W            | 20         |
| / Elmer                 |                              | Hi           | 2          |
|                         |                              |              |            |
|                         |                              |              |            |
|                         |                              |              |            |
|                         |                              |              |            |
|                         |                              |              |            |
|                         |                              |              |            |

FORM 16-636 (4-26-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|                         |  |                |              |                 |            |      |       |
|-------------------------|--|----------------|--------------|-----------------|------------|------|-------|
| R 240                   |  | HEAD OF FAMILY |              | Rachel Julius M |            | E.D. | SHEET |
| COLOR                   |  | AGE            | BIRTHPLACE   |                 |            |      |       |
| W                       |  | 60             |              |                 |            |      |       |
| COUNTY                  |  |                | Natchitoches |                 | CITY       |      |       |
| OTHER MEMBERS OF FAMILY |  |                |              |                 |            |      |       |
| NAME                    |  |                | RELATIONSHIP | AGE             | BIRTHPLACE |      |       |
| 1 Euphaus               |  |                | W            | 57              |            |      |       |
| Spellway Julia S        |  |                | D            | 33              |            |      |       |
| 1 Maria                 |  |                | GD           | 15              |            |      |       |
| Aden                    |  |                | G.S.         | 12              |            |      |       |
| Oliver                  |  |                | G.S.         | 9               |            |      |       |
| Rachel Massella         |  |                | D            | 22              |            |      |       |
| Araside                 |  |                | D            | 22              |            |      |       |

FORM 16-436 (4-22-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

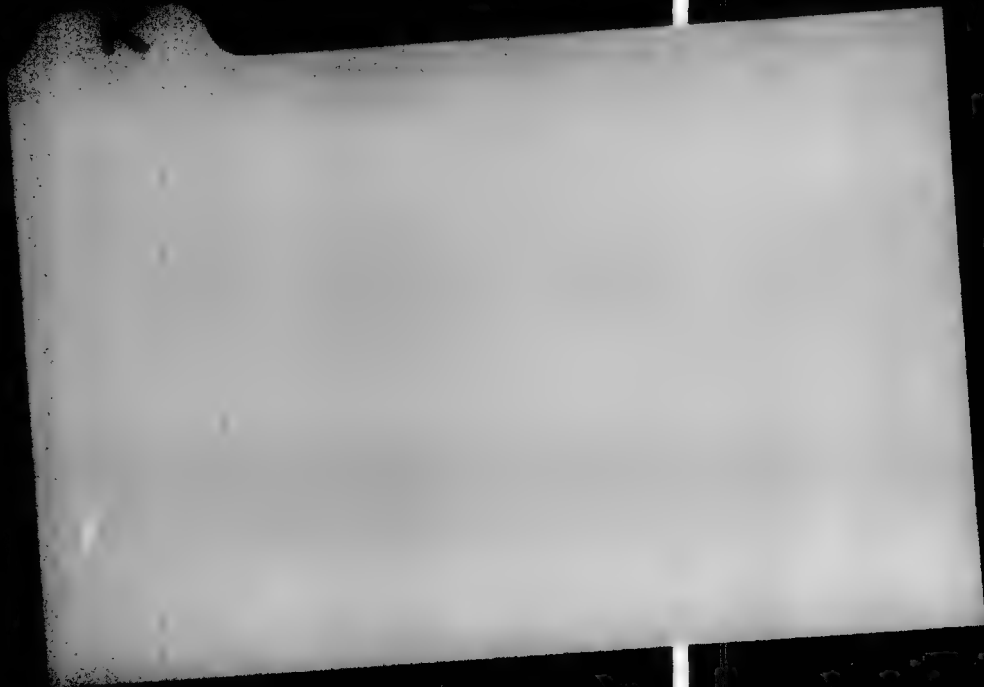
| NAME            | RELATION-<br>SHIP | AGE       | BIRTHPLACE |
|-----------------|-------------------|-----------|------------|
| <i>I Morrow</i> | <i>S</i>          | <i>17</i> |            |
|                 |                   |           |            |
|                 |                   |           |            |
|                 |                   |           |            |
|                 |                   |           |            |
|                 |                   |           |            |
|                 |                   |           |            |
|                 |                   |           |            |
|                 |                   |           |            |
|                 |                   |           |            |
|                 |                   |           |            |

FORM 18-636a (4-20-61)

1918 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMB-DC 18100-P61



|                         |   |                |     |                   |  |           |     |
|-------------------------|---|----------------|-----|-------------------|--|-----------|-----|
| R 240                   |   | HEAD OF FAMILY |     | ROCHELLE, Kenneth |  | LOUISIANA |     |
| COLOR                   | W | AGE            | 52  | BIRTHPLACE        |  | E.O.      | 110 |
|                         |   |                |     |                   |  | SHEET     | 33  |
| COUNTY                  |   |                |     | Terrebonne        |  | CITY      |     |
| OTHER MEMBERS OF FAMILY |   |                |     |                   |  |           |     |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE        |  |           |     |
| Eva                     |   | W              | 40  |                   |  |           |     |
| Vivian                  |   | D              | 23  |                   |  |           |     |
| Eveline                 |   | D              | 21  |                   |  |           |     |
| Glenn                   |   | S              | 20  |                   |  |           |     |
| Udolph                  |   | S              | 18  |                   |  |           |     |
| Estelle                 |   | D              | 16  |                   |  |           |     |
| Edna                    |   | D              | 13  |                   |  |           |     |

FORM 16-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME    | RELATIONSHIP | AGE | BIRTHPLACE |
|---------|--------------|-----|------------|
| Louise  | D            | 9   |            |
| Crestie | S            | 6   |            |
| Sonny   | S            | 2   |            |
| Odell   | S            | 1/2 |            |
|         |              |     |            |
|         |              |     |            |
|         |              |     |            |
|         |              |     |            |
|         |              |     |            |
|         |              |     |            |

FORM 10-536a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U. S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-OC 16100-P01.



|                         |       |                |     |            |      |
|-------------------------|-------|----------------|-----|------------|------|
| R240                    |       | HEAD OF FAMILY |     | LOUISIANA  |      |
| COLOR                   | B     | AGE            | 28  | BIRTHPLACE | Ala. |
| COUNTY                  | Caddo | CITY           |     |            |      |
| OTHER MEMBERS OF FAMILY |       |                |     |            |      |
| NAME                    |       | RELATIONSHIP   | AGE | BIRTHPLACE |      |
| Mary                    |       | W              | 21  |            |      |
| Linhena                 |       | D              | 8   |            |      |
| Lillie                  |       | D              | 3   |            |      |
|                         |       |                |     |            |      |
|                         |       |                |     |            |      |
|                         |       |                |     |            |      |
|                         |       |                |     |            |      |
|                         |       |                |     |            |      |

FORM 16-636 (6-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |            |             |
|-------------------------|---|----------------|-----|------------|-------------|
| R 240                   |   | HEAD OF FAMILY |     | Louisiana  |             |
| COLOR                   | W | AGE            | 64  | BIRTHPLACE | Roughlow, L |
| COUNTY                  |   | Rapides        |     | CITY       |             |
| OTHER MEMBERS OF FAMILY |   |                |     |            |             |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |             |
| Mary J                  |   | W              | 58  |            |             |
| Emma                    |   | S D            | 24  |            |             |
| Frank                   |   | S              | 19  |            |             |
| Ella                    |   | D              | 17  |            |             |
| Cordelia                |   | D              | 12  |            |             |
|                         |   |                |     |            |             |
|                         |   |                |     |            |             |
|                         |   |                |     |            |             |

FORM 10-636 (4-20-11)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |           |   |  |  |             |
|--|-----------|---|--|--|-------------|
| R240   |           | NAME OF INDIVIDUAL<br>Rachel, L. a.   |  | E.D.<br>92   | SHEET<br>36 |
| COLOR<br>2A  | AGE<br>38 | BIRTHPLACE  |  |  |             |
| COUNTY<br>Natchitoches   |           | CITY  |  |  |             |
| ENUMERATED WITH<br>Lacour, Louis Jr.   |           |   |  |  |             |
| RELATIONSHIP TO ABOVE  |           |   |  |  |             |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |           | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> WIDOW<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br>Bo |             |

FORM 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 1910-P-61

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| 8240                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| mm                      | 61  |                |     | 92         | 21    |
| COUNTY                  |     | Natchitoches   |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Carmelion               |     | S              | 16  |            |       |
| Aora                    |     | S              | 17  |            |       |
| Esine                   |     | S              | 7   |            |       |
| Halter                  |     | S              | 2   |            |       |
| Sam                     |     | S              | 36  |            |       |
| Adli                    |     | 24             | 16  |            |       |

FORM 10-636 (4-26-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |   |  |  |           |                |                |                                 |                                 |                                |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|---|--|--|-----------|----------------|----------------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|---|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R240   |   | NAME OF INDIVIDUAL <i>Rachel Lane</i>    |  | LOUISIANA | E.D. <i>93</i> | SHEET <i>5</i> |                                 |                                 |                                |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR <i>W</i>   | AGE <i>8</i>                              | BIRTHPLACE                               |  |           |                |                |                                 |                                 |                                |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY   |   | CITY <i>Natchitoches</i>                 |  |           |                |                |                                 |                                 |                                |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH  |   |  |  |           |                |                |                                 |                                 |                                |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |   | <i>Louise Phillips</i>                   |  |           |                |                |                                 |                                 |                                |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDOW</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input checked="" type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |   |  |  |           |                |                | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | <input type="checkbox"/> MOTHER | <input checked="" type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW           | <input type="checkbox"/> WIDOW           |  |           |                |                |                                 |                                 |                                |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input checked="" type="checkbox"/> NIECE | <input type="checkbox"/> NURSE           |  |           |                |                |                                 |                                 |                                |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW    | <input type="checkbox"/> PATIENT         |  |           |                |                |                                 |                                 |                                |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW    | <input type="checkbox"/> ROOMER          |  |           |                |                |                                 |                                 |                                |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW       | <input type="checkbox"/> SERVANT         |  |           |                |                |                                 |                                 |                                |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW  | <input type="checkbox"/> OTHER (Specify) |  |           |                |                |                                 |                                 |                                |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW   |  |  |           |                |                |                                 |                                 |                                |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW    |  |  |           |                |                |                                 |                                 |                                |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18196-P61

| HEAD OF FAMILY          |        | LOUISIANA    |      |            |
|-------------------------|--------|--------------|------|------------|
| COLOR                   | AGE    | BIRTHPLACE   | E.O. | SHEET      |
| W                       | 23     |              | 51   | 35         |
| COUNTY                  |        | CITY         |      |            |
| Franklin                |        |              |      |            |
| OTHER MEMBERS OF FAMILY |        |              |      |            |
| NAME                    |        | RELATIONSHIP | AGE  | BIRTHPLACE |
| 1                       | Jessie | W            | 18   |            |
|                         |        |              |      |            |
|                         |        |              |      |            |
|                         |        |              |      |            |
|                         |        |              |      |            |
|                         |        |              |      |            |
|                         |        |              |      |            |
|                         |        |              |      |            |
|                         |        |              |      |            |

FORM 16-536 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |   |  |  |                  |
|--|---|--|--|------------------|
| R240   |   | NAME OF INDIVIDUAL<br>Russell, Lake C  |  | LOUISIANA        |
| COLOR<br>B   | AGE<br>5  | BIRTHPLACE   |  | E.D. 99 SHEET 14 |
| COUNTY<br>St. Mary   |   | CITY<br>Berwick  |  |                  |
| ENUMERATED WITH<br>Moore, Oscar  |   |  |  |                  |
| RELATIONSHIP TO ABOVE  |   |  |  |                  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input checked="" type="checkbox"/> WIFE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |  |                  |

FORM 10-437 10-20-611

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 16105-P01

|                         |              |                |            |            |         |
|-------------------------|--------------|----------------|------------|------------|---------|
| R240                    |              | HEAD OF FAMILY |            | LOUISIANA  |         |
| COLOR                   | W            | AGE            | 25         | BIRTHPLACE | Rapides |
| COUNTY                  |              | CITY           |            |            |         |
| OTHER MEMBERS OF FAMILY |              |                |            |            |         |
| NAME                    | RELATIONSHIP | AGE            | BIRTHPLACE |            |         |
| Mary                    | W            | 21             |            |            |         |
| Leona                   | D            | 5              |            |            |         |
| Kelly                   | S            | 3              |            |            |         |
| Betas                   | S            | 7              |            |            |         |
|                         |              |                |            |            |         |
|                         |              |                |            |            |         |
|                         |              |                |            |            |         |
|                         |              |                |            |            |         |

FORM 16-436 (4-20-61)  
1916 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |  |                |  |              |  |      |  |            |  |
|-------------------------|--|----------------|--|--------------|--|------|--|------------|--|
| 2240                    |  | HEAD OF FAMILY |  | Louisiana    |  | E.D. |  | SHEET      |  |
| W                       |  | 51             |  | Franklin     |  | CITY |  | 57 20      |  |
| COUNTY                  |  |                |  |              |  |      |  |            |  |
| OTHER MEMBERS OF FAMILY |  |                |  |              |  |      |  |            |  |
| NAME                    |  |                |  | RELATIONSHIP |  | AGE  |  | BIRTHPLACE |  |
| Carrie                  |  |                |  | W            |  | 31   |  | Tex        |  |
| Allie                   |  |                |  | D            |  | 14   |  |            |  |
| Lamar                   |  |                |  | A            |  | 12   |  |            |  |
| Cassie                  |  |                |  | D            |  | 10   |  |            |  |
| Figgie                  |  |                |  | D            |  | 8    |  |            |  |
| Lou                     |  |                |  | D            |  | 6    |  |            |  |
| William                 |  |                |  | S            |  | 5    |  |            |  |

FORM 18-636 (4-20-61)

1918 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R240                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.O.       | SHEET |
| Ma.                     |  | 25             |            | 41         | 18    |
| COUNTY                  |  |                | CITY       |            |       |
| East Carroll            |  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Living Alone            |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |                   |            |         |
|-------------------------|---|----------------|-------------------|------------|---------|
| R249                    |   | HEAD OF FAMILY |                   | LOUISIANA  |         |
| COLOR                   | B | AGE            | Russell, Laurence |            | E.D. 82 |
|                         |   | 42             | BIRTHPLACE        |            | SHEET 1 |
| COUNTY                  |   |                | CITY              |            |         |
| Madison                 |   |                |                   |            |         |
| OTHER MEMBERS OF FAMILY |   |                |                   |            |         |
| NAME                    |   | RELATIONSHIP   | AGE               | BIRTHPLACE |         |
| Annie                   |   | W              | 38                |            |         |
| James                   |   | S              | 20                |            |         |
| Harvey                  |   | S              | 18                |            |         |
| Jettie                  |   | D              | 16                |            |         |
| Metha                   |   | D              | 12                |            |         |
| Collins                 |   | Ni             | 6/12              |            |         |
| + 1 B0                  |   |                |                   |            |         |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |           |                |            |            |        |
|-------------------------|-----------|----------------|------------|------------|--------|
| R 240                   |           | HEAD OF FAMILY |            | LOUISIANA  |        |
| COLOR                   |           | AGE            | BIRTHPLACE |            | SHEET  |
| W                       |           | 35             |            |            | 115 20 |
| COUNTY                  |           |                | St. Landry |            | CITY   |
| OTHER MEMBERS OF FAMILY |           |                |            |            |        |
|                         | NAME      | RELATIONSHIP   | AGE        | BIRTHPLACE |        |
|                         | Catherine | W              | 32         |            |        |
|                         | Rosine    | d              | 12         |            |        |
|                         | Lillian   | d              | 9          |            |        |
|                         | Egypt     | s              | 7          |            |        |
|                         | Effie Lu  | d              | 13         |            |        |
|                         | Kathel M  | d              | 3          |            |        |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |   |   |    |   |       |
|--|---|---|----|---|-------|
| R240   |   | NAME OF INDIVIDUAL  |    | LOUISIANA   |       |
| Rachel   |   | Lazene  |    | E.D.  | SHEET |
| COLOR  | W | AGE   | 26 | BIRTHPLACE  |       |
| COUNTY   |   | Bienville   |    | CITY  |       |
|  |   |   |    | Bienville   |       |
| ENUMERATED WITH  |   |   |    |   |       |
| Gale David T   |   |   |    |   |       |
| RELATIONSHIP TO ABOVE  |   |   |    |   |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |   | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |    | <input type="checkbox"/> IMMIGRANT<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br>Boarder |       |

FORM 18-437 (4-20-31)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 1910-P01

|                         |   |                |      |            |   |
|-------------------------|---|----------------|------|------------|---|
| Rats                    |   | HEAD OF FAMILY |      | LOUISIANA  |   |
| Russell Lee C.          |   | E.D.           |      | SHEET      |   |
| COLOR                   | W | AGE            | 41   | 112        | 3 |
| BIRTHPLACE              |   |                |      |            |   |
| COUNTY                  |   |                | CITY |            |   |
| Tangipahoa              |   |                |      |            |   |
| OTHER MEMBERS OF FAMILY |   |                |      |            |   |
| NAME                    |   | RELATIONSHIP   | AGE  | BIRTHPLACE |   |
| Sarah                   |   | W              | 35   | Miss       |   |
| Glen                    |   | S              | 14   |            |   |
| Clarence                |   | S              | 13   |            |   |
| Lucy                    |   | D              | 11   |            |   |
| Mollie J.               |   | D              | 9    |            |   |
| Cecil W.                |   | D              | 7    |            |   |
|                         |   |                |      |            |   |
|                         |   |                |      |            |   |

FORM 10-436 (4-20-31)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |       |                |     |            |  |
|-------------------------|-------|----------------|-----|------------|--|
| R240                    |       | HEAD OF FAMILY |     | LOUISIANA  |  |
| Rachel Leane            |       | E.D.           |     | SHEET      |  |
| COLOR                   | AGE   | BIRTHPLACE     |     |            |  |
| W                       | 42    |                |     |            |  |
| COUNTY                  | Grant | CITY           |     |            |  |
|                         |       | Vicksburg      |     |            |  |
| OTHER MEMBERS OF FAMILY |       |                |     |            |  |
| NAME                    |       | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| John                    |       | S              | 29  |            |  |
| Wesley                  |       | S              | 15  |            |  |
| Lyle                    |       | S              | 8   |            |  |
| Willie                  |       | S              | 3   |            |  |
|                         |       |                |     |            |  |
|                         |       |                |     |            |  |
|                         |       |                |     |            |  |
|                         |       |                |     |            |  |

FORM 16-436 (4-20-31)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |  |                |  |                   |     |            |       |
|-------------------------|--|----------------|--|-------------------|-----|------------|-------|
| R240                    |  | HEAD OF FAMILY |  | Rachel            |     | LOUISIANA  |       |
| COLOR                   |  | AGE            |  | BIRTHPLACE        |     | E.D.       | SHEET |
| B                       |  | 48             |  |                   |     | 78         | 1     |
| COUNTY                  |  |                |  | Natchitoches      |     |            |       |
|                         |  |                |  | CITY              |     |            |       |
| OTHER MEMBERS OF FAMILY |  |                |  |                   |     |            |       |
| NAME                    |  |                |  | RELATION-<br>SHIP | AGE | BIRTHPLACE |       |
| 1 Rachel                |  |                |  | W                 | 47  |            |       |
| 1 John                  |  |                |  | S                 | 21  |            |       |
|                         |  |                |  |                   |     |            |       |
|                         |  |                |  |                   |     |            |       |
|                         |  |                |  |                   |     |            |       |
|                         |  |                |  |                   |     |            |       |
|                         |  |                |  |                   |     |            |       |
|                         |  |                |  |                   |     |            |       |

Form 16-636 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                            |                       |                |                 |
|----------------------------|-----------------------|----------------|-----------------|
| HEAD OF FAMILY             |                       | LOUISIANA      |                 |
| <i>Rachal</i>              | <i>Rachal, Lernet</i> | E.O. <i>92</i> | SHEET <i>23</i> |
| COLOR <i>mu</i>            | AGE <i>72</i>         | BIRTHPLACE     |                 |
| COUNTY <i>Natchitoches</i> | CITY                  |                |                 |
| OTHER MEMBERS OF FAMILY    |                       |                |                 |
| NAME                       | RELATIONSHIP          | AGE            | BIRTHPLACE      |
| <i>Living alone</i>        |                       |                |                 |
|                            |                       |                |                 |
|                            |                       |                |                 |
|                            |                       |                |                 |
|                            |                       |                |                 |
|                            |                       |                |                 |
|                            |                       |                |                 |
|                            |                       |                |                 |
|                            |                       |                |                 |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R240                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.O.       | SHEET |
| W                       |  | 12             |            | W          | 4     |
| COUNTY                  |  |                | CITY       |            |       |
| St. Bernard             |  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Dorcas                  |  | W              | 35         |            |       |
| Joseph                  |  | 5              | 9          |            |       |
| Frank                   |  | 5              | 7          |            |       |
| Alma                    |  | 5 D            | 9 1/2      |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 16-436 (4-26-31)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |  |  |                   |                    |
|--|--|--|-------------------|--------------------|
| R 240  | NAME OF INDIVIDUAL<br><i>Rachel Lee J.</i> |  | E.D.<br><i>93</i> | SHEET<br><i>16</i> |
| COLOR<br><i>W</i>                            | AGE<br><i>4 1/2</i>                        | BIRTHPLACE                               |                   |                    |
| COUNTY<br><i>Natchitoches</i>                |  | CITY                                     |                   |                    |
| ENUMERATED WITH<br><i>Rachel Prosper</i>     |  |  |                   |                    |
| RELATIONSHIP TO ABOVE                        |  |  |                   |                    |
| <input type="checkbox"/> FATHER              | <input type="checkbox"/> NEPHEW            | <input type="checkbox"/> INMATE          |                   |                    |
| <input type="checkbox"/> MOTHER              | <input type="checkbox"/> WIFE              | <input type="checkbox"/> NURSE           |                   |                    |
| <input type="checkbox"/> GRANDFATHER         | <input type="checkbox"/> FATHER-IN-LAW     | <input type="checkbox"/> PATIENT         |                   |                    |
| <input type="checkbox"/> GRANDMOTHER         | <input type="checkbox"/> MOTHER-IN-LAW     | <input type="checkbox"/> ROOMER          |                   |                    |
| <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW        | <input type="checkbox"/> SERVANT         |                   |                    |
| <input type="checkbox"/> GRANDDAUGHTER       | <input type="checkbox"/> DAUGHTER-IN-LAW   | <input type="checkbox"/> OTHER (Specify) |                   |                    |
| <input type="checkbox"/> AUNT                | <input type="checkbox"/> BROTHER-IN-LAW    |  |                   |                    |
| <input type="checkbox"/> UNCLE               | <input type="checkbox"/> SISTER-IN-LAW     |  |                   |                    |

FORM 16-437 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18100-P01

| R240                                   |     | NAME OF INDIVIDUAL                       |      | LOUISIANA   |  |
|--|-----|--|------|---|--|
| COLOR                                  | AGE | BIRTHPLACE                               | S.D. | SHEET   |  |
| B                                      | 17  | De Soto                                  | 63   | 6   |  |
| COUNTY                                 |     | CITY                                     |      |   |  |
| ENUMERATED WITH                        |     | Rhodes, Mary                             |      |   |  |
| RELATIONSHIP TO ABOVE                  |     |  |      |   |  |
| <input type="checkbox"/> FATHER        |     | <input type="checkbox"/> NEPHEW          |      | <input type="checkbox"/> INMATE                     |  |
| <input type="checkbox"/> MOTHER        |     | <input type="checkbox"/> NIECE           |      | <input type="checkbox"/> NURSE                      |  |
| <input type="checkbox"/> GRANDFATHER   |     | <input type="checkbox"/> FATHER-IN-LAW   |      | <input type="checkbox"/> PATIENT                    |  |
| <input type="checkbox"/> GRANDMOTHER   |     | <input type="checkbox"/> MOTHER-IN-LAW   |      | <input type="checkbox"/> ROOMER                     |  |
| <input type="checkbox"/> GRANDSON      |     | <input type="checkbox"/> SON-IN-LAW      |      | <input type="checkbox"/> SERVANT                    |  |
| <input type="checkbox"/> GRANDDAUGHTER |     | <input type="checkbox"/> DAUGHTER-IN-LAW |      | <input checked="" type="checkbox"/> OTHER (Specify) |  |
| <input type="checkbox"/> AUNT          |     | <input type="checkbox"/> BROTHER-IN-LAW  |      | Partner   |  |
| <input type="checkbox"/> UNCLE         |     | <input type="checkbox"/> SISTER-IN-LAW   |      |   |  |

FORM 16-437 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |           |  |  |   |             |
|--|-----------|--|--|---|-------------|
| B246   |           | NAME OF INDIVIDUAL<br>Rachel, Leon   |  | E.O.<br>79  | SHEET<br>24 |
| COLOR<br>B   | AGE<br>65 | BIRTHPLACE   |  |   |             |
| COUNTY   |           | Natchitoches CITY  |  |   |             |
| ENUMERATED WITH<br>Benjamin May  |           |  |  |   |             |
| RELATIONSHIP TO ABOVE  |           |  |  |   |             |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |           | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input checked="" type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> BOARDER<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |             |

FORM 16-637 (4-30-61)

1970 CENSUS INDEX - INDIVIDUAL

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |           |   |  |   |            |
|--|-----------|---|--|---|------------|
| R240   |           | NAME OF INDIVIDUAL<br>Russell Leone   |  | E.D.<br>11  | SHEET<br>2 |
| COLOR<br>B   | AGE<br>35 | BIRTHPLACE  |  |   |            |
| COUNTY<br>Terrebonne   |           | CITY  |  |   |            |
| ENUMERATED WITH<br>Williams Mary   |           |   |  |   |            |
| RELATIONSHIP TO ABOVE  |           |   |  |   |            |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |           | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> WMAITE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify) |            |
|  |           | D   |  |   |            |

FORM 16-437 (10-20-51)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

|  |  |  |            |  |                    |
|--|--|--|------------|--|--------------------|
| R240   |  | NAME OF INDIVIDUAL<br><i>Loggilla, Leon</i>  |            | LOUISIANA  |                    |
| COLOR<br><i>B</i>  |  | AGE<br><i>14</i>   | BIRTHPLACE | E.D.<br><i>30</i>  | SHEET<br><i>19</i> |
| COUNTY   |  |  | CITY       |  |                    |
| ENUMERATED WITH<br><i>Hawkins, Sandy</i>   |  |  |            |  |                    |
| RELATIONSHIP TO ABOVE  |  |  |            |  |                    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input checked="" type="checkbox"/> SISTER-IN-LAW |            | <input type="checkbox"/> WIDOW<br><input type="checkbox"/> WIFE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                    |

FORM 16-637 (4-20-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCENS-DC 1910-P61



|  |  |  |    |                       |  |    |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |            |                                |  |  |
|--|--|--|----|-----------------------|--|----|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|------------|--------------------------------|--|--|
| A240   |  | NAME OF INDIVIDUAL                       |    | Russell Leonard       |  | ED | SHEET |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |            |                                |  |  |
| COLOR  | thru                                     | AGE                                      | 24 | BIRTHPLACE            |  | 77 | 3     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |            |                                |  |  |
| COUNTY   |  |  |    | CITY                  |  |    |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |            |                                |  |  |
| East Baton Rouge   |  |  |    | Baton Rouge           |  |    |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |            |                                |  |  |
| ENUMERATED WITH  |  |  |    | Collins, Albertine R. |  |    |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |            |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |    |                       |  |    |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |            |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><u>Bo.</u></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |    |                       |  |    |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <u>Bo.</u> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |    |                       |  |    |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |            |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |    |                       |  |    |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |            |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |    |                       |  |    |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |            |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |    |                       |  |    |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |            |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |    |                       |  |    |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |            |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |    |                       |  |    |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |            |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  | <u>Bo.</u>                               |    |                       |  |    |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |            |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |    |                       |  |    |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |            |                                |  |  |

FORM 16-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |                      |  |  |  |       |
|--|----------------------|--|--|--|-------|
| R240   |                      | NAME OF INDIVIDUAL   |  | LOUISIANA  |       |
| R240   |                      | Russell Leopold  |  | E.D.   | SHEET |
| COLOR  | AGE                  | BIRTHPLACE   |  |  |       |
| B  | 15                   |  |  |  |       |
| COUNTY   | St. John the Baptist |  |  | CITY   |       |
| ENUMERATED WITH  |                      |  |  |  |       |
| Percy, Willie  |                      |  |  |  |       |
| RELATIONSHIP TO ABOVE  |                      |  |  |  |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                      | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input checked="" type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |       |

FORM 10-437 (4-30-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                |                                 |            |             |
|-------------------------|----------------|---------------------------------|------------|-------------|
| R240                    | HEAD OF FAMILY |                                 | LOUISIANA  |             |
| COLOR<br>W              | AGE<br>45      | BIRTHPLACE<br>Rouselle, Lepaule |            | SHEET<br>30 |
| COUNTY<br>Assumption    |                | CITY                            |            |             |
| OTHER MEMBERS OF FAMILY |                |                                 |            |             |
| NAME                    | RELATIONSHIP   | AGE                             | BIRTHPLACE |             |
| Jarmon                  | W              | 32                              |            |             |
| Liness                  | d              | 5                               |            |             |
| Carry                   | L              | 13                              |            |             |
| Emile                   | d              | 11                              |            |             |
| Emelie                  | d              | 9                               |            |             |
| Glaze                   | d              | 7                               |            |             |
| Lepaule Jr              | d              | 3                               |            |             |

FORM 16-536 (4-26-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |  |      |                   |                    |                                 |                                 |                               |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|------|-------------------|--------------------|---------------------------------|---------------------------------|-------------------------------|---------------------------------|-------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|--|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 1240   |  | NAME OF INDIVIDUAL<br><i>Russel Leslie</i> |      | LOUISIANA         |                    |                                 |                                 |                               |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>W</i>  | AGE<br><i>4</i>                          | BIRTHPLACE                                 |      | E.D.<br><i>87</i> | SHEET<br><i>14</i> |                                 |                                 |                               |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>Natchitoches</i>  |  |  | CITY |                   |                    |                                 |                                 |                               |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Planning Richard</i>   |  |  |      |                   |                    |                                 |                                 |                               |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |      |                   |                    |                                 |                                 |                               |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIFE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NICE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> WINTER-IN-LAW</td> <td></td> </tr> </table> |  |  |      |                   |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIFE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NICE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> WINTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIFE              |      |                   |                    |                                 |                                 |                               |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NICE            | <input type="checkbox"/> NURSE             |      |                   |                    |                                 |                                 |                               |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |      |                   |                    |                                 |                                 |                               |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER            |      |                   |                    |                                 |                                 |                               |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |      |                   |                    |                                 |                                 |                               |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |      |                   |                    |                                 |                                 |                               |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |      |                   |                    |                                 |                                 |                               |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> WINTER-IN-LAW   |  |      |                   |                    |                                 |                                 |                               |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 16-637 (4-22-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCONBA-DC 1910b-P61

|                         |  |                |      |            |       |
|-------------------------|--|----------------|------|------------|-------|
| R240                    |  | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR                   |  | AGE            |      | E.O.       | SHEET |
| W                       |  | 47             |      | 77         | 7     |
| BIRTHPLACE              |  |                |      |            |       |
| COUNTY                  |  | De Soto        |      | CITY       |       |
| OTHER MEMBERS OF FAMILY |  |                |      |            |       |
| NAME                    |  | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Ollie                   |  | W              | 30   |            |       |
| Neva                    |  | 10             | 11   |            |       |
| Lola                    |  | 10             | 9    |            |       |
| Clas                    |  | 10             | 6    |            |       |
| Lena                    |  | S              | 3/12 |            |       |
|                         |  |                |      |            |       |
|                         |  |                |      |            |       |

FORM 10-436 (2-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |     |            |       |
|-------------------------|--|----------------|-----|------------|-------|
| R240                    |  | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   |  | AGE            |     | E.D.       | SHEET |
| B                       |  | 39             |     | 92         | 3     |
| BIRTHPLACE              |  |                |     |            |       |
| COUNTY                  |  | Rapides        |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |  |                |     |            |       |
| NAME                    |  | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Harry                   |  | S              | 17  |            |       |
| Eveline                 |  | D              | 15  |            |       |
| John                    |  | S              | 13  |            |       |
| Ligga                   |  | D              | 7   |            |       |
| Mary                    |  | D              | 3   |            |       |
|                         |  |                |     |            |       |
|                         |  |                |     |            |       |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |  |  |  |            |             |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
|--|--|--|--|------------|-------------|---------------------------------|---------------------------------|-------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|--|--|--------------------------------|--|--|
| R240   |  | NAME OF INDIVIDUAL<br>Roghill, Levin     |  | E.D.<br>30 | SHEET<br>19 |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| COLOR<br>B   | AGE<br>128   | BIRTHPLACE                               |  |            |             |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| COUNTY<br>East Baton Rouge   |  | CITY                                     |  |            |             |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| EMIGRATED WITH<br>Hankins, Andy  |  |  |  |            |             |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |  |            |             |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> WIFE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input checked="" type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> |  |  |  |            |             | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIFE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input checked="" type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW                    | <input type="checkbox"/> WIFE            |  |            |             |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE                     | <input type="checkbox"/> NURSE           |  |            |             |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW             | <input type="checkbox"/> PATIENT         |  |            |             |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW             | <input type="checkbox"/> ROOMER          |  |            |             |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW                | <input type="checkbox"/> SERVANT         |  |            |             |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW           | <input type="checkbox"/> OTHER (Specify) |  |            |             |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input checked="" type="checkbox"/> BROTHER-IN-LAW |  |  |            |             |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW             |  |  |            |             |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |

FORM 16-437 (4-28-81)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 1919-P-1

|                         |     |                |      |            |       |
|-------------------------|-----|----------------|------|------------|-------|
| R240                    |     | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |      | E.D.       | SHEET |
| B                       | 46  | Ark            |      | 84         | 20    |
| COUNTY                  |     |                | CITY |            |       |
| Natchitoches            |     |                |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Living alone            |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |

FORM 16-436 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|  |     |   |  |   |       |
|--|-----|---|--|---|-------|
| R 240  |     | NAME OF INDIVIDUAL  |  | LOUISIANA   |       |
| COLOR  | AGE | BIRTH DATE  |  | E.O.  | SHEET |
| Ym   | 22  | Rachel Lewis  |  | 119   | 6     |
| COUNTY   |     | CITY  |  |   |       |
| Webster  |     |   |  |   |       |
| ENUMERATED WITH  |     |   |  |   |       |
| Norman Wash  |     |   |  |   |       |
| RELATIONSHIP TO ABOVE  |     |   |  |   |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> WORKER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |       |

FORM 16-537 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18192-P-61

|   |  |  |  |           |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|--|-----------|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 1240  |  | NAME OF INDIVIDUAL<br><i>Rachel, Lewis</i>           |  | LOUISIANA | E.D.<br><i>83</i> | SHEET<br><i>30</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>B</i>   | AGE<br><i>24</i>                         | BIRTHPLACE   |  |           |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY  |  | CITY<br><i>Rapides</i>                               |  |           |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Simmons, Herbert</i>  |  |  |  |           |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |  |           |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHER</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> <del>WOMAN</del></td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |           |                   |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHER | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> <del>WOMAN</del> | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHER          | <input type="checkbox"/> INMATE                      |  |           |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                       |  |           |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                     |  |           |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> <del>WOMAN</del> |  |           |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                     |  |           |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)             |  |           |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |           |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |  |           |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-437 (4-30-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |      |            |                 |
|-------------------------|---|----------------|------|------------|-----------------|
| R-240                   |   | HEAD OF FAMILY |      | LOUISIANA  |                 |
| COLOR                   | W | AGE            | 34   | BIRTHPLACE | Russell Lewis 7 |
| COUNTY                  |   | West Carroll   |      | CITY       |                 |
| OTHER MEMBERS OF FAMILY |   |                |      |            |                 |
| NAME                    |   | RELATIONSHIP   | AGE  | BIRTHPLACE |                 |
| Janie                   |   | W              | 24   |            |                 |
| Orin                    |   | S              | 5    |            |                 |
| Adry                    |   | D              | 4    |            |                 |
| Haley                   |   | D              | 3    |            |                 |
| Baby                    |   | D              | 9/12 |            |                 |
| Cook, Fred              |   | SS             | 12   |            |                 |
| T. L. Bo                |   |                |      |            |                 |

FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|   |  |   |  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
|---|--|---|--|------------|------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|-----------|--------------------------------|--|--|
| A240  |  | NAME OF INDIVIDUAL<br>Russell, Liggay               |  | E.O.<br>76 | SHEET<br>1 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| COLOR<br>B  | AGE<br>44                                | BIRTHPLACE  |  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| COUNTY  |  | CITY  |  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| ENUMERATED WITH<br>Do Solo  |  | Doniver, London                                     |  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> INMATE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input checked="" type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td>Companion</td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> |  |   |  |            |            | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | Companion | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  | Companion   |  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |

FORM 16-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P01

|   |  |   |                            |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|---|----------------------------|-------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R240  |  | NAME OF INDIVIDUAL<br><i>Russell Lelhan</i> |                            | LOUISIANA         |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>W</i>   |  | AGE<br><i>22</i>                            | BIRTHPLACE<br><i>md.</i>   | E.D.<br><i>19</i> | SHEET<br><i>3</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>East Baton Rouge</i>   |  |   | CITY<br><i>Baton Rouge</i> |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Picard Hartman</i>  |  |   |                            |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |                            |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |                            |                   |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE             |                            |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE              |                            |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT            |                            |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER  |                            |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT            |                            |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)    |                            |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |                            |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |                            |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 16-637 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| R 240  |  | NAME OF INDIVIDUAL<br><i>Rachel Lillian</i>   |  | LOUISIANA  |  |
| COLOR<br><i>W</i>  |  | AGE<br><i>24</i>  |  | BIRTHPLACE   |  |
| COUNTY<br><i>Calcasieu</i>   |  | CITY<br><i>Lake Charles</i>   |  |  |  |
| ENUMERATED WITH<br><i>Rachel, Ferman</i>   |  |   |  |  |  |
| RELATIONSHIP TO ABOVE  |  |   |  |  |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><div style="text-align: center;"><i>D</i></div> |  |

FORM 18-637 (4-30-61)

1930 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |          |                |    |                 |        |            |     |
|-------------------------|----------|----------------|----|-----------------|--------|------------|-----|
| R240                    |          | HEAD OF FAMILY |    | Russell Lullean |        | LOUISIANA  |     |
| COLOR                   | Mu       | AGE            | 30 | BIRTHPLACE      | Mo     | E.O.       | 101 |
| COUNTY                  | Ouachita |                |    | CITY            | Monroe |            |     |
| OTHER MEMBERS OF FAMILY |          |                |    |                 |        |            |     |
| NAME                    |          |                |    | RELATIONSHIP    | AGE    | BIRTHPLACE |     |
| ✓ 5 Bo                  |          |                |    |                 |        |            |     |
| 1 Se                    |          |                |    |                 |        |            |     |
|                         |          |                |    |                 |        |            |     |
|                         |          |                |    |                 |        |            |     |
|                         |          |                |    |                 |        |            |     |
|                         |          |                |    |                 |        |            |     |
|                         |          |                |    |                 |        |            |     |
|                         |          |                |    |                 |        |            |     |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|---|--|---|--|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| R240  |  | NAME OF INDIVIDUAL                                  |  | LOUISIANA |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR   |  | AGE   |  | E.D.      | SHEET |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| B   |  | 26  |  | 88        | 2     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| BIRTHPLACE  |  |   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY  |  | Morehouse   |  | CITY      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|   |  |   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| Robinson William  |  |   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> IMMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NUNDE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> IMMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NUNDE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> IMMATE                     |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NUNDE                      |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| None  |  |   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 10-517 (4-22-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 15109-P01



|   |  |  |  |           |  |                                 |                                 |                               |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|--|-----------|--|---------------------------------|---------------------------------|-------------------------------|---------------------------------|-------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R 240   |  | NAME OF INDIVIDUAL                       |  | LOUISIANA |  |                                 |                                 |                               |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Rachal, Lillian   |  | E.D.                                     |  | SHEET     |  |                                 |                                 |                               |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR   | AGE  | BIRTHPLACE                               |  |           |  |                                 |                                 |                               |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| W   | 23   |  |  |           |  |                                 |                                 |                               |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY  |  | CITY                                     |  |           |  |                                 |                                 |                               |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Calcasieu   |  |  |  |           |  |                                 |                                 |                               |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| EMIGRATED WITH  |  |  |  |           |  |                                 |                                 |                               |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Brewell, C M  |  |  |  |           |  |                                 |                                 |                               |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |  |           |  |                                 |                                 |                               |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> MATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> WIFE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input checked="" type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |           |  | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> MATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> WIFE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input checked="" type="checkbox"/> BROTHER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW                    | <input type="checkbox"/> MATE            |  |           |  |                                 |                                 |                               |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> WIFE                      | <input type="checkbox"/> NURSE           |  |           |  |                                 |                                 |                               |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW             | <input type="checkbox"/> PATIENT         |  |           |  |                                 |                                 |                               |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW             | <input type="checkbox"/> ROOMER          |  |           |  |                                 |                                 |                               |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW                | <input type="checkbox"/> SERVANT         |  |           |  |                                 |                                 |                               |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW           | <input type="checkbox"/> OTHER (Specify) |  |           |  |                                 |                                 |                               |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW            |  |  |           |  |                                 |                                 |                               |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input checked="" type="checkbox"/> BROTHER-IN-LAW |  |  |           |  |                                 |                                 |                               |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 19-437 (4-22-31)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1919 CENSUS INDEX - INDIVIDUAL

USCOMB-DC 1919-P01

|  |     |  |  |  |  |
|--|-----|--|--|--|--|
| 2240   |     | NAME OF INDIVIDUAL   |  | LOUISIANA  |  |
| Rachal, Lillian  |     | E.D.   |  | SHEET  |  |
| COLOR  | AGE | BIRTHPLACE   |  |  |  |
| W  | 23  |  |  |  |  |
| COUNTY   |     | CITY   |  |  |  |
| Calcasieu  |     | De Ridder  |  |  |  |
| ENUMERATED WITH  |     | Baswell, C. M.   |  |  |  |
| RELATIONSHIP TO ABOVE  |     |  |  |  |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input checked="" type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |  |

FORM 10-637 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R240                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| B                       |  | 32             | Miss       | 39         | 8     |
| COUNTY                  |  |                | CITY       |            |       |
| East Carroll            |  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| 2 Sons                  |  |                |            |            |       |
| 2 Daughters             |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |   |                    |    |            |                     |
|---|---|--------------------|----|------------|---------------------|
| B240  |   | NAME OF INDIVIDUAL |    | LOUISIANA  |                     |
| COLOR   | W | AGE                | 19 | BIRTHPLACE | E.D. 93<br>SHEET 12 |
| COUNTY  |   | Natchitoches       |    | CITY       |                     |
| ENUMERATED WITH   |   |                    |    |            |                     |
| RELATIONSHIP TO ABOVE   |   |                    |    |            |                     |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER<br/> <input type="checkbox"/> MOTHER<br/> <input type="checkbox"/> GRANDFATHER<br/> <input type="checkbox"/> GRANDMOTHER<br/> <input type="checkbox"/> GRANDSON<br/> <input type="checkbox"/> GRANDDAUGHTER<br/> <input type="checkbox"/> AUNT<br/> <input type="checkbox"/> UNCLE         </div> <div> <input type="checkbox"/> NEPHEW<br/> <input type="checkbox"/> Niece<br/> <input type="checkbox"/> FATHER-IN-LAW<br/> <input type="checkbox"/> MOTHER-IN-LAW<br/> <input type="checkbox"/> SON-IN-LAW<br/> <input type="checkbox"/> DAUGHTER-IN-LAW<br/> <input checked="" type="checkbox"/> BROTHER-IN-LAW<br/> <input type="checkbox"/> SISTER-IN-LAW         </div> <div> <input type="checkbox"/> WIDOW<br/> <input type="checkbox"/> WIFE<br/> <input type="checkbox"/> PATIENT<br/> <input type="checkbox"/> ROOMER<br/> <input type="checkbox"/> SERVANT<br/> <input type="checkbox"/> OTHER (Specify)         </div> </div> |   |                    |    |            |                     |

Form 10-437 (4-22-51)

1930 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 18105-P01

|   |  |   |             |  |       |
|---|--|---|-------------|--|-------|
| R243  |  | NAME OF HOUSEHOLD   |             | LOUISIANA  |       |
| COLOR   |  | AGE   | BIRTH PLACE | E.D.   | SHEET |
| Mm  |  | 7   |             | 93   | 30    |
| COUNTY  |  |   | CITY        |  |       |
| ST. Mary  |  |   | Patterson   |  |       |
| ENUMERATED WITH   |  |   |             |  |       |
| E. C. Coleman   |  |   |             |  |       |
| RELATIONSHIP TO ABOVE   |  |   |             |  |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input checked="" type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |             | <input type="checkbox"/> WMAE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |       |

FORM 10-537 (4-29-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |   |  |       |
|--|---|--|-------|
| R-240 Russell Lois   |   | LOUISIANA  |       |
| NAME OF INDIVIDUAL   |   | E.O.   | SHEET |
| 140  |   | 9  |       |
| COLOR  | AGE   | BIRTHPLACE   |       |
| B  | 20  |  |       |
| COUNTY   | Union   | CITY   |       |
| ENUMERATED WITH  |   |  |       |
| Smith Wilson   |   |  |       |
| RELATIONSHIP TO ABOVE  |   |  |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> WIDOW<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify) | L.A.  |

FORM 16-427 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

|                         |                |            |              |       |            |      |       |             |
|-------------------------|----------------|------------|--------------|-------|------------|------|-------|-------------|
| R240                    | HEAD OF FAMILY |            | Russell, Lon |       | LOUISIANA  | E.D. | SHEET |             |
| COLOR<br>W              | AGE<br>48      | BIRTHPLACE |              |       |            |      |       |             |
| COUNTY                  |                |            | Ouachita     |       | CITY       |      |       | West Monroe |
| OTHER MEMBERS OF FAMILY |                |            |              |       |            |      |       |             |
| NAME                    |                |            | RELATIONSHIP | AGE   | BIRTHPLACE |      |       |             |
| Gray Courtland          |                |            | SL           | 27    | Miss       |      |       |             |
| Daisy                   |                |            | D            | 23    |            |      |       |             |
| Courtland Jr.           |                |            | YS           | 1 1/2 |            |      |       |             |
|                         |                |            |              |       |            |      |       |             |
|                         |                |            |              |       |            |      |       |             |
|                         |                |            |              |       |            |      |       |             |
|                         |                |            |              |       |            |      |       |             |
|                         |                |            |              |       |            |      |       |             |

FORM 10-630 (2-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |
|--|--|
| LOUISIANA  |  |
| R240   | NAME OF INDIVIDUAL<br>Roussel Fontaine   |
| COLOR<br>W   | AGE<br>21  |
| BIRTHPLACE   |  |
| COUNTY<br>St. James  | CITY   |
| ENUMERATED WITH<br>Roussel M. Fontaine, R.   |  |
| RELATIONSHIP TO ABOVE  |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NICE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> IMMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input checked="" type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify)  |  |

FORM 10-637 (4-22-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1960 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P61



|  |                  |   |  |   |                    |
|--|------------------|---|--|---|--------------------|
| R240   |                  | NAME OF INDIVIDUAL<br><i>Rachael Loren</i>  |  | E.D.<br><i>9</i>  | SHEET<br><i>17</i> |
| COLOR<br><i>B</i>  | AGE<br><i>10</i> | BIRTHPLACE  |  |   |                    |
| COUNTY<br><i>Ascension</i>   |                  | CITY  |  |   |                    |
| ENUMERATED WITH<br><i>Washington, Lou</i>  |                  |   |  |   |                    |
| RELATIONSHIP TO ABOVE  |                  |   |  |   |                    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> WORKER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) _____ |                    |

FORM 18-637 (4-30-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18100-P61

|  |   |                    |   |                      |      |  |       |   |
|--|---|--------------------|---|----------------------|------|--|-------|---|
| R 240  |   | NAME OF INDIVIDUAL |   | Roussel, Loretta     | E.D. | 77   | SHEET | 8 |
| COLOR  | B | AGE                | 4 1/2   | BIRTHPLACE           |      |  |       |   |
| COUNTY   |   |                    |   | St. John the Baptist | CITY |  |       |   |
| ENUMERATED WITH  |   |                    |   |                      |      |  |       |   |
| Thomas Robert  |   |                    |   |                      |      |  |       |   |
| RELATIONSHIP TO ABOVE  |   |                    |   |                      |      |  |       |   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |   |                    | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |                      |      | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br>y o e |       |   |

FORM 18-637 (2-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 18100-P01

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R240                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| W                       |  | 62             | La         | 62         | 2     |
| COUNTY                  |  |                | CITY       |            |       |
| Do Soto                 |  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| 1 Jim B.                |  | S              | 40         |            |       |
| Stephen Mary            |  | D              | 38         |            |       |
| Rockelle John           |  | S              | 25         |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |  |              |  |            |  |       |  |
|-------------------------|--|----------------|--|--------------|--|------------|--|-------|--|
| R 240                   |  | HEAD OF FAMILY |  | Louisiana    |  | E.O.       |  | SHEET |  |
| W                       |  | AGE 38         |  | BIRTHPLACE   |  | 93         |  | 13    |  |
| COUNTY                  |  |                |  | Natchitoches |  | CITY       |  |       |  |
| OTHER MEMBERS OF FAMILY |  |                |  |              |  |            |  |       |  |
| NAME                    |  | RELATIONSHIP   |  | AGE          |  | BIRTHPLACE |  |       |  |
| Zellia                  |  | W              |  | 35           |  |            |  |       |  |
| Albert                  |  | S              |  | 16           |  |            |  |       |  |
| Samuel                  |  | S              |  | 14           |  |            |  |       |  |
| Clevens                 |  | S              |  | 10           |  |            |  |       |  |
| Julia                   |  | P              |  | 9            |  |            |  |       |  |
| Henry                   |  | S              |  | 6            |  |            |  |       |  |
| M <sup>c</sup> King     |  | S              |  | 5            |  |            |  |       |  |

Form 10-436 (4-20-31)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME       | RELATION-<br>SHIP | AGE | BIRTHPLACE |
|------------|-------------------|-----|------------|
| 1 Clarence | S                 | 4   |            |
| 1 Willy    | S                 | 2   |            |
|            |                   |     |            |
|            |                   |     |            |
|            |                   |     |            |
|            |                   |     |            |
|            |                   |     |            |
|            |                   |     |            |
|            |                   |     |            |
|            |                   |     |            |
|            |                   |     |            |

FORM 16-436a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 1910-P61

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R240                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.O.       | SHEET |
| a                       |  | 30             |            | 91         | 13    |
| COUNTY                  |  |                | CITY       |            |       |
| Natchitoches            |  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| / Rosa                  |  | W              | 27         |            |       |
| / Husband               |  | D              | 1          |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

Form 16-636 (6-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R240                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| Mrs                     |  | 90             |            | 44         | 9     |
| COUNTY                  |  |                | CITY       |            |       |
| Natchitoches            |  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| / Zelene                |  | W              | 90         |            |       |
| Eliason                 |  | G-D            | 23         |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 16-636 (6-26-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |              |                |      |            |  |
|-------------------------|--------------|----------------|------|------------|--|
| 13240                   |              | HEAD OF FAMILY |      | LOUISIANA  |  |
| RACHEL LOUZE            |              | E.O.           |      | SHEET      |  |
| COLOR                   | AGE          | BIRTHPLACE     |      | 84 12      |  |
| 13                      | 70           |                |      |            |  |
| COUNTY                  | Natchitoches |                | CITY |            |  |
| OTHER MEMBERS OF FAMILY |              |                |      |            |  |
| NAME                    |              | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| Living alone            |              |                |      |            |  |
|                         |              |                |      |            |  |
|                         |              |                |      |            |  |
|                         |              |                |      |            |  |
|                         |              |                |      |            |  |
|                         |              |                |      |            |  |
|                         |              |                |      |            |  |
|                         |              |                |      |            |  |
|                         |              |                |      |            |  |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |  |                |               |            |            |
|-------------------------|--|----------------|---------------|------------|------------|
| R240                    |  | HEAD OF FAMILY |               | LOUISIANA  |            |
| COLOR                   |  | AGE            | BIRTHPLACE    |            | E.D. SHEET |
| W                       |  | 35             | Russell Louis |            | 28 23      |
| COUNTY                  |  |                | CITY          |            |            |
| Jefferson               |  |                |               |            |            |
| OTHER MEMBERS OF FAMILY |  |                |               |            |            |
| NAME                    |  | RELATIONSHIP   | AGE           | BIRTHPLACE |            |
| Alice                   |  | W              | 30            |            |            |
| Lillian                 |  | D              | 11            |            |            |
| Agnes                   |  | D              | 9             |            |            |
|                         |  |                |               |            |            |
|                         |  |                |               |            |            |
|                         |  |                |               |            |            |
|                         |  |                |               |            |            |
|                         |  |                |               |            |            |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |            |                |     |            |                |
|-------------------------|------------|----------------|-----|------------|----------------|
| R240                    |            | HEAD OF FAMILY |     | LOUISIANA  |                |
| COLOR                   | Ma         | AGE            | 32  | BIRTHPLACE | Rachelle Louis |
| COUNTY                  | St. Landry |                |     | CITY       |                |
| OTHER MEMBERS OF FAMILY |            |                |     |            |                |
|                         | NAME       | RELATIONSHIP   | AGE | BIRTHPLACE |                |
| /                       | Rosa       | W              | 26  |            |                |
|                         | Carance    | S              | 6   |            |                |
|                         | Curley     | S              | 4   |            |                |
|                         |            |                |     |            |                |
|                         |            |                |     |            |                |
|                         |            |                |     |            |                |
|                         |            |                |     |            |                |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |                      |       |           |  |
|-------------------------|-----|----------------|-----|----------------------|-------|-----------|--|
| R. 240                  |     | HEAD OF FAMILY |     | ROUSSELLE LOUIS      |       | LOUISIANA |  |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.                 | SHEET |           |  |
| W                       | 43  |                |     | 80                   | 6     |           |  |
| COUNTY                  |     |                |     | St. John the Baptist |       | CITY      |  |
|                         |     |                |     |                      |       | Laplace   |  |
| OTHER MEMBERS OF FAMILY |     |                |     |                      |       |           |  |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE           |       |           |  |
| Octave                  |     | W              | 41  |                      |       |           |  |
| Theard                  |     | S              | 19  |                      |       |           |  |
| Foster                  |     | S              | 17  |                      |       |           |  |
| Louise                  |     | D              | 13  |                      |       |           |  |
| Aimi                    |     | D              | 11  |                      |       |           |  |
| Charles                 |     | S              | 8   |                      |       |           |  |
| Kate                    |     | D              | 6   |                      |       |           |  |

Form 10-20 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

RECORD OF 18100-001

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME  | RELATION-<br>SHIP | AGE | BIRTHPLACE |
|-------|-------------------|-----|------------|
| Louis | S                 | 3   |            |
| Media | D                 | 2   |            |
|       |                   |     |            |
|       |                   |     |            |
|       |                   |     |            |
|       |                   |     |            |
|       |                   |     |            |
|       |                   |     |            |
|       |                   |     |            |
|       |                   |     |            |
|       |                   |     |            |

FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMB-DC 15195-P61

|                         |                      |                |     |            |  |
|-------------------------|----------------------|----------------|-----|------------|--|
| 1240                    |                      | HEAD OF FAMILY |     | LOUISIANA  |  |
| Russell Louis           |                      | E.D.           |     | SHEET      |  |
| 82                      |                      | 14             |     |            |  |
| COLOR                   | AGE                  | BIRTHPLACE     |     |            |  |
| 0                       | 27                   |                |     |            |  |
| COUNTY                  | St. John the Baptist |                |     | CITY       |  |
| OTHER MEMBERS OF FAMILY |                      |                |     |            |  |
| NAME                    |                      | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| Mary                    |                      | W              | 28  |            |  |
|                         |                      |                |     |            |  |
|                         |                      |                |     |            |  |
|                         |                      |                |     |            |  |
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FORM 16-636 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|   |  |  |  |            |  |       |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|--|------------|--|-------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R240  |  | NAME OF INDIVIDUAL                         |  | E.D.       |  | SHEET |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| 6   |  | Russell, Louis                             |  | 73         |  | 31    |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR   |  | AGE  |  | BIRTHPLACE |  |       |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| 6   |  | 24   |  |            |  |       |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY  |  |  |  | CITY       |  |       |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| St. James   |  |  |  |            |  |       |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |  |  |            |  |       |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Larre, Eugene   |  |  |  |            |  |       |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |  |            |  |       |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |            |  |       |  | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE            |  |            |  |       |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE             |  |            |  |       |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |  |            |  |       |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER |  |            |  |       |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |  |            |  |       |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |  |            |  |       |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |            |  |       |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |  |            |  |       |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 18180-P61

|                         |     |                |     |            |  |
|-------------------------|-----|----------------|-----|------------|--|
| R240                    |     | HEAD OF FAMILY |     | LOUISIANA  |  |
| Russell Louis           |     | E.D.           |     | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |     |            |  |
| B                       | 21  |                |     |            |  |
| COUNTY                  |     | St. James      |     | CITY       |  |
| OTHER MEMBERS OF FAMILY |     |                |     |            |  |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| 1 Louis                 |     | W              | 18  |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
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FORM 19-636 (4-30-67)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |  |
|-------------------------|-----|----------------|-----|------------|--|
| R 240                   |     | HEAD OF FAMILY |     | LOUISIANA  |  |
| Roussel Louis           |     | E.D.           |     | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |     |            |  |
| W                       | 76  |                |     |            |  |
| COUNTY                  |     | CITY           |     |            |  |
| St. James               |     |                |     |            |  |
| OTHER MEMBERS OF FAMILY |     |                |     |            |  |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| living alone            |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
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FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



LOUISIANA

|  |   |  |                    |
|--|---|--|--------------------|
| NAME OF INDIVIDUAL<br><i>Rt. Rachael, Louis</i>  |   | E.D.<br><i>9</i>   | SHEET<br><i>13</i> |
| COLOR<br><i>B</i>  | AGE<br><i>38</i>  | BIRTHPLACE   |                    |
| COUNTY<br><i>Ascension</i>   |   | CITY   |                    |
| EMIGRATED WITH<br><i>Washington, Lou</i>   |   |  |                    |
| RELATIONSHIP TO ABOVE  |   |  |                    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> IMMIGRANT<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> WORKER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                    |

FORM 16-537 (4-29-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P01

| R 240                   |     | HEAD OF FAMILY |      | LOUISIANA  |  |
|-------------------------|-----|----------------|------|------------|--|
| COLOR                   | AGE | BIRTHPLACE     | E.D. | SHEET      |  |
| W                       | 66  |                | 93   | 16         |  |
| COUNTY                  |     | Natchitoches   |      | CITY       |  |
| OTHER MEMBERS OF FAMILY |     |                |      |            |  |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| / Anna                  |     | D              | 26   |            |  |
| / Elodie                |     | D              | 24   |            |  |
| Delouche Claohille      |     | ML             | 88   |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |   |  |           |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
|---|--|---|--|-----------|--------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|----------|--------------------------------|--|--|
| B24   |  | NAME OF INDIVIDUAL<br><i>Russell, Louis A</i>       |  | LOUISIANA | E.D.<br><i>111</i> | SHEET<br><i>2</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| COLOR<br><i>W</i>   | AGE<br><i>51</i>                         | BIRTHPLACE<br><i>Miss</i>                           |  |           |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| COUNTY<br><i>Tangipahoa</i>   |  | CITY<br><i>Amite</i>                                |  |           |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| ENUMERATED WITH<br><i>Vernon, Mary U</i>  |  |   |  |           |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |  |           |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>B</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |           |                    |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>B</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |  |           |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |  |           |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |           |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |           |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |           |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |           |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  | <i>B</i>  |  |           |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |  |           |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-PC 15100-P01

LOUISIANA

|  |  |  |            |             |
|--|--|--|------------|-------------|
| R240                                       | NAME OF INDIVIDUAL<br><i>Russell Louis A. D.</i> |  | E.D.<br>93 | SHEET<br>26 |
| COLOR<br><i>W</i>                          | AGE<br><i>38</i>                                 | BIRTHPLACE                               |            |             |
| COUNTY<br><i>St. Mary</i>                  |  | CITY<br><i>Patterson</i>                 |            |             |
| ENUMERATED WITH                            |  | <i>Russell William D.</i>                |            |             |
| RELATIONSHIP TO ABOVE                      |  |  |            |             |
| <input checked="" type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW                  | <input type="checkbox"/> IMMIGRANT       |            |             |
| <input type="checkbox"/> MOTHER            | <input type="checkbox"/> NIECE                   | <input type="checkbox"/> NURSE           |            |             |
| <input type="checkbox"/> GRANDFATHER       | <input type="checkbox"/> FATHER-IN-LAW           | <input type="checkbox"/> PATIENT         |            |             |
| <input type="checkbox"/> GRANDMOTHER       | <input type="checkbox"/> MOTHER-IN-LAW           | <input type="checkbox"/> ROOMER          |            |             |
| <input type="checkbox"/> GRANDSON          | <input type="checkbox"/> SON-IN-LAW              | <input type="checkbox"/> SERVANT         |            |             |
| <input type="checkbox"/> GRANDDAUGHTER     | <input type="checkbox"/> DAUGHTER-IN-LAW         | <input type="checkbox"/> OTHER (Specify) |            |             |
| <input type="checkbox"/> AUNT              | <input type="checkbox"/> BROTHER-IN-LAW          |  |            |             |
| <input type="checkbox"/> UNCLE             | <input type="checkbox"/> SISTER-IN-LAW           |  |            |             |

FORM 16-437 (4-20-51)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1930 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 16196-P61

LOUISIANA

|   |   |  |  |                   |                   |
|---|---|--|--|-------------------|-------------------|
| P-240                                   |   | NAME OF INDIVIDUAL<br><i>Rugeley Louis</i> |  | E.D.<br><i>62</i> | SHEET<br><i>4</i> |
| COLOR<br><i>B</i>                       | AGE<br><i>18</i>                                    | BIRTHPLACE                                 |  |                   |                   |
| COUNTY<br><i>Do Soto</i>                |   | CITY                                       |  |                   |                   |
| ENUMERATED WITH<br><i>Rugeley Isaac</i> |   |  |  |                   |                   |
| RELATIONSHIP TO ABOVE                   |   |  |  |                   |                   |
| <input type="checkbox"/> FATHER         | <input type="checkbox"/> NEPHEW                     | <input type="checkbox"/> INVALID           |  |                   |                   |
| <input type="checkbox"/> MOTHER         | <input type="checkbox"/> WIFE                       | <input type="checkbox"/> NURSE             |  |                   |                   |
| <input type="checkbox"/> GRANDFATHER    | <input type="checkbox"/> FATHER-IN-LAW              | <input type="checkbox"/> PATIENT           |  |                   |                   |
| <input type="checkbox"/> GRANDMOTHER    | <input type="checkbox"/> MOTHER-IN-LAW              | <input type="checkbox"/> ROOMER            |  |                   |                   |
| <input type="checkbox"/> GRANDSON       | <input type="checkbox"/> SON-IN-LAW                 | <input type="checkbox"/> SERVANT           |  |                   |                   |
| <input type="checkbox"/> GRANDDAUGHTER  | <input checked="" type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |  |                   |                   |
| <input type="checkbox"/> AUNT           | <input type="checkbox"/> BROTHER-IN-LAW             |  |  |                   |                   |
| <input type="checkbox"/> UNCLE          | <input type="checkbox"/> SISTER-IN-LAW              |  |  |                   |                   |

FORM 16-637 (4-30-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18198-P61

| LOUISIANA               |          |                |      |            |
|-------------------------|----------|----------------|------|------------|
| R240                    |          | HEAD OF FAMILY | E.O. | SHEET      |
| w                       |          | Russell Louise | 73   | 13         |
| COLOR                   | AGE      | BIRTHPLACE     |      |            |
|                         | 42       |                |      |            |
| COUNTY                  | St. Mary | CITY Patterson |      |            |
| OTHER MEMBERS OF FAMILY |          |                |      |            |
| NAME                    |          | RELATIONSHIP   | AGE  | BIRTHPLACE |
| Marie                   |          | S              | 21   |            |
| Claudia                 |          | DL             | 22   |            |
|                         |          |                |      |            |
|                         |          |                |      |            |
|                         |          |                |      |            |
|                         |          |                |      |            |
|                         |          |                |      |            |
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FORM 10-636 (4-20-67)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |  |   |  |            |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|--|--|---|--|------------|-------------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| R240   |  | NAME OF INDIVIDUAL<br>Roussel, Louise               |  | E.D.<br>71 | SHEET<br>27 |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR<br>W   | AGE<br>25                                | BIRTHPLACE  |  |            |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY<br>St. James  |  | CITY  |  |            |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| GENERATED WITH<br>Roussel, John  |  |   |  |            |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   |  |            |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDOW</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |            |             | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDOW                      |  |            |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |  |            |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |            |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |            |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |            |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |            |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |            |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |   |  |            |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 10-437 (4-23-51)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 1910-P-61

LOUISIANA

|  |   |   |                    |                    |
|--|---|---|--------------------|--------------------|
| R240                                   | NAME OF INDIVIDUAL<br><i>Rachel, Louise</i> |   | E.D.<br><i>149</i> | SHEET<br><i>27</i> |
| COLOR<br><i>B</i>                      | AGE<br><i>37</i>                            | BIRTHPLACE  |                    |                    |
| COUNTY<br><i>Vernon</i>                |   | CITY<br><i>Fullerton</i>  |                    |                    |
| ENUMERATED WITH<br><i>Rachel, Ham</i>  |   |   |                    |                    |
| RELATIONSHIP TO ABOVE                  |   |   |                    |                    |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW             | <input type="checkbox"/> INMATE                                 |                    |                    |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NIECE              | <input type="checkbox"/> NURSE                                  |                    |                    |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW      | <input type="checkbox"/> PATIENT                                |                    |                    |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW      | <input type="checkbox"/> ROOMER                                 |                    |                    |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW         | <input type="checkbox"/> SERVANT                                |                    |                    |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW    | <input checked="" type="checkbox"/> OTHER (Specify)<br><i>C</i> |                    |                    |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW     |   |                    |                    |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> MISTER-IN-LAW      |   |                    |                    |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 16125-P-1



LOUISIANA

|  |                  |   |      |   |                    |
|--|------------------|---|------|---|--------------------|
| R240   |                  | NAME OF INDIVIDUAL<br><i>Kechell Louis</i>  |      | E.O.<br><i>140</i>  | SHEET<br><i>16</i> |
| COLOR<br><i>w</i>  | AGE<br><i>17</i> | BIRTHPLACE  |      |   |                    |
| COUNTY   |                  |   | CITY |   |                    |
| ENUMERATED WITH<br><i>Union</i><br><i>Law Jones</i>  |                  |   |      |   |                    |
| RELATIONSHIP TO ABOVE  |                  |   |      |   |                    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> WIDOW<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>Self</i> |                    |

FORM 10-437 (9-25-31)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18199-P81

LOUISIANA

|  |   |   |          |   |      |      |       |
|--|---|---|----------|---|------|------|-------|
| R240   |   | NAME OF INDIVIDUAL  |          | Russell Lucia L   |      | E.D. | SHEET |
| COLOR  | B | AGE   | 5        | BIRTHPLACE  |      |      |       |
| COUNTY   |   |   | St. Mary |   | CITY |      |       |
| ENUMERATED WITH  |   |   |          |   |      |      |       |
| Russell also   |   |   |          |   |      |      |       |
| RELATIONSHIP TO ABOVE  |   |   |          |   |      |      |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |   | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |          | <input type="checkbox"/> UNMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify) |      | SD   |       |

FORM 16-637 (4-26-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 1910-P61

LOUISIANA

|                         |   |                |              |            |            |       |  |
|-------------------------|---|----------------|--------------|------------|------------|-------|--|
| R240                    |   | HEAD OF FAMILY |              | E.O.       |            | SHEET |  |
|                         |   | Boussel Lucien |              | 67         |            | 16    |  |
| COLOR                   | W | AGE            | 22           | BIRTHPLACE |            |       |  |
| COUNTY                  |   |                | St. James    | CITY       |            |       |  |
| OTHER MEMBERS OF FAMILY |   |                |              |            |            |       |  |
| NAME                    |   |                | RELATIONSHIP | AGE        | BIRTHPLACE |       |  |
| 1 Georgina              |   |                | W            | 17         |            |       |  |
|                         |   |                |              |            |            |       |  |
|                         |   |                |              |            |            |       |  |
|                         |   |                |              |            |            |       |  |
|                         |   |                |              |            |            |       |  |
|                         |   |                |              |            |            |       |  |
|                         |   |                |              |            |            |       |  |
|                         |   |                |              |            |            |       |  |
|                         |   |                |              |            |            |       |  |

Form 10-636 (4-22-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |  |   |  |            |            |
|--|--|---|--|------------|------------|
| R240                                   |  | NAME OF INDIVIDUAL<br><i>Rachel Lucien</i>  |  | E.O.<br>93 | SHEET<br>5 |
| COLOR<br><i>M</i>                      | AGE<br><i>21</i>                         | BIRTHPLACE                                  |  |            |            |
| COUNTY<br><i>Wachitoché</i>            |  | CITY  |  |            |            |
| ENUMERATED WITH                        |  | <i>Harwood Nellie</i>                       |  |            |            |
| RELATIONSHIP TO ABOVE                  |  |   |  |            |            |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE             |  |            |            |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE              |  |            |            |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT            |  |            |            |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER             |  |            |            |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW      | <input checked="" type="checkbox"/> SERVANT |  |            |            |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)    |  |            |            |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |            |            |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW   |   |  |            |            |

FORM 16-637 (6-26-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 1910-P61

LOUISIANA

|  |  |  |            |            |
|--|--|--|------------|------------|
| R 240                                  | NAME OF INDIVIDUAL<br>Russell, Lucile    |  | E.D.<br>58 | SHEET<br>6 |
| COLOR<br>B                             | AGE<br>12                                | BIRTHPLACE                               |            |            |
| COUNTY<br>Cade                         |  | CITY                                     |            |            |
| ENUMERATED WITH<br>Belton, A.L.        |  |  |            |            |
| RELATIONSHIP TO ABOVE                  |  |  |            |            |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDATE          |            |            |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |            |            |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |            |            |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |            |            |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |            |            |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |            |            |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW  | S-D                                      |            |            |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW   |  |            |            |

Form 16-437 (4-22-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMB-DC 16196-P01

LOUISIANA

|  |          |   |      |   |             |
|--|----------|---|------|---|-------------|
| R240   |          | NAME OF INDIVIDUAL<br>Russell Lucile  |      | E.D.<br>81  | SHEET<br>32 |
| COLOR<br>B   | AGE<br>6 | BIRTHPLACE  |      |   |             |
| COUNTY<br>Madison  |          |   | CITY |   |             |
| ENUMERATED WITH<br>Bedford Jim   |          |   |      |   |             |
| RELATIONSHIP TO ABOVE  |          |   |      |   |             |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |          | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> IMMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br>sd |             |

FORM 10-437 (4-24-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18199-P81

LOUISIANA

|  |   |   |                    |                   |
|--|---|---|--------------------|-------------------|
| R 240                                  | NAME OF INDIVIDUAL<br><i>Rebell, Lucile V</i> |   | E.O.<br><i>130</i> | SHEET<br><i>5</i> |
| COLOR<br><i>B</i>                      | AGE<br><i>2</i>                               | BIRTHPLACE  |                    |                   |
| COUNTY<br><i>Winn</i>                  |   | CITY  |                    |                   |
| ENUMERATED WITH<br><i>Travis, Jack</i> |   |   |                    |                   |
| RELATIONSHIP TO ABOVE                  |   |   |                    |                   |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW               | <input type="checkbox"/> INMATE                     |                    |                   |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NIECE                | <input type="checkbox"/> NURSE                      |                    |                   |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW        | <input type="checkbox"/> PATIENT                    |                    |                   |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW        | <input type="checkbox"/> ROOMER                     |                    |                   |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW           | <input type="checkbox"/> SERVANT                    |                    |                   |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW      | <input checked="" type="checkbox"/> OTHER (Specify) |                    |                   |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW       | <i>Ch.</i>  |                    |                   |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW        |   |                    |                   |

FORM 16-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 1910-P01

LOUISIANA

|                         |                |                   |                 |            |       |
|-------------------------|----------------|-------------------|-----------------|------------|-------|
| R240                    | HEAD OF FAMILY |                   | Russell Lucindy | E.O.       | SHEET |
| COLOR<br>B              | AGE<br>40      | BIRTHPLACE<br>Tex |                 |            |       |
| COUNTY<br>Natchitoches  |                |                   | CITY            |            |       |
| OTHER MEMBERS OF FAMILY |                |                   |                 |            |       |
| NAME                    |                | RELATIONSHIP      | AGE             | BIRTHPLACE |       |
| Ida                     |                | D                 | 20              | Tex        |       |
| Ruth                    |                | D                 | 13              |            |       |
| Lena                    |                | D                 | 11              |            |       |
| Lena                    |                | S                 | 9               |            |       |
| John B                  |                | S                 | 7               |            |       |
| Hattie                  |                | D                 | 2               |            |       |
|                         |                |                   |                 |            |       |

FORM 16-636 (4-30-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



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|  |  |  |    |            |              |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|----|------------|--------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R240   |  | NAME OF INDIVIDUAL                       |    | LOUISIANA  |              |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR  | B  | AGE                                      | 42 | BIRTHPLACE | Russell Lucy |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY   |  | EAST CANTON                              |    | CITY       |              |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH  |  |  |    |            |              |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |    |            |              |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |    |            |              | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |    |            |              |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |    |            |              |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |    |            |              |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |    |            |              |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |    |            |              |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |    |            |              |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |    |            |              |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |    |            |              |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Cousin   |  |  |    |            |              |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

Form 16-637 (4-25-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 18100-P-61

|   |   |  |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
|---|---|--|--|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|---|--|
| R240  |   | NAME OF INDIVIDUAL<br><i>Russell Lee</i> |  | LOUISIANA         |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| COLOR<br><i>W</i>   | AGE<br><i>26</i>                                | BIRTHPLACE                               |  | E.D.<br><i>71</i> | SHEET<br><i>22</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| COUNTY<br><i>Lincoln</i>  |   | CITY                                     |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| ENUMERATED WITH<br><i>Dring Charlie J</i>   |   |  |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| RELATIONSHIP TO ABOVE   |   |  |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input checked="" type="checkbox"/> WIFE-IN-LAW</td> <td></td> </tr> </table> |   |  |  |                   |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input checked="" type="checkbox"/> WIFE-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW                 | <input type="checkbox"/> INMATE          |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE                  | <input type="checkbox"/> NURSE           |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW          | <input type="checkbox"/> PATIENT         |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW          | <input type="checkbox"/> ROOMER          |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW             | <input type="checkbox"/> SERVANT         |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW        | <input type="checkbox"/> OTHER (Specify) |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW         |  |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <input type="checkbox"/> UNCLE  | <input checked="" type="checkbox"/> WIFE-IN-LAW |  |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |

FORM 16-637 (4-29-61)

1930 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18196-P61

|                         |     |                |      |            |       |
|-------------------------|-----|----------------|------|------------|-------|
| R240                    |     | HEAD OF FAMILY |      | Louisiana  |       |
| COLOR                   | AGE | BIRTHPLACE     |      | E.D.       | SHEET |
| B                       | 41  |                |      | 79         | 1     |
| COUNTY                  |     |                | CITY |            |       |
| Natchitoches            |     |                |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Hagley                  |     | W              | 32   |            |       |
| Lena                    |     | D              | 4    |            |       |
| Mammy                   |     | D              | 2    |            |       |
| Napier, William         |     | S-cl           | 7    |            |       |
| Martin, Andrew          |     | S-cl           | 4    |            |       |
| Baltiste, Joseph        |     | H B            | 24   |            |       |

FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |              |           |            |
|-------------------------|--|----------------|--------------|-----------|------------|
| R240                    |  | HEAD OF FAMILY |              | LOUISIANA |            |
| COLOR                   |  | AGE            | BIRTHPLACE   |           | E.D. SHEET |
| W                       |  | 52             |              |           | 79 12      |
| COUNTY                  |  |                | Natchitoches |           | CITY       |
| OTHER MEMBERS OF FAMILY |  |                |              |           |            |
| NAME                    |  |                | RELATIONSHIP | AGE       | BIRTHPLACE |
| Anders, Gilbert         |  |                | S            | 21        | La         |
| Lesta                   |  |                | D            | 19        |            |
| Escau                   |  |                | S            | 16        |            |
| Abel                    |  |                | D            | 12        |            |
| Rachel, Emanuel         |  |                | S            | 8         |            |
|                         |  |                |              |           |            |
|                         |  |                |              |           |            |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |  |                    |  |  |  |      |  |   |  |       |  |                 |  |
|--|--|--------------------|--|--|--|------|--|---|--|-------|--|-----------------|--|
| R248                                   |  | NAME OF INDIVIDUAL |  | Russell Lula                             |  | E.D. |  | 147   |  | SHEET |  | 1               |  |
| COLOR                                  |  | AGE                |  | BIRTHPLACE                               |  |      |  |   |  |       |  |                 |  |
| W                                      |  | 22                 |  |  |  |      |  |   |  |       |  |                 |  |
| COUNTY                                 |  |                    |  | Verdon                                   |  |      |  | CITY  |  |       |  |                 |  |
| ENUMERATED WITH                        |  |                    |  |  |  |      |  |   |  |       |  | Russell John K. |  |
| RELATIONSHIP TO ABOVE                  |  |                    |  |  |  |      |  |   |  |       |  |                 |  |
| <input type="checkbox"/> FATHER        |  |                    |  | <input type="checkbox"/> NEPHEW          |  |      |  | <input type="checkbox"/> INMATE                     |  |       |  |                 |  |
| <input type="checkbox"/> MOTHER        |  |                    |  | <input type="checkbox"/> NIECE           |  |      |  | <input type="checkbox"/> NURSE                      |  |       |  |                 |  |
| <input type="checkbox"/> GRANDFATHER   |  |                    |  | <input type="checkbox"/> FATHER-IN-LAW   |  |      |  | <input type="checkbox"/> PATIENT                    |  |       |  |                 |  |
| <input type="checkbox"/> GRANDMOTHER   |  |                    |  | <input type="checkbox"/> MOTHER-IN-LAW   |  |      |  | <input type="checkbox"/> ROOMER                     |  |       |  |                 |  |
| <input type="checkbox"/> GRANDSON      |  |                    |  | <input type="checkbox"/> SON-IN-LAW      |  |      |  | <input type="checkbox"/> SERVANT                    |  |       |  |                 |  |
| <input type="checkbox"/> GRANDDAUGHTER |  |                    |  | <input type="checkbox"/> DAUGHTER-IN-LAW |  |      |  | <input checked="" type="checkbox"/> OTHER (Specify) |  |       |  |                 |  |
| <input type="checkbox"/> AUNT          |  |                    |  | <input type="checkbox"/> BROTHER-IN-LAW  |  |      |  | SD  |  |       |  |                 |  |
| <input type="checkbox"/> UNCLE         |  |                    |  | <input type="checkbox"/> SISTER-IN-LAW   |  |      |  |   |  |       |  |                 |  |

Form 16-437 (4-29-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18190-P01

LOUISIANA

|                            |                  |              |                        |            |       |
|----------------------------|------------------|--------------|------------------------|------------|-------|
| <i>R240</i>                | HEAD OF FAMILY   |              | <i>Russell Lum</i>     | E.D.       | SHEET |
| COLOR<br><i>B</i>          | AGE<br><i>42</i> | BIRTHPLACE   |                        |            |       |
| COUNTY<br><i>Bienville</i> |                  |              | CITY<br><i>Arcadia</i> |            |       |
| OTHER MEMBERS OF FAMILY    |                  |              |                        |            |       |
| NAME                       |                  | RELATIONSHIP | AGE                    | BIRTHPLACE |       |
| <i>Willie</i>              |                  | <i>W</i>     | <i>32</i>              |            |       |
| <i>Ed</i>                  |                  | <i>S</i>     | <i>17</i>              |            |       |
| <i>Elmer</i>               |                  | <i>S</i>     | <i>16</i>              |            |       |
| <i>Lucy</i>                |                  | <i>D</i>     | <i>12</i>              |            |       |
| <i>Bertha</i>              |                  | <i>D</i>     | <i>11</i>              |            |       |
| <i>Lymmie</i>              |                  | <i>D</i>     | <i>7</i>               |            |       |
| <i>Ben</i>                 |                  | <i>S</i>     | <i>5</i>               |            |       |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

*Russell Lum*

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME           | RELATIONSHIP | AGE      | BIRTHPLACE |
|----------------|--------------|----------|------------|
| <i>1 Velma</i> | <i>D</i>     | <i>3</i> |            |
| <i>Alma</i>    | <i>D</i>     | <i>1</i> |            |
|                |              |          |            |
|                |              |          |            |
|                |              |          |            |
|                |              |          |            |
|                |              |          |            |
|                |              |          |            |
|                |              |          |            |
|                |              |          |            |

FORM 10-436a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 1910-P61



LOUISIANA

|  |  |  |            |            |
|--|--|--|------------|------------|
| R240   | NAME OF INDIVIDUAL<br><i>Russell, Linton</i> |  | E.D.<br>25 | SHEET<br>1 |
| COLOR<br>B                                   | AGE<br>4                                     | BIRTHPLACE                               |            |            |
| COUNTY<br>De Soto                            |  | CITY                                     |            |            |
| ENUMERATED WITH<br><i>Blair, James</i>       |  |  |            |            |
| RELATIONSHIP TO ABOVE                        |  |  |            |            |
| <input type="checkbox"/> FATHER              | <input type="checkbox"/> NEPHEW              | <input type="checkbox"/> WIDATE          |            |            |
| <input type="checkbox"/> MOTHER              | <input type="checkbox"/> NICE                | <input type="checkbox"/> NURSE           |            |            |
| <input type="checkbox"/> GRANDFATHER         | <input type="checkbox"/> FATHER-IN-LAW       | <input type="checkbox"/> PATIENT         |            |            |
| <input type="checkbox"/> GRANDMOTHER         | <input type="checkbox"/> MOTHER-IN-LAW       | <input type="checkbox"/> ROOMER          |            |            |
| <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW          | <input type="checkbox"/> SERVANT         |            |            |
| <input type="checkbox"/> GRANDDAUGHTER       | <input type="checkbox"/> DAUGHTER-IN-LAW     | <input type="checkbox"/> OTHER (Specify) |            |            |
| <input type="checkbox"/> AUNT                | <input type="checkbox"/> BROTHER-IN-LAW      |  |            |            |
| <input type="checkbox"/> UNCLE               | <input type="checkbox"/> SISTER-IN-LAW       |  |            |            |

FORM 10-437 (4-20-31)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1940 CENSUS INDEX - INDIVIDUAL

USCOMM-UC 10100-101

LOUISIANA

|                         |                 |              |          |            |
|-------------------------|-----------------|--------------|----------|------------|
| R240                    | HEAD OF FAMILY  |              | E.O.     | SHEET      |
|                         | Russell Lunilla |              | 114      | 2          |
| COLOR                   | AGE             | BIRTHPLACE   |          |            |
| B                       | 26              |              |          |            |
| COUNTY                  | Richland        |              | CITY     |            |
|                         |                 |              | Rayville |            |
| OTHER MEMBERS OF FAMILY |                 |              |          |            |
| NAME                    |                 | RELATIONSHIP | AGE      | BIRTHPLACE |
| Living alone            |                 |              |          |            |
|                         |                 |              |          |            |
|                         |                 |              |          |            |
|                         |                 |              |          |            |
|                         |                 |              |          |            |
|                         |                 |              |          |            |
|                         |                 |              |          |            |
|                         |                 |              |          |            |

FORM 18-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|   |  |  |  |      |       |                                 |  |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|--|------|-------|---------------------------------|--|--------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R 240   |  | NAME OF INDIVIDUAL                       |  | E.O. | SHEET |                                 |  |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|   |  | Rachel, Lylnes                           |  | 92   | 21    |                                 |  |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR   | AGE  | BIRTHPLACE                               |  |      |       |                                 |  |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Man   | 4  |  |  |      |       |                                 |  |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY  |  | Natchitoches                             |  | CITY |       |                                 |  |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |  |  |      |       |                                 |  |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Metoyer, Frank  |  |  |  |      |       |                                 |  |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |  |      |       |                                 |  |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input checked="" type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> WMAVE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> |  |  |  |      |       | <input type="checkbox"/> FATHER | <input checked="" type="checkbox"/> NEPHEW | <input type="checkbox"/> WMAVE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input checked="" type="checkbox"/> NEPHEW | <input type="checkbox"/> WMAVE           |  |      |       |                                 |  |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE             | <input type="checkbox"/> NURSE           |  |      |       |                                 |  |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW     | <input type="checkbox"/> PATIENT         |  |      |       |                                 |  |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW     | <input type="checkbox"/> ROOMER          |  |      |       |                                 |  |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW        | <input type="checkbox"/> SERVANT         |  |      |       |                                 |  |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW   | <input type="checkbox"/> OTHER (Specify) |  |      |       |                                 |  |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW    |  |  |      |       |                                 |  |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW     |  |  |      |       |                                 |  |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P61

|   |   |   |      |           |            |            |
|---|---|---|------|-----------|------------|------------|
| R240                                      |   | NAME OF INDIVIDUAL<br><i>Rechal M. A.</i> |      | LOUISIANA | E.O.<br>93 | SHEET<br>2 |
| COLOR<br><i>W</i>                         | AGE<br><i>68</i>                                  | BIRTHPLACE                                |      |           |            |            |
| COUNTY<br><i>Natchitoches</i>             |   |   | CITY |           |            |            |
| ENUMERATED WITH<br><i>Beussie Neville</i> |   |   |      |           |            |            |
| RELATIONSHIP TO ABOVE                     |   |   |      |           |            |            |
| <input type="checkbox"/> FATHER           | <input type="checkbox"/> NEPHEW                   | <input type="checkbox"/> WIFE             |      |           |            |            |
| <input type="checkbox"/> MOTHER           | <input type="checkbox"/> NIECE                    | <input type="checkbox"/> WIFE             |      |           |            |            |
| <input type="checkbox"/> GRANDFATHER      | <input type="checkbox"/> FATHER-IN-LAW            | <input type="checkbox"/> NURSE            |      |           |            |            |
| <input type="checkbox"/> GRANDMOTHER      | <input checked="" type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> PATIENT          |      |           |            |            |
| <input type="checkbox"/> GRANDSON         | <input type="checkbox"/> SON-IN-LAW               | <input type="checkbox"/> ROOMER           |      |           |            |            |
| <input type="checkbox"/> GRANDDAUGHTER    | <input type="checkbox"/> DAUGHTER-IN-LAW          | <input type="checkbox"/> SERVANT          |      |           |            |            |
| <input type="checkbox"/> AUNT             | <input type="checkbox"/> BROTHER-IN-LAW           | <input type="checkbox"/> OTHER (Specify)  |      |           |            |            |
| <input type="checkbox"/> UNCLE            | <input type="checkbox"/> SISTER-IN-LAW            |   |      |           |            |            |

FORM 16-437 (4-22-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1930 CENSUS INDEX - INDIVIDUAL

JSCOMM-DC 15105-P01

|                         |              | LOUISIANA                   |            |
|-------------------------|--------------|-----------------------------|------------|
| 1240                    |              | HEAD OF FAMILY Russell Mack |            |
| E.O. 72                 |              | SHEET 2                     |            |
| COLOR 13                | AGE 39       | BIRTHPLACE                  |            |
| COUNTY De Soto          | CITY         |                             |            |
| OTHER MEMBERS OF FAMILY |              |                             |            |
| NAME                    | RELATIONSHIP | AGE                         | BIRTHPLACE |
| 1 Leanna                | W            | 48                          |            |
| Jackson Marylou         | W            | 18                          |            |
|                         |              |                             |            |
|                         |              |                             |            |
|                         |              |                             |            |
|                         |              |                             |            |
|                         |              |                             |            |
|                         |              |                             |            |

## LOUISIANA

|                         |                |              |                  |            |       |
|-------------------------|----------------|--------------|------------------|------------|-------|
| R240                    | HEAD OF FAMILY |              | Rachal, McKnight | E.D.       | SHEET |
| COLOR                   | AGE            | BIRTHPLACE   |                  |            |       |
| It                      | 37             |              |                  |            |       |
| COUNTY                  | Natchitoches   |              | CITY             |            |       |
| OTHER MEMBERS OF FAMILY |                |              |                  |            |       |
| NAME                    |                | RELATIONSHIP | AGE              | BIRTHPLACE |       |
| Lassie                  |                | It           | 37               |            |       |
| Pherson                 |                | S            | 13               |            |       |
| Calvin                  |                | S            | 11               |            |       |
| Montville               |                | S            | 7                |            |       |
|                         |                |              |                  |            |       |
|                         |                |              |                  |            |       |
|                         |                |              |                  |            |       |
|                         |                |              |                  |            |       |

LOUISIANA

|                          |   |                           |            |            |
|--------------------------|---|---------------------------|------------|------------|
| 2240                     | HEAD OF FAMILY<br><i>Rachel, Maggie</i> |                           | E.D.<br>78 | SHEET<br>4 |
| COLOR<br><i>Mu</i>       | AGE<br>22                               | BIRTHPLACE                |            |            |
| COUNTY<br><i>Rapides</i> |   | CITY<br><i>Alexandria</i> |            |            |
| OTHER MEMBERS OF FAMILY  |   |                           |            |            |
| NAME                     |   | RELATION-<br>SHIP         | AGE        | BIRTHPLACE |
| <i>Casser</i>            |   | <i>D</i>                  | <i>5</i>   |            |
| <i>Ross</i>              |   | <i>D</i>                  | <i>2</i>   |            |
| <i>Thompson, Cora</i>    |   | <i>Si</i>                 | <i>30</i>  |            |
|                          |   |                           |            |            |
|                          |   |                           |            |            |
|                          |   |                           |            |            |
|                          |   |                           |            |            |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

## LOUISIANA

|  |  |   |  |             |             |
|--|--|---|--|-------------|-------------|
| R-240                                  |  | NAME OF INDIVIDUAL<br>Russell Magitt                |  | E.D.<br>148 | SHEET<br>12 |
| COLOR<br>W                             | AGE<br>6                                 | BIRTHPLACE  |  |             |             |
| COUNTY<br>West Carroll                 |  | CITY  |  |             |             |
| ENUMERATED WITH<br>Boutwell Thomas     |  |   |  |             |             |
| RELATIONSHIP TO ABOVE                  |  |   |  |             |             |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDATE                     |  |             |             |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |  |             |             |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |             |             |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |             |             |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |             |             |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |             |             |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |             |             |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW   |   |  |             |             |

SD

FORM 10-62 (2-22-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-PC 10100-P01



|                         |                               | LOUISIANA  |            |
|-------------------------|-------------------------------|------------|------------|
| R240                    | HEAD OF FAMILY Rachel Melvern |            | E.D. 73    |
|                         |                               |            | SHEET 3    |
| COLOR W                 | AGE 29                        | BIRTHPLACE |            |
| COUNTY Natchitoches     | CITY                          |            |            |
| OTHER MEMBERS OF FAMILY |                               |            |            |
| NAME                    | RELATIONSHIP                  | AGE        | BIRTHPLACE |
| Marie E                 | W                             | 25         |            |
| Aurely                  | D                             | 5          |            |
| Eselle                  | D                             | 4          |            |
| Thelma                  | D                             | 3          |            |
|                         |                               |            |            |
|                         |                               |            |            |
|                         |                               |            |            |

FORM 16-436 (4-22-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |                |  |                |     |            |  |
|--|--|----------------|--|----------------|-----|------------|--|
| R240   |  | HEAD OF FAMILY |  | Kessel, Maxine |     | LOUISIANA  |  |
| COLOR  |  | AGE            |  | BIRTHPLACE     |     | E.D. SHEET |  |
| W  |  | 50             |  | Ga.            |     | 632        |  |
| COUNTY   |  |                |  | CITY           |     |            |  |
| <p style="text-align: center;"><del>Do Not</del><br/>OTHER MEMBERS OF FAMILY</p> |  |                |  |                |     |            |  |
| NAME   |  |                |  | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| / Alice  |  |                |  | W              | 48  |            |  |
| Samuel   |  |                |  | S              | 24  |            |  |
|  |  |                |  |                |     |            |  |
|  |  |                |  |                |     |            |  |
|  |  |                |  |                |     |            |  |
|  |  |                |  |                |     |            |  |
|  |  |                |  |                |     |            |  |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |              | LOUISIANA  |            |
|-------------------------|--------------|------------|------------|
| HEAD OF FAMILY          |              | E.O.       | SHEET      |
| P 270                   | Rachal, Mary | 81         | 37         |
| COLOR                   | AGE          | BIRTHPLACE |            |
| W                       | 56           |            |            |
| COUNTY                  | City         |            |            |
| Harris                  | Acadiana     |            |            |
| OTHER MEMBERS OF FAMILY |              |            |            |
| NAME                    | RELATIONSHIP | AGE        | BIRTHPLACE |
| Lillie                  | W            | 24         |            |
| Andrew                  | S            | 22         |            |
| Andrew                  | S            | 17         |            |
| Cellan Joe              | GS           | 17         |            |
| Adolph                  | S            | 15         |            |
| Ann                     | D            | 12         |            |
|                         |              |            |            |

Form 10-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|                         |                 |              |      |            |       |  |
|-------------------------|-----------------|--------------|------|------------|-------|--|
| R240                    | HEAD OF FAMILY  |              | E.D. |            | SHEET |  |
|                         | Raissel Marceau |              | 67   |            | 3     |  |
| COLOR                   | AGE             | BIRTHPLACE   |      |            |       |  |
| W                       | 52              |              |      |            |       |  |
| COUNTY                  |                 |              | CITY |            |       |  |
| St. James               |                 |              |      |            |       |  |
| OTHER MEMBERS OF FAMILY |                 |              |      |            |       |  |
| NAME                    |                 | RELATIONSHIP | AGE  | BIRTHPLACE |       |  |
| 1 Adela                 |                 | D            | 19   |            |       |  |
| August Josephine        |                 | Si           | 60   |            |       |  |
|                         |                 |              |      |            |       |  |
|                         |                 |              |      |            |       |  |
|                         |                 |              |      |            |       |  |
|                         |                 |              |      |            |       |  |
|                         |                 |              |      |            |       |  |
|                         |                 |              |      |            |       |  |

FORM 16-436 (4-20-31)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|                         |     |                |  |                  |     |            |       |
|-------------------------|-----|----------------|--|------------------|-----|------------|-------|
| 1245                    |     | HEAD OF FAMILY |  | Kusalina, Michie |     | E.D.       | SHEET |
| COLOR                   | AGE | BIRTHPLACE     |  |                  |     |            |       |
| W                       | 50  | Italy          |  |                  |     |            |       |
| COUNTY                  |     |                |  | CITY             |     |            |       |
| Iberville               |     |                |  |                  |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |  |                  |     |            |       |
| NAME                    |     |                |  | RELATIONSHIP     | AGE | BIRTHPLACE |       |
| Anna                    |     |                |  | W                | 45  | Italy      |       |
| Salvatore               |     |                |  | S                | 18  |            |       |
| Frank                   |     |                |  | S                | 13  |            |       |
| Louise                  |     |                |  | D                | 12  |            |       |
| Joe                     |     |                |  | S                | 10  |            |       |
| Cecilia                 |     |                |  | S                | 10  |            |       |
|                         |     |                |  |                  |     |            |       |

LOUISIANA

|   |   |  |                   |                    |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|---|--|-------------------|--------------------|---------------------------------|---------------------------------|-------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|---|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 1920  | NAME OF INDIVIDUAL<br><i>Russel Marguerite</i>    |  | E.D.<br><i>17</i> | SHEET<br><i>23</i> |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>B</i>   | AGE<br><i>66</i>                                  | BIRTHPLACE                               |                   |                    |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>Iberia</i>   |   | CITY<br><i>New Iberia</i>                |                   |                    |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Thomas James</i>  |   |  |                   |                    |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |   |  |                   |                    |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIFE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input checked="" type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |   |  |                   |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIFE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input checked="" type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW                   | <input type="checkbox"/> WIFE            |                   |                    |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE                    | <input type="checkbox"/> NURSE           |                   |                    |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW            | <input type="checkbox"/> PATIENT         |                   |                    |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input checked="" type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER          |                   |                    |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW               | <input type="checkbox"/> SERVANT         |                   |                    |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW          | <input type="checkbox"/> OTHER (Specify) |                   |                    |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW           |  |                   |                    |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW            |  |                   |                    |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 16-437 (4-29-21)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1920 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18106-P-01

## LOUISIANA

|   |  |  |                   |                    |
|---|--|--|-------------------|--------------------|
| R 246                                   | NAME OF INDIVIDUAL<br><i>Rosalie Marie</i> |  | E.D.<br><i>76</i> | SHEET<br><i>21</i> |
| COLOR<br><i>W</i>                       | AGE<br><i>37</i>                           | BIRTHPLACE                                 |                   |                    |
| COUNTY<br><i>St. James</i>              |  | CITY                                       |                   |                    |
| ENUMERATED WITH<br><i>Herbier Marie</i> |  |  |                   |                    |
| RELATIONSHIP TO ABOVE                   |  |  |                   |                    |
| <input type="checkbox"/> FATHER         | <input type="checkbox"/> NEPHEW            | <input type="checkbox"/> WIDOW             |                   |                    |
| <input type="checkbox"/> MOTHER         | <input type="checkbox"/> NIECE             | <input type="checkbox"/> NURSE             |                   |                    |
| <input type="checkbox"/> GRANDFATHER    | <input type="checkbox"/> FATHER-IN-LAW     | <input type="checkbox"/> PATIENT           |                   |                    |
| <input type="checkbox"/> GRANDMOTHER    | <input type="checkbox"/> MOTHER-IN-LAW     | <input checked="" type="checkbox"/> ROOMER |                   |                    |
| <input type="checkbox"/> GRANDSON       | <input type="checkbox"/> SON-IN-LAW        | <input type="checkbox"/> SERVANT           |                   |                    |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW   | <input type="checkbox"/> OTHER (Specify)   |                   |                    |
| <input type="checkbox"/> AUNT           | <input type="checkbox"/> BROTHER-IN-LAW    |  |                   |                    |
| <input type="checkbox"/> UNCLE          | <input type="checkbox"/> SISTER-IN-LAW     |  |                   |                    |

FORM 10-437 (4-22-41)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1940 CENSUS INDEX - INDIVIDUAL

USCOM-DC 10103-P21

|                         |                   | LOUISIANA  |            |
|-------------------------|-------------------|------------|------------|
| HEAD OF FAMILY          | E.O.              | SHEET      |            |
| R 246                   | Russell, Marion L | 8          | 26         |
| COLOR                   | AGE               | BIRTHPLACE |            |
| W                       | 28                | S.C.       |            |
| COUNTY                  | CITY              |            |            |
|                         | Bienville         |            |            |
| OTHER MEMBERS OF FAMILY |                   |            |            |
| NAME                    | RELATIONSHIP      | AGE        | BIRTHPLACE |
| Annica                  | W                 | 25         |            |
| Atia R.                 | S                 | 5          |            |
| Eldon                   | S                 | 3          |            |
| Brice                   | S                 | 15/16      |            |
| Bates, Mississau        | 3rd L.            | 18         |            |
|                         |                   |            |            |
|                         |                   |            |            |



LOUISIANA

|                         |                |            |                |       |            |       |
|-------------------------|----------------|------------|----------------|-------|------------|-------|
| R240                    | HEAD OF FAMILY |            | Russell Marine |       | E.D.       | SHEET |
| COLOR                   | AGE            | BIRTHPLACE |                |       |            |       |
| W                       | 36             |            |                |       |            |       |
| COUNTY                  |                |            | St. James      |       | CITY       |       |
| OTHER MEMBERS OF FAMILY |                |            |                |       |            |       |
| NAME                    |                |            | RELATIONSHIP   | AGE   | BIRTHPLACE |       |
| Lelani                  |                |            | W              | 31    |            |       |
| Mga                     |                |            | D              | 11    |            |       |
| Amilcar                 |                |            | S              | 9     |            |       |
| Heland                  |                |            | D              | 7     |            |       |
| Albin                   |                |            | S              | 5     |            |       |
| Norbert                 |                |            | S              | 3     |            |       |
| Fernand                 |                |            | S              | 1 1/2 |            |       |

FORM 18-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|                         |                |     |                    |            |            |       |   |
|-------------------------|----------------|-----|--------------------|------------|------------|-------|---|
| R240                    | HEAD OF FAMILY |     | Russell Marshall B | E.D.       | 111        | SHEET | 1 |
| COLOR                   | 21             | AGE | 32                 | BIRTHPLACE |            |       |   |
| COUNTY                  |                |     |                    | CITY       |            |       |   |
| Sabine                  |                |     |                    |            |            |       |   |
| OTHER MEMBERS OF FAMILY |                |     |                    |            |            |       |   |
| NAME                    |                |     | RELATIONSHIP       | AGE        | BIRTHPLACE |       |   |
| Eddie T                 |                |     | W                  | 31         |            |       |   |
| Blanche E               |                |     | S                  | 11         |            |       |   |
| Henry B                 |                |     | S                  | 10         |            |       |   |
| Beulah B                |                |     | D                  | 8          |            |       |   |
| Eula M                  |                |     | D                  | 6          |            |       |   |
| Wilbert M               |                |     | S                  | 3          |            |       |   |
|                         |                |     |                    |            |            |       |   |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |   |   |                   |                   |
|--|---|---|-------------------|-------------------|
| R240   | NAME OF INDIVIDUAL<br><i>Rachel Marshat</i> |   | E.D.<br><i>93</i> | SHEET<br><i>9</i> |
| COLOR<br><i>W</i>                              | AGE<br><i>37</i>                            | BIRTHPLACE  |                   |                   |
| COUNTY<br><i>Rapides</i>                       |   | CITY  |                   |                   |
| ENUMERATED WITH<br><i>Schenbrock Josephine</i> |   |   |                   |                   |
| RELATIONSHIP TO ABOVE                          |   |   |                   |                   |
| <input type="checkbox"/> FATHER                | <input type="checkbox"/> NEPHEW             | <input type="checkbox"/> INMATE                                 |                   |                   |
| <input type="checkbox"/> MOTHER                | <input type="checkbox"/> NIECE              | <input type="checkbox"/> NURSE                                  |                   |                   |
| <input type="checkbox"/> GRANDFATHER           | <input type="checkbox"/> FATHER-IN-LAW      | <input type="checkbox"/> PATIENT                                |                   |                   |
| <input type="checkbox"/> GRANDMOTHER           | <input type="checkbox"/> MOTHER-IN-LAW      | <input type="checkbox"/> ROOMER                                 |                   |                   |
| <input type="checkbox"/> GRANDSON              | <input type="checkbox"/> SON-IN-LAW         | <input type="checkbox"/> SERVANT                                |                   |                   |
| <input type="checkbox"/> GRANDDAUGHTER         | <input type="checkbox"/> DAUGHTER-IN-LAW    | <input checked="" type="checkbox"/> OTHER (Specify)<br><i>C</i> |                   |                   |
| <input type="checkbox"/> AUNT                  | <input type="checkbox"/> BROTHER-IN-LAW     |   |                   |                   |
| <input type="checkbox"/> UNCLE                 | <input type="checkbox"/> SISTER-IN-LAW      |   |                   |                   |

FORM 15-537 (4-22-31)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 15106-P61

|  |   |
|--|---|
| LOUISIANA  |   |
| R-240  | NAME OF INDIVIDUAL<br><i>Russel Martha</i>  |
| E.D.<br><i>67</i>  | SHEET<br><i>12</i>  |
| COLOR<br><i>B</i>  | AGE<br><i>20</i>  |
| BIRTHPLACE   |   |
| COUNTY   | CITY  |
| <i>St. James</i>   |   |
| EMIGRATED WITH<br><i>Hit Jacob</i>   |   |
| RELATIONSHIP TO ABOVE  |   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>hi</i>   |   |

FORM 16-437 (4-29-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1916 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18169-P61

|  |   |  |           |  |         |
|--|---|--|-----------|--|---------|
| R240   |   | NAME OF INDIVIDUAL   |           | LOUISIANA  |         |
| COLOR  | B | AGE  | 37        | BIRTHPLACE   | Martha  |
| COUNTY   |   |  | E.O.      | 144  | SHEET 8 |
| ENUMERATED WITH  |   |  | CITY      |  |         |
| Vernon   |   |  | Leesville |  |         |
| RELATIONSHIP TO ABOVE  |   |  |           |  |         |
| Anderson, William  |   |  |           |  |         |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |   | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NICE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |           | <input type="checkbox"/> WIFE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> WIDOWER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |         |

FORM 10-437 (6-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCENS-DC 18100-P01

FORM 10-436 (6-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                |                | LOUISIANA  |                   |
|-------------------------|----------------|----------------|------------|-------------------|
| R 245                   | HEAD OF FAMILY | Cashin, Martin |            | E.D. 42 / SHEET 7 |
| COLOR B                 | AGE 43         | BIRTHPLACE     |            |                   |
| COUNTY East Carroll     |                | CITY           |            |                   |
| OTHER MEMBERS OF FAMILY |                |                |            |                   |
| NAME                    | RELATIONSHIP   | AGE            | BIRTHPLACE |                   |
| Amanda                  | W              | 36             |            |                   |
| Lucinda                 | D              | 10             |            |                   |
| Caroline                | D              | 1 1/2          |            |                   |
| Harris, Carter          | S              | 79             | Oa         |                   |
|                         |                |                |            |                   |
|                         |                |                |            |                   |
|                         |                |                |            |                   |

Form 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

| R 240                   |              | HEAD OF FAMILY |            | LOUISIANA |       |
|-------------------------|--------------|----------------|------------|-----------|-------|
| COLOR                   | AGE          | BIRTHPLACE     |            | E.D.      | SHEET |
| W                       | 48           | Concordia      |            | 38        | 13    |
| COUNTY                  |              | CITY           |            |           |       |
| OTHER MEMBERS OF FAMILY |              |                |            |           |       |
| NAME                    | RELATIONSHIP | AGE            | BIRTHPLACE |           |       |
| 1 Merwin C              | 1            | 22             |            |           |       |
| Julia M                 | 1            | 13             |            |           |       |
| and 11 boarder          |              |                |            |           |       |
|                         |              |                |            |           |       |
|                         |              |                |            |           |       |
|                         |              |                |            |           |       |
|                         |              |                |            |           |       |
|                         |              |                |            |           |       |
|                         |              |                |            |           |       |

FORM 16-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

LOUISIANA

|                         |                 |              |      |            |
|-------------------------|-----------------|--------------|------|------------|
| R 240                   | HEAD OF FAMILY  |              | E.O. | SHEET      |
|                         | Hagley Martin J |              | 28   | 19         |
| COLOR                   | AGE             | BIRTHPLACE   |      |            |
| W                       | 33              | Penn.        |      |            |
| COUNTY                  | JACOBSON        |              | CITY |            |
| OTHER MEMBERS OF FAMILY |                 |              |      |            |
| NAME                    |                 | RELATIONSHIP | AGE  | BIRTHPLACE |
| 1 Mabel                 |                 | son          | 31   |            |
|                         |                 |              |      |            |
|                         |                 |              |      |            |
|                         |                 |              |      |            |
|                         |                 |              |      |            |
|                         |                 |              |      |            |
|                         |                 |              |      |            |
|                         |                 |              |      |            |
|                         |                 |              |      |            |

FORM 16-436 (4-26-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



LOUISIANA

|   |  |  |                    |
|---|--|--|--------------------|
| NAME OF INDIVIDUAL<br><i>Russell, Mary</i>  |  | ED.<br><i>34</i>   | SHEET<br><i>10</i> |
| COLOR<br><i>W</i>   | AGE<br><i>14</i>   | BIRTHPLACE<br><i>La.</i>   |                    |
| COUNTY<br><i>Cade</i>   | CITY   |  |                    |
| ENUMERATED WITH<br><i>Anderson, Andrew M.</i>   |  |  |                    |
| RELATIONSHIP TO ABOVE   |  |  |                    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input checked="" type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NICE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> ORNATE<br><input type="checkbox"/> MURDER<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> NEGRO<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                    |

FORM 16-537 (4-22-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P01

LOUISIANA

|                         |     |                |        |            |       |
|-------------------------|-----|----------------|--------|------------|-------|
| R240                    |     | HEAD OF FAMILY |        | E.O.       | SHEET |
| R240                    |     | Russell Mary   |        | 102        | 17    |
| COLOR                   | AGE | BIRTHPLACE     |        |            |       |
| B                       | 60  | La             |        |            |       |
| COUNTY                  |     |                | CITY   |            |       |
| Orchita                 |     |                | Monroe |            |       |
| OTHER MEMBERS OF FAMILY |     |                |        |            |       |
| NAME                    |     | RELATIONSHIP   | AGE    | BIRTHPLACE |       |
| 4 1 Boarder             |     |                |        |            |       |
| Jenkins, Mary           |     | GS             | 23     |            |       |
| Malinda                 |     | GD             | 19     |            |       |
| Clarence                |     | GGs            | 2      |            |       |
| Sam                     |     | GGs            | 2 1/2  |            |       |
| Henry                   |     | GS             | 17     |            |       |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |           |   |  |  |             |
|--|-----------|---|--|--|-------------|
| R-246                                  |           | NAME OF INDIVIDUAL<br>Russell, Mary               |  | E.D.<br>152                              | SHEET<br>23 |
| COLOR<br>W                             | AGE<br>16 | BIRTHPLACE  |  |  |             |
| COUNTY<br>Union                        | CITY      |   |  |  |             |
| ENUMERATED WITH<br>Fellows, Perry      |           |   |  |  |             |
| RELATIONSHIP TO ABOVE                  |           |   |  |  |             |
| <input type="checkbox"/> FATHER        |           | <input type="checkbox"/> NEPHEW                   |  | <input type="checkbox"/> INMATE          |             |
| <input type="checkbox"/> MOTHER        |           | <input type="checkbox"/> NIECE                    |  | <input type="checkbox"/> NURSE           |             |
| <input type="checkbox"/> GRANDFATHER   |           | <input type="checkbox"/> FATHER-IN-LAW            |  | <input type="checkbox"/> PATIENT         |             |
| <input type="checkbox"/> GRANDMOTHER   |           | <input type="checkbox"/> MOTHER-IN-LAW            |  | <input type="checkbox"/> ROOMER          |             |
| <input type="checkbox"/> GRANDSON      |           | <input type="checkbox"/> SON-IN-LAW               |  | <input type="checkbox"/> SERVANT         |             |
| <input type="checkbox"/> GRANDDAUGHTER |           | <input type="checkbox"/> DAUGHTER-IN-LAW          |  | <input type="checkbox"/> OTHER (Specify) |             |
| <input type="checkbox"/> AUNT          |           | <input type="checkbox"/> BROTHER-IN-LAW           |  |  |             |
| <input type="checkbox"/> UNCLE         |           | <input checked="" type="checkbox"/> SISTER-IN-LAW |  |  |             |

FORM 10-637 14-20-611

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 1910-P01

LOUISIANA

|                          |                                       |              |                   |                    |
|--------------------------|---------------------------------------|--------------|-------------------|--------------------|
| R 240                    | HEAD OF FAMILY<br><i>Russell Mary</i> |              | E.D.<br><i>18</i> | SHEET<br><i>21</i> |
| COLOR<br><i>W</i>        | AGE<br><i>71</i>                      | BIRTHPLACE   |                   |                    |
| COUNTY<br><i>Bossier</i> |                                       | CITY         |                   |                    |
| OTHER MEMBERS OF FAMILY  |                                       |              |                   |                    |
| NAME                     |                                       | RELATIONSHIP | AGE               | BIRTHPLACE         |
| <i>1 Willie</i>          |                                       | <i>S</i>     | <i>41</i>         |                    |
| <i>Genevieve</i>         |                                       | <i>D</i>     | <i>29</i>         |                    |
| <i>Barb Carl</i>         |                                       | <i>GS</i>    | <i>3</i>          |                    |
| <i>Smith Will</i>        |                                       | <i>GS</i>    | <i>6</i>          |                    |
|                          |                                       |              |                   |                    |
|                          |                                       |              |                   |                    |
|                          |                                       |              |                   |                    |

Form 10-636 (4-30-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                | LOUISIANA |            |
|-------------------------|--|----------------|-----------|------------|
| R 240                   |  | HEAD OF FAMILY |           | E.D.       |
| W                       |  | 53             |           | 147        |
| BIRTHPLACE              |  | SHEET          |           |            |
| COUNTY                  |  | CITY           |           |            |
| West Feliciana          |  |                |           |            |
| OTHER MEMBERS OF FAMILY |  |                |           |            |
| NAME                    |  | RELATIONSHIP   | AGE       | BIRTHPLACE |
| 1 Robert K              |  | S              | 13        |            |
|                         |  |                |           |            |
|                         |  |                |           |            |
|                         |  |                |           |            |
|                         |  |                |           |            |
|                         |  |                |           |            |
|                         |  |                |           |            |
|                         |  |                |           |            |

LOUISIANA

|  |  |   |  |                   |                   |                                 |                                 |                                  |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|---|--|-------------------|-------------------|---------------------------------|---------------------------------|----------------------------------|--|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R 240  |  | NAME OF INDIVIDUAL<br><i>Rogellio Inany</i> |  | ED.<br><i>147</i> | SHEET<br><i>4</i> |                                 |                                 |                                  |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>W</i>  | AGE<br><i>66</i>                         | BIRTHPLACE                                  |  |                   |                   |                                 |                                 |                                  |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>West Feliciana</i>  |  | CITY  |  |                   |                   |                                 |                                 |                                  |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Rogellio Sylvestre</i>   |  |   |  |                   |                   |                                 |                                 |                                  |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   |  |                   |                   |                                 |                                 |                                  |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> ROOMATE</td> </tr> <tr> <td><input checked="" type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |                   |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> ROOMATE | <input checked="" type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> ROOMATE            |  |                   |                   |                                 |                                 |                                  |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE              |  |                   |                   |                                 |                                 |                                  |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT            |  |                   |                   |                                 |                                 |                                  |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER             |  |                   |                   |                                 |                                 |                                  |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT            |  |                   |                   |                                 |                                 |                                  |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)    |  |                   |                   |                                 |                                 |                                  |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |                   |                   |                                 |                                 |                                  |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |   |  |                   |                   |                                 |                                 |                                  |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-637 (4-26-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCIB-DC 10100-P-1

LOUISIANA

|  |           |   |  |  |            |
|--|-----------|---|--|--|------------|
| B 370  |           | NAME OF INDIVIDUAL<br>Rusale Mary   |  | E.O.<br>14   | SHEET<br>1 |
| COLOR<br>B   | AGE<br>20 | BIRTHPLACE<br>La. Cal.  |  |  |            |
| COUNTY<br>East Baton Rouge   |           | CITY<br>Baton Rouge   |  |  |            |
| ENUMERATED WITH<br>Morse Harry   |           |   |  |  |            |
| RELATIONSHIP TO ABOVE  |           |   |  |  |            |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |           | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> WIDOW<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input checked="" type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify)<br> |            |

FORM 18-637 (4-30-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18700-P01

|   |  |   |            |           |      |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
|---|--|---|------------|-----------|------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|---|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R240  |  | NAME OF INDIVIDUAL                          |            | LOUISIANA |      |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| COLOR   |  | AGE   | BIRTHPLACE |           | E.D. |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| W   |  | 21  |            |           | 104  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| COUNTY  |  |   | SHEET      |           |      |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| Sabine  |  |   | 14         |           |      |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| CITY  |  |   |            |           |      |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |   |            |           |      |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| Nabours W. A.   |  |   |            |           |      |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |            |           |      |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input checked="" type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |            |           |      | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input checked="" type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE             |            |           |      |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE              |            |           |      |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT            |            |           |      |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER             |            |           |      |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input checked="" type="checkbox"/> SERVANT |            |           |      |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)    |            |           |      |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |            |           |      |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |            |           |      |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |

FORM 10-627 (4-20-51)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL



|                         |  |                |            |            |            |
|-------------------------|--|----------------|------------|------------|------------|
| R240                    |  | HEAD OF FAMILY |            | LOUISIANA  |            |
| COLOR                   |  | AGE            | BIRTHPLACE |            | E.O. SHEET |
| M                       |  | 45             |            |            | 93 2       |
| COUNTY                  |  |                | CITY       |            |            |
| Natchitoches            |  |                |            |            |            |
| OTHER MEMBERS OF FAMILY |  |                |            |            |            |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |            |
| Mary A.                 |  | D              | 15         |            |            |
| Magdalen                |  | D              | 12         |            |            |
| Regina                  |  | D              | 11         |            |            |
| Regis                   |  | S              | 11         |            |            |
| Anton                   |  | S              | 6          |            |            |
| Juliana                 |  | D              | 4          |            |            |

FORM 16-636 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |   |      |           |       |
|--|--|---|------|-----------|-------|
| R240                                   |  | NAME OF INDIVIDUAL                                  |      | LOUISIANA |       |
|  |  | Russell Mary  |      | E.D.      | SHEET |
| COLOR                                  | AGE                                      | BIRTHPLACE  |      |           |       |
| B                                      | 12                                       |   |      |           |       |
| COUNTY                                 |  |   | CITY |           |       |
| ENUMERATED WITH Mary Russell Alex      |  |   |      |           |       |
| RELATIONSHIP TO ABOVE                  |  |   |      |           |       |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |      |           |       |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |      |           |       |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |      |           |       |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |      |           |       |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |      |           |       |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |      |           |       |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW  |   |      |           |       |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW   |   |      |           |       |
|  |  | 30  |      |           |       |

FORM 10-637 (4-29-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 1910-761

|   |                 |   |  |  |                   |
|---|-----------------|---|--|--|-------------------|
| K240  |                 | NAME OF INDIVIDUAL<br><i>Russell Mary E</i>   |  | LOUISIANA  |                   |
| COLOR<br><i>B</i>   | AGE<br><i>7</i> | BIRTHPLACE  |  | E.D.<br><i>26</i>  | SHEET<br><i>H</i> |
| COUNTRY   |                 | East Baton Rouge  |  | CITY<br><i>Baton Rouge</i>   |                   |
| ENUMERATED WITH<br><i>Cook Mary</i>   |                 |   |  |  |                   |
| RELATIONSHIP TO ABOVE   |                 |   |  |  |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input checked="" type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                 | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                   |

FORM 10-437 (4-22-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |  |   |      |            |       |   |
|--|--|---|------|------------|-------|---|
| R240                                   | NAME OF INDIVIDUAL                       | Russell Mary E                              | E.O. | 89         | SHEET | 4 |
| COLOR                                  | W  | AGE   | 44   | BIRTHPLACE |       |   |
| COUNTY                                 | Natchitoches                             |   | CITY | Broussard  |       |   |
| ENumerated WITH                        |  |   |      |            |       |   |
| Roberta Steve E                        |  |   |      |            |       |   |
| RELATIONSHIP TO ABOVE                  |  |   |      |            |       |   |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDATE             |      |            |       |   |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE              |      |            |       |   |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT            |      |            |       |   |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER             |      |            |       |   |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW      | <input checked="" type="checkbox"/> SERVANT |      |            |       |   |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)    |      |            |       |   |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW  |   |      |            |       |   |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> WIFE-IN-LAW     |   |      |            |       |   |

FORM 10-437 (4-30-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1960 CENSUS INDEX - INDIVIDUAL

USCOMB-DC 18100-P61

| R 240                   |     | HEAD OF FAMILY  |     | LOUISIANA    |       |
|-------------------------|-----|-----------------|-----|--------------|-------|
| COLOR                   | AGE | BIRTHPLACE      |     | E.D.         | SHEET |
| W                       | 57  | Russell, Mary E |     | 95           | 17    |
| COUNTY                  |     | St. Mary        |     | CITY         |       |
|                         |     |                 |     | Morgans City |       |
| OTHER MEMBERS OF FAMILY |     |                 |     |              |       |
| NAME                    |     | RELATIONSHIP    | AGE | BIRTHPLACE   |       |
| Living Alone            |     |                 |     |              |       |
|                         |     |                 |     |              |       |
|                         |     |                 |     |              |       |
|                         |     |                 |     |              |       |
|                         |     |                 |     |              |       |
|                         |     |                 |     |              |       |
|                         |     |                 |     |              |       |
|                         |     |                 |     |              |       |
|                         |     |                 |     |              |       |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |     |   |      |  |  |
|---|-----|---|------|--|--|
| R240  |     | NAME OF INDIVIDUAL  |      | LOUISIANA  |  |
| COLOR   | AGE | BIRTHPLACE  | E.D. | SHEET  |  |
| W   | 67  | all.  | 109  | 31   |  |
| COUNTY  |     | CITY  |      |  |  |
| Sabine  |     |   |      |  |  |
| ENUMERATED WITH   |     |   |      |  |  |
| Popley, Robert J  |     |   |      |  |  |
| RELATIONSHIP TO ABOVE   |     |   |      |  |  |
| <input type="checkbox"/> FATHER<br><input checked="" type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |  |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCENSUS-DC 1910-437

|                         |              |                |               |            |         |
|-------------------------|--------------|----------------|---------------|------------|---------|
| R240                    |              | HEAD OF FAMILY |               | LOUISIANA  |         |
| COLOR                   | W            | AGE            | 57            | BIRTHPLACE |         |
|                         |              |                | Rachel Mathew |            |         |
|                         |              |                | E.D.          | 93         | SHEET 1 |
| COUNTY                  | Natchitoches |                | CITY          |            |         |
| OTHER MEMBERS OF FAMILY |              |                |               |            |         |
| NAME                    |              | RELATIONSHIP   | AGE           | BIRTHPLACE |         |
| Isaac                   |              | 5              | 23            |            |         |
| Sarah                   |              | DL             | 20            |            |         |
| Isaac                   |              | GS             | 2             |            |         |
|                         |              |                |               |            |         |
|                         |              |                |               |            |         |
|                         |              |                |               |            |         |
|                         |              |                |               |            |         |
|                         |              |                |               |            |         |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |  |  |  |       |
|--|--|--|--|--|-------|
| R240   |  | NAME OF INDIVIDUAL   |  | LOUISIANA  |       |
| COLOR  |  | AGE  |  | E.O.   | SHEET |
| a  |  | 57   |  | 93   | 1     |
| BIRTHPLACE   |  | COUNTY   |  |  |       |
|  |  | Natchitoches   |  |  |       |
| CITY   |  | ENUMERATED WITH  |  |  |       |
|  |  | Thallase Everlouise  |  |  |       |
| RELATIONSHIP TO ABOVE  |  |  |  |  |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input checked="" type="checkbox"/> NEPHEW<br><input type="checkbox"/> Niece<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |       |

FORM 10-617 (4-20-61)

1960 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

WACO-DC 10100-P61



|                         |     |                |     |            |  |
|-------------------------|-----|----------------|-----|------------|--|
| R 240                   |     | HEAD OF FAMILY |     | LOUISIANA  |  |
| Rachel Mathis           |     | E.D.           |     | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |     |            |  |
| B                       | 25  |                |     |            |  |
| COUNTY                  |     | Natchitoches   |     | CITY       |  |
| OTHER MEMBERS OF FAMILY |     |                |     |            |  |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| Laurie                  |     | W              | 22  |            |  |
| Emilia                  |     | D              | 5   |            |  |
| Sarah                   |     | D              | 3   |            |  |
| Eugene                  |     | S              | 1   |            |  |
| Blanche                 |     | D              | 4   |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |                 |  |      |  |                   |
|--|-----------------|--|------|--|-------------------|
| P240   |                 | NAME OF INDIVIDUAL<br><i>Russel, Mathias</i>   |      | LOUISIANA  |                   |
| COLOR<br><i>B</i>  | AGE<br><i>3</i> | BIRTHPLACE   |      | E.D.<br><i>152</i>   | SHEET<br><i>2</i> |
| COUNTY<br><i>West Feliciana</i>  |                 |  | CITY |  |                   |
| ENUMERATED WITH<br><i>Russel, James</i>  |                 |  |      |  |                   |
| RELATIONSHIP TO ABOVE  |                 |  |      |  |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                 | <input checked="" type="checkbox"/> NEPHER<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> NEGATIVE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                   |

FORM 16-637 (4-26-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

RECORDED-18188-241

|                         |     |                |     |            |  |
|-------------------------|-----|----------------|-----|------------|--|
| R240                    |     | HEAD OF FAMILY |     | LOUISIANA  |  |
| Russel Math             |     | E.D.           |     | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |     |            |  |
| B                       | 48  |                |     |            |  |
| COUNTY                  |     | Natchitoches   |     | CITY       |  |
| OTHER MEMBERS OF FAMILY |     |                |     |            |  |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| 1 Virginia              |     |                | 26  |            |  |
| Jackson Math            |     |                | 48  |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |

FORM 16-636 (4-22-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
|---|--|--|--|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|---|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R240  |  | NAME OF INDIVIDUAL                       |  | LOUISIANA |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| COLOR   |  | AGE                                      |  | E.D.      | SHEET |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| Dm  |  | 18                                       |  | 114       | 36    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| BIRTHPLACE  |  | COUNTY                                   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
|   |  | Richland                                 |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| CITY  |  |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| Kathy Ephraim   |  |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |

Form 10-627 (4-30-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-PC 16100-P01

|  |   |  |    |   |                   |
|--|---|--|----|---|-------------------|
| R240   |   | NAME OF INDIVIDUAL   |    | LOUISIANA   |                   |
| COLOR  | B | AGE  | 11 | BIRTHPLACE  | E.D. 1916 SHEET 6 |
| COUNTY   |   | Clai borne   |    | CITY  |                   |
| ENUMERATED WITH  |   |  |    |   |                   |
| Webster, John  |   |  |    |   |                   |
| RELATIONSHIP TO ABOVE  |   |  |    |   |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |   | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input checked="" type="checkbox"/> SISTER-IN-LAW |    | <input type="checkbox"/> BOARDER<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                   |

FORM 10-437 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                   |      |            |  |
|-------------------------|-----|-------------------|------|------------|--|
| R 246                   |     | HEAD OF FAMILY    |      | LOUISIANA  |  |
| COLOR                   | AGE | BIRTHPLACE        | E.D. | SHEET      |  |
| W                       | 68  | Mex.              | 16   | 10         |  |
| COUNTY                  |     | Clai borne        | CITY |            |  |
| OTHER MEMBERS OF FAMILY |     |                   |      |            |  |
| NAME                    |     | RELATION-<br>SHIP | AGE  | BIRTHPLACE |  |
| Living alone            |     |                   |      |            |  |
|                         |     |                   |      |            |  |
|                         |     |                   |      |            |  |
|                         |     |                   |      |            |  |
|                         |     |                   |      |            |  |
|                         |     |                   |      |            |  |
|                         |     |                   |      |            |  |
|                         |     |                   |      |            |  |

FORM 10-436 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |         |                |     |            |          |
|-------------------------|---------|----------------|-----|------------|----------|
| R240                    |         | HEAD OF FAMILY |     | LOUISIANA  |          |
| COLOR                   | W       | AGE            | 38  | BIRTHPLACE | Miss     |
| COUNTY                  |         | WASHINGTON     |     | CITY       | Bogalusa |
| OTHER MEMBERS OF FAMILY |         |                |     |            |          |
|                         | NAME    | RELATIONSHIP   | AGE | BIRTHPLACE |          |
|                         | Alben   | S              | 18  | Miss       |          |
|                         | Nellie  | D              | 20  | Miss       |          |
|                         | Paul    | S              | 17  | Miss       |          |
|                         | Willie  | S              | 13  | Miss       |          |
|                         | Clyde   | S              | 8   | Miss       |          |
|                         | Estelle | D              | 7   | Miss       |          |

FORM 16-636 (4-22-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |   |  |                   |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|---|--|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|-------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| P240  |  | NAME OF INDIVIDUAL<br><i>Rouss Mathie</i> |  | LOUISIANA         |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>W</i>   | AGE<br><i>58</i>                                   | BIRTHPLACE<br><i>La</i>                   |  | E.D.<br><i>69</i> | SHEET<br><i>25</i> |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>De Soto</i>  |  | CITY                                      |  |                   |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>James Walter</i>  |  |   |  |                   |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |  |                   |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> WIFE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input checked="" type="checkbox"/> BROTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |                   |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> WIFE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input checked="" type="checkbox"/> BROTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW                    | <input type="checkbox"/> INMATE           |  |                   |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> WIFE                      | <input type="checkbox"/> NURSE            |  |                   |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW             | <input type="checkbox"/> PATIENT          |  |                   |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input checked="" type="checkbox"/> BROTHER-IN-LAW | <input type="checkbox"/> ROOMER           |  |                   |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW                | <input type="checkbox"/> SERVANT          |  |                   |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW           | <input type="checkbox"/> OTHER (Specify)  |  |                   |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW            |   |  |                   |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW             |   |  |                   |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-637 (4-20-61)

1970 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 10100-P01



|                         |              |                |            |            |                |
|-------------------------|--------------|----------------|------------|------------|----------------|
| R240                    |              | HEAD OF FAMILY |            | LOUISIANA  |                |
| COLOR                   | M            | AGE            | 52         | BIRTHPLACE | Bachel Michaud |
| COUNTY                  |              | Natchitoches   |            | CITY       |                |
| OTHER MEMBERS OF FAMILY |              |                |            |            |                |
| NAME                    | RELATIONSHIP | AGE            | BIRTHPLACE |            |                |
| Margaret G.             | W            | 46             |            |            |                |
| Peter                   | S            | 21             |            |            |                |
| Helia                   | D            | 15             |            |            |                |
| Asheryd                 | C            | 13             |            |            |                |
| Arthur                  | N            | 5              |            |            |                |
|                         |              |                |            |            |                |
|                         |              |                |            |            |                |
|                         |              |                |            |            |                |

FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                          |                   |                |      |            |  |
|--------------------------|-------------------|----------------|------|------------|--|
| A246                     |                   | HEAD OF FAMILY |      | LOUISIANA  |  |
| * <i>Rachel Mercuria</i> |                   | E.D.           |      | SHEET      |  |
| COLOR                    | AGE               | BIRTHPLACE     |      |            |  |
| B                        | 24                |                |      |            |  |
| COUNTY                   |                   |                | CITY |            |  |
| De Soto                  |                   |                |      |            |  |
| OTHER MEMBERS OF FAMILY  |                   |                |      |            |  |
|                          | NAME              | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
|                          | <i>Pearl</i>      | D              | 24   |            |  |
|                          | <i>Leone</i>      | S              | 22   |            |  |
|                          | <i>Sam</i>        | S              | 20   |            |  |
|                          | <i>Thomas C.</i>  | S              | 17   |            |  |
|                          | <i>Ellas</i>      | D              | 15   |            |  |
|                          | <i>Robert Lee</i> | S              | 18   |            |  |
|                          | <i>Ellas W.</i>   | S              | 6    |            |  |

FORM 16-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

HEAD OF FAMILY - CONTINUED

**LOUISIANA**

**CARD 2 OF 2**

**OTHER MEMBERS OF FAMILY**

[illegible]

FORM 10-6360 (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMB-DC 15190-P61

|                         |     |                |      |            |       |
|-------------------------|-----|----------------|------|------------|-------|
| R-240                   |     | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |      | E.O.       | SHEET |
| B                       | 40  |                |      | 82         | 5     |
| COUNTY                  |     |                | CITY |            |       |
| St. John the Baptist    |     |                |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Johnson Josephine       |     | Friend         | 30   |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |

FORM 10-434 (4-30-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |              |            |                 |
|-------------------------|---|----------------|--------------|------------|-----------------|
| R 240                   |   | HEAD OF FAMILY |              | LOUISIANA  |                 |
| COLOR                   | W | AGE            | 28           | BIRTHPLACE | Rachel Mitchell |
|                         |   | E.D.           | 73           | SHEET 14   |                 |
| COUNTY                  |   |                | Natchitoches |            |                 |
|                         |   |                | CITY         |            |                 |
| OTHER MEMBERS OF FAMILY |   |                |              |            |                 |
| NAME                    |   | RELATIONSHIP   | AGE          | BIRTHPLACE |                 |
| Lena                    |   | W              | 25           |            |                 |
| Lena                    |   | D              | 4            |            |                 |
| Lena                    |   | G F            | 73           |            |                 |
| <del>Joseph</del>       |   |                |              |            |                 |
|                         |   |                |              |            |                 |
|                         |   |                |              |            |                 |
|                         |   |                |              |            |                 |
|                         |   |                |              |            |                 |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |  |  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|--|------------|------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|----------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R240  |  | NAME OF INDIVIDUAL<br>Russell Mallie     |  | LOUISIANA  |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| SEX<br>W  | AGE<br>19                                | BIRTHPLACE                               |  | E.O.<br>1B | SHEET<br>4 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br>Tangipahoa  |  | CITY<br>Roseland                         |  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENumerated WITH<br>Hendry Bennett M   |  |  |  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> WIDOWER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> MISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |            |            | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> WIDOWER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> MISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> WIDOWER         |  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> MISTER-IN-LAW   |  |  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-437 (4-29-57)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMB-DC 1910-P61

|  |                  |  |  |                   |                    |
|--|------------------|--|--|-------------------|--------------------|
| R 240  |                  | NAME OF INDIVIDUAL<br><i>Rachel Monroe</i> |  | LOUISIANA         |                    |
| COLOR<br><i>W</i>  | AGE<br><i>23</i> | BIRTHPLACE                                 |  | E.O.<br><i>83</i> | SHEET<br><i>16</i> |
| COUNTY<br><i>Natchitoches</i>  |                  | CITY                                       |  |                   |                    |
| ENUMERATED WITH<br><i>Rachel Austide</i>   |                  |  |  |                   |                    |
| RELATIONSHIP TO ABOVE  |                  |  |  |                   |                    |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> FATHER<br/> <input type="checkbox"/> MOTHER<br/> <input type="checkbox"/> GRANDFATHER<br/> <input type="checkbox"/> GRANDMOTHER<br/> <input type="checkbox"/> GRANDSON<br/> <input type="checkbox"/> GRANDDAUGHTER<br/> <input type="checkbox"/> AUNT<br/> <input type="checkbox"/> UNCLE </div> <div style="width: 30%;"> <input type="checkbox"/> NEPHEW<br/> <input type="checkbox"/> NIECE<br/> <input type="checkbox"/> FATHER-IN-LAW<br/> <input type="checkbox"/> MOTHER-IN-LAW<br/> <input type="checkbox"/> SON-IN-LAW<br/> <input type="checkbox"/> DAUGHTER-IN-LAW<br/> <input type="checkbox"/> BROTHER-IN-LAW<br/> <input type="checkbox"/> SISTER-IN-LAW </div> <div style="width: 30%;"> <input type="checkbox"/> INMATE<br/> <input type="checkbox"/> NUNCE<br/> <input type="checkbox"/> PATIENT<br/> <input type="checkbox"/> ROOMER<br/> <input type="checkbox"/> SERVANT<br/> <input checked="" type="checkbox"/> OTHER (Specify)<br/><i>B</i> </div> </div> |                  |  |  |                   |                    |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVI

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |              |                |            |            |                   |
|-------------------------|--------------|----------------|------------|------------|-------------------|
| R 240                   |              | HEAD OF FAMILY |            | LOUISIANA  |                   |
| COLOR                   | W            | AGE            | 30         | BIRTHPLACE | Rocky, More House |
| COUNTY                  |              | Winn           |            | CITY       | Winfield          |
| OTHER MEMBERS OF FAMILY |              |                |            |            |                   |
| NAME                    | RELATIONSHIP | AGE            | BIRTHPLACE |            |                   |
| Lula                    | W            | 30             |            |            |                   |
| Eva G                   | D            | 5              |            |            |                   |
| Ladie D                 | D            | 4              |            |            |                   |
| Myrtle                  | D            | 2              |            |            |                   |
|                         |              |                |            |            |                   |
|                         |              |                |            |            |                   |
|                         |              |                |            |            |                   |
|                         |              |                |            |            |                   |

FORM 18-636 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |     |                 |     |            |       |
|-------------------------|-----|-----------------|-----|------------|-------|
| R240                    |     | HEAD OF FAMILY  |     | LOUISIANA  |       |
| COLOR                   | AGE | NAME            |     | E.D.       | SHEET |
| B                       | 30  | Russell, Marise |     | 27         | 26    |
| BIRTHPLACE              |     |                 |     |            |       |
| COUNTY                  |     | CITY            |     |            |       |
| Jefferson               |     |                 |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                 |     |            |       |
| NAME                    |     | RELATIONSHIP    | AGE | BIRTHPLACE |       |
| 1 Mary                  |     | w               | 33  |            |       |
|                         |     |                 |     |            |       |
|                         |     |                 |     |            |       |
|                         |     |                 |     |            |       |
|                         |     |                 |     |            |       |
|                         |     |                 |     |            |       |
|                         |     |                 |     |            |       |
|                         |     |                 |     |            |       |
|                         |     |                 |     |            |       |

FORM 76-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |              |                |            |           |       |
|-------------------------|--------------|----------------|------------|-----------|-------|
| R240                    |              | HEAD OF FAMILY |            | LOUISIANA |       |
| COLOR                   | AGE          | BIRTHPLACE     |            | E.D.      | SHEET |
| W                       | 48           |                |            | 70        | 9     |
| COUNTY                  |              |                | CITY       |           |       |
| 2. 1st                  |              |                |            |           |       |
| OTHER MEMBERS OF FAMILY |              |                |            |           |       |
| NAME                    | RELATIONSHIP | AGE            | BIRTHPLACE |           |       |
| Emilie                  | W            | 49             |            |           |       |
| Louise                  | D            | 21             |            |           |       |
| Isabel                  | D            | 17             |            |           |       |
| Agnes                   | D            | 15             |            |           |       |
| Polgara                 | D            | 13             |            |           |       |
| Fink                    | S            | 11             |            |           |       |
| Melba                   | D            | 9              |            |           |       |

Form 10-536 (10-20-51)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

HEAD OF FAMILY - CONTINUE

LOUISIANA

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME            | RELATIONSHIP | AGE | BIRTHPLACE |
|-----------------|--------------|-----|------------|
| 1 Bernard       | S            | 7   |            |
| Edison          | S            | 4   |            |
| Brinac, Maurine | BL           | 34  |            |
|                 |              |     |            |
|                 |              |     |            |
|                 |              |     |            |
|                 |              |     |            |
|                 |              |     |            |
|                 |              |     |            |
|                 |              |     |            |

FORM 18-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18100-P-61

|                         |     |                |       |            |       |
|-------------------------|-----|----------------|-------|------------|-------|
| R240                    |     | HEAD OF FAMILY |       | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |       | E.D.       | SHEET |
|                         | 24  |                |       | 67         | 1     |
| COUNTY                  |     | St James       |       | CITY       |       |
| OTHER MEMBERS OF FAMILY |     |                |       |            |       |
| NAME                    |     | RELATIONSHIP   | AGE   | BIRTHPLACE |       |
| Selenia                 |     | W              | 20    |            |       |
| Wilhelm                 |     | S              | 1     |            |       |
| Roland                  |     | S              | 4 1/2 |            |       |
|                         |     |                |       |            |       |
|                         |     |                |       |            |       |
|                         |     |                |       |            |       |
|                         |     |                |       |            |       |
|                         |     |                |       |            |       |

FORM 10-436 (4-30-51)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

19240 **HEAD OF FAMILY** *Rosselle Marion* E.D. *68* SHEET *16*

COLOR *W* AGE *38* BIRTHPLACE *St. James*

COUNTY CITY

*James*

**OTHER MEMBERS OF FAMILY**

| NAME             | RELATIONSHIP | AGE       | BIRTHPLACE |
|------------------|--------------|-----------|------------|
| <i>Rosale</i>    | <i>W</i>     | <i>30</i> |            |
| <i>Edwice</i>    | <i>D</i>     | <i>13</i> |            |
| <i>Cleveland</i> | <i>S</i>     | <i>12</i> |            |
| <i>Edwina</i>    | <i>D</i>     | <i>8</i>  |            |
| <i>Marta</i>     | <i>D</i>     | <i>4</i>  |            |
| <i>Ella</i>      | <i>D</i>     | <i>4</i>  |            |
| <i>Ferdinand</i> | <i>S</i>     | <i>2</i>  |            |

FORM 10-634 (4-20-81)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |  |                |       |            |       |
|-------------------------|--|----------------|-------|------------|-------|
| 8240                    |  | HEAD OF FAMILY |       | LOUISIANA  |       |
| COLOR                   |  | AGE            |       | E.D.       | SHEET |
| B                       |  | 20             |       | 25         | 19    |
| BIRTHPLACE              |  |                |       |            |       |
| COUNTY                  |  | Clai borne     |       | CITY       |       |
| OTHER MEMBERS OF FAMILY |  |                |       |            |       |
| NAME                    |  | RELATIONSHIP   | AGE   | BIRTHPLACE |       |
| Hula                    |  | W              | 19    |            |       |
| Christell               |  | D              | 1 1/2 |            |       |
| Lidella                 |  | S              | 7/2   |            |       |
|                         |  |                |       |            |       |
|                         |  |                |       |            |       |
|                         |  |                |       |            |       |
|                         |  |                |       |            |       |
|                         |  |                |       |            |       |
|                         |  |                |       |            |       |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |   |  |           |       |
|--|--|---|--|-----------|-------|
| A-240                                  |  | NAME OF INDIVIDUAL                                  |  | LOUISIANA |       |
| COLOR                                  | AGE                                      | BIRTHPLACE  |  | U.S.      | SHEET |
| W                                      | 8  |   |  | 144       | 12    |
| COUNTY                                 |  | CITY  |  |           |       |
| West Carroll                           |  |   |  |           |       |
| ENUMERATED WITH                        |  |   |  |           |       |
| Boutwell Thomas                        |  |   |  |           |       |
| RELATIONSHIP TO ABOVE                  |  |   |  |           |       |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDOW                      |  |           |       |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |  |           |       |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |           |       |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |           |       |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |           |       |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |           |       |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |           |       |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW   |   |  |           |       |
|  |  | 5 D   |  |           |       |

FORM 16-57 (4-20-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCENS-DC 1810-P01



|  |                |   |      |   |    |
|--|----------------|---|------|---|----|
| R245   |                | NAME OF INDIVIDUAL  |      | LOUISIANA   |    |
| COLOR  | W              | AGE   | 28   | BIRTHPLACE  | 27 |
| COUNTY   | Clai borne     |   | CITY | Homer   |    |
| EMMERATED WITH   | Kington Rhodet |   |      |   |    |
| RELATIONSHIP TO ABOVE  |                |   |      |   |    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |    |

FORM 10-637 (4-29-67)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |  |      |           |    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|------|-----------|----|---------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|--|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R240   |  | NAME OF INDIVIDUAL                       |      | LOUISIANA |    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Roussel, Memoire   |  | E.O.                                     |      | SHEET     |    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR  | AGE                                      | BIRTHPLACE                               |      | 71        | 27 |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| W  | 14                                       |  |      |           |    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY   |  |  | CITY |           |    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH <i>James</i>   |  |  |      |           |    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE <i>Roussel Octave</i>  |  |  |      |           |    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDOW</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> Niece</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |      |           |    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | <input type="checkbox"/> MOTHER | <input type="checkbox"/> Niece | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDOW           |      |           |    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> Niece           | <input type="checkbox"/> NURSE           |      |           |    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |      |           |    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |      |           |    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |      |           |    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |      |           |    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |      |           |    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |      |           |    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 16-57 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |   |  |                  |                   |                                 |                                 |                               |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |               |                                |  |  |
|---|--|---|--|------------------|-------------------|---------------------------------|---------------------------------|-------------------------------|---------------------------------|-------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|---------------|--------------------------------|--|--|
| R 240   |  | NAME OF INDIVIDUAL<br><i>Russell Murida</i>         |  | LOUISIANA        |                   |                                 |                                 |                               |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |               |                                |  |  |
| COLOR<br><i>W</i>   | AGE<br><i>20</i>                         | BIRTHPLACE  |  | E.O.<br><i>7</i> | SHEET<br><i>4</i> |                                 |                                 |                               |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |               |                                |  |  |
| COUNTY<br><i>Acadia</i>   |  | CITY<br><i>Estherwood</i>                           |  |                  |                   |                                 |                                 |                               |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |               |                                |  |  |
| ENUMERATED WITH   |  |   |  |                  |                   |                                 |                                 |                               |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |               |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |  |                  |                   |                                 |                                 |                               |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |               |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> MATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NICE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>Cousin</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |                  |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> MATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NICE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>Cousin</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> MATE                       |  |                  |                   |                                 |                                 |                               |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |               |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NICE            | <input type="checkbox"/> NURSE                      |  |                  |                   |                                 |                                 |                               |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |               |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |                  |                   |                                 |                                 |                               |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |               |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |                  |                   |                                 |                                 |                               |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |               |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |                  |                   |                                 |                                 |                               |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |               |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |                  |                   |                                 |                                 |                               |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |               |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  | <i>Cousin</i>                                       |  |                  |                   |                                 |                                 |                               |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |               |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |  |                  |                   |                                 |                                 |                               |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |               |                                |  |  |

FORM 18-637 (4-30-61)

1910 CENSUS INDEX - INDIVIDUAL

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |            |                   |
|-------------------------|---|----------------|-----|------------|-------------------|
| R240                    |   | HEAD OF FAMILY |     | LOUISIANA  |                   |
| COLOR                   | W | AGE            | 43  | BIRTHPLACE | Russell from N.I. |
| COUNTY                  |   | Natchitoches   |     | CITY       | Compti (Capt)     |
| OTHER MEMBERS OF FAMILY |   |                |     |            |                   |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |                   |
| Ilenice                 |   | D              | 20  |            |                   |
| Minnie                  |   | D              | 19  |            |                   |
| Erga                    |   | D              | 4   |            |                   |
| Richard H.              |   | S              | 8   |            |                   |
| Caldonia                |   | D              | 1   |            |                   |
| Partiment Ralph         |   | GS             | 6   |            |                   |
| Selvia                  |   | GS             | 4   |            |                   |

FORM 10-436 (4-26-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |   |                    |    |            |             |
|--|---|--------------------|----|------------|-------------|
| R240   |   | NAME OF INDIVIDUAL |    | LOUISIANA  |             |
| COLOR  | W | AGE                | 19 | BIRTHPLACE | Rachel Neal |
| COUNTY   |   | Natchitoches       |    | CITY       |             |
| ENUMERATED WITH  |   |                    |    |            |             |
| Relationship to Above  |   |                    |    |            |             |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER<br/> <input type="checkbox"/> MOTHER<br/> <input type="checkbox"/> GRANDFATHER<br/> <input type="checkbox"/> GRANDMOTHER<br/> <input checked="" type="checkbox"/> GRANDSON<br/> <input type="checkbox"/> GRANDDAUGHTER<br/> <input type="checkbox"/> AUNT<br/> <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW<br/> <input type="checkbox"/> NIECE<br/> <input type="checkbox"/> FATHER-IN-LAW<br/> <input type="checkbox"/> MOTHER-IN-LAW<br/> <input type="checkbox"/> SON-IN-LAW<br/> <input type="checkbox"/> DAUGHTER-IN-LAW<br/> <input type="checkbox"/> BROTHER-IN-LAW<br/> <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> WIDWIFE<br/> <input type="checkbox"/> NUNCE<br/> <input type="checkbox"/> PATIENT<br/> <input type="checkbox"/> ROOMER<br/> <input type="checkbox"/> SERVANT<br/> <input type="checkbox"/> OTHER (Specify) </div> </div> |   |                    |    |            |             |

FORM 10-637 (4-22-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 10193-P01

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| 8240                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | NAME           |     | E.D.       | SHEET |
| B                       | 35  | Russell Kelly  |     | 135        | 20    |
| BIRTHPLACE              |     |                |     |            |       |
| COUNTY                  |     | Tensas         |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Rose                    |     | D              | 11  |            |       |
| Claude                  |     | S              | 8   |            |       |
| Clarence                |     | S              | 4   |            |       |
| Mary                    |     | D              | 2   |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |      |            |    |
|-------------------------|---|----------------|------|------------|----|
| R 240                   |   | HEAD OF FAMILY |      | LOUISIANA  |    |
| COLOR                   | W | AGE            | 24   | E.D.       | 54 |
|                         |   | BIRTHPLACE     |      | SHEET 1    |    |
| COUNTY                  |   |                | CITY |            |    |
| Caddo                   |   |                |      |            |    |
| OTHER MEMBERS OF FAMILY |   |                |      |            |    |
| NAME                    |   | RELATIONSHIP   | AGE  | BIRTHPLACE |    |
| 1 Lave                  |   | W              | 18   |            |    |
|                         |   |                |      |            |    |
|                         |   |                |      |            |    |
|                         |   |                |      |            |    |
|                         |   |                |      |            |    |
|                         |   |                |      |            |    |
|                         |   |                |      |            |    |
|                         |   |                |      |            |    |

FORM 10-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |  |                    |
|--|--|--|--------------------|
| NAME OF INDIVIDUAL<br><i>Russell, Mrs. Anna</i>  |  | LOUISIANA  |                    |
| COLOR<br><i>W</i>  | AGE<br><i>39</i>   | E.D.<br><i>34</i>  | SHEET<br><i>10</i> |
| COUNTY<br><i>Caddo</i>   |  | CITY   |                    |
| ENUMERATED WITH<br><i>Anderson, Andrew M</i>   |  |  |                    |
| RELATIONSHIP TO ABOVE  |  |  |                    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NICE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify)<br><i>P</i> |                    |

FORM 10-437 (9-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18100-P01



|                         |              |            |            |
|-------------------------|--------------|------------|------------|
| HEAD OF FAMILY          |              | LOUISIANA  |            |
| R. Russell              |              | E.D.       | SHEET      |
| COLOR                   | AGE          | BIRTHPLACE |            |
| W                       | 38           | Heunt      | 52 24      |
| COUNTY                  |              | CITY       |            |
| Franklin                |              | 9          |            |
| OTHER MEMBERS OF FAMILY |              |            |            |
| NAME                    | RELATIONSHIP | AGE        | BIRTHPLACE |
| Maggie                  | W            | 24         |            |
| John                    | S            | 15         |            |
| Martha                  | D            | 13         |            |
| Geo                     | S            | 12         |            |
| Clara                   | D            | 8          |            |
| Luey                    | D            | 6          |            |
| Gully                   | D            | 4          |            |

Form 16-536 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

## HEAD OF FAMILY - CONTINUED

LOUISIANA

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME              | RELATIONSHIP | AGE       | BIRTHPLACE |
|-------------------|--------------|-----------|------------|
| 1 / <i>Maggie</i> | <i>D</i>     | <i>7</i>  |            |
| <i>Bell</i>       | <i>D</i>     | <i>62</i> |            |
|                   |              |           |            |
|                   |              |           |            |
|                   |              |           |            |
|                   |              |           |            |
|                   |              |           |            |
|                   |              |           |            |
|                   |              |           |            |
|                   |              |           |            |
|                   |              |           |            |
|                   |              |           |            |
|                   |              |           |            |
|                   |              |           |            |

FORM 10-636a (4-20-61)

1970 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 1970-P67

|  |          |   |  |   |            |
|--|----------|---|--|---|------------|
| R 240  |          | NAME OF INDIVIDUAL<br>Russell, Noel   |  | LOUISIANA   |            |
| COLOR<br>B   | AGE<br>7 | BIRTHPLACE  |  | E.D.<br>56  | SHEET<br>9 |
| COUNTY<br>Plaquemines  |          | CITY  |  |   |            |
| ENUMERATED WITH<br>McKinley, Louis   |          |   |  |   |            |
| RELATIONSHIP TO ABOVE  |          |   |  |   |            |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |          | <input checked="" type="checkbox"/> NEPHEW<br><input type="checkbox"/> NICE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> WIDOW<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |            |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18108-P01

|                         |   |                |     |            |              |
|-------------------------|---|----------------|-----|------------|--------------|
| R240                    |   | HEAD OF FAMILY |     | LOUISIANA  |              |
| COLOR                   | 3 | AGE            | 34  | BIRTHPLACE | Russell Noel |
| COUNTY                  |   | Plaquemines    |     | CITY       |              |
| OTHER MEMBERS OF FAMILY |   |                |     |            |              |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |              |
| Carmelite               |   | w              | 37  |            |              |
|                         |   |                |     |            |              |
|                         |   |                |     |            |              |
|                         |   |                |     |            |              |
|                         |   |                |     |            |              |
|                         |   |                |     |            |              |
|                         |   |                |     |            |              |
|                         |   |                |     |            |              |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |     |                |      |            |       |
|---|-----|----------------|------|------------|-------|
| R240  |     | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR   | AGE | BIRTHPLACE     |      | E.D.       | SHEET |
| W   | 52  |                |      | 68         | 15    |
| COUNTY  |     |                | CITY |            |       |
| <div style="text-align: center;"> <del>At JEFFERSON</del><br/> OTHER MEMBERS OF FAMILY </div> |     |                |      |            |       |
| NAME  |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Earla   |     | W              | 50   |            |       |
| Ellie   |     | S              | 20   |            |       |
| John  |     | S              | 18   |            |       |
| Richard   |     | S              | 14   |            |       |
| Norbert   |     | S              | 11   |            |       |
| Adella  |     | D              | 14   |            |       |
| Lena  |     | D              | 21   |            |       |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

HEAD OF FAMILY - CONTINUED

LOUISIANA

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME           | RELATIONSHIP | AGE       | BIRTHPLACE |
|----------------|--------------|-----------|------------|
| <i>Learned</i> | <i>S</i>     | <i>10</i> |            |
| <i>King</i>    | <i>S</i>     | <i>8</i>  |            |
| <i>Butler</i>  | <i>S</i>     | <i>6</i>  |            |
|                |              |           |            |
|                |              |           |            |
|                |              |           |            |
|                |              |           |            |
|                |              |           |            |
|                |              |           |            |

FORM 18-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 18194-P61

|                                |            |                       |            |                   |              |
|--------------------------------|------------|-----------------------|------------|-------------------|--------------|
| <b>R240</b>                    |            | <b>HEAD OF FAMILY</b> |            | <b>LOUISIANA</b>  |              |
| <b>COLOR</b>                   | <b>AGE</b> | <b>BIRTHPLACE</b>     |            | <b>E.D.</b>       | <b>SHEET</b> |
| <i>M</i>                       | <i>25</i>  | <i>Rachal Nussene</i> |            | <i>93</i>         | <i>6</i>     |
| <b>COUNTY</b>                  |            | <b>CITY</b>           |            |                   |              |
| <i>Natchitoches</i>            |            |                       |            |                   |              |
| <b>OTHER MEMBERS OF FAMILY</b> |            |                       |            |                   |              |
| <b>NAME</b>                    |            | <b>RELATIONSHIP</b>   | <b>AGE</b> | <b>BIRTHPLACE</b> |              |
| <i>/ Amanda</i>                |            | <i>W</i>              | <i>20</i>  |                   |              |
| <i>Isela</i>                   |            | <i>D</i>              | <i>3</i>   |                   |              |
|                                |            |                       |            |                   |              |
|                                |            |                       |            |                   |              |
|                                |            |                       |            |                   |              |
|                                |            |                       |            |                   |              |
|                                |            |                       |            |                   |              |
|                                |            |                       |            |                   |              |

FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                             |           |                        |      |            |            |
|-----------------------------|-----------|------------------------|------|------------|------------|
| 19240                       |           | HEAD OF FAMILY         |      | LOUISIANA  |            |
| COLOR<br>W                  | AGE<br>41 | BIRTHPLACE<br>Lousiana |      | E.O.<br>4  | SHEET<br>8 |
| COUNTY<br>Assumption        |           |                        | CITY |            |            |
| OTHER MEMBERS OF FAMILY     |           |                        |      |            |            |
| NAME                        |           | RELATION-<br>SHIP      | AGE  | BIRTHPLACE |            |
| Alice                       |           | W                      | 39   |            |            |
| Adam                        |           | S                      | 17   |            |            |
| Maggie                      |           | D                      | 15   |            |            |
| Grenie                      |           | D                      | 13   |            |            |
| Thomas                      |           | S                      | 11   |            |            |
| Freddie                     |           | S                      | 9    |            |            |
| And 1 servant and 1 boarder |           |                        |      |            |            |

FORM 10-436 (4-22-31)

1930 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |    |                |      |            |              |
|-------------------------|----|----------------|------|------------|--------------|
| R240                    |    | HEAD OF FAMILY |      | LOUISIANA  |              |
| COLOR                   | 2k | AGE            | 30   | BIRTHPLACE | Rachal, Numa |
| COUNTY                  |    | Atchitoches    |      | CITY       |              |
| OTHER MEMBERS OF FAMILY |    |                |      |            |              |
| NAME                    |    | RELATIONSHIP   | AGE  | BIRTHPLACE |              |
| Ada                     |    | 2k             | 25   |            |              |
| Thelma                  |    | S              | 5    |            |              |
| Archie                  |    | S              | 8/12 |            |              |
| Anistell                |    | 7              | 4    |            |              |
|                         |    |                |      |            |              |
|                         |    |                |      |            |              |
|                         |    |                |      |            |              |
|                         |    |                |      |            |              |

FORM 18-436 (4-30-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| 9240                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | NAME           |     | E.D.       | SHEET |
| 24                      | 41  | Rachel, Numa   |     | 92         | 12    |
| COUNTY                  |     | CITY           |     |            |       |
| Natchitoches            |     |                |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Angela                  |     | 24             | 37  |            |       |
| Jean                    |     | 8              | 7   |            |       |
| Victorine               |     | 5              | 5   |            |       |
| Isabelle                |     | 3              | 3   |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                  |     |            |       |
|-------------------------|-----|------------------|-----|------------|-------|
| B240                    |     | HEAD OF FAMILY   |     | LOUISIANA  |       |
| COLOR                   | AGE | NAME             |     | E.D.       | SHEET |
| W                       | 60  | Roussel Thuman B |     | 67         | 1     |
| COUNTY                  |     | CITY             |     |            |       |
| St. James               |     |                  |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                  |     |            |       |
| NAME                    |     | RELATIONSHIP     | AGE | BIRTHPLACE |       |
| Cecilia                 |     | W                | 51  |            |       |
| Oscar                   |     | S                | 3   |            |       |
| and 1 son               |     |                  |     |            |       |
|                         |     |                  |     |            |       |
|                         |     |                  |     |            |       |
|                         |     |                  |     |            |       |
|                         |     |                  |     |            |       |
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FORM 10-526 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |            |              |
|-------------------------|---|----------------|-----|------------|--------------|
| R240                    |   | HEAD OF FAMILY |     | LOUISIANA  |              |
| COLOR                   | W | AGE            | 62  | BIRTHPLACE | Rachel, O.R. |
| COUNTY                  |   | Natchitoches   |     | CITY       |              |
| OTHER MEMBERS OF FAMILY |   |                |     |            |              |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |              |
| Mary J.                 |   | W              | 53  |            |              |
| Marilee                 |   | D              | 17  |            |              |
| Marion                  |   | S              | 16  |            |              |
| Bryant, Edna.           |   | GP             | 9   |            |              |
|                         |   |                |     |            |              |
|                         |   |                |     |            |              |
|                         |   |                |     |            |              |
|                         |   |                |     |            |              |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                 |                |     |            |    |
|-------------------------|-----------------|----------------|-----|------------|----|
| R240                    |                 | HEAD OF FAMILY |     | LOUISIANA  |    |
| COLOR                   | W               | AGE            | 69  | E.D.       | 71 |
|                         |                 | BIRTHPLACE     |     | SHEET 21   |    |
| COUNTY                  |                 | St. James      |     | CITY       |    |
| OTHER MEMBERS OF FAMILY |                 |                |     |            |    |
|                         | NAME            | RELATIONSHIP   | AGE | BIRTHPLACE |    |
|                         | Aileen          | W              | 46  |            |    |
|                         | Louis           | S              | 48  |            |    |
|                         | Maria           | D              | 32  |            |    |
|                         | Edille          | D              | 22  |            |    |
|                         | Eddie           | GS             | 16  |            |    |
|                         | Memours         | GS             | 14  |            |    |
|                         | Bessie, Velcoru | Md             | 83  |            |    |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |           |            |    |
|-------------------------|---|----------------|-----------|------------|----|
| R240                    |   | HEAD OF FAMILY |           | LOUISIANA  |    |
| COLOR                   | W | AGE            | 87        | E.D.       | 67 |
|                         |   | BIRTHPLACE     |           | SHEET      | 16 |
| COUNTY                  |   |                | St. James | CITY       |    |
| OTHER MEMBERS OF FAMILY |   |                |           |            |    |
| NAME                    |   | RELATIONSHIP   | AGE       | BIRTHPLACE |    |
| 1 Aristine              |   | W              | 52        |            |    |
| Scheemeyer Lucie        |   | Si             | 27        |            |    |
| 1 Astane                |   | B              | 13        |            |    |
|                         |   |                |           |            |    |
|                         |   |                |           |            |    |
|                         |   |                |           |            |    |
|                         |   |                |           |            |    |
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FORM 10-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |            |  |
|-------------------------|---|----------------|-----|------------|--|
| R240                    |   | HEAD OF FAMILY |     | LOUISIANA  |  |
| Rachal Octave           |   | E.D.           |     | SHEET      |  |
| COLOR                   | W | AGE            | 20  | BIRTHPLACE |  |
| COUNTY                  |   | Avoyelles      |     | CITY       |  |
| OTHER MEMBERS OF FAMILY |   |                |     |            |  |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| 1 Leah                  |   | W              | 15  |            |  |
|                         |   |                |     |            |  |
|                         |   |                |     |            |  |
|                         |   |                |     |            |  |
|                         |   |                |     |            |  |
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FORM 18-436 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |  |  |            |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|--|------------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R240   |  | NAME OF INDIVIDUAL<br>Rachel Eddie       |  | LOUISIANA  |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br>W   |  | AGE<br>5                                 |  | E.O.<br>83 |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|  |  | BIRTHPLACE                               |  | SHEET<br>9 |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY   |  | Natchitoches                             |  | CITY       |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br>Barbara Mae   |  |  |  |            |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |  |            |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |            |  | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |  |            |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |  |            |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |  |            |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |  |            |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |  |            |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |  |            |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |            |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |  |            |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMS-OC 1910-P61



|   |  |   |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|---|--|---|------------|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| R240  |  | NAME OF INDIVIDUAL                                  |            | LOUISIANA |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR   |  | AGE   | BIRTHPLACE | E.D.      | SHEET |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| 12  |  | 17  |            | 79        | 15    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY  |  |   | CITY       |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| St. John the Baptist  |  |   |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |   |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| Pepe Luis Victor  |  |   |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |            |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 16-637 (4-29-61)

1916 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18198-P61

|                         |              |                |            |            |            |
|-------------------------|--------------|----------------|------------|------------|------------|
| R240                    |              | HEAD OF FAMILY |            | Louisiana  |            |
| COLOR                   | W            | AGE            | 26         | BIRTHPLACE | St. Landry |
| CITY                    |              | St. Landry     |            |            |            |
| OTHER MEMBERS OF FAMILY |              |                |            |            |            |
| NAME                    | RELATIONSHIP | AGE            | BIRTHPLACE |            |            |
| Laura                   | W            | 21             |            |            |            |
| Lena                    | D            | 1              |            |            |            |
| Lee Roger               | S            | 5              |            |            |            |
| Frank                   | S            | 3              |            |            |            |
|                         |              |                |            |            |            |
|                         |              |                |            |            |            |
|                         |              |                |            |            |            |
|                         |              |                |            |            |            |

FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|      |  |                |  |           |  |
|------|--|----------------|--|-----------|--|
| R240 |  | HEAD OF FAMILY |  | Louisiana |  |
|------|--|----------------|--|-----------|--|

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R240                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| W                       |  | 48             | Unknown    | 44         | 38    |
| COUNTY                  |  |                | CITY       |            |       |
| Calcasieu               |  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Emma                    |  | W              | 49         | Cal.       |       |
| Hurt                    |  | D              | 16         | Tex.       |       |
| Edna                    |  | D              | 13         | Tex.       |       |
| Arthur                  |  | S              | 11         |            |       |
| Alek, J                 |  | B              | 26         |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |    |              |     |            |       |
|-------------------------|---|----------------|----|--------------|-----|------------|-------|
| 8240                    |   | HEAD OF FAMILY |    | Louisiana    |     | E.D.       | SHEET |
| COLOR                   | W | AGE            | 48 | Birthplace   |     | 44         | 38    |
| COUNTY                  |   |                |    | Calcasieu    |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |   |                |    |              |     |            |       |
| NAME                    |   |                |    | RELATIONSHIP | AGE | BIRTHPLACE |       |
| Emma                    |   |                |    | W            | 49  | Ala        |       |
| Ruth                    |   |                |    | D            | 16  | Tex        |       |
| Edna                    |   |                |    | D            | 13  | Tex        |       |
| Arthur                  |   |                |    | S            | 11  |            |       |
| and 1 Boarder           |   |                |    |              |     |            |       |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                  |     |            |                |
|-------------------------|---|------------------|-----|------------|----------------|
| P240                    |   | HEAD OF FAMILY   |     | LOUISIANA  |                |
| COLOR                   | B | AGE              | 65  | BIRTHPLACE | Russell Oliver |
| COUNTY                  |   | East Baton Rouge |     | CITY       | Baton Rouge    |
| OTHER MEMBERS OF FAMILY |   |                  |     |            |                |
| NAME                    |   | RELATIONSHIP     | AGE | BIRTHPLACE |                |
| Living Alone            |   |                  |     |            |                |
|                         |   |                  |     |            |                |
|                         |   |                  |     |            |                |
|                         |   |                  |     |            |                |
|                         |   |                  |     |            |                |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |        |                |     |            |       |
|-------------------------|--------|----------------|-----|------------|-------|
| R246                    |        | HEAD OF FAMILY |     | LOUISIANA  |       |
| Rashell                 |        | Silver         |     | E.O.       | SHEET |
| COLOR                   | AGE    | BIRTHPLACE     |     | 132        | 5     |
| w                       | 19     |                |     |            |       |
| COUNTY                  |        | Winn           |     | CITY       |       |
|                         |        |                |     | Dadeville  |       |
| OTHER MEMBERS OF FAMILY |        |                |     |            |       |
| NAME                    |        | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| 1                       | Fannie | w              | 18  |            |       |
|                         |        |                |     |            |       |
|                         |        |                |     |            |       |
|                         |        |                |     |            |       |
|                         |        |                |     |            |       |
|                         |        |                |     |            |       |
|                         |        |                |     |            |       |
|                         |        |                |     |            |       |
|                         |        |                |     |            |       |

Form 18-536 (4-22-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

| R240                    |     | HEAD OF FAMILY |                | LOUISIANA  |       |
|-------------------------|-----|----------------|----------------|------------|-------|
| COLOR                   | AGE | BIRTHPLACE     |                | E.D.       | SHEET |
| W                       | 38  |                |                | 63         | 16    |
| COUNTY                  |     | St. Charles    |                | CITY       |       |
| OTHER MEMBERS OF FAMILY |     |                |                |            |       |
| NAME                    |     | RELATIONSHIP   | AGE            | BIRTHPLACE |       |
| Leonia                  |     | W              | 34             |            |       |
| Rita                    |     | D              | 12             |            |       |
| Edith                   |     | D              | 11             |            |       |
| Oliver Jr.              |     | S              | 5              |            |       |
| Hilda                   |     | D              | $\frac{9}{12}$ |            |       |
| Millet Houston          |     | FL             | 66             |            |       |
| Joe                     |     | ML             | 60             |            |       |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R240                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| W                       |  | 76             |            | 81         | 5     |
| COUNTY                  |  |                | CITY       |            |       |
| Natchitoches            |  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Leatha E                |  | W              | 56         |            |       |
| Susette E               |  | D              | 22         |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 16-436 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |        |                |     |            |       |
|-------------------------|--------|----------------|-----|------------|-------|
| R-240                   |        | HEAD OF FAMILY |     | LOUISIANA  |       |
| Rachell                 |        | Onayim         |     | E.D.       | SHEET |
| COLOR                   | AGE    | BIRTHPLACE     |     | 24         | 12    |
| W                       | 27     |                |     |            |       |
| COUNTY                  |        | CITY           |     |            |       |
| Avoyelles               |        |                |     |            |       |
| OTHER MEMBERS OF FAMILY |        |                |     |            |       |
| NAME                    |        | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| 1                       | Onayim | W              | 12  |            |       |
|                         |        |                |     |            |       |
|                         |        |                |     |            |       |
|                         |        |                |     |            |       |
|                         |        |                |     |            |       |
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FORM 16-636 (4-20-67)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |           |                |            |            |      |
|-------------------------|-----------|----------------|------------|------------|------|
| R240                    |           | HEAD OF FAMILY |            | LOUISIANA  |      |
| COLOR                   |           | AGE            | BIRTHPLACE |            | E.D. |
| B                       |           | 44             |            |            | 120  |
| COUNTY                  |           |                | CITY       |            |      |
| Webster                 |           |                | Minden     |            |      |
| OTHER MEMBERS OF FAMILY |           |                |            |            |      |
|                         | NAME      | RELATIONSHIP   | AGE        | BIRTHPLACE |      |
|                         | Lucien    | S              | 26         |            |      |
|                         | Carrie J. | D              | 22         |            |      |
|                         | Lizzie    | D              | 20         |            |      |
|                         | Alvin     | S              | 16         |            |      |
|                         | Annie     | D              | 14         |            |      |
|                         | Mattie    | D              | 11         |            |      |
|                         | Estella   | D              | 9          |            |      |

FORM 10-636 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |            |                 |
|-------------------------|---|----------------|-----|------------|-----------------|
| R240                    |   | HEAD OF FAMILY |     | LOUISIANA  |                 |
| COLOR                   | W | AGE            | 49  | BIRTHPLACE | Russell Optimer |
| COUNTY                  |   | St. James      |     | CITY       |                 |
| OTHER MEMBERS OF FAMILY |   |                |     |            |                 |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |                 |
| 1 Alice                 |   | W              | 49  |            |                 |
|                         |   |                |     |            |                 |
|                         |   |                |     |            |                 |
|                         |   |                |     |            |                 |
|                         |   |                |     |            |                 |
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|                         |   |                |     |            |                 |
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|                         |   |                |     |            |                 |

FORM 18-636 (4-28-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |       |            |       |
|-------------------------|--|----------------|-------|------------|-------|
| R240                    |  | HEAD OF FAMILY |       | LOUISIANA  |       |
| COLOR                   |  | AGE            |       | E.D.       | SHEET |
| W                       |  | 39             |       | 67         | 7     |
| BIRTHPLACE              |  |                |       |            |       |
| COUNTY                  |  | St. James      |       | CITY       |       |
| OTHER MEMBERS OF FAMILY |  |                |       |            |       |
| NAME                    |  | RELATIONSHIP   | AGE   | BIRTHPLACE |       |
| Alyson                  |  | W              | 33    |            |       |
| Virginia                |  | S              | 14    |            |       |
| Adolph                  |  | S              | 12    |            |       |
| Elmore                  |  | S              | 6     |            |       |
| Loretta                 |  | S              | 4     |            |       |
| Optimer Jr.             |  | S              | 1 1/2 |            |       |

FORM 18-436 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |                      |       |           |  |
|-------------------------|-----|----------------|-----|----------------------|-------|-----------|--|
| R270                    |     | HEAD OF FAMILY |     | Rockelle Drille, Jr. |       | LOUISIANA |  |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.                 | SHEET |           |  |
| Mw                      | 48  |                |     | 22                   | 6     |           |  |
| COUNTY                  |     |                |     | CITY                 |       |           |  |
| Iberia                  |     |                |     |                      |       |           |  |
| OTHER MEMBERS OF FAMILY |     |                |     |                      |       |           |  |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE           |       |           |  |
| Virginia                |     | W              | 26  |                      |       |           |  |
| Franklin                |     | S              | 28  |                      |       |           |  |
| Drille, Jr.             |     | S              | 22  |                      |       |           |  |
| Dallas                  |     | D              | 13  |                      |       |           |  |
| Shella                  |     | D              | 11  |                      |       |           |  |
| Joseph                  |     | S              | 9   |                      |       |           |  |
| Nancy                   |     | D              | 5   |                      |       |           |  |

FORM 16-436 (4-26-31)  
1930 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R246                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| W                       | 26  | S220           |     | 89         | 30    |
| COUNTY                  |     | CITY           |     |            |       |
| Natchitoches            |     |                |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Alma                    |     | W              | 23  | S220       |       |
| Harry                   |     | S              | 4   | S220       |       |
| Gretel                  |     | S              | 2   |            |       |
| Ralph                   |     | S              | 7/2 |            |       |
| Rachel                  |     | M              | 65  | Ill        |       |
| Eddie                   |     | B              | 19  | S220       |       |

FORM 18-636 (4-26-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R240                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| Natchitoches            |     | CITY           |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| 1. [illegible]          |     | Head           | 40  |            |       |
| 2. [illegible]          |     | Wife           | 35  |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 18-636 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|  |     |                    |  |              |       |
|--|-----|--------------------|--|--------------|-------|
| R 240  |     | NAME OF INDIVIDUAL |  | LOUISIANA    |       |
| COLOR  | AGE | BIRTHPLACE         |  | E.D.         | SHEET |
| mu   | 25  |                    |  | 80           | 5     |
| COUNTY   |     | CITY               |  |              |       |
|  |     | Natchitoches       |  | Natchitoches |       |
| ENUMERATED WITH  |     |                    |  |              |       |
| Parker Ellen   |     |                    |  |              |       |
| RELATIONSHIP TO ABOVE  |     |                    |  |              |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE<br><input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW<br><input type="checkbox"/> WIFE<br><input type="checkbox"/> HUSBAND<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> WORKER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |     |                    |  |              |       |

FORM 16-637 (4-30-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 18195-P61

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R240                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.O.       | SHEET |
| 91                      | 39  | Rachel, Oscar  |     | 92         | 14    |
| COUNTY                  |     | Natchitoches   |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Jane                    |     | 26             | 34  |            |       |
| Mary                    |     | 2              | 10  |            |       |
| John                    |     | 2              | 8   |            |       |
| Oscar                   |     | 2              | 6   |            |       |
| Mary                    |     | 2              | 4   |            |       |
| Priscilla               |     | 2              | 2   |            |       |

FORM 16-436 (4-20-91)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |   |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
|---|--|---|------------|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|---|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R240  |  | NAME OF INDIVIDUAL                          |            | LOUISIANA |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| COLOR   |  | AGE   | BIRTHPLACE | E.O.      | SHEET |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| br  |  | 34  |            | 80        | 22    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| COUNTY  |  |   | CITY       |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| Rapides   |  |   | Alexandria |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |   |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| Brown - Carver  |  |   |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input checked="" type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |            |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input checked="" type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE             |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE              |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT            |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER             |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input checked="" type="checkbox"/> SERVANT |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)    |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |

FORM 10-637 (4-26-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCENSUS-DC 10100-P01

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R 240                   |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| W                       |  | 59             | Miss       | 112        | 3     |
| COUNTY                  |  |                | CITY       |            |       |
| Tangipahoa              |  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Ida M.                  |  | W              | 53         |            |       |
| Laura O.                |  | D              | 32         |            |       |
| Ernest W.               |  | S              | 29         |            |       |
| Mollie M.               |  | D              | 18         |            |       |
| Belle R.                |  | S              | 18         |            |       |
| Susan S.                |  | D              | 13         |            |       |
| Claf O.                 |  | S              | 8          |            |       |

FORM 10-636 (4-30-61)  
1970 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |          |                |       |            |                 |
|-------------------------|----------|----------------|-------|------------|-----------------|
| R240                    |          | HEAD OF FAMILY |       | LOUISIANA  |                 |
| COLOR                   | W        | AGE            | 26    | BIRTHPLACE | Kansas, O. side |
| COUNTY                  |          | St. James      |       | CITY       |                 |
| OTHER MEMBERS OF FAMILY |          |                |       |            |                 |
|                         | NAME     | RELATIONSHIP   | AGE   | BIRTHPLACE |                 |
|                         | Olympus  | W              | 32    |            |                 |
|                         | Julia    | D              | 2     |            |                 |
|                         | Eula     | D              | 5     |            |                 |
|                         | Clarence | S              | 4 1/2 |            |                 |
|                         | Armand   |                |       |            |                 |
|                         | Flora    |                |       |            |                 |
|                         | Harriet  |                |       |            |                 |

FORM 16-636 10-20-07  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |                  |  |      |  |      |
|--|------------------|--|------|--|------|
| R240   |                  | NAME OF INDIVIDUAL   |      | LOUISIANA  |      |
| COLOR  | B                | AGE  | 18   | BIRTHPLACE   | MISS |
| COUNTY   | East Baton Rouge |  | CITY | Baton Rouge  |      |
| EMIGRATED WITH   |                  | M. Susan Tempy   |      |  |      |
| RELATIONSHIP TO ABOVE  |                  |  |      |  |      |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NICE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> WIFE<br><input type="checkbox"/> WIFE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify) |      |

FORM 18-637 (4-22-61)

1930 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18198-P61

|  |  |   |  |                   |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|--|--|---|--|-------------------|--------------------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| 4280   |  | NAME OF INDIVIDUAL<br><i>Rachel Ozite</i>           |  | LOUISIANA         |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR<br><i>Wm</i>   | AGE<br><i>12</i>                         | BIRTHPLACE  |  | E.O.<br><i>84</i> | SHEET<br><i>13</i> |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY<br><i>Natchitoches</i>  |  | CITY  |  |                   |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Dezidier Maline</i>  |  |   |  |                   |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   |  |                   |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> HOUSE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |                   |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> HOUSE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> HOUSE                      |  |                   |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |  |                   |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |                   |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |                   |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |                   |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |                   |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |                   |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |   |  |                   |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 19-437 (4-28-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |       |            |      |
|-------------------------|---|----------------|-------|------------|------|
| A245                    |   | HEAD OF FAMILY |       | Louisiana  |      |
| COLOR                   | W | AGE            | 31    | BIRTHPLACE | P. B |
| COUNTY                  |   | CITY           |       | Rochelle   |      |
| OTHER MEMBERS OF FAMILY |   |                |       |            |      |
| NAME                    |   | RELATIONSHIP   | AGE   | BIRTHPLACE |      |
| M. M.                   |   | W              | 25    |            |      |
| Nathan D.               |   | S              | 1 1/2 |            |      |
| E. M.                   |   | F              | 81    | Ala        |      |
|                         |   |                |       |            |      |
|                         |   |                |       |            |      |
|                         |   |                |       |            |      |
|                         |   |                |       |            |      |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |          |                |     |              |  |           |    |
|-------------------------|----------|----------------|-----|--------------|--|-----------|----|
| R 240                   |          | HEAD OF FAMILY |     | Russell P.D. |  | LOUISIANA |    |
| COLOR                   | W        | AGE            | 45  | BIRTHPLACE   |  | E.D.      | 85 |
| COUNTY                  |          | St. Mary       |     | CITY         |  | SHEET 1   |    |
| OTHER MEMBERS OF FAMILY |          |                |     |              |  |           |    |
|                         | NAME     | RELATIONSHIP   | AGE | BIRTHPLACE   |  |           |    |
|                         | Maria    | W              | 36  |              |  |           |    |
|                         | Addie    | D              | 18  |              |  |           |    |
|                         | Charlie  | S              | 17  |              |  |           |    |
|                         | Edwin    | S              | 12  |              |  |           |    |
|                         | Louise   | S              | 8   |              |  |           |    |
|                         | Margaret | D              | 3   |              |  |           |    |
|                         | Louise   | D              | 1/2 |              |  |           |    |

FORM 16-34 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |      |            |         |
|-------------------------|---|----------------|------|------------|---------|
| R243                    |   | HEAD OF FAMILY |      | LOUISIANA  |         |
| COLOR                   | W | AGE            | 64   | BIRTHPLACE | Be Soto |
|                         |   |                | CITY |            |         |
| OTHER MEMBERS OF FAMILY |   |                |      |            |         |
| NAME                    |   | RELATIONSHIP   | AGE  | BIRTHPLACE |         |
| 1 Ruben                 |   | D              | 26   |            |         |
| Ben                     |   | S              | 24   |            |         |
| 1 Boarder               |   |                |      |            |         |
|                         |   |                |      |            |         |
|                         |   |                |      |            |         |
|                         |   |                |      |            |         |
|                         |   |                |      |            |         |
|                         |   |                |      |            |         |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |              |                  |            |           |       |
|-------------------------|--------------|------------------|------------|-----------|-------|
| R240                    |              | HEAD OF FAMILY   |            | LOUISIANA |       |
| COLOR                   | AGE          | NAME             |            | E.D.      | SHEET |
| W                       | 49           | Parsell, Parnell |            | 110       | 11    |
| COUNTY                  |              | CITY             |            |           |       |
| Terrebonne              |              |                  |            |           |       |
| OTHER MEMBERS OF FAMILY |              |                  |            |           |       |
| NAME                    | RELATIONSHIP | AGE              | BIRTHPLACE |           |       |
| Felix                   | S            | 21               |            |           |       |
| Elphige                 | S            | 16               |            |           |       |
| Ala                     | D            | 19               |            |           |       |
| Agatha                  | D            | 14               |            |           |       |
| Lilney                  | S            | 8                |            |           |       |
| Dion, Ernest            | S            | 11               |            |           |       |

FORM 16-536 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                                |            |                       |            |                   |              |
|--------------------------------|------------|-----------------------|------------|-------------------|--------------|
| <b>R 246</b>                   |            | <b>HEAD OF FAMILY</b> |            | <b>LOUISIANA</b>  |              |
| <b>COLOR</b>                   | <b>AGE</b> | <b>BIRTHPLACE</b>     |            | <b>E.D.</b>       | <b>SHEET</b> |
| <b>M</b>                       | <b>55</b>  |                       |            | <b>93</b>         | <b>3</b>     |
| <b>COUNTY</b>                  |            | <b>Natchitoches</b>   |            | <b>CITY</b>       |              |
| <b>OTHER MEMBERS OF FAMILY</b> |            |                       |            |                   |              |
| <b>NAME</b>                    |            | <b>RELATIONSHIP</b>   | <b>AGE</b> | <b>BIRTHPLACE</b> |              |
| <b>Thelma</b>                  |            | <b>W</b>              | <b>35</b>  |                   |              |
| <b>Neala</b>                   |            | <b>D</b>              | <b>15</b>  |                   |              |
| <b>Bessie</b>                  |            | <b>D</b>              | <b>13</b>  |                   |              |
| <b>Murphy</b>                  |            | <b>S</b>              | <b>9</b>   |                   |              |
| <b>Cecilia</b>                 |            | <b>D</b>              | <b>6</b>   |                   |              |
| <b>Alton</b>                   |            | <b>S</b>              | <b>5</b>   |                   |              |
| <b>Allin</b>                   |            | <b>S</b>              | <b>2</b>   |                   |              |

FORM 16-436 (4-30-31)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

| HEAD OF FAMILY - CONTINUED |              | LOUISIANA |             |
|----------------------------|--------------|-----------|-------------|
| OTHER MEMBERS OF FAMILY    |              |           | CARD 2 OF 2 |
| NAME                       | RELATIONSHIP | AGE       | BIRTHPLACE  |
| <i>Robert Joseph</i>       | <i>W</i>     | <i>19</i> |             |
| <i>Melrose Carbury</i>     | <i>M L</i>   | <i>66</i> |             |
|                            |              |           |             |
|                            |              |           |             |
|                            |              |           |             |
|                            |              |           |             |
|                            |              |           |             |
|                            |              |           |             |
|                            |              |           |             |
|                            |              |           |             |
|                            |              |           |             |
|                            |              |           |             |

FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMB-DC 16190-P01

|   |   |                    |    |                  |  |
|---|---|--------------------|----|------------------|--|
| 8240  |   | NAME OF INDIVIDUAL |    | LOUISIANA        |  |
| Riesler   |   | Paul               |    | E.D. #3 SHEET 32 |  |
| COLOR   | W | AGE                | 25 | BIRTHPLACE       |  |
| COUNTY  |   | Rapides            |    | CITY             |  |
| SHARED WITH   |   |                    |    |                  |  |
| Herman M.E. Jr.   |   |                    |    |                  |  |
| RELATIONSHIP TO ABOVE   |   |                    |    |                  |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE<br><input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW<br><input type="checkbox"/> WIDWATE<br><input type="checkbox"/> NURSE<br><input checked="" type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |   |                    |    |                  |  |

FORM 10-57 (4-30-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |                 |  |  |  |                    |
|--|-----------------|--|--|--|--------------------|
| R240   |                 | NAME OF INDIVIDUAL<br><i>Russell, Paul</i>   |  | LOUISIANA  |                    |
| COLOR<br><i>B</i>  | AGE<br><i>9</i> | BIRTHPLACE   |  | E.D.<br><i>99</i>  | SHEET<br><i>14</i> |
| COUNTY<br><i>St. Mary</i>  |                 | CITY<br><i>Servich</i>   |  |  |                    |
| ENUMERATED WITH<br><i>Mary, Oscar</i>  |                 |  |  |  |                    |
| RELATIONSHIP TO ABOVE  |                 |  |  |  |                    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                 | <input checked="" type="checkbox"/> NEPHEW<br><input type="checkbox"/> Niece<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> WIGATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                    |

Form 18-627 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R24                     |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| 24                      | 50  | Marchitoba     |     | 92         | 4     |
| COUNTY                  |     | CITY           |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Virginia                |     | 24             | 20  |            |       |
| Alema                   |     | 5              | 9   |            |       |
| Lise                    |     | 12             | 7   |            |       |
| Lizay                   |     | 10             | 5   |            |       |
| Hazel                   |     | 8              | 1   |            |       |
| and 1 son               |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 18-636 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                |  |           |  |
|----------------|--|-----------|--|
| HEAD OF FAMILY |  | LOUISIANA |  |
|----------------|--|-----------|--|



|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R 240                   |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| W                       | 25  |                |     | 91         | 12    |
| COUNTY                  |     | CITY           |     |            |       |
| Natchitoches            |     |                |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| / Mary                  |     | W              | 27  |            |       |
| Modest                  |     | D              | 1   |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                  |                |     |            |       |
|-------------------------|------------------|----------------|-----|------------|-------|
| R 240                   |                  | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE              | NAME           |     | E.O.       | SHEET |
| w                       | 43               | Rachel Paul    |     | 81         | 5     |
| BIRTHPLACE              |                  |                |     |            |       |
| COUNTY                  |                  | Natchitoches   |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |                  |                |     |            |       |
|                         | NAME             | RELATIONSHIP   | AGE | BIRTHPLACE |       |
|                         | Augustine        | W              | 44  |            |       |
|                         | Catherine        | D              | 20  |            |       |
|                         | Elmer            | D              | 16  |            |       |
|                         | Mitchel          | S              | 11  |            |       |
|                         | Joseph A.        | S              | 2   |            |       |
|                         | Simmons, Mitchel | FL             | 73  |            |       |
|                         | & 1 hired man    |                |     |            |       |

FORM 16-526 (4-26-51)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R240                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
|                         |     |                |     | 11         | 2     |
| COUNTY                  |     | Natchitoches   |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| James                   |     |                | 3   |            |       |
| Lena                    |     |                | 3   |            |       |
| Alfred                  |     |                | 17  |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 18-636 (4-30-01)  
 1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

|                         |    |                |     |              |  |           |    |
|-------------------------|----|----------------|-----|--------------|--|-----------|----|
| R240                    |    | HEAD OF FAMILY |     | Ponsel, Paul |  | LOUISIANA |    |
| COLOR                   | ma | AGE            | 42  | BIRTHPLACE   |  | E.D.      | 77 |
|                         |    |                |     |              |  | SHEET     | 17 |
| COUNTY                  |    |                |     | CITY         |  |           |    |
| St. John the Baptist    |    |                |     |              |  |           |    |
| OTHER MEMBERS OF FAMILY |    |                |     |              |  |           |    |
| NAME                    |    | RELATIONSHIP   | AGE | BIRTHPLACE   |  |           |    |
| Marie                   |    | W              | 37  |              |  |           |    |
| Oscar                   |    | S              | 21  |              |  |           |    |
| Philogene               |    | S              | 18  |              |  |           |    |
| Elevia                  |    | D              | 19  |              |  |           |    |
| Angelle                 |    | D              | 16  |              |  |           |    |
| Armentina               |    | D              | 13  |              |  |           |    |
| Romeo                   |    | S              | 12  |              |  |           |    |

FORM 18-630 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

HEAD OF FAMILY - CONTINUED

LOUISIANA

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME    | RELATIONSHIP | AGE   | BIRTHPLACE |
|---------|--------------|-------|------------|
| Septime | S            | 10    |            |
| Asoline | D            | 7     |            |
| James   | S            | 5     |            |
| Arnold  | S            | 3     |            |
| Altee   | D            | 6 1/2 |            |
|         |              |       |            |
|         |              |       |            |
|         |              |       |            |
|         |              |       |            |

FORM 10-436a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 1910-P61

|  |  |   |      |           |    |
|--|--|---|------|-----------|----|
| R240   |  | NAME OF INDIVIDUAL                                  |      | LOUISIANA |    |
| COLOR  | W  | AGE   | 2    | E.D.      | 29 |
|  |  | BIRTHPLACE  | Arb  |           |    |
| COUNTY                                       | Caddo                                    |   | CITY |           |    |
| ENUMERATED WITH                              |  |   |      |           |    |
| Sandry Rebecca                               |  |   |      |           |    |
| RELATIONSHIP TO ABOVE                        |  |   |      |           |    |
| <input type="checkbox"/> FATHER              | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |      |           |    |
| <input type="checkbox"/> MOTHER              | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |      |           |    |
| <input type="checkbox"/> GRANDFATHER         | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |      |           |    |
| <input type="checkbox"/> GRANDMOTHER         | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |      |           |    |
| <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |      |           |    |
| <input type="checkbox"/> GRANDDAUGHTER       | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |      |           |    |
| <input type="checkbox"/> AUNT                | <input type="checkbox"/> BROTHER-IN-LAW  |   |      |           |    |
| <input type="checkbox"/> UNCLE               | <input type="checkbox"/> SISTER-IN-LAW   |   |      |           |    |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |  |  |           |  |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|--|-----------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| A340   |  | NAME OF INDIVIDUAL                       |  | LOUISIANA |  |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Ramsell, Pauline   |  | F.D.                                     |  | SHEET     |  |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR  | AGE                                      | BIRTHPLACE                               |  | 99 14     |  |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| B  | 9  |  |  |           |  |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY   |  | CITY                                     |  |           |  |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| St. Mary   |  | Berwick                                  |  |           |  |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH  |  |  |  |           |  |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| None, Oscar  |  |  |  |           |  |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |  |           |  |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input checked="" type="checkbox"/> WIFE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |           |  | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input checked="" type="checkbox"/> WIFE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |  |           |  |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input checked="" type="checkbox"/> WIFE | <input type="checkbox"/> NURSE           |  |           |  |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |  |           |  |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |  |           |  |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |  |           |  |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |  |           |  |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |           |  |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |  |           |  |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 16-437 (4-22-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |   |      |                   |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
|--|--|---|------|-------------------|--------------------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|---|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R240   |  | NAME OF INDIVIDUAL<br><i>Russell, Pearl</i> |      | LOUISIANA         |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>B</i>  | AGE<br><i>4</i>                          | BIRTHPLACE                                  |      | E.D.<br><i>76</i> | SHEET<br><i>13</i> |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>De Soto</i>   |  |   | CITY |                   |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Ashton, Henry</i>  |  |   |      |                   |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   |      |                   |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDOW</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NUNCE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |      |                   |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NUNCE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDOW              |      |                   |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NUNCE              |      |                   |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT            |      |                   |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER             |      |                   |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT            |      |                   |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)    |      |                   |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |   |      |                   |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |   |      |                   |                    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|  |     |   |  |  |       |
|--|-----|---|--|--|-------|
| R240   |     | NAME OF INDIVIDUAL  |  | LOUISIANA  |       |
| COLOR  | AGE | BIRTHPLACE  |  | E.O.   | SHEET |
| B  | 17  |   |  | 87   | 21    |
| COUNTY   |     | CITY  |  |  |       |
| Married with   |     |   |  |  |       |
| RELATIONSHIP TO ABOVE  |     | Foreman Richard   |  |  |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify)<br>52 |       |

FORM 10-437 (4-30-57)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |     |                    |  |           |       |
|--|-----|--------------------|--|-----------|-------|
| R240   |     | NAME OF INDIVIDUAL |  | LOUISIANA |       |
| COLOR  | AGE | BIRTHPLACE         |  | E.D.      | SHEET |
| B  | 20  |                    |  | 30        | 19    |
| COUNTY   |     | CITY               |  |           |       |
| East Baton Rouge   |     |                    |  |           |       |
| ENUMERATED WITH  |     |                    |  |           |       |
| Hamkins, Sandy   |     |                    |  |           |       |
| RELATIONSHIP TO ABOVE  |     |                    |  |           |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE<br><input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW<br><input type="checkbox"/> IMMATE<br><input type="checkbox"/> HOUSE<br><input checked="" type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |     |                    |  |           |       |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |   |  |           |       |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|---|--|---|--|-----------|-------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| B240  |  | NAME OF INDIVIDUAL                                  |  | LOUISIANA |       |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR   | AGE                                      | BIRTHPLACE  |  | E.D.      | SHEET |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| B   | 15                                       |   |  | 87        | 21    |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY  | City                                     |   |  |           |       |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| MARRIED WITH  |  | Mary  |  |           |       |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  | Goreman, Richard                                    |  |           |       |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDOW</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> Niece</td> <td><input type="checkbox"/> MURDER</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> SONS</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | <input type="checkbox"/> MOTHER | <input type="checkbox"/> Niece | <input type="checkbox"/> MURDER | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> SONS | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDOW                      |  |           |       |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> Niece           | <input type="checkbox"/> MURDER                     |  |           |       |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |           |       |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |           |       |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |           |       |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |           |       |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> SONS   | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |           |       |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |  |           |       |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 10-57 (4-20-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |  |  |           |       |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
|--|--|--|--|-----------|-------|---------------------------------|---------------------------------|----------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|--|--|--------------------------------|--|--|
| R240   |  | NAME OF INDIVIDUAL                       |  | LOUISIANA |       |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| COLOR  |  | AGE                                      |  | E.D.      | SHEET |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| 24   |  | 38                                       |  | 92        | 17    |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| BIRTHPLACE   |  |  |  |           |       |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| COUNTY   |  | Natchitoches                             |  | CITY      |       |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| ENUMERATED WITH  |  |  |  |           |       |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| Lacaze, Sidney   |  |  |  |           |       |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |  |           |       |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> BOARDER</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input checked="" type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> BOARDER | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input checked="" type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW                    | <input type="checkbox"/> BOARDER         |  |           |       |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE                     | <input type="checkbox"/> NURSE           |  |           |       |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW             | <input type="checkbox"/> PATIENT         |  |           |       |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW             | <input type="checkbox"/> ROOMER          |  |           |       |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW                | <input type="checkbox"/> SERVANT         |  |           |       |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW           | <input type="checkbox"/> OTHER (Specify) |  |           |       |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input checked="" type="checkbox"/> BROTHER-IN-LAW |  |  |           |       |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW             |  |  |           |       |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |

FORM 16-537 (4-29-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |   |   |    |   |                 |
|--|---|---|----|---|-----------------|
| R-240  |   | NAME OF INDIVIDUAL  |    | LOUISIANA   |                 |
| COLOR  | W | AGE   | 17 | BIRTHPLACE  | Recorally Peter |
| COUNTY   |   | Avoyelles   |    | CITY  |                 |
| ENUMERATED WITH  |   | Hayes Jeff  |    |   |                 |
| RELATIONSHIP TO ABOVE  |   |   |    |   |                 |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |   | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |    | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                 |

FORM 10-637 (4-30-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                |            |            |       |
|-------------------------|----------------|------------|------------|-------|
| R240                    | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   | AGE            | BIRTHPLACE | E.D.       | SHEET |
| B                       | 42             | Miss.      | 115        | 19    |
| COUNTY                  |                | CITY       |            |       |
| Richland                |                |            |            |       |
| OTHER MEMBERS OF FAMILY |                |            |            |       |
| NAME                    | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Clara                   | W              | 44         |            |       |
| Mary                    | D              | 27         |            |       |
| Josephine               | S              | 20         |            |       |
| L                       | S              | 17         |            |       |
| Charlie                 | S              | 16         |            |       |
| Claudia                 | S              | 9          |            |       |
| Blairinda               | D              | 12         |            |       |

FORM 18-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUE

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME     | RELATIONSHIP | AGE | BIRTHPLACE |
|----------|--------------|-----|------------|
| 1 Jessie | 5            | 8   |            |
|          |              |     |            |
|          |              |     |            |
|          |              |     |            |
|          |              |     |            |
|          |              |     |            |
|          |              |     |            |
|          |              |     |            |
|          |              |     |            |
|          |              |     |            |
|          |              |     |            |

FORM 16-436a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 18189-P61

|  |   |  |    |  |                  |
|--|---|--|----|--|------------------|
| R240   |   | NAME OF INDIVIDUAL   |    | LOUISIANA  |                  |
| COLOR  | W | AGE  | 30 | NAME OF INDIVIDUAL   | Russell Phillips |
|  |   | BIRTHPLACE   |    | E.D.   | 69               |
|  |   |  |    | SHEET  | 29               |
| COUNTY   |   | St. James  |    | CITY   |                  |
| ENUMERATED WITH  |   |  |    |  |                  |
| RELATIONSHIP TO ABOVE  |   |  |    |  |                  |
| Lizzie Ernest  |   |  |    |  |                  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |   | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input checked="" type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |    | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                  |

FORM 15-537 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 15199-P01



|                         |                |                                |           |            |
|-------------------------|----------------|--------------------------------|-----------|------------|
| R240                    | HEAD OF FAMILY |                                | LOUISIANA |            |
| COLOR<br>B              | AGE<br>35      | BIRTHPLACE<br>Russell Philipps |           | E.D.<br>61 |
| COUNTY                  |                | CITY                           |           |            |
| St. James               |                |                                |           |            |
| OTHER MEMBERS OF FAMILY |                |                                |           |            |
| NAME                    |                | RELATIONSHIP                   | AGE       | BIRTHPLACE |
| Lemuel                  |                | W                              | 30        |            |
| Philipps Jr             |                | 5                              | 12        |            |
| Ernest                  |                | 5                              | 10        |            |
|                         |                |                                |           |            |
|                         |                |                                |           |            |
|                         |                |                                |           |            |
|                         |                |                                |           |            |
|                         |                |                                |           |            |

FORM 18-536 (4-30-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

*R240*

|   |   |   |  |                |                |                                 |                                 |                                 |                                 |                                |                                |                                      |   |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|---|---|--|----------------|----------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|---|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| <del>1244</del>   |   | NAME OF INDIVIDUAL <i>Roseville Phillip</i> |  | LOUISIANA      |                |                                 |                                 |                                 |                                 |                                |                                |                                      |   |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR <i>W</i>  | AGE <i>75</i>                                     | BIRTHPLACE <i>Germany</i>                   |  | E.D. <i>93</i> | SHEET <i>1</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |   |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY <i>Natchitoches</i>  |   | CITY <i>Charlottesville Va</i>              |  |                |                |                                 |                                 |                                 |                                 |                                |                                |                                      |   |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH   |   |   |  |                |                |                                 |                                 |                                 |                                 |                                |                                |                                      |   |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |   |   |  |                |                |                                 |                                 |                                 |                                 |                                |                                |                                      |   |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input checked="" type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |   |   |  |                |                | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input checked="" type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW                   | <input type="checkbox"/> INMATE             |  |                |                |                                 |                                 |                                 |                                 |                                |                                |                                      |   |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE                    | <input type="checkbox"/> NURSE              |  |                |                |                                 |                                 |                                 |                                 |                                |                                |                                      |   |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input checked="" type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT            |  |                |                |                                 |                                 |                                 |                                 |                                |                                |                                      |   |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW            | <input type="checkbox"/> ROOMER             |  |                |                |                                 |                                 |                                 |                                 |                                |                                |                                      |   |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW               | <input type="checkbox"/> SERVANT            |  |                |                |                                 |                                 |                                 |                                 |                                |                                |                                      |   |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW          | <input type="checkbox"/> OTHER (Specify)    |  |                |                |                                 |                                 |                                 |                                 |                                |                                |                                      |   |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW           |   |  |                |                |                                 |                                 |                                 |                                 |                                |                                |                                      |   |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW            |   |  |                |                |                                 |                                 |                                 |                                 |                                |                                |                                      |   |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 16-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 16185-P01

|                         |  |                      |            |            |      |
|-------------------------|--|----------------------|------------|------------|------|
| R 240                   |  | HEAD OF FAMILY       |            | LOUISIANA  |      |
| COLOR                   |  | AGE                  | BIRTHPLACE |            | E.D. |
| B                       |  | 47                   |            |            | 28   |
| COUNTY                  |  | St. John the Baptist |            | CITY       |      |
| OTHER MEMBERS OF FAMILY |  |                      |            |            |      |
| NAME                    |  | RELATIONSHIP         | AGE        | BIRTHPLACE |      |
| Helena                  |  | W                    | 46         |            |      |
| Luisel                  |  | S                    | 18         |            |      |
| Etiennne                |  | S                    | 13         |            |      |
| Marie                   |  | D                    | 8          |            |      |
| Mathilde                |  | D                    | 20         |            |      |
|                         |  |                      |            |            |      |
|                         |  |                      |            |            |      |

FORM 16-436 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R 240                   |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| W                       |  | 31             |            | 21         | 31    |
| COUNTY                  |  |                | CITY       |            |       |
| Avoyelles               |  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Living alone            |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
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FORM 18-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |          |            |  |
|-------------------------|---|----------------|----------|------------|--|
| R 240                   |   | HEAD OF FAMILY |          | LOUISIANA  |  |
| COLOR                   | W | AGE            | 25       | BIRTHPLACE |  |
|                         |   |                | E.D. 67  |            |  |
|                         |   |                | SHEET 13 |            |  |
| COUNTY                  |   |                | CITY     |            |  |
| St. James               |   |                |          |            |  |
| OTHER MEMBERS OF FAMILY |   |                |          |            |  |
| NAME                    |   | RELATIONSHIP   | AGE      | BIRTHPLACE |  |
| living alone            |   |                |          |            |  |
|                         |   |                |          |            |  |
|                         |   |                |          |            |  |
|                         |   |                |          |            |  |
|                         |   |                |          |            |  |
|                         |   |                |          |            |  |
|                         |   |                |          |            |  |
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|                         |   |                |          |            |  |

FORM 16-536 (4-22-31)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |         |                |      |            |  |
|-------------------------|---------|----------------|------|------------|--|
| R240                    |         | HEAD OF FAMILY |      | LOUISIANA  |  |
| COLOR                   | W       | AGE            | 38   | BIRTHPLACE |  |
| COUNTY                  | ORANGE  |                | CITY |            |  |
| OTHER MEMBERS OF FAMILY |         |                |      |            |  |
|                         | NAME    | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
|                         | Eveline | W              | 34   |            |  |
|                         | Childer | S              | 18   |            |  |
|                         | Elaine  | D              | 14   |            |  |
|                         | Pravie  | S              | 12   |            |  |
|                         | Clene   | S              | 10   |            |  |
|                         | Image   | D              | 8    |            |  |
|                         | Emuel   | D              | 7    |            |  |

FORM 18-626 (4-28-61)

1916 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

HEAD OF FAMILY - CONTINUED

LOUISIANA

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME          | RELATION-<br>SHIP | AGE      | BIRTHPLACE |
|---------------|-------------------|----------|------------|
| <i>Robely</i> | <i>S</i>          | <i>4</i> |            |
| <i>Willi</i>  | <i>S</i>          | <i>2</i> |            |
| <i>Melba</i>  | <i>D</i>          | <i>1</i> |            |
|               |                   |          |            |
|               |                   |          |            |
|               |                   |          |            |
|               |                   |          |            |
|               |                   |          |            |
|               |                   |          |            |
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|               |                   |          |            |
|               |                   |          |            |

FORM 10-436a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 10120-P01

|                         |                |            |            |            |
|-------------------------|----------------|------------|------------|------------|
| R 240                   | HEAD OF FAMILY |            | LOUISIANA  |            |
| COLOR                   | AGE            | BIRTHPLACE |            | E.D. SHEET |
| W                       | 39             |            |            | 23 13      |
| COUNTY                  | Natchitoches   |            | CITY       |            |
| OTHER MEMBERS OF FAMILY |                |            |            |            |
| NAME                    | RELATIONSHIP   | AGE        | BIRTHPLACE |            |
| Louise                  | W              | 39         |            |            |
| Barney                  | S              | 18         |            |            |
| Isabelle                | D              | 15         |            |            |
| Raymond                 | S              | 14         |            |            |
| Edwin                   | S              | 13         |            |            |
| Edgar                   | S              | 12         |            |            |
| David                   | S              | 10         |            |            |

FORM 10-436 (4-30-31)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



HEAD OF FAMILY - CONTINUED

LOUISIANA

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME   | RELATION-<br>SHIP | AGE | BIRTHPLACE |
|--------|-------------------|-----|------------|
| Murphy | S                 | 8   |            |
| Howard | S                 | 7   |            |
| Mika   | D                 | 5   |            |
|        |                   |     |            |
|        |                   |     |            |
|        |                   |     |            |
|        |                   |     |            |
|        |                   |     |            |
|        |                   |     |            |
|        |                   |     |            |
|        |                   |     |            |
|        |                   |     |            |

FORM 16-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-6 OF 1910-P-61

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| 1R240                   |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.O.       | SHEET |
| W                       | 53  |                |     | 52         | 33    |
| COUNTY                  |     | CITY           |     |            |       |
| Flaqueminette           |     |                |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Saulonia                |     | W              | 43  |            |       |
| Lemasa                  |     | D              | 17  |            |       |
| Theodore                |     | S              | 14  |            |       |
| Selvora                 |     | D              | 14  |            |       |
| Palite                  |     | S              | 13  |            |       |
| Kearse                  |     | S              | 7   |            |       |
|                         |     |                |     |            |       |

FORM 10-436 (4-20-51)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |      |            |       |
|-------------------------|-----|----------------|------|------------|-------|
| R 240                   |     | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |      | E.O.       | SHEET |
| B                       | 60  | Lo Car         |      | 4          | 6     |
| COUNTY                  |     |                | CITY |            |       |
| Bienville               |     |                |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Ella                    |     | D              | 35   |            |       |
| Anna                    |     | D              | 25   |            |       |
| Ernest                  |     | S              | 24   |            |       |
| David                   |     | S              | 21   |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |

FORM 10-626 (4-20-61)  
1960 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

| LOUISIANA   |   |  |              |       |
|---|---|--|--------------|-------|
| R240  | NAME OF INDIVIDUAL  |  | E.O.         | SHEET |
| COLOR   | AGE   | BIRTHPLACE   | 116          | 1     |
| W   | 60  | Mass   |              |       |
| COUNTY  | Tangipahoa  | CITY   | Independence |       |
| ENUMERATED WITH   | Stewart, Brady  |  |              |       |
| RELATIONSHIP TO ABOVE   |   |  |              |       |
| <input type="checkbox"/> FATHER<br><input checked="" type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |              |       |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18105-P61

|                         |              |                                |                           |
|-------------------------|--------------|--------------------------------|---------------------------|
| HEAD OF FAMILY          |              | LOUISIANA                      |                           |
| R240<br>COLOR<br>W      | AGE<br>26    | BIRTHPLACE<br>Russell Porter J | E.D.<br>13<br>SHEET<br>19 |
| COUNTY<br>Catahoula     |              | CITY                           |                           |
| OTHER MEMBERS OF FAMILY |              |                                |                           |
| NAME                    | RELATIONSHIP | AGE                            | BIRTHPLACE                |
| / Anais m.              | W            | 26                             |                           |
| / Carrie d.             | D            | 3                              |                           |
| Allie m.                | D            | 1 1/2                          |                           |
| Clark Mary              | GM           | 71                             | Miss                      |
|                         |              |                                |                           |
|                         |              |                                |                           |
|                         |              |                                |                           |

FORM 18-636 (4-20-81)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |                  |   |  |   |                   |
|--|------------------|---|--|---|-------------------|
| <i>R240</i>  |                  | NAME OF INDIVIDUAL<br><i>Rachal Powell</i>  |  | LOUISIANA   |                   |
| COLOR<br><i>W</i>  | AGE<br><i>15</i> | BIRTHPLACE  |  | E.D.<br><i>94</i>   | SHEET<br><i>7</i> |
| COUNTY   |                  | Natchitoches  |  | CITY  |                   |
| ENUMERATED WITH<br><i>Gracils. Ben</i>   |                  |   |  |   |                   |
| RELATIONSHIP TO ABOVE  |                  |   |  |   |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>C</i> |                   |

FORM 10-437 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18100-201

|                         |               |                |    |                 |      |            |     |
|-------------------------|---------------|----------------|----|-----------------|------|------------|-----|
| H-240                   |               | HEAD OF FAMILY |    | ROSWELL PRESTON |      | LOUISIANA  |     |
| COLOR                   | W             | AGE            | 21 | BIRTHPLACE      | Ark. | E.D.       | 104 |
| COUNTY                  | West Carroll, |                |    | CITY            |      |            |     |
| OTHER MEMBERS OF FAMILY |               |                |    |                 |      |            |     |
| NAME                    |               |                |    | RELATIONSHIP    | AGE  | BIRTHPLACE |     |
| 1 Ols                   |               |                |    | W               | 20   |            |     |
|                         |               |                |    |                 |      |            |     |
|                         |               |                |    |                 |      |            |     |
|                         |               |                |    |                 |      |            |     |
|                         |               |                |    |                 |      |            |     |
|                         |               |                |    |                 |      |            |     |
|                         |               |                |    |                 |      |            |     |
|                         |               |                |    |                 |      |            |     |
|                         |               |                |    |                 |      |            |     |

FORM 18-436 (6-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |               |      |           |  |
|-------------------------|---|----------------|-----|---------------|------|-----------|--|
| R240                    |   | HEAD OF FAMILY |     | Rachel Proger |      | LOUISIANA |  |
| COLOR                   | W | AGE            | 68  | BIRTHPLACE    |      |           |  |
| COUNTY                  |   |                |     | Natchitoches  | CITY |           |  |
| OTHER MEMBERS OF FAMILY |   |                |     |               |      |           |  |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE    |      |           |  |
| E. Proger               |   | W              | 64  |               |      |           |  |
| Aurora                  |   | D              | 36  |               |      |           |  |
| Clarence                |   | S              | 33  |               |      |           |  |
| Henry R.                |   | G S            | 4   |               |      |           |  |
| Annie                   |   | G D            | 3   |               |      |           |  |
| Les J.                  |   | G S            | 1/2 |               |      |           |  |

FORM 16-636 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|  |  |   |  |   |  |
|--|--|---|--|---|--|
| R 240  |  | NAME OF INDIVIDUAL<br><i>Legallie, R. E. Bennett</i>  |  | LOUISIANA   |  |
| SEX<br><i>W</i>  |  | AGE<br><i>23</i>  |  | E.D. SHEET<br><i>140 3</i>  |  |
| PLACE  |  | DISPLACE  |  |   |  |
| COUNTY   |  | CITY  |  |   |  |
| West Baton Rouge   |  |   |  |   |  |
| ENUMERATED WITH  |  |   |  |   |  |
| RELATIONSHIP TO ABOVE  |  | <i>Legallie, Augustus D.</i>  |  |   |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>B</i> |  |

FORM 10-437 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCENS-PC 15100-P01

|   |  |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|--|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|--|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R2410   |  | NAME OF INDIVIDUAL                       |  | LOUISIANA |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|   |  | Rachel, Rachel                           |  | R.D.      | SHEET |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR   | AGE                                      | BIRTHPLACE                               |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| 24  | 17                                       |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY  |  | Natchitoches                             |  | CITY      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Lacasse, Ben  |  |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 19-437 (4-26-61)

1919 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |   |  |           |       |
|--|--|---|--|-----------|-------|
| R240                                   |  | NAME OF INDIVIDUAL                          |  | LOUISIANA |       |
| COLOR                                  | AGE                                      | BIRTHPLACE                                  |  | R.O.      | SHEET |
| 13                                     | 84                                       | Russell, Rachel                             |  | 109       | 1     |
| COUNTY                                 |  | CITY  |  |           |       |
| Sabine                                 |  | Pleasant Hill                               |  |           |       |
| ENUMERATED WITH                        |  |   |  |           |       |
| Armstrong, Tom C.                      |  |   |  |           |       |
| RELATIONSHIP TO ABOVE                  |  |   |  |           |       |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE             |  |           |       |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE              |  |           |       |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT            |  |           |       |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER             |  |           |       |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW      | <input checked="" type="checkbox"/> SERVANT |  |           |       |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)    |  |           |       |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |           |       |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW   |   |  |           |       |

FORM 19-437 (4-20-61)

1919 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |   |  |                   |                    |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |                                       |  |
|--|--|---|--|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|--|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|---------------------------------------|--|
| 1920   |  | NAME OF INDIVIDUAL<br><i>Russell Rachel</i> |  | LOUISIANA         |                    |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |                                       |  |
| COLOR<br><i>W</i>  | AGE<br><i>63</i>                         | BIRTHPLACE<br><i>Ill</i>                    |  | E.D.<br><i>89</i> | SHEET<br><i>20</i> |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |                                       |  |
| COUNTY<br><i>Natchitoches</i>  |  | CITY  |  |                   |                    |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |                                       |  |
| ENUMERATED WITH<br><i>Russell Oscar</i>  |  |   |  |                   |                    |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |                                       |  |
| RELATIONSHIP TO ABOVE  |  |   |  |                   |                    |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |                                       |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDATE</td> </tr> <tr> <td><input checked="" type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> OTHER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |                   |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDATE | <input checked="" type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> OTHER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDATE             |  |                   |                    |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |                                       |  |
| <input checked="" type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE              |  |                   |                    |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |                                       |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT            |  |                   |                    |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |                                       |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER             |  |                   |                    |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |                                       |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT            |  |                   |                    |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |                                       |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)    |  |                   |                    |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |                                       |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |                   |                    |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |                                       |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> OTHER-IN-LAW    |   |  |                   |                    |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |                                       |  |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |      |
|-------------------------|--|----------------|------------|------------|------|
| R240                    |  | HEAD OF FAMILY |            | LOUISIANA  |      |
| COLOR                   |  | AGE            | BIRTHPLACE |            | E.D. |
| 24                      |  | 45             |            |            | 92   |
| COUNTY                  |  | Natchitoches   |            | CITY       |      |
| OTHER MEMBERS OF FAMILY |  |                |            |            |      |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |      |
| Ozita                   |  | 24             | 44         |            |      |
| Stella                  |  | 29             | 13         |            |      |
| Allie                   |  | 1              | 12         |            |      |
| Levinna                 |  | 1              | 9          |            |      |
| Dary                    |  | 1              | 6          |            |      |
| Ozia                    |  | 1              | 2          |            |      |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |              |   |      |   |        |
|--|--------------|---|------|---|--------|
| X-240  |              | NAME OF INDIVIDUAL  |      | LOUISIANA   |        |
| RUSSELL RAMO   |              | RUSSELL RAMO  |      | E.O.  | SHEET  |
| COLOR  | W            | AGE   | 4    | BIRTHPLACE  | 144 12 |
| COUNTY   | West Carroll |   | CITY |   |        |
| ENUMERATED WITH  |              |   |      |   |        |
| BOUTWELL THOMAS  |              |   |      |   |        |
| RELATIONSHIP TO ABOVE  |              |   |      |   |        |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |              | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br>SS |        |

Form 16-437 (4-26-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 16103-P61

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R240                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| It                      | 57  |                |     | 92         | 4     |
| COUNTY                  |     | Natchitoches   |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Mary A.                 |     | It             | 52  |            |       |
| Harriet                 |     | D              | 14  |            |       |
| Coleman                 |     | I              | 21  |            |       |
| Ramie                   |     | I              | 18  |            |       |
| Lawrence                |     | I              | 12  |            |       |
| Alfred                  |     | I              | 10  |            |       |
| Artie                   |     | I              | 8   |            |       |

FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS





|  |  |   |      |           |  |
|--|--|---|------|-----------|--|
| R240                                   |  | NAME OF INDIVIDUAL                                  |      | LOUISIANA |  |
| Roussell, Rama                         |  | E.O.  |      | SHEET     |  |
| 77                                     |  | 7   |      |           |  |
| COLOR                                  | AGE                                      | BIRTHPLACE  |      |           |  |
| W                                      | 18                                       |   |      |           |  |
| COUNTY                                 | St. John the Baptist                     |   | CITY |           |  |
| RESIDENT WITH                          |  |   |      |           |  |
| Legeron, Francois                      |  |   |      |           |  |
| RELATIONSHIP TO ABOVE                  |  |   |      |           |  |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |      |           |  |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NUNCE                      |      |           |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |      |           |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |      |           |  |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |      |           |  |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |      |           |  |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW  | Cm  |      |           |  |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW   |   |      |           |  |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-NC 18100-P01

|                         |   |                |       |            |               |
|-------------------------|---|----------------|-------|------------|---------------|
| R246                    |   | HEAD OF FAMILY |       | LOUISIANA  |               |
| COLOR                   | M | AGE            | 30    | BIRTHPLACE | Rachel Ramsey |
| COUNTY                  |   | Natchitoches   |       | CITY       |               |
| OTHER MEMBERS OF FAMILY |   |                |       |            |               |
| NAME                    |   | RELATIONSHIP   | AGE   | BIRTHPLACE |               |
| Bosie                   |   | W              | 32    |            |               |
| Lorran                  |   | S              | 8     |            |               |
| Audence                 |   | D              | 6     |            |               |
| Marie                   |   | D              | 9     |            |               |
| Arnette                 |   | D              | 1 1/2 |            |               |
| Baldemar Angella        |   | Ni             | 13    |            |               |

FORM 16-536 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |            |    |
|-------------------------|---|----------------|-----|------------|----|
| R240                    |   | HEAD OF FAMILY |     | LOUISIANA  |    |
| COLOR                   | W | AGE            | 27  | E.D.       | 71 |
|                         |   | BIRTHPLACE     |     | SHEET 27   |    |
| COUNTY                  |   | St. James      |     | CITY       |    |
| OTHER MEMBERS OF FAMILY |   |                |     |            |    |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |    |
| 1 Anne                  |   | W              | 21  |            |    |
|                         |   |                |     |            |    |
|                         |   |                |     |            |    |
|                         |   |                |     |            |    |
|                         |   |                |     |            |    |
|                         |   |                |     |            |    |
|                         |   |                |     |            |    |
|                         |   |                |     |            |    |

Form 16-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |   |   |          |
|---|---|---|----------|
| R440  |   | LOUISIANA   |          |
| NAME OF INDIVIDUAL  |   | Russell Bay Le  | E.D. 147 |
| COLOR   | AGE   | BIRTHPLACE  | SHEET 1  |
| W   | 17  |   |          |
| COUNTY  |   | CITY  |          |
| Verdon  |   |   |          |
| GENERATED WITH  |   |   |          |
| Russell Hattie Le   |   |   |          |
| RELATIONSHIP TO ABOVE   |   |   |          |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input checked="" type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> WIDOW<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |          |

FORM 10-437 (4-29-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCORN-DC (2138-P6)

|                         |   |                |         |            |    |
|-------------------------|---|----------------|---------|------------|----|
| 240                     |   | HEAD OF FAMILY |         | LOUISIANA  |    |
| COLOR                   | B | AGE            | 37      | BIRTHPLACE |    |
|                         |   | Richard        |         | E.D.       | 75 |
|                         |   |                |         | SHEET      | 2  |
| COUNTY                  |   |                | Do Soto | CITY       |    |
| OTHER MEMBERS OF FAMILY |   |                |         |            |    |
| NAME                    |   | RELATIONSHIP   | AGE     | BIRTHPLACE |    |
| Bertha                  |   | W              | 24      |            |    |
| Hamilton                |   | S              | 19      |            |    |
| Julia                   |   | D              | 10      |            |    |
| Lottie                  |   | D              | 7       |            |    |
| Robert                  |   | S              | 9 1/2   |            |    |
| Marriett                |   | Mo             | 75      | Ga         |    |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |       |                |    |                      |  |            |    |
|-------------------------|-------|----------------|----|----------------------|--|------------|----|
| R 246                   |       | HEAD OF FAMILY |    | Beckler, Richard     |  | LOUISIANA  |    |
| COLOR                   | White | AGE            | 26 | BIRTHPLACE           |  | E.D.       | 80 |
|                         |       |                |    |                      |  | SHEET      | 27 |
| COUNTY                  |       |                |    | St. John the Baptist |  | CITY       |    |
| OTHER MEMBERS OF FAMILY |       |                |    |                      |  |            |    |
| NAME                    |       | RELATIONSHIP   |    | AGE                  |  | BIRTHPLACE |    |
| Mary                    |       | W              |    | 25                   |  |            |    |
|                         |       |                |    |                      |  |            |    |
|                         |       |                |    |                      |  |            |    |
|                         |       |                |    |                      |  |            |    |
|                         |       |                |    |                      |  |            |    |
|                         |       |                |    |                      |  |            |    |
|                         |       |                |    |                      |  |            |    |
|                         |       |                |    |                      |  |            |    |
|                         |       |                |    |                      |  |            |    |

FORM 18-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |             |                |             |            |  |
|-------------------------|-------------|----------------|-------------|------------|--|
| R 24                    |             | HEAD OF FAMILY |             | Louisiana  |  |
| COLOR                   | B           | AGE            | 43          | BIRTHPLACE |  |
| COUNTY                  |             |                | St. Charles |            |  |
|                         |             |                | CITY        |            |  |
| OTHER MEMBERS OF FAMILY |             |                |             |            |  |
|                         | NAME        | RELATIONSHIP   | AGE         | BIRTHPLACE |  |
|                         | Ernestine   | W              | 31          |            |  |
|                         | Violet      | D              | 19          |            |  |
|                         | Virginia    | D              | 18          |            |  |
|                         | Stanton C.  | S              | 15          |            |  |
|                         | Richard Jr. | S              | 13          |            |  |
|                         | Helbraun    | D              | 11          |            |  |
|                         | Accena      | D              | 9           |            |  |

FORM 18-436 (4-20-61)  
 1936 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

## HEAD OF FAMILY - CONTINUED

LOUISIANA

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME              | RELATION-<br>SHIP | AGE   | BIRTHPLACE |
|-------------------|-------------------|-------|------------|
| Rachel Rutherford | D                 | 7     |            |
| Laurence          | S                 | 5     |            |
| Lenora            | S                 | 3     |            |
| Laura             | D                 | 5     |            |
| Ernestine         | D                 | 1 1/2 |            |
|                   |                   |       |            |
|                   |                   |       |            |
|                   |                   |       |            |
|                   |                   |       |            |
|                   |                   |       |            |
|                   |                   |       |            |

FORM 10-436a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 15108-P61



|   |  |   |  |                   |                   |
|---|--|---|--|-------------------|-------------------|
| 1216                                    |  | NAME OF INDIVIDUAL<br><i>Russell, Rina</i>          |  | E.D.<br><i>84</i> | SHEET<br><i>8</i> |
| COLOR<br><i>B</i>                       | AGE<br><i>25</i>                         | BIRTHPLACE<br><i>Miss</i>                           |  |                   |                   |
| COUNTY<br><i>Pointe Coupee</i>          | CITY<br><i>near Road</i>                 |   |  |                   |                   |
| ENUMERATED WITH<br><i>Lament Joseph</i> |  |   |  |                   |                   |
| RELATIONSHIP TO ABOVE                   |  |   |  |                   |                   |
| <input type="checkbox"/> FATHER         | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDOW                      |  |                   |                   |
| <input type="checkbox"/> MOTHER         | <input type="checkbox"/> WIFE            | <input type="checkbox"/> NURSE                      |  |                   |                   |
| <input type="checkbox"/> GRANDFATHER    | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |                   |                   |
| <input type="checkbox"/> GRANDMOTHER    | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |                   |                   |
| <input type="checkbox"/> GRANDSON       | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |                   |                   |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |                   |                   |
| <input type="checkbox"/> AUNT           | <input type="checkbox"/> BROTHER-IN-LAW  | <i>W</i>  |  |                   |                   |
| <input type="checkbox"/> UNCLE          | <input type="checkbox"/> SISTER-IN-LAW   |   |  |                   |                   |

Form 18-437 (4-30-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |   |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |   |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|---|--|--|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|---|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 1920  |   | NAME OF INDIVIDUAL                       |  | LOUISIANA |       |                                 |                                 |                                 |                                 |                                |                                |                                      |   |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR   | AGE   | BIRTHPLACE                               |  | E.D.      | SHEET |                                 |                                 |                                 |                                 |                                |                                |                                      |   |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| W   | 77  |  |  | 26        | 2     |                                 |                                 |                                 |                                 |                                |                                |                                      |   |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY  |   | CITY                                     |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |   |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Jefferson   |   |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |   |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH   |   |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |   |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Eliot Thomas  |   |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |   |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |   |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |   |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHER</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input checked="" type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |   |  |  |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHER | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input checked="" type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHER                   | <input type="checkbox"/> INMATE          |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |   |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE                    | <input type="checkbox"/> NURSE           |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |   |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input checked="" type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT         |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |   |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW            | <input type="checkbox"/> ROOMER          |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |   |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW               | <input type="checkbox"/> SERVANT         |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |   |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW          | <input type="checkbox"/> OTHER (Specify) |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |   |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW           |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |   |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW            |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |   |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 18-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                |                       |             |           |
|-------------------------|----------------|-----------------------|-------------|-----------|
| <i>R 240</i>            | HEAD OF FAMILY |                       | LOUISIANA   |           |
| COLOR                   | AGE            | BIRTHPLACE            |             | E.D.      |
| <i>W</i>                | <i>28</i>      | <i>Russell Robert</i> |             | <i>87</i> |
| COUNTY                  | CITY           |                       | SHEET       |           |
| <i>Rapides</i>          |                |                       | <i>8</i>    |           |
| OTHER MEMBERS OF FAMILY |                |                       |             |           |
| NAME                    | RELATIONSHIP   | AGE                   | BIRTHPLACE  |           |
| <i>Ida M</i>            | <i>W</i>       | <i>24</i>             | <i>Miss</i> |           |
| <i>Mary J</i>           | <i>D</i>       | <i>5</i>              |             |           |
| <i>Clayburn C</i>       | <i>S</i>       | <i>3</i>              |             |           |
|                         |                |                       |             |           |
|                         |                |                       |             |           |
|                         |                |                       |             |           |
|                         |                |                       |             |           |
|                         |                |                       |             |           |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

| HEAD OF FAMILY          |              |            | LOUISIANA  |       |
|-------------------------|--------------|------------|------------|-------|
| COLOR                   | AGE          | BIRTHPLACE | E.D.       | SHEET |
| W-246                   | 38           | Ark        | 145        | 31    |
| COUNTY                  |              | CITY       |            |       |
| Webster                 |              |            |            |       |
| OTHER MEMBERS OF FAMILY |              |            |            |       |
| NAME                    | RELATIONSHIP | AGE        | BIRTHPLACE |       |
| Byle                    | W            | 33         | Mo         |       |
| La                      | D            | 12         | Ark        |       |
| Robert                  | S            | 10         |            |       |
| Lee                     | S            | 7          |            |       |
| Jones                   | D            | 4          |            |       |
|                         |              |            |            |       |
|                         |              |            |            |       |

FORM 16-436 (4-20-31)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |      |            |       |
|-------------------------|-----|----------------|------|------------|-------|
| R240                    |     | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |      | E.D.       | SHEET |
| 10                      | 36  |                |      | 72         | 7     |
| COUNTY                  |     |                | CITY |            |       |
| Do Soln                 |     |                |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Nellie                  |     | W              | 29   |            |       |
| Rose                    |     | D              | 6    |            |       |
| Mc                      |     | S              | 5    |            |       |
| Henry                   |     | S              | 3    |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |

FORM 10-436 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |   |  |   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|---|--|---|---------------------------------|---------------------------------|---------------------------------|---------------------------------|-------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R240   |  | NAME OF INDIVIDUAL<br><i>Russell Robert</i> |  | LOUISIANA                               |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>B</i>  | AGE<br><i>22</i>                         | BIRTHPLACE                                  |  | E.O.<br><i>40</i><br>SHEET<br><i>10</i> |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>Fad Cartoll</i>   |  | CITY  |  |   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Wilson Parlee</i>  |  |   |  |   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   |  |   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> WIFE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> WIFE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDATE             |  |   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> WIFE            | <input type="checkbox"/> NURSE              |  |   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT            |  |   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER  |  |   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT            |  |   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)    |  |   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |   |  |   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-437 (6-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18150-P01

|                         |   |                |                |            |    |
|-------------------------|---|----------------|----------------|------------|----|
| R 240                   |   | HEAD OF FAMILY |                | LOUISIANA  |    |
| COLOR                   | W | AGE            | 66             | E.D.       | 41 |
|                         |   | BIRTHPLACE     |                | A          |    |
| COUNTY                  |   |                | East Feliciana | CITY       |    |
| OTHER MEMBERS OF FAMILY |   |                |                |            |    |
| NAME                    |   | RELATIONSHIP   | AGE            | BIRTHPLACE |    |
| Mabel                   |   | W              | 64             |            |    |
| Emerson                 |   | S              | 25             |            |    |
| Erving                  |   | S              | 23             |            |    |
| Orville                 |   | D              | 20             |            |    |
|                         |   |                |                |            |    |
|                         |   |                |                |            |    |
|                         |   |                |                |            |    |
|                         |   |                |                |            |    |

FORM 18-436 (4-22-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                                |  |                       |                   |                   |              |
|--------------------------------|--|-----------------------|-------------------|-------------------|--------------|
| <b>R 240</b>                   |  | <b>HEAD OF FAMILY</b> |                   | <b>LOUISIANA</b>  |              |
| <b>COLOR</b>                   |  | <b>AGE</b>            | <b>BIRTHPLACE</b> | <b>S.D.</b>       | <b>SHEET</b> |
| W                              |  | 26                    |                   | 48                | 43           |
| <b>COUNTY</b>                  |  |                       | <b>CITY</b>       |                   |              |
| Lafourche                      |  |                       |                   |                   |              |
| <b>OTHER MEMBERS OF FAMILY</b> |  |                       |                   |                   |              |
| <b>NAME</b>                    |  | <b>RELATIONSHIP</b>   | <b>AGE</b>        | <b>BIRTHPLACE</b> |              |
| 1 Anna                         |  | W                     | 19                |                   |              |
| 1 Charles                      |  | S                     | 7/12              |                   |              |
| + 2 Bo                         |  |                       |                   |                   |              |
|                                |  |                       |                   |                   |              |
|                                |  |                       |                   |                   |              |
|                                |  |                       |                   |                   |              |
|                                |  |                       |                   |                   |              |
|                                |  |                       |                   |                   |              |

FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



| R245                    |              | HEAD OF FAMILY  |            | LOUISIANA |       |
|-------------------------|--------------|-----------------|------------|-----------|-------|
| COLOR                   | AGE          | NAME            |            | E.D.      | SHEET |
| W                       | 43           | Regland, Robert |            | 6         | 5     |
| COUNTY                  |              | BIRTHPLACE      |            |           |       |
| Acadia                  |              | Ky              |            |           |       |
| CITY                    |              |                 |            |           |       |
| OTHER MEMBERS OF FAMILY |              |                 |            |           |       |
| NAME                    | RELATIONSHIP | AGE             | BIRTHPLACE |           |       |
| Sarah                   | W            | 42              | Ky         |           |       |
| Thomas                  | S            | 12              | Ky         |           |       |
| Charles                 | S            | 10              | Ky         |           |       |
| Fai                     | S            | 7               | Ky         |           |       |
|                         |              |                 |            |           |       |
|                         |              |                 |            |           |       |
|                         |              |                 |            |           |       |
|                         |              |                 |            |           |       |

FORM 16-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |       |            |       |
|-------------------------|-----|----------------|-------|------------|-------|
| R240                    |     | HEAD OF FAMILY |       | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |       | E.D.       | SHEET |
| W                       | 32  |                |       | 7          | 15    |
| COUNTY                  |     |                | CITY  |            |       |
| Assumption              |     |                |       |            |       |
| OTHER MEMBERS OF FAMILY |     |                |       |            |       |
| NAME                    |     | RELATIONSHIP   | AGE   | BIRTHPLACE |       |
| 1 None                  |     | W              | 19    |            |       |
| Robert Jr               |     | S              | 9 1/2 |            |       |
|                         |     |                |       |            |       |
|                         |     |                |       |            |       |
|                         |     |                |       |            |       |
|                         |     |                |       |            |       |
|                         |     |                |       |            |       |
|                         |     |                |       |            |       |

FORM 16-536 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |      |            |        |
|-------------------------|---|----------------|------|------------|--------|
| R 240                   |   | HEAD OF FAMILY |      | LOUISIANA  |        |
| COLOR                   | B | AGE            | 28   | BIRTHPLACE | Robert |
| I.D.                    |   | SHEET          |      | 62 4       |        |
| COUNTY                  |   |                | CITY |            |        |
| De Soto                 |   |                |      |            |        |
| OTHER MEMBERS OF FAMILY |   |                |      |            |        |
| NAME                    |   | RELATIONSHIP   | AGE  | BIRTHPLACE |        |
| Lizzie                  |   | W              | 18   |            |        |
|                         |   |                |      |            |        |
|                         |   |                |      |            |        |
|                         |   |                |      |            |        |
|                         |   |                |      |            |        |
|                         |   |                |      |            |        |
|                         |   |                |      |            |        |
|                         |   |                |      |            |        |
|                         |   |                |      |            |        |

FORM 16-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |              |                |    |                |     |            |    |
|-------------------------|--------------|----------------|----|----------------|-----|------------|----|
| R240                    |              | HEAD OF FAMILY |    | Russell Robert |     | LOUISIANA  |    |
| COLOR                   | W            | AGE            | 35 | BIRTHPLACE     | La  | E.D.       | 85 |
| COUNTY                  | Natchitoches |                |    | CITY           |     |            |    |
| OTHER MEMBERS OF FAMILY |              |                |    |                |     |            |    |
| NAME                    |              |                |    | RELATIONSHIP   | AGE | BIRTHPLACE |    |
| 1 42 Reggie             |              |                |    | W              | 35  |            |    |
| Wagley Ray              |              |                |    | SS             | 10  |            |    |
| Leo                     |              |                |    | SS             | 11  |            |    |
| 1 Lola                  |              |                |    | SD             | 9   |            |    |
| Clarence                |              |                |    | SS             | 5   |            |    |
| Russell Lillian         |              |                |    | D              | 7/2 |            |    |

FORM 16-536 (4-22-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |          |                |      |             |        |
|-------------------------|----------|----------------|------|-------------|--------|
| R240                    |          | HEAD OF FAMILY |      | LOUISIANA   |        |
| COLOR                   | W        | AGE            | 33   | BIRTHPLACE  | Robert |
| COUNTY                  | St. Mary |                | CITY | Morgan City |        |
| OTHER MEMBERS OF FAMILY |          |                |      |             |        |
| NAME                    |          | RELATIONSHIP   | AGE  | BIRTHPLACE  |        |
| Mary                    |          | W              | 38   |             |        |
| Herman                  |          | S              | 10   |             |        |
| Geo                     |          | S              | 7    |             |        |
| Harlan                  |          | S              | 5    |             |        |
| Pearl                   |          | D              | 3    |             |        |
| Vinlet                  |          | D              | 1    |             |        |

FORM 16-626 (4-22-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |   |
|--|---|
| LOUISIANA  |   |
| R245   | NAME OF INDIVIDUAL <i>Kaplan Roberta</i>  |
| E.D. 27  | SHEET 2   |
| COLOR <i>W</i>   | AGE <i>30</i> BIRTHPLACE  |
| COUNTY <i>Clai borne</i>   | CITY <i>Harmer</i>  |
| ENUMERATED WITH <i>Knighton Rhoda E</i>  |   |
| RELATIONSHIP TO ABOVE  |   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> WMAVE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify)   |   |

FORM 10-637 (4-22-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-OC 10195-P61

|                         |      |                |     |            |       |
|-------------------------|------|----------------|-----|------------|-------|
| R 240                   |      | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE  | BIRTHPLACE     |     | E.D.       | SHEET |
| W                       | 41   |                |     | 42         | 4     |
| COUNTY                  |      | CITY           |     |            |       |
| East Feliciana          |      | Jackson        |     |            |       |
| OTHER MEMBERS OF FAMILY |      |                |     |            |       |
| NAME                    |      | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| 1                       | Ella | W              | 23  |            |       |
|                         |      |                |     |            |       |
|                         |      |                |     |            |       |
|                         |      |                |     |            |       |
|                         |      |                |     |            |       |
|                         |      |                |     |            |       |
|                         |      |                |     |            |       |
|                         |      |                |     |            |       |
|                         |      |                |     |            |       |

Form 16-636 (4-29-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |       |            |                   |
|-------------------------|---|----------------|-------|------------|-------------------|
| R240                    |   | HEAD OF FAMILY |       | LOUISIANA  |                   |
| COLOR                   | W | AGE            | 42    | BIRTHPLACE | Rapley, Robert J. |
| COUNTY                  |   | Sabine         |       | CITY       |                   |
| OTHER MEMBERS OF FAMILY |   |                |       |            |                   |
| NAME                    |   | RELATIONSHIP   | AGE   | BIRTHPLACE |                   |
| Annie m                 |   | w              | 22    |            |                   |
| Edna B                  |   | D              | 4     |            |                   |
| Robert H                |   | S              | 5 1/2 |            |                   |
| Mary L                  |   | m              | 67    | Ada        |                   |
|                         |   |                |       |            |                   |
|                         |   |                |       |            |                   |
|                         |   |                |       |            |                   |

FORM 10-436 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |              |                |     |                  |  |           |    |
|-------------------------|--------------|----------------|-----|------------------|--|-----------|----|
| R240                    |              | HEAD OF FAMILY |     | Rogley, Robert M |  | LOUISIANA |    |
| COLOR                   | W            | AGE            | 49  | BIRTHPLACE       |  | E.D.      | 86 |
| COUNTY                  | Hatchitoches |                |     | SHEET 4          |  |           |    |
|                         |              |                |     | CITY             |  |           |    |
| OTHER MEMBERS OF FAMILY |              |                |     |                  |  |           |    |
| NAME                    |              | RELATIONSHIP   | AGE | BIRTHPLACE       |  |           |    |
| Fanny                   |              | W              | 48  |                  |  |           |    |
| Albert                  |              | S              | 25  |                  |  |           |    |
| Leo                     |              | S              | 22  |                  |  |           |    |
| Blanch                  |              | D              | 15  |                  |  |           |    |
| Clara                   |              | D              | 11  |                  |  |           |    |
|                         |              |                |     |                  |  |           |    |
|                         |              |                |     |                  |  |           |    |

FORM 18-536 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |            |                  |
|-------------------------|---|----------------|-----|------------|------------------|
| R240                    |   | HEAD OF FAMILY |     | LOUISIANA  |                  |
| COLOR                   | W | AGE            | 36  | BIRTHPLACE | Russell Robert P |
| COUNTY                  |   | Ouachita       |     | CITY       |                  |
| OTHER MEMBERS OF FAMILY |   |                |     |            |                  |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |                  |
| Lula                    |   | W              | 24  |            |                  |
| May                     |   | D              | 5   |            |                  |
| Larnest                 |   | S              | 3   |            |                  |
| John H                  |   | S              | 2   |            |                  |
|                         |   |                |     |            |                  |
|                         |   |                |     |            |                  |
|                         |   |                |     |            |                  |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |      |            |       |
|-------------------------|-----|----------------|------|------------|-------|
| R 240                   |     | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |      | E.O.       | SHEET |
| W                       | 52  |                |      | 93         | 4     |
| COUNTY                  |     |                | CITY |            |       |
| Natchitoches            |     |                |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Boaz                    |     | W              | 52   |            |       |
| Clarissa                |     | D              | 29   |            |       |
| Brouse                  |     | D              | 26   |            |       |
| Clarence                |     | S              | 25   |            |       |
| Ella                    |     | D              | 19   |            |       |
| Lewia                   |     | D              | 11   |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |

FORM 10-636 (4-29-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |   |  |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|--|--|---|--|-----------|-------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| R-260  |  | NAME OF INDIVIDUAL                                  |  | LOUISIANA |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR  | AGE                                      | BIRTHPLACE  |  | E.D.      | SHEET |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| W  | 21                                       |   |  | 144       | 10    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY   |  | CITY  |  |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| West Carroll   |  |   |  |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RESIDENT WITH  |  |   |  |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| Bounce Robert  |  |   |  |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   |  |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDOW</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDOW                      |  |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |  |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |   |  |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| SS   |  |   |  |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 16-57 (4-22-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

16-50000-0C 18189-P41

|  |           |   |  |   |  |
|--|-----------|---|--|---|--|
| <i>Rose</i>  |           | NAME OF INDIVIDUAL  |  | LOUISIANA   |  |
| <i>Roswell Rose</i>  |           | E.D.  |  | SHEET   |  |
| COLOR  | AGE       | BIRTHPLACE  |  |   |  |
| <i>W</i>   | <i>12</i> |   |  |   |  |
| COUNTY   |           | CITY  |  |   |  |
|  |           | <i>Morehouse</i>  |  |   |  |
| ENUMERATED WITH  |           | <i>Burns Willard &amp;</i>  |  |   |  |
| RELATIONSHIP TO ABOVE  |           |   |  |   |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |           | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> IMMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify) |  |
|  |           | <i>Ad-cl</i>  |  |   |  |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1

|  |                  |   |  |  |                   |
|--|------------------|---|--|--|-------------------|
| R240   |                  | NAME OF INDIVIDUAL<br><i>Russel, Russ</i>   |  | LOUISIANA  |                   |
| COLOR<br><i>R</i>  | AGE<br><i>25</i> | BIRTHPLACE<br><i>W</i>  |  | E.D.<br><i>152</i>   | SHEET<br><i>2</i> |
| COUNTY<br><i>West Feliciana</i>  |                  | CITY  |  |  |                   |
| ENUMERATED WITH<br><i>Russel, James</i>  |                  |   |  |  |                   |
| RELATIONSHIP TO ABOVE  |                  |   |  |  |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>SD</i> |                   |

FORM 16-637 (4-20-61)

1930 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

| NAME OF INDIVIDUAL   |  |   | LOUISIANA |      |       |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |    |                                |  |  |
|--|--|---|-----------|------|-------|---------------------------------|---------------------------------|-------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|----|--------------------------------|--|--|
| R-200  |  | Rochele, Rose                                       |           | E.O. | SHEET |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |    |                                |  |  |
| COLOR  | B  | AGE   | 16        | 132  | 30    |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |    |                                |  |  |
| BIRTHPLACE   |  |   |           |      |       |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |    |                                |  |  |
| CITY   |  | Union   |           |      |       |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |    |                                |  |  |
| ENUMERATED WITH  |  |   |           |      |       |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |    |                                |  |  |
| JACKSON, JF  |  |   |           |      |       |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |    |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   |           |      |       |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |    |                                |  |  |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> MATE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> NUNSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input checked="" type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td>SP</td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> |  |   |           |      |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> MATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NUNSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | SP | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> MATE                       |           |      |       |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |    |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NUNSE                      |           |      |       |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |    |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |           |      |       |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |    |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |           |      |       |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |    |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |           |      |       |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |    |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |           |      |       |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |    |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  | SP  |           |      |       |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |    |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |   |           |      |       |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |    |                                |  |  |

FORM 10-617 (4-30-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |      |            |    |
|-------------------------|---|----------------|------|------------|----|
| R24                     |   | HEAD OF FAMILY |      | LOUISIANA  |    |
| COLOR                   | W | AGE            | 36   | E.D.       | 73 |
|                         |   | BIRTHPLACE     |      | SHEET      | 31 |
| COUNTY                  |   |                | CITY |            |    |
| St. James               |   |                |      |            |    |
| OTHER MEMBERS OF FAMILY |   |                |      |            |    |
| NAME                    |   | RELATIONSHIP   | AGE  | BIRTHPLACE |    |
| 1 Louis                 |   | S              | 19   |            |    |
|                         |   |                |      |            |    |
|                         |   |                |      |            |    |
|                         |   |                |      |            |    |
|                         |   |                |      |            |    |
|                         |   |                |      |            |    |
|                         |   |                |      |            |    |
|                         |   |                |      |            |    |
|                         |   |                |      |            |    |

FORM 10-636 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA



|                         |   |                |    |              |     |            |       |
|-------------------------|---|----------------|----|--------------|-----|------------|-------|
| R240                    |   | HEAD OF FAMILY |    | Louisiana    |     | E.D.       | SHEET |
| COLOR                   | W | AGE            | 65 | BIRTHPLACE   |     | 66         | 39    |
|                         |   |                |    | Italy        |     |            |       |
| COUNTY                  |   |                |    | St. James    |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |   |                |    |              |     |            |       |
| NAME                    |   |                |    | RELATIONSHIP | AGE | BIRTHPLACE |       |
| Power                   |   |                |    | W            | 64  | Italy      |       |
| Peter                   |   |                |    | S            | 28  | /          |       |
| Josephine               |   |                |    | D            | 15  | /          |       |
|                         |   |                |    |              |     |            |       |
|                         |   |                |    |              |     |            |       |
|                         |   |                |    |              |     |            |       |
|                         |   |                |    |              |     |            |       |
|                         |   |                |    |              |     |            |       |

FORM 18-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                             |                |                   |              |            |           |
|-----------------------------|----------------|-------------------|--------------|------------|-----------|
| R 246                       | HEAD OF FAMILY |                   | ROSALE ROSAL |            | LOUISIANA |
| COLOR<br>W                  | AGE<br>32      | BIRTHPLACE<br>LA. | E.O.<br>37   | SHEET<br>1 |           |
| COUNTY                      |                |                   | CITY         |            |           |
| <del>First Data Round</del> |                |                   |              |            |           |
| OTHER MEMBERS OF FAMILY     |                |                   |              |            |           |
| NAME                        |                | RELATIONSHIP      | AGE          | BIRTHPLACE |           |
| Furnelle                    |                | w                 | 31           | LA.        |           |
| Bernard                     |                | s                 | 12           | LA.        |           |
| Charles                     |                | s                 | 4            |            |           |
| Samuel                      |                | s                 | 1            |            |           |
| Rocherel Sam                |                | b.d.              | 21           | LA.        |           |
| Herbert Johanna             |                | w                 | 60           | LA.        |           |

FORM 16-636 (4-24-31)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

| HEAD OF FAMILY          |              |                  | LOUISIANA  |       |
|-------------------------|--------------|------------------|------------|-------|
| COLOR                   | AGE          | BIRTHPLACE       | E.O.       | SHEET |
| W                       | 40           | Rouquillo, Roala | 110        | 7     |
| COUNTY                  |              | CITY             |            |       |
| Terrebonne              |              |                  |            |       |
| OTHER MEMBERS OF FAMILY |              |                  |            |       |
| NAME                    | RELATIONSHIP | AGE              | BIRTHPLACE |       |
| S. L. L. L.             | S            | 4                |            |       |
| Ulysses                 | S            | 21               |            |       |
| Joseph                  | S            | 20               |            |       |
| Paul                    | S            | 17               |            |       |
| Emile                   | S            | 16               |            |       |
| Emilias                 | S            | 13               |            |       |
| Learas                  | S            | 11               |            |       |

FORM 16-536 (4-20-51)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

HEAD OF FAMILY - CONTINUED

## LOUISIANA

CARD 2 OF 2

**OTHER MEMBERS OF FAMILY**

[illegible]

FORM 10-6360 (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMA-DC 15100-P61

|   |  |   |  |                   |                    |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |              |                                |  |  |
|---|--|---|--|-------------------|--------------------|---------------------------------|---------------------------------|-------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--------------|--------------------------------|--|--|
| R240  |  | NAME OF INDIVIDUAL<br><i>Rousel, Rosilane</i>       |  | E.O.<br><i>36</i> | SHEET<br><i>12</i> |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |              |                                |  |  |
| COLOR<br><i>B</i>   | AGE<br><i>21</i>                         | BIRTHPLACE  |  |                   |                    |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |              |                                |  |  |
| COUNTY  |  | Lefourche   |  | CITY              |                    |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |              |                                |  |  |
| ENUMERATED WITH<br><i>Hankins Samuel</i>  |  |   |  |                   |                    |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |              |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |  |                   |                    |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |              |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIFE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>Woman</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |                   |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIFE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>Woman</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIFE                       |  |                   |                    |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |              |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |  |                   |                    |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |              |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |                   |                    |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |              |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |                   |                    |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |              |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |                   |                    |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |              |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |                   |                    |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |              |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  | <i>Woman</i>  |  |                   |                    |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |              |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |  |                   |                    |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |              |                                |  |  |

FORM 10-627 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |    |              |        |            |    |
|-------------------------|---|----------------|----|--------------|--------|------------|----|
| R240                    |   | HEAD OF FAMILY |    | Richel, Roy  |        | LOUISIANA  |    |
| COLOR                   | W | AGE            | 28 | BIRTHPLACE   | Mich   | E.D.       | 39 |
|                         |   |                |    |              |        | SHEET      |    |
|                         |   |                |    |              |        | 21         |    |
| COUNTY                  |   |                |    | Lafourche    |        |            |    |
|                         |   |                |    | CITY         |        |            |    |
| OTHER MEMBERS OF FAMILY |   |                |    |              |        |            |    |
| NAME                    |   |                |    | RELATIONSHIP | AGE    | BIRTHPLACE |    |
| Maudie                  |   |                |    | W            | 29     | Mich       |    |
| Madeleine               |   |                |    | D            | 5      | Mich       |    |
| Madamee                 |   |                |    | D            | 3      | Mich       |    |
| Fern                    |   |                |    | D            | 15 1/2 | Mich       |    |
| Audie Anna              |   |                |    | M L          | 60     | Mich       |    |
|                         |   |                |    |              |        |            |    |
|                         |   |                |    |              |        |            |    |

FORM 16-436 (4-20-01)  
1916 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |  |  |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|--|-----------|-------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|--|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R240   |  | NAME OF INDIVIDUAL                       |  | LOUISIANA |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR  | AGE                                      | BIRTHPLACE                               |  | E.D.      | SHEET |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| It   | 1  | Rachal, Roy                              |  | 92        | 13    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY   |  | CITY                                     |  |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|  |  | Natchitoches                             |  |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH  |  |  |  |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Lacase, Ben  |  |  |  |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |  |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDOW</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> Niece</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | <input type="checkbox"/> MOTHER | <input type="checkbox"/> Niece | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDOW           |  |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> Niece           | <input type="checkbox"/> NURSE           |  |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |  |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |  |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |  |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |  |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |  |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18100-P01

*R260*

*R220*

NAME OF INDIVIDUAL *Louise Rubin* LOUISIANA

COLOR *B* AGE *48* BIRTHPLACE *33* SHEET *1*

COUNTY *Concordia* CITY *Vidalia*

ENUMERATED WITH *Walterine Lane*

RELATIONSHIP TO ABOVE

|  |  |   |
|--|--|---|
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE               |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> WIFE            | <input type="checkbox"/> NURSE                |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT              |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> PROXIMITY |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT              |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)      |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW  |   |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW   |   |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|   |  |   |  |           |       |                                 |                                 |                                  |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|---|--|---|--|-----------|-------|---------------------------------|---------------------------------|----------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| H-216   |  | NAME OF INDIVIDUAL                                  |  | LOUISIANA |       |                                 |                                 |                                  |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR   | AGE                                      | BIRTHPLACE  |  | E.D.      | SHEET |                                 |                                 |                                  |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| W   | 14                                       |   |  | 144       | 10    |                                 |                                 |                                  |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY  |  | CITY  |  |           |       |                                 |                                 |                                  |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| West Carroll  |  |   |  |           |       |                                 |                                 |                                  |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |   |  |           |       |                                 |                                 |                                  |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| Bance Robert  |  |   |  |           |       |                                 |                                 |                                  |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |  |           |       |                                 |                                 |                                  |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDWIFE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> MURDER</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDWIFE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> MURDER | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDWIFE                    |  |           |       |                                 |                                 |                                  |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> MURDER                     |  |           |       |                                 |                                 |                                  |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |           |       |                                 |                                 |                                  |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |           |       |                                 |                                 |                                  |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |           |       |                                 |                                 |                                  |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |           |       |                                 |                                 |                                  |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |           |       |                                 |                                 |                                  |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |  |           |       |                                 |                                 |                                  |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| SD  |  |   |  |           |       |                                 |                                 |                                  |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 16-537 (4-20-21)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 18100-P61

|                         |     |                |      |            |  |
|-------------------------|-----|----------------|------|------------|--|
| R-40                    |     | HEAD OF FAMILY |      | LOUISIANA  |  |
| Rigley, Rufe            |     | E.D.           |      | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |      | 17 11      |  |
| B                       | 40  |                |      |            |  |
| COUNTY                  |     |                | CITY |            |  |
| Boecior                 |     |                |      |            |  |
| OTHER MEMBERS OF FAMILY |     |                |      |            |  |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| / Mallie                |     | W              | 30   |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |

FORM 18-636 (4-20-07)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |    |                 |     |            |     |
|-------------------------|---|----------------|----|-----------------|-----|------------|-----|
| R245                    |   | HEAD OF FAMILY |    | Ragland Rufus K |     | LOUISIANA  |     |
| COLOR                   | W | AGE            | 63 | BIRTHPLACE      | Ala | S.D.       | 111 |
| COUNTY                  |   | Ouachita       |    | CITY            |     |            |     |
| OTHER MEMBERS OF FAMILY |   |                |    |                 |     |            |     |
| NAME                    |   |                |    | RELATIONSHIP    | AGE | BIRTHPLACE |     |
| ✓ 1 Se                  |   |                |    |                 |     |            |     |
|                         |   |                |    |                 |     |            |     |
|                         |   |                |    |                 |     |            |     |
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|                         |   |                |    |                 |     |            |     |
|                         |   |                |    |                 |     |            |     |
|                         |   |                |    |                 |     |            |     |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|                         |   |                |              |            |      |
|-------------------------|---|----------------|--------------|------------|------|
| R240                    |   | HEAD OF FAMILY |              | LOUISIANA  |      |
| Kunal Pula              |   | E.O. 87        |              | SHEET 16   |      |
| COLOR                   | B | AGE            | 62           | BIRTHPLACE |      |
| COUNTY                  |   |                | Natchitoches |            | CITY |
| OTHER MEMBERS OF FAMILY |   |                |              |            |      |
| NAME                    |   | RELATIONSHIP   | AGE          | BIRTHPLACE |      |
| Jane                    |   | W              | 55           |            |      |
| William Sara            |   | D              | 25           |            |      |
|                         |   |                |              |            |      |
|                         |   |                |              |            |      |
|                         |   |                |              |            |      |
|                         |   |                |              |            |      |
|                         |   |                |              |            |      |
|                         |   |                |              |            |      |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

| HEAD OF FAMILY          |              |            | LOUISIANA  |       |
|-------------------------|--------------|------------|------------|-------|
| R240 Russell Ramsey     |              |            | E.D.       | SHEET |
| COLOR                   | AGE          | BIRTHPLACE |            |       |
| B                       | 43           | Tex        | 41         | 27    |
| COUNTY                  |              | CITY       |            |       |
| Calcasieu               |              |            |            |       |
| OTHER MEMBERS OF FAMILY |              |            |            |       |
| NAME                    | RELATIONSHIP | AGE        | BIRTHPLACE |       |
| Betty                   | W            | 32         |            |       |
| Nolan                   | S            | 13         |            |       |
| Lesley                  | S            | 11         |            |       |
| Cliza                   | S            | 1          |            |       |
| James                   | S            | 1/2        |            |       |
|                         |              |            |            |       |
|                         |              |            |            |       |

LOUISIANA

|   |  |   |                    |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|---|--|---|--------------------|-------------------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| 1240  | NAME OF INDIVIDUAL<br><i>Franklin D. Dandell</i> |   | E.D.<br><i>108</i> | SHEET<br><i>8</i> |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR<br><i>B</i>   | AGE<br><i>12</i>                                 | BIRTHPLACE  |                    |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY<br><i>Do Soto</i>  | CITY   |   |                    |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Foster Hatter</i>   |  |   |                    |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |                    |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> WIDOW</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input checked="" type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> |  |   |                    |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW                  | <input type="checkbox"/> WIDOW                      |                    |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE                   | <input type="checkbox"/> NURSE                      |                    |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW           | <input type="checkbox"/> PATIENT                    |                    |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW           | <input type="checkbox"/> ROOMER                     |                    |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW              | <input type="checkbox"/> SERVANT                    |                    |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW         | <input checked="" type="checkbox"/> OTHER (Specify) |                    |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW          |   |                    |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW           |   |                    |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18190-P61

LOUISIANA

|   |  |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
|---|--|--|------------|-------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|---|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R246  | NAME OF INDIVIDUAL<br>Russel Ruth        |  | E.D.<br>25 | SHEET<br>10 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| COLOR<br>W  | AGE<br>7 1/2                             | BIRTHPLACE<br>Ark                        |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| COUNTY<br>Caddo   | CITY                                     |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br>Bondry Rebecca   |  |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |            |             | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |

FORM 18-637 (4-26-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18186-P61

|   |  |                    |  |              |       |
|---|--|--------------------|--|--------------|-------|
| R240  |  | NAME OF INDIVIDUAL |  | LOUISIANA    |       |
| COLOR   |  | AGE                |  | E.D.         | SHEET |
| W   |  | 72                 |  | 80           | 6     |
| BIRTHPLACE  |  | Miss               |  |              |       |
| COUNTY  |  | Natchitoches       |  | CITY         |       |
|   |  |                    |  | Natchitoches |       |
| ENUMERATED WITH   |  |                    |  |              |       |
| Smith J M   |  |                    |  |              |       |
| RELATIONSHIP TO ABOVE   |  |                    |  |              |       |
| <input type="checkbox"/> FATHER<br><input checked="" type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE<br><input type="checkbox"/> NEPHEW<br><input type="checkbox"/> WIFE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW<br><input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |  |                    |  |              |       |

FORM 16-437 (4-30-67)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|  |                      |   |  |  |                   |
|--|----------------------|---|--|--|-------------------|
| R-240  |                      | NAME OF INDIVIDUAL<br><i>Rachal J. Richard</i>  |  | E.D.<br><i>91</i>  | SHEET<br><i>6</i> |
| COLOR<br><i>W</i>  | AGE<br><i>22</i>     | BIRTHPLACE  |  |  |                   |
| COUNTY<br><i>Rapides</i>   | CITY<br><i>Boyer</i> |   |  |  |                   |
| ENUMERATED WITH<br><i>Simpson W. Samuel</i>  |                      |   |  |  |                   |
| RELATIONSHIP TO ABOVE  |                      |   |  |  |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                      | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> <del>MOTHER</del><br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                   |

FORM 10-637 (4-20-91)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |  |      |           |          |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|------|-----------|----------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|--|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| <b>R 240</b>  |  | NAME OF INDIVIDUAL <i>Rachel Lohas</i>   |      | LOUISIANA |          |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR   | AGE                                      | BIRTHPLACE                               |      | E.D.      | SHEET    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <i>W</i>  | <i>1</i>                                 |  |      | <i>93</i> | <i>4</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY  |  |  | CITY |           |          |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <i>Natchitoches</i>   |  |  |      |           |          |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |  |      |           |          |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <i>Rachel Mathew</i>  |  |  |      |           |          |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |      |           |          |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHER</td> <td><input type="checkbox"/> UNBATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |      |           |          | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHER | <input type="checkbox"/> UNBATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHER          | <input type="checkbox"/> UNBATE          |      |           |          |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |      |           |          |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |      |           |          |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |      |           |          |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |      |           |          |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |      |           |          |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |      |           |          |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |      |           |          |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-437 (4-30-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                              |                                    |                             |           |                            |
|------------------------------|------------------------------------|-----------------------------|-----------|----------------------------|
| R241                         | HEAD OF FAMILY<br><i>Ricciolly</i> |                             | LOUISIANA |                            |
| COLOR<br><i>m</i>            | AGE<br><i>29</i>                   | BIRTHPLACE<br><i>Lacate</i> |           | E.D. SHEET<br><i>65 10</i> |
| COUNTY<br><i>St. Charles</i> |                                    | CITY                        |           |                            |
| OTHER MEMBERS OF FAMILY      |                                    |                             |           |                            |
| NAME                         |                                    | RELATIONSHIP                | AGE       | BIRTHPLACE                 |
| <i>Elizabeth</i>             |                                    | <i>D</i>                    | <i>29</i> |                            |
| <i>Rocaz</i>                 |                                    | <i>S</i>                    | <i>6</i>  |                            |
| <i>Edward</i>                |                                    | <i>S</i>                    | <i>4</i>  |                            |
| <i>Ethel</i>                 |                                    | <i>D</i>                    | <i>3</i>  |                            |
|                              |                                    |                             |           |                            |
|                              |                                    |                             |           |                            |
|                              |                                    |                             |           |                            |
|                              |                                    |                             |           |                            |

FORM 16-636 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |  |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |  |   |  |                                |  |  |
|---|--|--|------------|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|--|---|--|--------------------------------|--|--|
| R240  |  | NAME OF INDIVIDUAL                       |            | LOUISIANA |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |  |   |  |                                |  |  |
| COLOR   |  | AGE                                      | BIRTHPLACE | E.O.      | SHEET |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |  |   |  |                                |  |  |
| W   |  | 76                                       | Miss       | 106       | 14    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |  |   |  |                                |  |  |
| COUNTY  |  |  | CITY       |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |  |   |  |                                |  |  |
| Sabine  |  |  |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |  |   |  |                                |  |  |
| ENUMERATED WITH   |  |  |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |  |   |  |                                |  |  |
| Mitchel Rollie  |  |  |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |  |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |  |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> UNBORN</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NUNCE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input checked="" type="checkbox"/> SEXT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |            |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> UNBORN | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NUNCE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input checked="" type="checkbox"/> SEXT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> UNBORN          |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |  |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NUNCE           |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |  |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |  |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |  |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |  |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |  |   |  |                                |  |  |
| <input checked="" type="checkbox"/> SEXT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |  |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |  |   |  |                                |  |  |

Form 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18100-P01

|  |                  |  |  |  |                   |
|--|------------------|--|--|--|-------------------|
| R240   |                  | NAME OF INDIVIDUAL<br><i>Russell Sallie</i>  |  | LOUISIANA  |                   |
| COLOR<br><i>W</i>  | AGE<br><i>15</i> | BIRTHPLACE   |  | E.D.<br><i>102</i>   | SHEET<br><i>3</i> |
| COUNTY<br><i>Sabine</i>  |                  | CITY   |  |  |                   |
| ENUMERATED WITH<br><i>Oxley Wilson</i>   |                  |  |  |  |                   |
| RELATIONSHIP TO ABOVE  |                  |  |  |  |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input checked="" type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                   |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |     |   |  |   |       |
|--|-----|---|--|---|-------|
| 1246   |     | NAME OF INDIVIDUAL  |  | LOUISIANA   |       |
| COLOR  | AGE | BIRTHPLACE  |  | E.B.  | SHEET |
| 45   | 25  | Regal Sally   |  | 103   | 4     |
| COUNTY   |     | CITY  |  |   |       |
|  |     | Ouachita  |  | Throuse   |       |
| ENUMERATED WITH  |     | Griffith J. W.  |  |   |       |
| RELATIONSHIP TO ABOVE  |     |   |  |   |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> IMMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |       |

FORM 10-437 (4-25-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                |                        |           |            |
|-------------------------|----------------|------------------------|-----------|------------|
| R240                    | HEAD OF FAMILY |                        | LOUISIANA |            |
| COLON                   | AGE            | BIRTHPLACE             | E.O.      | SHEET      |
| 21                      | 35             | Racile, Silvers<br>It. | 114       | 224        |
| COUNTY                  |                | CITY                   |           |            |
| Tangipahoa              |                |                        |           |            |
| OTHER MEMBERS OF FAMILY |                |                        |           |            |
| NAME                    |                | RELATIONSHIP           | AGE       | BIRTHPLACE |
| Grassie                 |                | W                      | 46        | It         |
| Joe                     |                | S                      | 4         |            |
| Gami                    |                | S                      | 2 1/2     |            |
|                         |                |                        |           |            |
|                         |                |                        |           |            |
|                         |                |                        |           |            |
|                         |                |                        |           |            |
|                         |                |                        |           |            |

FORM 18-436 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |        |            |       |
|-------------------------|---|----------------|--------|------------|-------|
| R245                    |   | HEAD OF FAMILY |        | LOUISIANA  |       |
| COLOR                   | B | AGE            | 38     | BIRTHPLACE | Miss. |
| COUNTY                  |   |                | Tensas |            |       |
| CITY                    |   |                |        |            |       |
| OTHER MEMBERS OF FAMILY |   |                |        |            |       |
| NAME                    |   | RELATIONSHIP   | AGE    | BIRTHPLACE |       |
| Rhodia                  |   | W              | 25     |            |       |
| Mary Ann                |   | D              | 9      |            |       |
|                         |   |                |        |            |       |
|                         |   |                |        |            |       |
|                         |   |                |        |            |       |
|                         |   |                |        |            |       |
|                         |   |                |        |            |       |
|                         |   |                |        |            |       |

FORM 18-636 (4-22-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |     |                |      |            |       |
|-------------------------|-----|----------------|------|------------|-------|
| 1240                    |     | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |      | E.D.       | SHEET |
| W                       | 35  | Ark            |      | 123        | 10    |
| COUNTY                  |     |                | Winn | CITY       |       |
|                         |     |                |      | Winnfield  |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Hattie M.               |     | W              | 27   |            |       |
| Henry J.                |     | S              | 13   |            |       |
| Homer F.                |     | S              | 11   |            |       |
| Mary A.                 |     | D              | 9    |            |       |
| Ray C.                  |     | S              | 8    |            |       |
| Curtis F.               |     | S              | 4    |            |       |
| Maudra                  |     | S              | 2    |            |       |

FORM 16-636 (4-26-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |          |                |     |            |     |
|-------------------------|----------|----------------|-----|------------|-----|
| R240                    |          | HEAD OF FAMILY |     | LOUISIANA  |     |
| COLOR                   | W        | AGE            | 39  | BIRTHPLACE | Ark |
| COUNTY                  |          | Union          |     | CITY       |     |
| OTHER MEMBERS OF FAMILY |          |                |     |            |     |
|                         | NAME     | RELATIONSHIP   | AGE | BIRTHPLACE |     |
|                         | Harcie G | W              | 36  |            |     |
|                         | Adena    | D              | 16  | Ark        |     |
|                         | Mary L   | D              | 14  | Ark        |     |
|                         | Edgar    | S              | 7   | Ark        |     |
|                         | Phoebe E | S              | 3   | Ark        |     |
|                         |          |                |     |            |     |
|                         |          |                |     |            |     |

Form 19-636 (2-22-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |   |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
|---|---|--|--|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|---|--|-------------------------------|---|--|--------------------------------|--|--|
| B240  |   | NAME OF INDIVIDUAL                       |  | LOUISIANA |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| COLOR   | AGE   | BIRTHPLACE                               |  | E.D.      | SHEET |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| W   | 20  |  |  | 93        | 1     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| COUNTY  |   | CITY                                     |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| Natchitoches  |   |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| ENUMERATED WITH   |   |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| Rachel Mathew   |   |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |   |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> Niece</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input checked="" type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |   |  |  |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> Niece | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input checked="" type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW                     | <input type="checkbox"/> INMATE          |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> Niece                      | <input type="checkbox"/> NURSE           |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW              | <input type="checkbox"/> PATIENT         |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW              | <input type="checkbox"/> ROOMER          |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW                 | <input type="checkbox"/> SERVANT         |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input checked="" type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW             |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW              |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |

FORM 10-637 (4-22-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMB-DC 18198-P61

|   |     |   |  |  |       |
|---|-----|---|--|--|-------|
| R212  |     | NAME OF INDIVIDUAL  |  | LOUISIANA  |       |
| COLOR   | AGE | BIRTHPLACE  |  | E.D.   | SHEET |
| W   | 79  |   |  | 147  | 4     |
| COUNTY  |     | CITY  |  |  |       |
| West Feliciana  |     |   |  |  |       |
| ENUMERATED WITH   |     |   |  |  |       |
| Rogillia James  |     |   |  |  |       |
| RELATIONSHIP TO ABOVE   |     |   |  |  |       |
| <input type="checkbox"/> FATHER<br><input checked="" type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NUNSE<br><input type="checkbox"/> PAYIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |       |

Form 16-437 (4-22-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R 245                   |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| B                       | 59  |                |     | 45         | 14    |
| COUNTY                  |     | CITY           |     |            |       |
| East Feliciana          |     |                |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| 1 Maria                 |     | W              | 70  |            |       |
| Greene Scott            |     | G-S            | 12  |            |       |
| Mary                    |     | G-D            | 10  |            |       |
| Courington, Louisia     |     | G-S            | 9   |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 10-636 (4-20-91)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|--|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R 240   |  | NAME OF INDIVIDUAL                         |  | LOUISIANA |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR   | AGE                                      | BIRTHPLACE                                 |  | E.D.      | SHEET |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| B   | 22                                       | Rockhill Lehi                              |  | 27        | 31    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY  |  | Caddo                                      |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|   |  | CITY                                       |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Taylorson Wm  |  |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE            |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE             |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 16-437 (4-20-31)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCENS-DC 1910-P61

|                         |    |                |     |                   |      |           |  |
|-------------------------|----|----------------|-----|-------------------|------|-----------|--|
| R 240                   |    | HEAD OF FAMILY |     | Rachel, Sebastian |      | LOUISIANA |  |
| COLOR                   | 24 | AGE            | 47  | BIRTHPLACE        |      |           |  |
| COUNTY                  |    |                |     | Natchitoches      | CITY |           |  |
| OTHER MEMBERS OF FAMILY |    |                |     |                   |      |           |  |
| NAME                    |    | RELATIONSHIP   | AGE | BIRTHPLACE        |      |           |  |
| Laura                   |    | 24             | 42  |                   |      |           |  |
| Lillian                 |    | D              | 22  |                   |      |           |  |
| John                    |    | D              | 20  |                   |      |           |  |
| Aurelia                 |    | D              | 18  |                   |      |           |  |
| Lorne                   |    | D              | 16  |                   |      |           |  |
| Aldice                  |    | D              | 14  |                   |      |           |  |
| Lucile                  |    | D              | 12  |                   |      |           |  |

FORM 16-636 (4-30-61)

1919 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME      | RELATIONSHIP | AGE | BIRTHPLACE |
|-----------|--------------|-----|------------|
| Eulise    | S            | 12  |            |
| Laura     | sl           | 10  |            |
| Emilia    | S            | 7   |            |
| Sebastian | S            | 3   |            |
|           |              |     |            |
|           |              |     |            |
|           |              |     |            |
|           |              |     |            |
|           |              |     |            |
|           |              |     |            |

FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18106-P61

|   |  |   |      |           |       |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
|---|--|---|------|-----------|-------|---------------------------------|---------------------------------|-------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|---|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R240  |  | NAME OF INDIVIDUAL                          |      | LOUISIANA |       |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
|   |  | Russell Shila                               |      | E.D.      | SHEET |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| COLOR   | W  | AGE   | 45   | 93        | 10    |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| BIRTHPLACE  |  |   |      |           |       |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| COUNTY  |  |   | CITY |           |       |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| Natchitoches  |  |   |      |           |       |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |   |      |           |       |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| Abraham John  |  |   |      |           |       |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |      |           |       |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIFE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> Niece</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input checked="" type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> MISTRESS-IN-LAW</td> <td></td> </tr> </table> |  |   |      |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIFE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> Niece | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input checked="" type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> MISTRESS-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIFE               |      |           |       |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> Niece           | <input type="checkbox"/> NURSE              |      |           |       |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT            |      |           |       |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER             |      |           |       |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input checked="" type="checkbox"/> SERVANT |      |           |       |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)    |      |           |       |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |      |           |       |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> MISTRESS-IN-LAW |   |      |           |       |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |

FORM 10-637 (4-25-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

UNCOMM-DC 18109-P61

|                         |     |                |           |            |       |
|-------------------------|-----|----------------|-----------|------------|-------|
| 8340                    |     | HEAD OF FAMILY |           | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |           | E.O.       | SHEET |
| W                       | 23  |                |           | 123        | 7     |
| COUNTY                  |     |                | CITY      |            |       |
| Winn                    |     |                | Winnfield |            |       |
| OTHER MEMBERS OF FAMILY |     |                |           |            |       |
| NAME                    |     | RELATIONSHIP   | AGE       | BIRTHPLACE |       |
| 1 Russell               |     | 5              | 4         |            |       |
| Selmon A.               |     | 3              | 3         |            |       |
|                         |     |                |           |            |       |
|                         |     |                |           |            |       |
|                         |     |                |           |            |       |
|                         |     |                |           |            |       |
|                         |     |                |           |            |       |
|                         |     |                |           |            |       |

FORM 10-636 (4-20-67)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |            |         |
|-------------------------|---|----------------|-----|------------|---------|
| R240                    |   | HEAD OF FAMILY |     | LOUISIANA  |         |
| R240                    |   | Russell Sidney |     | 50         | SHEET 2 |
| COLOR                   | W | AGE            | 31  | BIRTHPLACE |         |
| COUNTY                  |   | Lafourche      |     | CITY       |         |
| OTHER MEMBERS OF FAMILY |   |                |     |            |         |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |         |
| Mollie                  |   | W              | 27  |            |         |
| Norma                   |   | D              | 4   |            |         |
| Pearl                   |   | D              | 18  |            |         |
|                         |   |                |     |            |         |
|                         |   |                |     |            |         |
|                         |   |                |     |            |         |
|                         |   |                |     |            |         |
|                         |   |                |     |            |         |

FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |      |
|-------------------------|--|----------------|------------|------------|------|
| R240                    |  | HEAD OF FAMILY |            | LOUISIANA  |      |
| COLOR                   |  | AGE            | BIRTHPLACE |            | E.D. |
| W                       |  | 27             |            |            | 76   |
| COUNTY                  |  | CITY           |            | SHEET      |      |
|                         |  | Avoyelles      |            | 17         |      |
| OTHER MEMBERS OF FAMILY |  |                |            |            |      |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |      |
| Emma                    |  | W              | 20         |            |      |
| Vivian                  |  | D              | 3          |            |      |
| Bessie                  |  | S              | 1          |            |      |
|                         |  |                |            |            |      |
|                         |  |                |            |            |      |
|                         |  |                |            |            |      |
|                         |  |                |            |            |      |
|                         |  |                |            |            |      |

FORM 18-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

## LOUISIANA

|   |  |  |  |            |             |                                 |                                 |                                 |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|--|------------|-------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 1240  |  | NAME OF INDIVIDUAL<br><i>Russell, Laphia</i> |  | E.O.<br>52 | SHEET<br>12 |                                 |                                 |                                 |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br>B  | AGE<br>12                                | BIRTHPLACE                                   |  |            |             |                                 |                                 |                                 |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br>Plaquemines   |  | CITY   |  |            |             |                                 |                                 |                                 |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Lewis, Joseph</i>   |  |  |  |            |             |                                 |                                 |                                 |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |  |            |             |                                 |                                 |                                 |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> IMMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> MURDER</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |            |             | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> IMMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> MURDER | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> IMMATE              |  |            |             |                                 |                                 |                                 |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> MURDER              |  |            |             |                                 |                                 |                                 |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT             |  |            |             |                                 |                                 |                                 |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER              |  |            |             |                                 |                                 |                                 |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT             |  |            |             |                                 |                                 |                                 |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)     |  |            |             |                                 |                                 |                                 |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |            |             |                                 |                                 |                                 |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |  |            |             |                                 |                                 |                                 |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P01

|                         |                 |            | LOUISIANA  |       |
|-------------------------|-----------------|------------|------------|-------|
| R240                    | HEAD OF FAMILY  |            | E.D.       | SHEET |
|                         | Russell Spencer |            | 26         | 13    |
| COLOR                   | AGE             | BIRTHPLACE |            |       |
| B                       | 41              |            |            |       |
| COUNTY                  |                 | CITY       |            |       |
| Jefferson               |                 |            |            |       |
| OTHER MEMBERS OF FAMILY |                 |            |            |       |
| NAME                    | RELATIONSHIP    | AGE        | BIRTHPLACE |       |
| I Sissy                 | W               | 32         |            |       |
| Miller Horace           | BL              | 22         |            |       |
| I Gilbert               | BL              | 19         |            |       |
| I William               | BL              | 21         |            |       |
|                         |                 |            |            |       |
|                         |                 |            |            |       |
|                         |                 |            |            |       |

LOUISIANA

|  |   |  |                   |                   |
|--|---|--|-------------------|-------------------|
| 1340                                     | NAME OF INDIVIDUAL<br><i>Russell Stella</i> |  | E.O.<br><i>49</i> | SHEET<br><i>3</i> |
| COLOR<br><i>B</i>                        | AGE<br><i>7</i>                             | BIRTHPLACE                               |                   |                   |
| COUNTY<br><i>Plaquemines</i>             |   | CITY                                     |                   |                   |
| ENUMERATED WITH<br><i>Russell George</i> |   |  |                   |                   |
| RELATIONSHIP TO ABOVE                    |   |  |                   |                   |
| <input type="checkbox"/> FATHER          | <input type="checkbox"/> NEPHEW             | <input type="checkbox"/> INMATE          |                   |                   |
| <input type="checkbox"/> MOTHER          | <input checked="" type="checkbox"/> NIECE   | <input type="checkbox"/> NURSE           |                   |                   |
| <input type="checkbox"/> GRANDFATHER     | <input type="checkbox"/> FATHER-IN-LAW      | <input type="checkbox"/> PATIENT         |                   |                   |
| <input type="checkbox"/> GRANDMOTHER     | <input type="checkbox"/> MOTHER-IN-LAW      | <input type="checkbox"/> ROOMER          |                   |                   |
| <input type="checkbox"/> GRANDSON        | <input type="checkbox"/> SON-IN-LAW         | <input type="checkbox"/> SERVANT         |                   |                   |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW    | <input type="checkbox"/> OTHER (Specify) |                   |                   |
| <input type="checkbox"/> AUNT            | <input type="checkbox"/> BROTHER-IN-LAW     |  |                   |                   |
| <input type="checkbox"/> UNCLE           | <input type="checkbox"/> SISTER-IN-LAW      |  |                   |                   |

FORM 10-627 (4-29-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18108-P01



|                         |  |                | LOUISIANA       |            |       |
|-------------------------|--|----------------|-----------------|------------|-------|
| R240                    |  | HEAD OF FAMILY |                 | E.D.       | SHEET |
| COLOR                   |  | AGE            | BIRTHPLACE      |            |       |
| B                       |  | 18             | Russell Strahan |            |       |
| COUNTY                  |  |                | CITY            |            |       |
| Ouachita                |  |                |                 |            |       |
| OTHER MEMBERS OF FAMILY |  |                |                 |            |       |
| NAME                    |  | RELATIONSHIP   | AGE             | BIRTHPLACE |       |
| / Lillie                |  | W              | 22              |            |       |
| / Joseph                |  | S-S            | 7               |            |       |
| / Grant                 |  | S              | 1 1/2           |            |       |
|                         |  |                |                 |            |       |
|                         |  |                |                 |            |       |
|                         |  |                |                 |            |       |
|                         |  |                |                 |            |       |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                                |             |                       |                   |                   |              |
|--------------------------------|-------------|-----------------------|-------------------|-------------------|--------------|
| <b>R240</b>                    |             | <b>HEAD OF FAMILY</b> |                   | <b>LOUISIANA</b>  |              |
| <b>COLOR</b>                   |             | <b>AGE</b>            | <b>BIRTHPLACE</b> | <b>E.O.</b>       | <b>SHEET</b> |
| W                              |             | 40                    |                   | 13                | 9            |
| <b>COUNTY</b>                  |             |                       | <b>CITY</b>       |                   |              |
| Avoyelles                      |             |                       |                   |                   |              |
| <b>OTHER MEMBERS OF FAMILY</b> |             |                       |                   |                   |              |
|                                | <b>NAME</b> | <b>RELATIONSHIP</b>   | <b>AGE</b>        | <b>BIRTHPLACE</b> |              |
| /                              | Parley      | W                     | 30                |                   |              |
|                                | Eva         | D                     | 8                 |                   |              |
|                                | Hattie      | D                     | 6                 |                   |              |
|                                | Alfred      | S                     | 4                 |                   |              |
|                                | Thatcher    | D                     | 3                 |                   |              |
|                                |             |                       |                   |                   |              |
|                                |             |                       |                   |                   |              |

FORM 10-636 (4-22-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |   |                    |   |                   |  |   |      |       |
|--|---|--------------------|---|-------------------|--|---|------|-------|
| 2240   |   | NAME OF INDIVIDUAL |   | Russell, Sterling |  | LOUISIANA   | E.O. | SHEET |
| COLOR  | B | AGE                | 6   | BIRTHPLACE        |  |   | 144  | 8     |
| COUNTY   |   | Vernon             |   | CITY              |  | Pineville   |      |       |
| EMIGRATED WITH   |   | Anderson, William  |   |                   |  |   |      |       |
| RELATIONSHIP TO ABOVE  |   |                    |   |                   |  |   |      |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |   |                    | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |                   |  | <input type="checkbox"/> UNMATE<br><input type="checkbox"/> MURDER<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> NO-ANSWER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |      |       |

FORM 18-437 (4-26-51)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1930 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18186-P01

|                         |  |                   |            |            |            |
|-------------------------|--|-------------------|------------|------------|------------|
| R240                    |  | HEAD OF FAMILY    |            | LOUISIANA  |            |
| COLOR                   |  | AGE               | BIRTHPLACE |            | E.D. SHEET |
| 6                       |  | 50                |            |            | 56 13      |
| COUNTY                  |  |                   | CITY       |            |            |
| Rapides                 |  |                   |            |            |            |
| OTHER MEMBERS OF FAMILY |  |                   |            |            |            |
| NAME                    |  | RELATION-<br>SHIP | AGE        | BIRTHPLACE |            |
| 1 / Isaque              |  | 21                | 45         |            |            |
| Brother / Jeff          |  | S-S               | 19         |            |            |
| 1 / Chas                |  | S-S               | 14         |            |            |
|                         |  |                   |            |            |            |
|                         |  |                   |            |            |            |
|                         |  |                   |            |            |            |
|                         |  |                   |            |            |            |
|                         |  |                   |            |            |            |

FORM 16-636 (4-20-21)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|   |  |  |                    |                   |
|---|--|--|--------------------|-------------------|
| R246                                      | NAME OF INDIVIDUAL<br><i>Russell Susan A</i> |  | E.O.<br><i>110</i> | SHEET<br><i>3</i> |
| COLOR<br><i>W</i>                         | AGE<br><i>25</i>                             | BIRTHPLACE   |                    |                   |
| COUNTY<br><i>Sabine</i><br><i>Sabine</i>  |  | CITY   |                    |                   |
| ENUMERATED WITH<br><i>Russell John C.</i> |  |  |                    |                   |
| RELATIONSHIP TO ABOVE                     |  |  |                    |                   |
| <input type="checkbox"/> FATHER           | <input type="checkbox"/> NEPHEW              | <input type="checkbox"/> INMATE                                  |                    |                   |
| <input type="checkbox"/> MOTHER           | <input type="checkbox"/> NIECE               | <input type="checkbox"/> NURSE                                   |                    |                   |
| <input type="checkbox"/> GRANDFATHER      | <input type="checkbox"/> FATHER-IN-LAW       | <input type="checkbox"/> PATIENT                                 |                    |                   |
| <input type="checkbox"/> GRANDMOTHER      | <input type="checkbox"/> MOTHER-IN-LAW       | <input type="checkbox"/> ROOMER                                  |                    |                   |
| <input type="checkbox"/> GRANDSON         | <input type="checkbox"/> SON-IN-LAW          | <input type="checkbox"/> SERVANT                                 |                    |                   |
| <input type="checkbox"/> GRANDDAUGHTER    | <input type="checkbox"/> DAUGHTER-IN-LAW     | <input checked="" type="checkbox"/> OTHER (Specify)<br><i>Si</i> |                    |                   |
| <input type="checkbox"/> AUNT             | <input type="checkbox"/> BROTHER-IN-LAW      |  |                    |                   |
| <input type="checkbox"/> UNCLE            | <input type="checkbox"/> SISTER-IN-LAW       |  |                    |                   |

FORM 10-657 10-20-611

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P01

LOUISIANA

|                         |                    |              |      |            |
|-------------------------|--------------------|--------------|------|------------|
| R-240                   | HEAD OF FAMILY     |              | E.D. | SHEET      |
|                         | Logillio, Susan J. |              | 40   | 20         |
| COLOR                   | AGE                | BIRTHPLACE   |      |            |
| W                       | 67                 |              |      |            |
| COUNTY                  | East Feliciana     |              | CITY |            |
| OTHER MEMBERS OF FAMILY |                    |              |      |            |
| NAME                    |                    | RELATIONSHIP | AGE  | BIRTHPLACE |
| Livingstone             |                    |              |      |            |
|                         |                    |              |      |            |
|                         |                    |              |      |            |
|                         |                    |              |      |            |
|                         |                    |              |      |            |
|                         |                    |              |      |            |
|                         |                    |              |      |            |
|                         |                    |              |      |            |
|                         |                    |              |      |            |
|                         |                    |              |      |            |

FORM 10-636 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                | LOUISIANA |            |       |
|-------------------------|-----|----------------|-----------|------------|-------|
| R240                    |     | HEAD OF FAMILY |           | E.O.       | SHEET |
|                         |     | Russel Sydney  |           | 45         | 19    |
| COLOR                   | AGE | BIRTHPLACE     |           |            |       |
| W                       | 29  |                |           |            |       |
| COUNTY                  |     | Lafourche      |           | CITY       |       |
| OTHER MEMBERS OF FAMILY |     |                |           |            |       |
| NAME                    |     | RELATIONSHIP   | AGE       | BIRTHPLACE |       |
| Loile                   |     | W              | 26        |            |       |
| Edith                   |     | D              | 7         |            |       |
| Sydney Jr.              |     | S              | 5         |            |       |
| Jackson                 |     | S              | 2         |            |       |
|                         |     |                |           |            |       |
|                         |     |                |           |            |       |
|                         |     |                |           |            |       |
|                         |     |                |           |            |       |
|                         |     |                |           |            |       |

FORM 16-636 (4-20-51)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |              |                |            | LOUISIANA |       |
|-------------------------|--------------|----------------|------------|-----------|-------|
| R240                    |              | HEAD OF FAMILY |            | E.D.      | SHEET |
|                         |              | Rachab Sylves  |            | 92        | 22    |
| COLOR                   | AGE          | BIRTHPLACE     |            |           |       |
| Wm                      | 43           | Natchitoches   |            |           |       |
| COUNTY                  |              | CITY           |            |           |       |
| OTHER MEMBERS OF FAMILY |              |                |            |           |       |
| NAME                    | RELATIONSHIP | AGE            | BIRTHPLACE |           |       |
| Stephen                 | S            | 18             |            |           |       |
| Emma                    | S            | 16             |            |           |       |
| Hamlin                  | S            | 14             |            |           |       |
| Henry                   | S            | 12             |            |           |       |
| William                 | S            | 9              |            |           |       |
| Rosa                    | S            | 7              |            |           |       |

Form 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



| R242                    |              | HEAD OF FAMILY |                    | LOUISIANA |  |
|-------------------------|--------------|----------------|--------------------|-----------|--|
| COLOR                   | AGE          | BIRTHPLACE     | E.O.               | SHEET     |  |
| W                       | 41           | Italy          | 130                | 9         |  |
| COUNTY                  | SL. MARION   |                | CITY Breamp Bridge |           |  |
| OTHER MEMBERS OF FAMILY |              |                |                    |           |  |
| NAME                    | RELATIONSHIP | AGE            | BIRTHPLACE         |           |  |
| Elizabeth               | W            | 31             | Italy              |           |  |
| Jenny                   | S            | 15             |                    |           |  |
| Philippine              | D            | 10             |                    |           |  |
| Vincent                 | S            | 8              |                    |           |  |
| Mary                    | D            | 7              |                    |           |  |
| Lane                    | S            | 8/12           |                    |           |  |

FORM 16-436 (4-30-31)

1930 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|                         |         |                    |     |            |  |       |  |
|-------------------------|---------|--------------------|-----|------------|--|-------|--|
| R240                    |         | HEAD OF FAMILY     |     | E.D.       |  | SHEET |  |
|                         |         | Rogillio Sylvestre |     | 147        |  | 4     |  |
| COLOR                   | AGE     | BIRTHPLACE         |     |            |  |       |  |
| W                       | 56      |                    |     |            |  |       |  |
| COUNTY                  |         |                    |     | CITY       |  |       |  |
| West Feliciana          |         |                    |     |            |  |       |  |
| OTHER MEMBERS OF FAMILY |         |                    |     |            |  |       |  |
| NAME                    |         | RELATIONSHIP       | AGE | BIRTHPLACE |  |       |  |
|                         | Verna   | W                  | 40  |            |  |       |  |
|                         | Lillian | D                  | 18  |            |  |       |  |
|                         | Alva    | S                  | 13  |            |  |       |  |
|                         | Archie  | S                  | 19  |            |  |       |  |
|                         | Mary    | M                  | 66  |            |  |       |  |
|                         |         |                    |     |            |  |       |  |
|                         |         |                    |     |            |  |       |  |

LOUISIANA

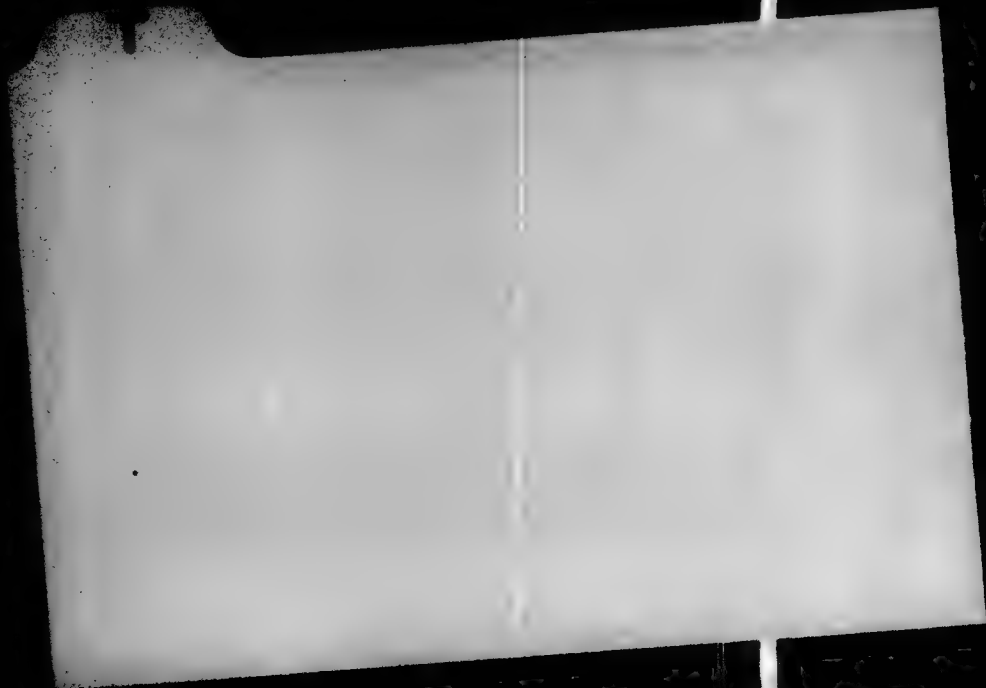
|  |        |  |      |  |          |
|--|--------|--|------|--|----------|
| R240                                   |        | NAME OF INDIVIDUAL Rachael Sylvia Craine |      | E.O. 92                                  | SHEET 37 |
| COLOR mu                               | AGE 36 | BIRTHPLACE                               |      |  |          |
| COUNTY Natchitoches                    |        |  | CITY |  |          |
| ENUMERATED WITH Rachael, Jno           |        |  |      |  |          |
| RELATIONSHIP TO ABOVE                  |        |  |      |  |          |
| <input type="checkbox"/> FATHER        |        | <input type="checkbox"/> NEPHEW          |      | <input type="checkbox"/> INMATE          |          |
| <input type="checkbox"/> MOTHER        |        | <input type="checkbox"/> NIECE           |      | <input type="checkbox"/> NURSE           |          |
| <input type="checkbox"/> GRANDFATHER   |        | <input type="checkbox"/> FATHER-IN-LAW   |      | <input type="checkbox"/> PATIENT         |          |
| <input type="checkbox"/> GRANDMOTHER   |        | <input type="checkbox"/> MOTHER-IN-LAW   |      | <input type="checkbox"/> ROOMER          |          |
| <input type="checkbox"/> GRANDSON      |        | <input type="checkbox"/> SON-IN-LAW      |      | <input type="checkbox"/> SERVANT         |          |
| <input type="checkbox"/> GRANDDAUGHTER |        | <input type="checkbox"/> DAUGHTER-IN-LAW |      | <input type="checkbox"/> OTHER (Specify) |          |
| <input type="checkbox"/> AUNT          |        | <input type="checkbox"/> BROTHER-IN-LAW  |      | <u>Si</u>                                |          |
| <input type="checkbox"/> UNCLE         |        | <input type="checkbox"/> SISTER-IN-LAW   |      |  |          |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 18198-P61



|                         |           |                |     |              |        |           |    |
|-------------------------|-----------|----------------|-----|--------------|--------|-----------|----|
| R240                    |           | HEAD OF FAMILY |     | Rusel, J. P. |        | LOUISIANA |    |
| COLOR                   | W         | AGE            | 56  | BIRTHPLACE   | Mo.    | E.D.      | 32 |
| COUNTY                  | Calcasieu |                |     | CITY         | Wahala |           |    |
| OTHER MEMBERS OF FAMILY |           |                |     |              |        |           |    |
| NAME                    |           | RELATIONSHIP   | AGE | BIRTHPLACE   |        |           |    |
| Emily S.                |           | W              | 49  | Mo.          |        |           |    |
| Ella M.                 |           | D              | 22  | Mo.          |        |           |    |
| Charles A.              |           | S              | 23  | Mo.          |        |           |    |
| Albany S.               |           | S              | 21  | Mo.          |        |           |    |
| Domen C.                |           | S              | 19  | Mo.          |        |           |    |
| William C.              |           | S              | 15  | Mo.          |        |           |    |

FORM 10-436 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |    |               |     |            |    |
|-------------------------|---|----------------|----|---------------|-----|------------|----|
| R 240                   |   | HEAD OF FAMILY |    | Rachel Teiler |     | LOUISIANA  |    |
| COLOR                   | W | AGE            | 49 | BIRTHPLACE    |     | E.D.       | 93 |
|                         |   |                |    |               |     | SHEET      | 4  |
| COUNTY                  |   |                |    | Natchitoches  |     | CITY       |    |
| OTHER MEMBERS OF FAMILY |   |                |    |               |     |            |    |
| NAME                    |   |                |    | RELATIONSHIP  | AGE | BIRTHPLACE |    |
| Alexandria              |   |                |    | W             | 29  |            |    |
| Raymond                 |   |                |    | S             | 23  |            |    |
| Nedah                   |   |                |    | S             | 19  |            |    |
| Glecie                  |   |                |    | D             | 18  |            |    |
| Cora                    |   |                |    | D             | 13  |            |    |
| Carrie                  |   |                |    | D             | 11  |            |    |
| Minnie                  |   |                |    | D             | 3   |            |    |

FORM 16-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

HEAD OF FAMILY - CONTINUED

**LOUISIANA**

CARD 2 OF 2

**OTHER MEMBERS OF FAMILY**

[illegible]

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

UNCOM-DC 15105-P01

|  |                  |   |  |   |                   |
|--|------------------|---|--|---|-------------------|
| R240   |                  | NAME OF INDIVIDUAL<br><i>Rachel, Lena</i>   |  | LOUISIANA   |                   |
| COLOR<br><i>B</i>  | AGE<br><i>16</i> | BIRTHPLACE  |  | E.D.<br><i>78</i>   | SHEET<br><i>8</i> |
| COUNTY   |                  | CITY<br><i>Rapides</i>  |  | CITY<br><i>Alexandria</i>   |                   |
| ENUMERATED WITH<br><i>Johnson, Leva</i>  |                  |   |  |   |                   |
| RELATIONSHIP TO ABOVE  |                  |   |  |   |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> WILATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                   |

FORM 10-437 (4-20-31)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 19100-P01



|                         |   |                |     |            |                |
|-------------------------|---|----------------|-----|------------|----------------|
| R 240                   |   | HEAD OF FAMILY |     | LOUISIANA  |                |
| COLOR                   | W | AGE            | 45  | BIRTHPLACE | Rachel Teodile |
| COUNTY                  |   | Natchitoches   |     | CITY       |                |
| OTHER MEMBERS OF FAMILY |   |                |     |            |                |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |                |
| Rose                    |   | W              | 30  |            |                |
| Polie                   |   | D              | 19  |            |                |
| Mascelite               |   | D              | 17  |            |                |
| Addie                   |   | D              | 14  |            |                |
| Eustie                  |   | S              | 10  |            |                |
| Wilson                  |   | S              | 10  |            |                |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |               |  |           |    |
|-------------------------|---|----------------|-----|---------------|--|-----------|----|
| R240                    |   | HEAD OF FAMILY |     | Rachel Isaman |  | LOUISIANA |    |
| COLOR                   | W | AGE            | 34  | BIRTHPLACE    |  | E.D.      | 93 |
|                         |   |                |     |               |  | SHEET     | 16 |
| COUNTY                  |   |                |     | Natchitoches  |  | CITY      |    |
| OTHER MEMBERS OF FAMILY |   |                |     |               |  |           |    |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE    |  |           |    |
| Emma                    |   | W              | 19  |               |  |           |    |
| Harriet                 |   | D              | 3/4 |               |  |           |    |
|                         |   |                |     |               |  |           |    |
|                         |   |                |     |               |  |           |    |
|                         |   |                |     |               |  |           |    |
|                         |   |                |     |               |  |           |    |
|                         |   |                |     |               |  |           |    |
|                         |   |                |     |               |  |           |    |
|                         |   |                |     |               |  |           |    |

FORM 16-436 (4-20-31)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |                 |  |           |    |
|-------------------------|---|----------------|-----|-----------------|--|-----------|----|
| R240                    |   | HEAD OF FAMILY |     | Rachal Theodore |  | LOUISIANA |    |
| COLOR                   | W | AGE            | 28  | BIRTHPLACE      |  | E.D.      | 93 |
| COUNTY                  |   |                |     | Natchitoches    |  | SHEET 9   |    |
| OTHER MEMBERS OF FAMILY |   |                |     |                 |  |           |    |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE      |  |           |    |
| / Felipe                |   | S              | 46  |                 |  |           |    |
| / Bo William            |   | S              | 43  |                 |  |           |    |
|                         |   |                |     |                 |  |           |    |
|                         |   |                |     |                 |  |           |    |
|                         |   |                |     |                 |  |           |    |
|                         |   |                |     |                 |  |           |    |
|                         |   |                |     |                 |  |           |    |
|                         |   |                |     |                 |  |           |    |
|                         |   |                |     |                 |  |           |    |
|                         |   |                |     |                 |  |           |    |

FORM 16-536 (4-26-51)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |            |                  |
|-------------------------|---|----------------|-----|------------|------------------|
| R240                    |   | HEAD OF FAMILY |     | LOUISIANA  |                  |
| COLOR                   | W | AGE            | 29  | BIRTHPLACE | Rachel Theophile |
| COUNTY                  |   | Avoyelles      |     | CITY       |                  |
| OTHER MEMBERS OF FAMILY |   |                |     |            |                  |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |                  |
| Elizabell               |   | W              | 24  |            |                  |
| Hester                  |   | S              | 5   |            |                  |
| Eulalia                 |   | D              | 3   |            |                  |
|                         |   |                |     |            |                  |
|                         |   |                |     |            |                  |
|                         |   |                |     |            |                  |
|                         |   |                |     |            |                  |
|                         |   |                |     |            |                  |

FORM 16-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |     |                    |   |           |       |
|--|-----|--------------------|---|-----------|-------|
| R240   |     | NAME OF INDIVIDUAL |   | LOUISIANA |       |
| COLOR  | AGE | BIRTHPLACE         |   | E.D.      | SHEET |
| B  | 3   |                    |   | 81        | 32    |
| COUNTY   |     |                    | CITY  |           |       |
| ENUMERATED WITH  |     |                    | M. J. Madison   |           |       |
| RELATIONSHIP TO ABOVE  |     |                    | Bedford Jones   |           |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     |                    | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |           |       |
|  |     |                    | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NUNCE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>S.S.</i>  |           |       |

FORM 16-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-OC 18100-P-61

USCOMM-6C 18100-901

|                         |   |                |        |            |           |
|-------------------------|---|----------------|--------|------------|-----------|
| R240                    |   | HEAD OF FAMILY |        | LOUISIANA  |           |
| COLOR                   | W | AGE            | 28     | BIRTHPLACE | St. James |
|                         |   |                |        | E.D.       | 47        |
|                         |   |                |        | SHEET      | 4         |
| COUNTY                  |   |                |        |            |           |
| CITY                    |   |                |        |            |           |
| OTHER MEMBERS OF FAMILY |   |                |        |            |           |
| NAME                    |   | RELATIONSHIP   | AGE    | BIRTHPLACE |           |
| Therese                 |   | W              | 24     |            |           |
| Alvan                   |   | S              | 4      |            |           |
| Agne                    |   | S              | 20 1/2 |            |           |
|                         |   |                |        |            |           |
|                         |   |                |        |            |           |
|                         |   |                |        |            |           |
|                         |   |                |        |            |           |
|                         |   |                |        |            |           |

FORM 10-536 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R240                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| W                       |  | 60             | Ala        | 77         | 5     |
| COUNTY                  |  |                | CITY       |            |       |
| Do Soto                 |  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Sarah F                 |  | W              | 50         | Ala        |       |
| Thos Jr                 |  | S.             | 20         | Ark        |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

Form 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |   |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|---|--|-------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 1240   |  | NAME OF INDIVIDUAL<br><i>Lashel Thomas</i>  |  | LOUISIANA         |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>B</i>  | AGE<br><i>20</i>                         | BIRTHPLACE                                  |  | E.D.<br><i>28</i> | SHEET<br><i>5</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>Do Soto</i>   |  | CITY  |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Pete Jones</i>   |  |   |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> LABORER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |                   |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> LABORER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE             |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE              |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT            |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> LABORER |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT            |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)    |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |   |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 16-437 (4-26-61)

1918 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18186-P01



|   |   |   |   |  |                |
|---|---|---|---|--|----------------|
| R 240   |   | NAME OF INDIVIDUAL  |   | LOUISIANA  |                |
| COLOR   | B | AGE   | 3 | BIRTHPLACE   | Rugeley Thomas |
| COUNTY  |   | Do Solo   |   | CITY   |                |
| ENUMERATED WITH   |   |   |   |  |                |
| RELATIONSHIP TO ABOVE   |   |   |   |  |                |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input checked="" type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |   | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |   | <input type="checkbox"/> WMA TE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                |

FORM 19-427 (4-29-51)

1919 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                                |                       |                   |                   |             |
|--------------------------------|-----------------------|-------------------|-------------------|-------------|
| <b>R240</b>                    | <b>HEAD OF FAMILY</b> |                   | <b>LOUISIANA</b>  |             |
| <b>COLOR</b>                   | <b>AGE</b>            | <b>BIRTHPLACE</b> |                   | <b>E.D.</b> |
| <i>W</i>                       | <i>41</i>             | <i>Ark</i>        |                   | <i>30</i>   |
| <b>COUNTY</b>                  |                       | <b>CITY</b>       |                   |             |
| <i>Cadde</i>                   |                       |                   |                   |             |
| <b>OTHER MEMBERS OF FAMILY</b> |                       |                   |                   |             |
| <b>NAME</b>                    | <b>RELATIONSHIP</b>   | <b>AGE</b>        | <b>BIRTHPLACE</b> |             |
| <i>Pella</i>                   | <i>W</i>              | <i>30</i>         | <i>Ark</i>        |             |
| <i>Maud</i>                    | <i>D</i>              | <i>12</i>         |                   |             |
| <i>Leonard</i>                 | <i>S</i>              | <i>7</i>          |                   |             |
| <i>Elmer</i>                   | <i>S</i>              | <i>3</i>          |                   |             |
| <i>Edward</i>                  | <i>S</i>              | <i>3</i>          |                   |             |
| <i>Adell</i>                   | <i>S</i>              | <i>9/12</i>       |                   |             |

FORM 18-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                       |                  |
|-----------------------|------------------|
| <b>HEAD OF FAMILY</b> | <b>LOUISIANA</b> |
|-----------------------|------------------|

|                         |           |                |     |            |       |
|-------------------------|-----------|----------------|-----|------------|-------|
| R240                    |           | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE       | BIRTHPLACE     |     | E.D.       | SHEET |
| D                       | 42        | Russell Thomas |     | 75         | 2     |
| COUNTY                  |           | CITY           |     |            |       |
| Do Soto                 |           |                |     |            |       |
| OTHER MEMBERS OF FAMILY |           |                |     |            |       |
| NAME                    |           | RELATIONSHIP   | AGE | BIRTHPLACE |       |
|                         | Josephine | W              | 41  |            |       |
|                         | Emeline   | D              | 17  |            |       |
|                         | Richard   | S              | 15  |            |       |
|                         | Annie     | D              | 13  |            |       |
|                         | Bettie    | S              | 10  |            |       |
|                         | Willie    | S              | 10  |            |       |
|                         | Burden    | S              | 8   |            |       |

FORM 16-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

HEAD OF FAMILY - CONTINUED

## LOUISIANA

CARD 2 OF 2

**OTHER MEMBERS OF FAMILY**

[illegible]

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |   |   |    |  |         |
|--|---|---|----|--|---------|
| R240   |   | NAME OF INDIVIDUAL  |    | LOUISIANA  |         |
| COLOR  | B | AGE   | 19 | BIRTHPLACE   | Do Soto |
| COUNTY   |   | CITY  |    | E.D. 62 SHEET 10   |         |
| ENUMERATED WITH  |   |   |    |  |         |
| Sellers Hilliard   |   |   |    |  |         |
| RELATIONSHIP TO ABOVE  |   |   |    |  |         |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |   | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |    | <input type="checkbox"/> WIDUATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br>S.Y.S. |         |

FORM 10-637 (4-22-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |   |          |            |         |
|--|--|---|----------|------------|---------|
| B246                                   |  | NAME OF INDIVIDUAL                        |          | LOUISIANA  |         |
| COLOR                                  | W  | AGE                                       | 20       | BIRTHPLACE | E.D. 99 |
| COUNTY                                 |  |   | SHEET 13 |            |         |
| Natchitoches                           |  |   | CITY     |            |         |
| ENUMERATED WITH                        |  |   |          |            |         |
| Fletcher David A                       |  |   |          |            |         |
| RELATIONSHIP TO ABOVE                  |  |   |          |            |         |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDOW            |          |            |         |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE            |          |            |         |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT          |          |            |         |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> OWNER |          |            |         |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT          |          |            |         |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)  |          |            |         |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW  |   |          |            |         |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW   |   |          |            |         |

FORM 18-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |     |                   |     |            |       |
|-------------------------|-----|-------------------|-----|------------|-------|
| R 246                   |     | HEAD OF FAMILY    |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE        |     | E.D.       | SHEET |
| W                       | 25  |                   |     | 93         | 3     |
| COUNTY                  |     | Natchitoches      |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |     |                   |     |            |       |
| NAME                    |     | RELATION-<br>SHIP | AGE | BIRTHPLACE |       |
| Zelmae                  |     | W                 | 35  |            |       |
| Alvin                   |     | D                 | 5   |            |       |
| Calise                  |     | D                 | 4   |            |       |
| Lisa                    |     | D                 | 2   |            |       |
|                         |     |                   |     |            |       |
|                         |     |                   |     |            |       |
|                         |     |                   |     |            |       |
|                         |     |                   |     |            |       |

Form 18-636 (4-26-01)

1918 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|   |  |   |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|---|--|---|------------|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| R2X0  |  | NAME OF INDIVIDUAL                                  |            | LOUISIANA |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR   |  | AGE   | BIRTHPLACE | E.D.      | SHEET |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| B   |  | 50  |            | 94        | 9     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY  |  |   | CITY       |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| Natchitoches  |  |   |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |   |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| Ali, Edgar  |  |   |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |            |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| H.B.  |  |   |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

Form 19-637 (4-20-81)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 1910B-P01

|   |                  |   |  |  |                   |
|---|------------------|---|--|--|-------------------|
| R 240   |                  | NAME OF INDIVIDUAL<br><i>Russell Thomas</i>   |  | LOUISIANA  |                   |
| COLOR<br><i>B</i>   | AGE<br><i>14</i> | BIRTHPLACE  |  | E.D.<br><i>92</i>  | SHEET<br><i>9</i> |
| COUNTY<br><i>Rapides</i>  |                  | CITY  |  |  |                   |
| ENUMERATED WITH<br><i>Belvin Miles</i>  |                  |   |  |  |                   |
| RELATIONSHIP TO ABOVE   |                  |   |  |  |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input checked="" type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> Niece<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> WIDATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                   |

FORM 10-437 (4-9-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18198-P01

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| A 240                   |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| W                       | 22  | Ark            |     | 129        | 18    |
| COUNTY                  |     | WIND           |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Lizzie                  |     | W              | 19  |            |       |
| Gennie D.               |     | S              | 12  |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

HEAD OF FAMILY

LOUISIANA

|                         |     |                   |     |            |       |
|-------------------------|-----|-------------------|-----|------------|-------|
| R240                    |     | HEAD OF FAMILY    |     | LOUISIANA  |       |
| COLOR                   | AGE | NAME              |     | E.D.       | SHEET |
| W                       | 21  | Russell Thomas L. |     | 69         | 25    |
| COUNTY                  |     | BIRTHPLACE        |     |            |       |
| Do Soto                 |     |                   |     |            |       |
| CITY                    |     |                   |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                   |     |            |       |
| NAME                    |     | RELATIONSHIP      | AGE | BIRTHPLACE |       |
| / Lennie Bee            |     | W                 | 20  | Fla.       |       |
| Brady                   |     | S                 | 1/2 |            |       |
|                         |     |                   |     |            |       |
|                         |     |                   |     |            |       |
|                         |     |                   |     |            |       |
|                         |     |                   |     |            |       |
|                         |     |                   |     |            |       |
|                         |     |                   |     |            |       |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                |              |           |                  |
|-------------------------|----------------|--------------|-----------|------------------|
| 8240                    | HEAD OF FAMILY |              | LOUISIANA |                  |
| COLOR 13                | AGE 29         | BIRTHPLACE   |           | E.D. 64 SHEET 36 |
| COUNTY                  |                | St. Charles  |           | CITY             |
| OTHER MEMBERS OF FAMILY |                |              |           |                  |
|                         | NAME           | RELATIONSHIP | AGE       | BIRTHPLACE       |
|                         | Myrtle         | W            | 22        |                  |
|                         | Daisy          | D            | 10        |                  |
|                         | Leola          | S            | 6         |                  |
|                         | Ella           | D            | 3         |                  |
|                         |                |              |           |                  |
|                         |                |              |           |                  |
|                         |                |              |           |                  |

FORM 16-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |   |            |  |       |
|---|--|---|------------|--|-------|
| R24   |  | NAME OF INDIVIDUAL  |            | LOUISIANA  |       |
| COLOR   |  | AGE   | BIRTHPLACE | E.D.   | SHEET |
| W   |  | 73  |            | 93   | 14    |
| COUNTY  |  |   | CITY       |  |       |
| Natchitoches  |  |   |            |  |       |
| ENUMERATED WITH   |  |   |            |  |       |
| Rachel Mitchell   |  |   |            |  |       |
| RELATIONSHIP TO ABOVE   |  |   |            |  |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input checked="" type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |            | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |       |

FORM 18-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCENS-DC 18198-P01

|  |                  |   |  |  |                   |
|--|------------------|---|--|--|-------------------|
| R 240  |                  | NAME OF INDIVIDUAL<br><i>Russell Liney</i>  |  | LOUISIANA  |                   |
| COLOR<br><i>B</i>  | AGE<br><i>44</i> | BIRTHPLACE<br><i>Ala</i>  |  | E.O.<br><i>100</i>   | SHEET<br><i>4</i> |
| COUNTY<br><i>Red River</i>   |                  | CITY  |  |  |                   |
| ENUMERATED WITH<br><i>Mitchell William</i>   |                  |   |  |  |                   |
| RELATIONSHIP TO ABOVE  |                  |   |  |  |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                   |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |   |                |     |             |      |           |       |
|---|---|----------------|-----|-------------|------|-----------|-------|
| A240                                      |   | HEAD OF FAMILY |     | Russell Tom |      | LOUISIANA |       |
| COLOR                                     | B | AGE            | 30  | BIRTHPLACE  | E.D. |           | SHEET |
| COUNTY                                    |   |                |     | CITY        |      |           |       |
| Do <del>SEE</del> OTHER MEMBERS OF FAMILY |   |                |     |             |      |           |       |
| NAME                                      |   | RELATIONSHIP   | AGE | BIRTHPLACE  |      |           |       |
| 1 Mollie                                  |   | B              | 25  |             |      |           |       |
|   |   |                |     |             |      |           |       |
|   |   |                |     |             |      |           |       |
|   |   |                |     |             |      |           |       |
|   |   |                |     |             |      |           |       |
|   |   |                |     |             |      |           |       |
|   |   |                |     |             |      |           |       |
|   |   |                |     |             |      |           |       |
|   |   |                |     |             |      |           |       |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |     |                |      |            |       |
|-------------------------|-----|----------------|------|------------|-------|
| R 240                   |     | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |      | E.O.       | SHEET |
| B                       | 24  | La             |      | 150        | 15    |
| COUNTY                  |     |                | CITY |            |       |
| Verdon                  |     |                |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| 1 Lizzie                |     | w              | 25   | La         |       |
| + 2 B's                 |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |     |                    |  |           |       |
|--|-----|--------------------|--|-----------|-------|
| 1242   |     | NAME OF INDIVIDUAL |  | LOUISIANA |       |
| COLOR  | AGE | BIRTHPLACE         |  | E.O.      | SHEET |
| A  | 24  | Russell James      |  | 28        | 9     |
| COUNTY   |     | CITY               |  |           |       |
| Calcasieu  |     |                    |  |           |       |
| ENUMERATED WITH  |     |                    |  |           |       |
| RELATIONSHIP TO ABOVE  |     |                    |  |           |       |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER<br/> <input type="checkbox"/> MOTHER<br/> <input type="checkbox"/> GRANDFATHER<br/> <input type="checkbox"/> GRANDMOTHER<br/> <input type="checkbox"/> GRANDSON<br/> <input type="checkbox"/> GRANDDAUGHTER<br/> <input type="checkbox"/> AUNT<br/> <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW<br/> <input type="checkbox"/> NIECE<br/> <input type="checkbox"/> FATHER-IN-LAW<br/> <input type="checkbox"/> MOTHER-IN-LAW<br/> <input type="checkbox"/> SON-IN-LAW<br/> <input type="checkbox"/> DAUGHTER-IN-LAW<br/> <input type="checkbox"/> BROTHER-IN-LAW<br/> <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> BOARDER<br/> <input type="checkbox"/> NURSE<br/> <input type="checkbox"/> PATIENT<br/> <input checked="" type="checkbox"/> ROOMER<br/> <input type="checkbox"/> SERVANT<br/> <input type="checkbox"/> OTHER (Specify) </div> </div> |     |                    |  |           |       |

FORM 16-437 (4-22-21)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 10100-P01

|                         |   |                |    |               |                  |           |  |
|-------------------------|---|----------------|----|---------------|------------------|-----------|--|
| 19240                   |   | HEAD OF FAMILY |    | Roussel Loler |                  | LOUISIANA |  |
| COLOR                   | B | AGE            | 31 | BIRTHPLACE    | E.D. 26 SHEET 20 |           |  |
| COUNTY                  |   |                |    | Jefferson     |                  | CITY      |  |
| OTHER MEMBERS OF FAMILY |   |                |    |               |                  |           |  |
| NAME                    |   | RELATIONSHIP   |    | AGE           | BIRTHPLACE       |           |  |
| 1 Rose                  |   | W              |    | 27            |                  |           |  |
|                         |   |                |    |               |                  |           |  |
|                         |   |                |    |               |                  |           |  |
|                         |   |                |    |               |                  |           |  |
|                         |   |                |    |               |                  |           |  |
|                         |   |                |    |               |                  |           |  |
|                         |   |                |    |               |                  |           |  |
|                         |   |                |    |               |                  |           |  |
|                         |   |                |    |               |                  |           |  |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                  |                |              |            |         |
|-------------------------|------------------|----------------|--------------|------------|---------|
| R 242                   |                  | HEAD OF FAMILY |              | LOUISIANA  |         |
| COLOR                   | W                | AGE            | Kuppala Tony |            | E.O. 23 |
| COUNTY                  | East Baton Rouge | BIRTHPLACE     | SHEET 11     |            |         |
| CITY                    |                  | Baton Rouge    |              |            |         |
| OTHER MEMBERS OF FAMILY |                  |                |              |            |         |
| NAME                    |                  | RELATIONSHIP   | AGE          | BIRTHPLACE |         |
| 1. Murtis               |                  | W              | 20           | Italy      |         |
| Eulovodisa, Murtis      |                  | M              | 55           | Italy      |         |
|                         |                  |                |              |            |         |
|                         |                  |                |              |            |         |
|                         |                  |                |              |            |         |
|                         |                  |                |              |            |         |
|                         |                  |                |              |            |         |

FORM 10-636 (4-20-57)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |  |   |            |              |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|---|------------|--------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|--|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R240  |  | NAME OF INDIVIDUAL                       |   | LOUISIANA  |              |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR   | mn                                       | AGE                                      | 5 | BIRTHPLACE | Rachel, Long |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY  |  | Natchitoches                             |   | CITY       |              |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |  |   |            |              |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |   |            |              |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |   |            |              | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |   |            |              |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |   |            |              |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |   |            |              |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |   |            |              |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |   |            |              |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |   |            |              |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |   |            |              |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |   |            |              |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-437 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 1910-P-61

|  |     |  |  |  |  |
|--|-----|--|--|--|--|
| R240   |     | NAME OF INDIVIDUAL   |  | LOUISIANA  |  |
| Roussell, Trathan Joe  |     | E.D.   |  | SHEET  |  |
| COLOR  | AGE | BIRTHPLACE   |  |  |  |
| B  | 10  |  |  |  |  |
| COUNTY   |     | CITY   |  |  |  |
| St. Mary   |     | Berwick  |  |  |  |
| ENUMERATED WITH  |     |  |  |  |  |
| Moore, Oscar   |     |  |  |  |  |
| RELATIONSHIP TO ABOVE  |     |  |  |  |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input checked="" type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |  |

FORM 18-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                |              |                    |            |           |
|-------------------------|----------------|--------------|--------------------|------------|-----------|
| R240                    | HEAD OF FAMILY |              | Russell, Travis E. |            | LOUISIANA |
| COLOR                   | W              | AGE          | 51                 | BIRTHPLACE | N.C.      |
| COUNTY                  | Red River      |              | CITY               |            |           |
| OTHER MEMBERS OF FAMILY |                |              |                    |            |           |
| NAME                    |                | RELATIONSHIP | AGE                | BIRTHPLACE |           |
| Annie Mary              |                | W            | 34                 |            |           |
| Seising                 |                | S            | 13                 |            |           |
| Leonard                 |                | S            | 12                 |            |           |
| Dennis                  |                | S            | 6                  |            |           |
| Belma                   |                | D            | 3                  |            |           |
|                         |                |              |                    |            |           |
|                         |                |              |                    |            |           |

FORM 18-536 (4-20-51)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R240                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| M                       | 25  |                |     | 93         | 3     |
| COUNTY                  |     | CITY           |     |            |       |
| Natchitoches            |     |                |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| 1 Alphonsine            |     | W              | 24  |            |       |
| Howard Williams         |     | SB             | 21  |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |



|                       |   |   |    |            |  |       |  |          |  |
|-----------------------|---|---|----|------------|--|-------|--|----------|--|
| R240                  |   | NAME OF INDIVIDUAL  |    | LOUISIANA  |  | E 9 B |  | SHEET 13 |  |
| COLOR                 | W | AGE   | 16 | BIRTHPLACE |  |       |  |          |  |
| COUNTY                |   | Natchitoches  |    | CITY       |  |       |  |          |  |
| ENUMERATED WITH       |   | Hitcher David I   |    |            |  |       |  |          |  |
| RELATIONSHIP TO ABOVE |   | <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> FATHER<br/> <input type="checkbox"/> MOTHER<br/> <input type="checkbox"/> GRANDFATHER<br/> <input type="checkbox"/> GRANDMOTHER<br/> <input type="checkbox"/> GRANDSON<br/> <input type="checkbox"/> GRANDDAUGHTER<br/> <input type="checkbox"/> AUNT<br/> <input type="checkbox"/> UNCLE </div> <div style="width: 30%;"> <input type="checkbox"/> NEPHEW<br/> <input type="checkbox"/> NIECE<br/> <input type="checkbox"/> FATHER-IN-LAW<br/> <input type="checkbox"/> MOTHER-IN-LAW<br/> <input type="checkbox"/> SON-IN-LAW<br/> <input type="checkbox"/> DAUGHTER-IN-LAW<br/> <input type="checkbox"/> BROTHER-IN-LAW<br/> <input type="checkbox"/> SISTER-IN-LAW </div> <div style="width: 30%;"> <input type="checkbox"/> INMATE<br/> <input type="checkbox"/> NURSE<br/> <input type="checkbox"/> PATIENT<br/> <input checked="" type="checkbox"/> ROOMER<br/> <input type="checkbox"/> SERVANT<br/> <input type="checkbox"/> OTHER (Specify) </div> </div> |    |            |  |       |  |          |  |

FORM 16-437 (4-30-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCEN-DC 1910-P61

|                         |     |                |      |            |       |
|-------------------------|-----|----------------|------|------------|-------|
| 19242                   |     | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |      | S.D.       | SHEET |
| W                       | 40  |                |      | 87         | 29    |
| COUNTY                  |     |                | CITY |            |       |
| Iberia                  |     |                |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Nancy                   |     | W              | 33   |            |       |
| Joe                     |     | S              | 13   |            |       |
| Rose                    |     | D              | 11   |            |       |
| Ray                     |     | S              | 9    |            |       |
| Mary                    |     | D              | 7    |            |       |
| Nancy                   |     | D              | 5    |            |       |

FORM 16-536 (4-20-21)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |  |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |                                      |  |
|---|--|--|--|--------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|---|--|--|-------------------------------|---|--|--------------------------------|--------------------------------------|--|
| R240  |  | NAME OF INDIVIDUAL<br><i>Russell Union</i> |  | LOUISIANA          |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |                                      |  |
| COLOR<br><i>B</i>   | AGE<br><i>1 1/2</i>                      | BIRTHPLACE                                 |  | E.O.<br><i>113</i> | SHEET<br><i>4</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |                                      |  |
| COUNTY  |  | Richland                                   |  | CITY               |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |                                      |  |
| ENUMERATED WITH<br><i>Russell Jan</i>   |  |  |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |                                      |  |
| RELATIONSHIP TO ABOVE   |  |  |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |                                      |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> WIFE-IN-LAW</td> <td></td> </tr> </table> |  |  |  |                    |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> WIFE-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE            |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |                                      |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE             |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |                                      |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |                                      |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER            |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |                                      |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |                                      |  |
| <input checked="" type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |                                      |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |                                      |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> WIFE-IN-LAW     |  |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |                                      |  |

FORM 13-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

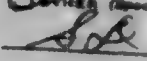
U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18198-P-61

|                                |            |                       |            |                   |              |
|--------------------------------|------------|-----------------------|------------|-------------------|--------------|
| <b>R 240</b>                   |            | <b>HEAD OF FAMILY</b> |            | <b>LOUISIANA</b>  |              |
| <b>COLOR</b>                   | <b>AGE</b> | <b>BIRTHPLACE</b>     |            | <b>E.D.</b>       | <b>SHEET</b> |
| <i>W</i>                       | <i>77</i>  | <i>Rachal Vietnam</i> |            | <i>91</i>         | <i>2</i>     |
| <b>COUNTY</b>                  |            | <b>CITY</b>           |            |                   |              |
| <i>Natchitoches</i>            |            |                       |            |                   |              |
| <b>OTHER MEMBERS OF FAMILY</b> |            |                       |            |                   |              |
| <b>NAME</b>                    |            | <b>RELATIONSHIP</b>   | <b>AGE</b> | <b>BIRTHPLACE</b> |              |
| <i>Louis</i>                   |            | <i>S</i>              | <i>40</i>  |                   |              |
| <i>Patricia</i>                |            | <i>S</i>              | <i>36</i>  |                   |              |
| <i>Prossie</i>                 |            | <i>DR</i>             |            |                   |              |
|                                |            |                       |            |                   |              |
|                                |            |                       |            |                   |              |
|                                |            |                       |            |                   |              |
|                                |            |                       |            |                   |              |
|                                |            |                       |            |                   |              |

FORM 18-636 (4-20-61)  
 1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

|  |     |   |  |  |       |
|--|-----|---|--|--|-------|
| 220  |     | NAME OF INDIVIDUAL  |  | LOUISIANA  |       |
| RUSSELL  |     | Wm  |  | E.O.   | SHEET |
| COLOR  | AGE | BIRTHPLACE  |  | 113  | 4     |
| B  | 21  |   |  |  |       |
| COUNTY   |     | CITY  |  |  |       |
| Richland   |     |   |  |  |       |
| ENUMERATED WITH  |     |   |  |  |       |
| RUSSELL JIM  |     |   |  |  |       |
| RELATIONSHIP TO ABOVE  |     |   |  |  |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NEECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> IMMIGRANT<br><input type="checkbox"/> WARD<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |       |
|  |     |   |  |    |       |

FORM 10-437 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCENS-DC 12122-001

|                         |     |                |       |            |  |
|-------------------------|-----|----------------|-------|------------|--|
| R 240                   |     | HEAD OF FAMILY |       | LOUISIANA  |  |
| Aschal V. Edmon         |     | E.O.           |       | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |       | 91         |  |
| W                       | 31  | Rapides        |       | 3          |  |
| COUNTY                  |     |                | CITY  |            |  |
|                         |     |                | Boyer |            |  |
| OTHER MEMBERS OF FAMILY |     |                |       |            |  |
| NAME                    |     | RELATIONSHIP   | AGE   | BIRTHPLACE |  |
| J. Helen                |     | Da             | 22    |            |  |
| E. Helen                |     | S              | 2     |            |  |
|                         |     |                |       |            |  |
|                         |     |                |       |            |  |
|                         |     |                |       |            |  |
|                         |     |                |       |            |  |
|                         |     |                |       |            |  |
|                         |     |                |       |            |  |
|                         |     |                |       |            |  |

FORM 10-436 (4-20-41)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |      |            |       |
|-------------------------|-----|----------------|------|------------|-------|
| R 240                   |     | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |      | E.D.       | SHEET |
| B                       | 28  |                |      | 75         | 19    |
| COUNTY                  |     |                | CITY |            |       |
| De Soto                 |     |                |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Mary Johnson            |     | W              | 25   |            |       |
| Lillian Johnson         |     | S-D            | 15   |            |       |
| Russell Johnson         |     | S-D            | 12   |            |       |
| Willie Johnson          |     | S              | 11   |            |       |
| Lucile Johnson          |     | D              | 8    |            |       |
| Lillian Johnson         |     | S              | 6    |            |       |

FORM 16-536 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |               |  |           |       |
|-------------------------|---|----------------|-----|---------------|--|-----------|-------|
| R240                    |   | HEAD OF FAMILY |     | Rachel Galman |  | LOUISIANA |       |
| COLOR                   | W | AGE            | 55  | BIRTHPLACE    |  | E.P.      | SHEET |
|                         |   |                |     |               |  | 18        | 2     |
| COUNTY                  |   |                |     | Avoyelles     |  | CITY      |       |
|                         |   |                |     |               |  | Hessmer   |       |
| OTHER MEMBERS OF FAMILY |   |                |     |               |  |           |       |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE    |  |           |       |
| Belcina                 |   | w              | 48  |               |  |           |       |
| Albert Wady             |   | s              | 20  |               |  |           |       |
| Ella                    |   | d              | 18  |               |  |           |       |
| Rose M                  |   | d              | 16  |               |  |           |       |
| Willy                   |   | s              | 14  |               |  |           |       |
| Edwin                   |   | s              | 12  |               |  |           |       |
| Winnie                  |   | d              | 8   |               |  |           |       |

Form 10-621 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS





|  |                  |   |                   |  |  |
|--|------------------|---|-------------------|--|--|
| R240   |                  | NAME OF INDIVIDUAL<br><i>Risafial Valeros</i>   |                   | LOUISIANA  |  |
| COLOR<br><i>W</i>  | AGE<br><i>27</i> | BIRTH PLACE<br><i>Mexico</i>  | S.D.<br><i>44</i> | SHEET<br><i>26</i>   |  |
| COUNTY   |                  |   | CITY              |  |  |
| ENUMERATED WITH<br><i>Calcsien</i>   |                  |   |                   |  |  |
| RELATIONSHIP TO ABOVE<br><i>Lopez, Ferdinand</i>   |                  |   |                   |  |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |                   | <input type="checkbox"/> WIDWIFE<br><input type="checkbox"/> MURDER<br><input type="checkbox"/> PAWNEY<br><input checked="" type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |  |

FORM 15-437 (4-30-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMB-OC 15195-P41

|                         |          |                   |     |            |       |
|-------------------------|----------|-------------------|-----|------------|-------|
| R246                    |          | HEAD OF FAMILY    |     | LOUISIANA  |       |
| COLOR                   | AGE      | BIRTHPLACE        |     | E.O.       | SHEET |
| 24                      | 36       |                   |     | 92         | 1     |
| COUNTY                  |          | Natchitoches CITY |     |            |       |
| OTHER MEMBERS OF FAMILY |          |                   |     |            |       |
|                         | NAME     | RELATIONSHIP      | AGE | BIRTHPLACE |       |
|                         | Virginia | 24                | 25  |            |       |
|                         | Valsons  | S                 | 9   |            |       |
|                         | Service  | S                 | 6   |            |       |
|                         | Blanch   | S                 | 3   |            |       |
|                         | Emeline  | S                 | 1   |            |       |
|                         |          |                   |     |            |       |
|                         |          |                   |     |            |       |

FORM 10-636 (4-20-67)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                 |     |            |       |
|-------------------------|-----|-----------------|-----|------------|-------|
| R 240                   |     | HEAD OF FAMILY  |     | LOUISIANA  |       |
| COLOR                   | AGE | NAME            |     | E.D.       | SHEET |
| Wm                      | 46  | Ramsell, Victor |     | 75         | 17    |
| COUNTY                  |     | CITY            |     |            |       |
| LA. JEFFERSON           |     |                 |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                 |     |            |       |
| NAME                    |     | RELATIONSHIP    | AGE | BIRTHPLACE |       |
| Annie                   |     | W               | 46  |            |       |
| Baburin                 |     | S               | 22  |            |       |
| Lawrence                |     | S               | 20  |            |       |
| Arthur W. Lake          |     | S               | 18  |            |       |
| Victoria                |     | D               | 16  |            |       |
| Luponia                 |     | D               | 14  |            |       |
| Rita                    |     | D               | 11  |            |       |

FORM 16-636 (4-26-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

HEAD OF FAMILY - CONTINUED

LOUISIANA

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME            | RELATION-<br>SHIP | AGE      | BIRTHPLACE |
|-----------------|-------------------|----------|------------|
| <i>Pima</i>     | <i>D</i>          | <i>9</i> |            |
| <i>Lawrence</i> | <i>S</i>          | <i>7</i> |            |
| <i>Amant</i>    | <i>S</i>          | <i>5</i> |            |
|                 |                   |          |            |
|                 |                   |          |            |
|                 |                   |          |            |
|                 |                   |          |            |
|                 |                   |          |            |
|                 |                   |          |            |
|                 |                   |          |            |
|                 |                   |          |            |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 1910-P61

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R240                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| W                       |  | 48             |            | 66         | 2     |
| COUNTY                  |  |                | CITY       |            |       |
| St. James               |  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Augusta                 |  | W              | 44         |            |       |
| Augustine               |  | D              | 23         |            |       |
| Marcelin                |  | S              | 21         |            |       |
| Eloise                  |  | D              | 16         |            |       |
| Hubert                  |  | S              | 14         |            |       |
| Robert                  |  | S              | 9          |            |       |
| Louisiana               |  | D              | 7          |            |       |

FORM 15-636 (4-20-61)  
1960 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

## MEMBERS OF THE CLERGY

**LOUISIANA**

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

**OTHER MEMBERS OF FAMILY**

[illegible]

FORM 10-6368 (4-26-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMB-DC 15100-761

|                         |           |                |           |            |          |
|-------------------------|-----------|----------------|-----------|------------|----------|
| <i>R240</i>             |           | HEAD OF FAMILY |           | LOUISIANA  |          |
| COLOR                   | AGE       | BIRTHPLACE     |           | E.O.       | SHEET    |
| <i>W</i>                | <i>53</i> |                |           | <i>94</i>  | <i>3</i> |
| COUNTY                  |           | CITY           |           |            |          |
| <i>Natchitoches</i>     |           |                |           |            |          |
| OTHER MEMBERS OF FAMILY |           |                |           |            |          |
| NAME                    |           | RELATIONSHIP   | AGE       | BIRTHPLACE |          |
| <i>1 Antoinette</i>     |           | <i>W</i>       | <i>42</i> |            |          |
| <i>El. Braden</i>       |           |                |           |            |          |
|                         |           |                |           |            |          |
|                         |           |                |           |            |          |
|                         |           |                |           |            |          |
|                         |           |                |           |            |          |
|                         |           |                |           |            |          |
|                         |           |                |           |            |          |

FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R240                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| B                       | 35  | Rachal, Victor |     | 92         | 31    |
| COUNTY                  |     | Natchitoches   |     |            |       |
|                         |     | CITY           |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Living alone            |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 10-636 (4-22-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

| HEAD OF FAMILY          |                  | LOUISIANA                 |             |
|-------------------------|------------------|---------------------------|-------------|
| 1240                    | <i>Rechal</i>    | <i>Victor M</i>           | E. D. 79 19 |
| COLOR<br><i>W</i>       | AGE<br><i>36</i> | BIRTHPLACE                |             |
| COUNTY                  | <i>Rapides</i>   | CITY<br><i>Alexandria</i> |             |
| OTHER MEMBERS OF FAMILY |                  |                           |             |
| NAME                    | RELATIONSHIP     | AGE                       | BIRTHPLACE  |
| <i>Rene</i>             | <i>W</i>         | <i>33</i>                 |             |
| <i>Ante</i>             | <i>D</i>         | <i>12</i>                 |             |
| <i>Chad</i>             | <i>S</i>         | <i>8</i>                  |             |
| <i>Edith</i>            | <i>D</i>         | <i>6</i>                  |             |
| <i>Barney</i>           | <i>S</i>         | <i>4</i>                  |             |
| <i>Victor M Jr</i>      | <i>S</i>         | <i>3</i>                  |             |
| <i>Maria</i>            | <i>D</i>         | <i>2</i>                  |             |

FORM 16-436 (4-20-21)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |   |                |     |            |       |
|-------------------------|---|----------------|-----|------------|-------|
| R 240                   |   | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | M | AGE            | 35  | BIRTHPLACE | 93 19 |
| COUNTY                  |   | Natchitoches   |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |   |                |     |            |       |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Luciane                 |   | S              | 21  |            |       |
| Brenelle                |   | S              | 15  |            |       |
| Ambrose                 |   | S              | 13  |            |       |
| Carnie                  |   | D              | 12  |            |       |
| Emily                   |   | D              | 10  |            |       |
| Eusey                   |   | S              | 3   |            |       |

FORM 16-536 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |          |                |      |            |                  |
|-------------------------|----------|----------------|------|------------|------------------|
| R240                    |          | HEAD OF FAMILY |      | LOUISIANA  |                  |
| COLOR                   | W        | AGE            | 75   | BIRTHPLACE | Laurel, Victoria |
| COUNTY                  | St. Mary |                | CITY | Franklin   |                  |
| OTHER MEMBERS OF FAMILY |          |                |      |            |                  |
| NAME                    |          | RELATIONSHIP   | AGE  | BIRTHPLACE |                  |
| Metch, Blanche          |          | D              | 41   |            |                  |
| Edward                  |          | Sh             | 45   |            |                  |
| Walter, Jessie          |          | Ni             | 20   |            |                  |
| Sidney                  |          | N              | 17   |            |                  |
| Mary                    |          | Ni             | 15   |            |                  |
| Albert                  |          | N              | 13   |            |                  |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |   |  |            |           |       |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|---|--|------------|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R 240   |   | NAME OF INDIVIDUAL                       |            | LOUISIANA |       |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR   |   | AGE                                      | BIRTHPLACE | E.O.      | SHEET |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| B   |   | 20                                       |            | 91        | 16    |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY  |   |  | CITY       |           |       |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Natchitoches  |   |  |            |           |       |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH   |   |  |            |           |       |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Katie, Louis  |   |  |            |           |       |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |   |  |            |           |       |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> IMMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input checked="" type="checkbox"/> Niece</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |   |  |            |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> IMMATE | <input type="checkbox"/> MOTHER | <input checked="" type="checkbox"/> Niece | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW           | <input type="checkbox"/> IMMATE          |            |           |       |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input checked="" type="checkbox"/> Niece | <input type="checkbox"/> NURSE           |            |           |       |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW    | <input type="checkbox"/> PATIENT         |            |           |       |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW    | <input type="checkbox"/> ROOMER          |            |           |       |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW       | <input type="checkbox"/> SERVANT         |            |           |       |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW  | <input type="checkbox"/> OTHER (Specify) |            |           |       |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW   |  |            |           |       |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW    |  |            |           |       |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 1910-P-1

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R240                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.O.       | SHEET |
| W                       | 33  |                |     | 65         | 17    |
| COUNTY                  |     | St. Charles    |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Joseph                  |     | H              | 50  |            |       |
| Logan Frank             |     | Son            | 22  |            |       |
| Eva                     |     | S.             | 10  |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |         |                 |      |            |       |
|-------------------------|---------|-----------------|------|------------|-------|
| R240                    |         | HEAD OF FAMILY  |      | LOUISIANA  |       |
| R240                    |         | Russell Vincent |      | E.D.       | SHEET |
| COLOR                   | AGE     | BIRTHPLACE      |      | 1249       | 11    |
| B                       | 23      |                 |      |            |       |
| COUNTY                  |         |                 | CITY |            |       |
| West Feliciana          |         |                 |      |            |       |
| OTHER MEMBERS OF FAMILY |         |                 |      |            |       |
| NAME                    |         | RELATIONSHIP    | AGE  | BIRTHPLACE |       |
| 1                       | Alberta | W               | 18   |            |       |
|                         |         |                 |      |            |       |
|                         |         |                 |      |            |       |
|                         |         |                 |      |            |       |
|                         |         |                 |      |            |       |
|                         |         |                 |      |            |       |
|                         |         |                 |      |            |       |
|                         |         |                 |      |            |       |

FORM 16-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|  |                  |   |  |  |                   |
|--|------------------|---|--|--|-------------------|
| R340   |                  | NAME OF INDIVIDUAL<br><i>Russell, Viney</i>   |  | LOUISIANA  |                   |
| COLOR<br><i>13</i>   | AGE<br><i>22</i> | BIRTHPLACE  |  | E.O.<br><i>59</i>  | SHEET<br><i>7</i> |
| COUNTY   |                  | CITY<br><i>Calfax</i>   |  |  |                   |
| ENUMERATED WITH<br><i>Vaughn, Richard</i>  |                  |   |  |  |                   |
| RELATIONSHIP TO ABOVE  |                  |   |  |  |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> WIDOW<br><input type="checkbox"/> NUNCE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>D</i> |                   |

FORM 10-437 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 10100-P01

|                         |     |                |      |            |       |
|-------------------------|-----|----------------|------|------------|-------|
| R240                    |     | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |      | E.D.       | SHEET |
| 24                      | 52  |                |      | 92         | 15    |
| COUNTY                  |     |                | CITY |            |       |
| Natchitoches            |     |                |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| M. K.                   |     | 24             | 39   |            |       |
| H. O.                   |     | 24             | 21   |            |       |
| Darius, O. A.           |     | M              | 69   |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |              |     |           |    |
|-------------------------|---|----------------|-----|--------------|-----|-----------|----|
| R240                    |   | HEAD OF FAMILY |     | Russee, W.C. |     | LOUISIANA |    |
| COLOR                   | W | AGE            | 35  | BIRTHPLACE   | MO. | E.D.      | 89 |
| COUNTY                  |   |                |     | Rapides      |     | CITY      |    |
| OTHER MEMBERS OF FAMILY |   |                |     |              |     |           |    |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE   |     |           |    |
| M.E.                    |   | W              | 27  | Tenn.        |     |           |    |
| Eunice                  |   | D              | 11  | MO.          |     |           |    |
| George                  |   | S              | 2   |              |     |           |    |
|                         |   |                |     |              |     |           |    |
|                         |   |                |     |              |     |           |    |
|                         |   |                |     |              |     |           |    |
|                         |   |                |     |              |     |           |    |
|                         |   |                |     |              |     |           |    |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                                |            |                       |            |                   |              |
|--------------------------------|------------|-----------------------|------------|-------------------|--------------|
| <b>R240</b>                    |            | <b>HEAD OF FAMILY</b> |            | <b>LOUISIANA</b>  |              |
| <b>COLOR</b>                   | <b>AGE</b> | <b>BIRTHPLACE</b>     |            | <b>E.D.</b>       | <b>SHEET</b> |
|                                |            |                       |            |                   |              |
| <b>COUNTY</b>                  |            | <b>Natchitoches</b>   |            | <b>CITY</b>       |              |
|                                |            |                       |            |                   |              |
| <b>OTHER MEMBERS OF FAMILY</b> |            |                       |            |                   |              |
| <b>NAME</b>                    |            | <b>RELATIONSHIP</b>   | <b>AGE</b> | <b>BIRTHPLACE</b> |              |
|                                |            |                       |            |                   |              |
|                                |            |                       |            |                   |              |
|                                |            |                       |            |                   |              |
|                                |            |                       |            |                   |              |
|                                |            |                       |            |                   |              |
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|                                |            |                       |            |                   |              |
|                                |            |                       |            |                   |              |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |      |            |       |
|-------------------------|--|----------------|------|------------|-------|
| 19246                   |  | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR                   |  | AGE            |      | E.D.       | SHEET |
| W                       |  | 42             |      | 128        | 25    |
| BIRTHPLACE              |  |                |      |            |       |
| COUNTY                  |  |                | CITY |            |       |
| JONES                   |  |                |      |            |       |
| OTHER MEMBERS OF FAMILY |  |                |      |            |       |
| NAME                    |  | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Nancy                   |  | W              | 24   | Miss.      |       |
| Erna Lee                |  | D              | 2    |            |       |
|                         |  |                |      |            |       |
|                         |  |                |      |            |       |
|                         |  |                |      |            |       |
|                         |  |                |      |            |       |
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FORM 16-636 (4-20-01)  
1916 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                |              |                |            |           |
|-------------------------|----------------|--------------|----------------|------------|-----------|
| R240                    | HEAD OF FAMILY |              | ROCHELLE W. P. |            | LOUISIANA |
| COLOR                   | AGE            | BIRTHPLACE   | E.D.           | SHEET      |           |
| W                       | 67             | Alabama      | 1              | 4          |           |
| COUNTY                  |                | CITY         |                |            |           |
| Ascension               |                |              |                |            |           |
| OTHER MEMBERS OF FAMILY |                |              |                |            |           |
| NAME                    |                | RELATIONSHIP | AGE            | BIRTHPLACE |           |
| A. P. Mrs.              |                | w            | 91             |            |           |
| Mary                    |                | d            | 25             |            |           |
| J. A.                   |                | s            | 23             |            |           |
| J. C.                   |                | d            | 18             |            |           |
| A. P.                   |                | d            | 16             |            |           |
|                         |                |              |                |            |           |
|                         |                |              |                |            |           |

FORM 16-636 (4-22-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |      |            |  |
|-------------------------|-----|----------------|------|------------|--|
| R 240                   |     | HEAD OF FAMILY |      | LOUISIANA  |  |
| Keshall, Walter         |     | E.D.           |      | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |      |            |  |
| B                       | 25  |                |      |            |  |
| COUNTY                  |     |                | CITY |            |  |
| Calcasieu               |     |                |      |            |  |
| OTHER MEMBERS OF FAMILY |     |                |      |            |  |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| Living alone            |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
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FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |       |                         |  |
|-------------------------|--|----------------|-------|-------------------------|--|
| R 240                   |  | HEAD OF FAMILY |       | LOUISIANA               |  |
| COLOR<br>W              |  | AGE<br>25      |       | BIRTHPLACE<br>St. James |  |
| COUNTY                  |  | CITY           |       | E.D.<br>68              |  |
|                         |  |                |       | SHEET<br>17             |  |
| OTHER MEMBERS OF FAMILY |  |                |       |                         |  |
| NAME                    |  | RELATIONSHIP   | AGE   | BIRTHPLACE              |  |
| 1 Adeline               |  | W              | 20    |                         |  |
| 1 Leason                |  | D              | 7 1/2 |                         |  |
|                         |  |                |       |                         |  |
|                         |  |                |       |                         |  |
|                         |  |                |       |                         |  |
|                         |  |                |       |                         |  |
|                         |  |                |       |                         |  |
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|                         |  |                |       |                         |  |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |       |                |           |            |    |
|-------------------------|-------|----------------|-----------|------------|----|
| P240                    |       | HEAD OF FAMILY |           | LOUISIANA  |    |
| COLOR                   | W     | AGE            | 25        | E.D.       | 28 |
|                         |       | BIRTHPLACE     |           | SHEET 33   |    |
| COUNTY                  |       |                | Jefferson | CITY       |    |
| OTHER MEMBERS OF FAMILY |       |                |           |            |    |
| NAME                    |       | RELATIONSHIP   | AGE       | BIRTHPLACE |    |
| Martha                  |       | W              | 21        |            |    |
| Lemina                  |       | D              | 3         |            |    |
| Joseph                  |       | S              | 1         |            |    |
| Russell                 | Allen | N              | 18        |            |    |
|                         |       |                |           |            |    |
|                         |       |                |           |            |    |
|                         |       |                |           |            |    |
|                         |       |                |           |            |    |

FORM 16-636 (4-22-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |     |  |  |   |  |
|--|-----|--|--|---|--|
| R 240  |     | NAME OF INDIVIDUAL   |  | LOUISIANA   |  |
| Rachal, Walter   |     | E.D.   |  | SHEET   |  |
| COLOR  | AGE | BIRTHPLACE   |  |   |  |
| It   | 22  |  |  |   |  |
| COUNTY   |     | CITY   |  |   |  |
| Natchitoches   |     |  |  |   |  |
| ENUMERATED WITH  |     |  |  |   |  |
| Lacaze, Sidney   |     |  |  |   |  |
| RELATIONSHIP TO ABOVE  |     |  |  |   |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input checked="" type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> BOARDER<br><input type="checkbox"/> HOUSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |  |

FORM 18-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18100-PS1

|                         |   |                |       |            |  |
|-------------------------|---|----------------|-------|------------|--|
| A 243                   |   | HEAD OF FAMILY |       | LOUISIANA  |  |
| Rizette Walter          |   | E.O.           |       | SHEET      |  |
| COLOR                   | W | AGE            | 32    | BIRTHPLACE |  |
| COUNTY                  |   | Pointe Coupee  |       | CITY       |  |
|                         |   |                |       | Morganza   |  |
| OTHER MEMBERS OF FAMILY |   |                |       |            |  |
| NAME                    |   | RELATIONSHIP   | AGE   | BIRTHPLACE |  |
| Morganza                |   | W              | 29    |            |  |
| Ellen                   |   | D              | 12    |            |  |
| Luette                  |   | D              | 9     |            |  |
| Wulford                 |   | S              | 5     |            |  |
| Willie                  |   | D              | 2     |            |  |
| Alice                   |   | D              | 2 1/2 |            |  |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |    |                  |     |            |     |
|-------------------------|---|----------------|----|------------------|-----|------------|-----|
| R240                    |   | HEAD OF FAMILY |    | Russell Walter C |     | LOUISIANA  |     |
| COLOR                   | W | AGE            | 26 | BIRTHPLACE       | Tex | E.D.       | 105 |
| COUNTY                  |   | Sabine         |    | CITY             |     | SHEET 20   |     |
| OTHER MEMBERS OF FAMILY |   |                |    |                  |     |            |     |
| NAME                    |   |                |    | RELATIONSHIP     | AGE | BIRTHPLACE |     |
| 1 Mary                  |   |                |    | W                | 24  |            |     |
|                         |   |                |    |                  |     |            |     |
|                         |   |                |    |                  |     |            |     |
|                         |   |                |    |                  |     |            |     |
|                         |   |                |    |                  |     |            |     |
|                         |   |                |    |                  |     |            |     |
|                         |   |                |    |                  |     |            |     |
|                         |   |                |    |                  |     |            |     |

FORM 10-636 (4-26-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                                |            |                       |                     |                   |              |
|--------------------------------|------------|-----------------------|---------------------|-------------------|--------------|
| <b>R240</b>                    |            | <b>HEAD OF FAMILY</b> |                     | <b>LOUISIANA</b>  |              |
| <b>COLOR</b>                   | <b>AGE</b> | <b>BIRTHPLACE</b>     |                     | <b>E.D.</b>       | <b>SHEET</b> |
| <b>W</b>                       | <b>24</b>  | <b>Rachel Warren</b>  |                     | <b>92</b>         | <b>3</b>     |
| <b>COUNTY</b>                  |            |                       | <b>Natchitoches</b> |                   |              |
| <b>CITY</b>                    |            |                       |                     |                   |              |
| <b>OTHER MEMBERS OF FAMILY</b> |            |                       |                     |                   |              |
| <b>NAME</b>                    |            | <b>RELATIONSHIP</b>   | <b>AGE</b>          | <b>BIRTHPLACE</b> |              |
| <b>Living alone</b>            |            |                       |                     |                   |              |
|                                |            |                       |                     |                   |              |
|                                |            |                       |                     |                   |              |
|                                |            |                       |                     |                   |              |
|                                |            |                       |                     |                   |              |
|                                |            |                       |                     |                   |              |
|                                |            |                       |                     |                   |              |
|                                |            |                       |                     |                   |              |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

| HEAD OF FAMILY  |   | LOUISIANA  |   |
|---|---|--|---|
| <div> <div>B-240</div> <div>COLOR</div> <div>B</div> </div> | <div> <div>AGE</div> <div>39</div> </div> | <div> <div>BIRTHPLACE</div> <div>Russell wash</div> </div> | <div> <div>E.O.</div> <div>144</div> </div> <div> <div>SHEET</div> <div>12</div> </div> |
| <div> <div>COUNTY</div> <div>West Carroll</div> </div>      |   | <div> <div>CITY</div> </div>                               |   |
| OTHER MEMBERS OF FAMILY                                     |   |  |   |
| NAME  | RELATIONSHIP                              | AGE  | BIRTHPLACE  |
| 1 Mary J.   | W   | 27   |   |
| Hawkins Lee V   | SS  | 10   |   |
| 1 Alex  | S   | 5  |   |
| 1 Richanna  | S   | 3  |   |
|   |   |  |   |
|   |   |  |   |
|   |   |  |   |
|   |   |  |   |

FORM 16-636 (4-22-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |           |   |      |   |  |
|--|-----------|---|------|---|--|
| R246   |           | NAME OF INDIVIDUAL  |      | LOUISIANA   |  |
| Rachael, Wellsey   |           | E.D.  |      | SHEET   |  |
| COLOR  | W         | AGE   | 16   | BIRTHPLACE  |  |
| COUNTY   | St Landry |   | CITY |   |  |
| ENUMERATED WITH  |           |   |      |   |  |
| McFarland, Frank   |           |   |      |   |  |
| RELATIONSHIP TO ABOVE  |           |   |      |   |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |           | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify)<br>hired man |  |

FORM 16-437 (4-22-61)

1960 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 16166-P61

|   |  |   |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|---|--|---|--|--------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| <b>R240</b>   |  | NAME OF INDIVIDUAL<br><i>Russell Diga</i>           |  | LOUISIANA          |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR<br><b>B</b>   | AGE<br><b>18</b>                         | BIRTHPLACE  |  | E.D.<br><b>101</b> | SHEET<br><b>8</b> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY<br><b>Red River</b>  |  | CITY  |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Penn Bill</i>   |  |   |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |                    |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

Form 16-437 (4-26-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 16196-P01



|  |           |  |  |  |             |
|--|-----------|--|--|--|-------------|
| R240   |           | NAME OF INDIVIDUAL<br>Russell Wilbert  |  | LOUISIANA  |             |
| COLOR<br>W   | AGE<br>10 | BIRTHPLACE   |  | E.D.<br>62   | SHEET<br>22 |
| COUNTY   |           | CITY<br>St. Charles  |  |  |             |
| ENUMERATED WITH<br>Champagne Rosemond  |           |  |  |  |             |
| RELATIONSHIP TO ABOVE  |           |  |  |  |             |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |           | <input checked="" type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |             |

FORM 18-437 (4-28-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |        |            |     |
|-------------------------|---|----------------|--------|------------|-----|
| R240                    |   | HEAD OF FAMILY |        | LOUISIANA  |     |
| COLOR                   | W | AGE            | 43     | BIRTHPLACE |     |
|                         |   |                |        | E.D.       | 109 |
|                         |   |                |        | SHEET      | 16  |
| COUNTY                  |   |                | Sabine |            |     |
|                         |   |                | CITY   |            |     |
| OTHER MEMBERS OF FAMILY |   |                |        |            |     |
| NAME                    |   | RELATIONSHIP   | AGE    | BIRTHPLACE |     |
| Margaret A              |   | W              | 43     |            |     |
| E. Anna R               |   | D              | 16     |            |     |
| Joseph A                |   | S              | 11     |            |     |
| Mary A                  |   | D              | 8      |            |     |
| Beatrice                |   | D              | 4      |            |     |
| Jessie O                |   | S              | 2      |            |     |
|                         |   |                |        |            |     |
|                         |   |                |        |            |     |

FORM 16-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |       |            |  |
|-------------------------|-----|----------------|-------|------------|--|
| 8240                    |     | HEAD OF FAMILY |       | LOUISIANA  |  |
| Rashill, Will           |     | E.D.           |       | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |       |            |  |
| B                       | 35  |                |       |            |  |
| COUNTY                  |     |                | CITY  |            |  |
| OTHER MEMBERS OF FAMILY |     |                |       |            |  |
| NAME                    |     | RELATIONSHIP   | AGE   | BIRTHPLACE |  |
| Laura                   |     | W              | 29    |            |  |
| Bertha                  |     | D              | 9     |            |  |
| Bessie                  |     | D              | 5     |            |  |
| Lilla                   |     | D              | 3     |            |  |
| Amanda                  |     | D              | 1 1/2 |            |  |
|                         |     |                |       |            |  |
|                         |     |                |       |            |  |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R 240                   |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| B                       |  | 30             |            | 41         | 19    |
| COUNTY                  |  |                | CITY       |            |       |
| East Carroll            |  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| 1 Alice                 |  | W              | 43         |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                 |     |            |       |
|-------------------------|-----|-----------------|-----|------------|-------|
| R240                    |     | HEAD OF FAMILY  |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE      |     | E.D.       | SHEET |
| B                       | 45  |                 |     | 71         | 14    |
| COUNTY                  |     | CITY            |     |            |       |
| East Carroll            |     | Lake Providence |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                 |     |            |       |
| NAME                    |     | RELATIONSHIP    | AGE | BIRTHPLACE |       |
| Green, Clara            |     | (NR)            | 50  |            |       |
| Russell, Harvey         |     | S               | 12  | US         |       |
| 1 (NR) J                |     | S               | 11  | US         |       |
|                         |     |                 |     |            |       |
|                         |     |                 |     |            |       |
|                         |     |                 |     |            |       |
|                         |     |                 |     |            |       |
|                         |     |                 |     |            |       |

FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

| R240                    |              | HEAD OF FAMILY |            | LOUISIANA |  |
|-------------------------|--------------|----------------|------------|-----------|--|
| COLOR                   | AGE          | BIRTHPLACE     | E.O.       | SHEET     |  |
| W                       | 40           | Franklin       | 52         | 24        |  |
| COUNTY                  |              | CITY           |            |           |  |
| OTHER MEMBERS OF FAMILY |              |                |            |           |  |
| NAME                    | RELATIONSHIP | AGE            | BIRTHPLACE |           |  |
| Lenna                   | W            | 36             |            |           |  |
| Mary                    | D            | 13             |            |           |  |
| William                 | S            | 12             |            |           |  |
| Bessie                  | D            | 10             |            |           |  |
| Adam                    | D            | 8              |            |           |  |
| Robert                  | S            | 6              |            |           |  |
| Albert                  | S            | 4              |            |           |  |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |   |                |     |            |                 |
|-------------------------|---|----------------|-----|------------|-----------------|
| R240                    |   | HEAD OF FAMILY |     | LOUISIANA  |                 |
| COLOR                   | B | AGE            | 48  | BIRTHPLACE | Russell William |
| COUNTY                  |   | St. James      |     | CITY       |                 |
| OTHER MEMBERS OF FAMILY |   |                |     |            |                 |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |                 |
| 1 Fanny                 |   | W              | 45  |            |                 |
| Thomas Ronda            |   | SD             | 19  |            |                 |
| 1 Albert                |   | SS             | 13  |            |                 |
| Scott Florence          |   | AD D           | 6   |            |                 |
|                         |   |                |     |            |                 |
|                         |   |                |     |            |                 |
|                         |   |                |     |            |                 |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|   |   |                    |    |            |     |
|---|---|--------------------|----|------------|-----|
| R246  |   | NAME OF INDIVIDUAL |    | LOUISIANA  |     |
| COLOR   | W | AGE                | 16 | BIRTHPLACE | Ala |
| COUNTY  |   | Cade               |    | CITY       |     |
| ENUMERATED WITH   |   |                    |    |            |     |
| RELATIONSHIP TO ABOVE   |   |                    |    |            |     |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER<br/> <input type="checkbox"/> MOTHER<br/> <input type="checkbox"/> GRANDFATHER<br/> <input type="checkbox"/> GRANDMOTHER<br/> <input checked="" type="checkbox"/> GRANDSON<br/> <input type="checkbox"/> GRANDDAUGHTER<br/> <input type="checkbox"/> AUNT<br/> <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW<br/> <input type="checkbox"/> NIECE<br/> <input type="checkbox"/> FATHER-IN-LAW<br/> <input type="checkbox"/> MOTHER-IN-LAW<br/> <input type="checkbox"/> SON-IN-LAW<br/> <input type="checkbox"/> DAUGHTER-IN-LAW<br/> <input type="checkbox"/> BROTHER-IN-LAW<br/> <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE<br/> <input type="checkbox"/> NURSE<br/> <input type="checkbox"/> PATIENT<br/> <input type="checkbox"/> ROOMER<br/> <input type="checkbox"/> SERVANT<br/> <input type="checkbox"/> OTHER (Specify) </div> </div> |   |                    |    |            |     |

FORM 16-637 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 16100-P61

|                         |                |            |            |            |
|-------------------------|----------------|------------|------------|------------|
| R240                    | HEAD OF FAMILY |            | LOUISIANA  |            |
| COLOR                   | AGE            | BIRTHPLACE |            | E.D. SHEET |
| B                       | 40             |            |            | 21 16      |
| COUNTY                  |                | CITY       |            |            |
| Iberia                  |                |            |            |            |
| OTHER MEMBERS OF FAMILY |                |            |            |            |
| NAME                    | RELATIONSHIP   | AGE        | BIRTHPLACE |            |
| Charlotte               | W              | 38         |            |            |
| Joseph                  | S              | 15         |            |            |
| Malie                   | D              | 14         |            |            |
| William Jr              | S              | 6          |            |            |
| Nathan                  | S              | 4          |            |            |
| Jane                    | D              | 2/12       |            |            |

FORM 10-436 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |    |                  |      |            |       |
|-------------------------|---|----------------|----|------------------|------|------------|-------|
| R240                    |   | HEAD OF FAMILY |    | Russell Williams |      | LOUISIANA  |       |
| COLOR                   | B | AGE            | 26 | BIRTHPLACE       |      | E.D.       | SHEET |
|                         |   |                |    | 101              |      | 13         |       |
| COUNTY                  |   |                |    | Ouachita         | CITY |            |       |
|                         |   |                |    | Monroe           |      |            |       |
| OTHER MEMBERS OF FAMILY |   |                |    |                  |      |            |       |
| NAME                    |   |                |    | RELATIONSHIP     | AGE  | BIRTHPLACE |       |
| 1 Carrie                |   |                |    | W                | 20   |            |       |
|                         |   |                |    |                  |      |            |       |
|                         |   |                |    |                  |      |            |       |
|                         |   |                |    |                  |      |            |       |
|                         |   |                |    |                  |      |            |       |
|                         |   |                |    |                  |      |            |       |
|                         |   |                |    |                  |      |            |       |
|                         |   |                |    |                  |      |            |       |

FORM 18-436 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |      |
|-------------------------|--|----------------|------------|------------|------|
| R240                    |  | HEAD OF FAMILY |            | LOUISIANA  |      |
| COLOR                   |  | AGE            | BIRTHPLACE |            | E.D. |
| B                       |  | 30             |            |            | 141  |
| COUNTY                  |  |                | CITY       |            |      |
| Union                   |  |                |            |            |      |
| OTHER MEMBERS OF FAMILY |  |                |            |            |      |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |      |
| Mattie                  |  | W              | 27         |            |      |
| Ola                     |  | D              | 13         |            |      |
| Edith                   |  | D              | 11         |            |      |
| Lissy                   |  | D              | 7          |            |      |
| Hester                  |  | S              | 8          |            |      |
| Hester                  |  | S              | 6          |            |      |
| Maisy                   |  | D              | 4          |            |      |

FORM 18-436 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |   |                |            |            |       |
|-------------------------|---|----------------|------------|------------|-------|
| R240                    |   | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   | B | AGE            | 33         | BIRTHPLACE |       |
|                         |   |                |            | E.D.       | SHEET |
|                         |   |                |            | 35         | 14    |
| COUNTY                  |   |                | Clai borne |            | CITY  |
| OTHER MEMBERS OF FAMILY |   |                |            |            |       |
| NAME                    |   | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| / George                |   | Wf             | 20         |            |       |
| Robert                  |   | S              | 1          |            |       |
|                         |   |                |            |            |       |
|                         |   |                |            |            |       |
|                         |   |                |            |            |       |
|                         |   |                |            |            |       |
|                         |   |                |            |            |       |
|                         |   |                |            |            |       |
|                         |   |                |            |            |       |

FORM 16-536 (4-29-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

| B240                    |     | HEAD OF FAMILY |      | LOUISIANA  |  |
|-------------------------|-----|----------------|------|------------|--|
| COLOR                   | AGE | BIRTHPLACE     | E.D. | SHEET      |  |
| W                       | 39  |                | 59   | 19         |  |
| COUNTY                  |     | St. Bernard    |      | CITY       |  |
| OTHER MEMBERS OF FAMILY |     |                |      |            |  |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| Origha                  |     | W              | 28   |            |  |
| Lettie                  |     | D              | 5    |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |

FORM 18-436 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |            |                 |
|-------------------------|---|----------------|-----|------------|-----------------|
| R240                    |   | HEAD OF FAMILY |     | LOUISIANA  |                 |
| COLOR                   | W | AGE            | 47  | BIRTHPLACE | Rachel, William |
| COUNTY                  |   | St. Mary       |     | CITY       |                 |
| OTHER MEMBERS OF FAMILY |   |                |     |            |                 |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |                 |
| Ella                    |   | W              | 39  |            |                 |
| Hannah                  |   | S              | 8   |            |                 |
| Irene                   |   | D              | 6   |            |                 |
| Lone                    |   | D              | 3   |            |                 |
|                         |   |                |     |            |                 |
|                         |   |                |     |            |                 |
|                         |   |                |     |            |                 |

FORM 18-536 (2-22-51)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



| 18241                   |              | HEAD OF FAMILY |            | LOUISIANA |  |
|-------------------------|--------------|----------------|------------|-----------|--|
| COLOR                   | AGE          | BIRTHPLACE     | E.D.       | SHEET     |  |
| W                       | 45           | England        | 34         | 11        |  |
| COUNTY                  |              | Jefferson      |            | CITY      |  |
| OTHER MEMBERS OF FAMILY |              |                |            |           |  |
| NAME                    | RELATIONSHIP | AGE            | BIRTHPLACE |           |  |
| 1 Annie                 | W            | 43             | Kans       |           |  |
| Morgan                  | S            | 19             | Mo         |           |  |
| Francis                 | D            | 14             | Mo         |           |  |
| Katie                   | D            | 12             | Mo         |           |  |
| James                   | S            | 9              |            |           |  |
| Andrew                  | D            | 4              |            |           |  |
| + 1/6 Bo                |              |                |            |           |  |

FORM 10-436 (4-20-01)

1910 CENSUS INDEX - FAMILY # 2 Se

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |       |            |  |
|-------------------------|-----|----------------|-------|------------|--|
| 8240                    |     | HEAD OF FAMILY |       | LOUISIANA  |  |
| RUSSELL WILLIAMSON JR   |     | E.D.           |       | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |       |            |  |
| B                       | 48  | Ark            |       |            |  |
| COUNTY                  |     |                | CITY  |            |  |
| Clai borne              |     |                |       |            |  |
| OTHER MEMBERS OF FAMILY |     |                |       |            |  |
| NAME                    |     | RELATIONSHIP   | AGE   | BIRTHPLACE |  |
| Ella                    |     | W              | 47    |            |  |
| Mary                    |     | D              | 21    |            |  |
| Madeline                |     | D              | 6     |            |  |
| Bertha J. W.            |     | B S            | 8     |            |  |
| Robert Arch             |     | B S            | 1 1/2 |            |  |
|                         |     |                |       |            |  |
|                         |     |                |       |            |  |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |                    |  |           |       |
|---|--|--------------------|--|-----------|-------|
| R246  |  | NAME OF INDIVIDUAL |  | LOUISIANA |       |
| SEX   |  | AGE                |  | E.D.      | SHEET |
| W   |  | 83                 |  | 95        | 9     |
| BIRTHPLACE  |  |                    |  |           |       |
| CITY  |  | Red River          |  |           |       |
| CITY  |  |                    |  |           |       |
| EMIGRATED WITH  |  |                    |  |           |       |
| RELATIONSHIP TO ABOVE   |  |                    |  |           |       |
| <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> FATHER<br/> <input type="checkbox"/> MOTHER<br/> <input type="checkbox"/> GRANDFATHER<br/> <input type="checkbox"/> GRANDMOTHER<br/> <input type="checkbox"/> GRANDSON<br/> <input type="checkbox"/> GRANDDAUGHTER<br/> <input type="checkbox"/> AUNT<br/> <input type="checkbox"/> UNCLE         </div> <div> <input type="checkbox"/> NEPHEW<br/> <input type="checkbox"/> NIECE<br/> <input type="checkbox"/> FATHER-IN-LAW<br/> <input type="checkbox"/> MOTHER-IN-LAW<br/> <input type="checkbox"/> SON-IN-LAW<br/> <input type="checkbox"/> DAUGHTER-IN-LAW<br/> <input type="checkbox"/> BROTHER-IN-LAW<br/> <input type="checkbox"/> SISTER-IN-LAW         </div> <div> <input type="checkbox"/> WIFE<br/> <input type="checkbox"/> NURSE<br/> <input type="checkbox"/> PATIENT<br/> <input type="checkbox"/> ROOMER<br/> <input type="checkbox"/> SERVANT<br/> <input type="checkbox"/> OTHER (Specify)         </div> </div> |  |                    |  |           |       |

FORM 10-437 (9-20-61)

1960 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

UNCOMM-DC 10100-P01

|                         |                |              |           |            |
|-------------------------|----------------|--------------|-----------|------------|
| R240                    | HEAD OF FAMILY |              | LOUISIANA |            |
| COLOR<br>W              | AGE<br>42      | BIRTHPLACE   |           | E.O.<br>93 |
| COUNTY                  |                | CITY         |           | SHEET      |
| St. Mary                |                | Patterson    |           | 24         |
| OTHER MEMBERS OF FAMILY |                |              |           |            |
| NAME                    |                | RELATIONSHIP | AGE       | BIRTHPLACE |
| Lansier                 |                | S            | 14        |            |
| Luddy                   |                | S            | 12        |            |
| Lansier G.              |                | F            | 78        |            |
| Lansier Emma R.         |                | Si           | 44        |            |
| Edith                   |                | Da           | 11        |            |
| Ernest                  |                | W            | 7         |            |
|                         |                |              |           |            |
|                         |                |              |           |            |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |        |                |            |            |       |
|-------------------------|--------|----------------|------------|------------|-------|
| R240                    |        | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |        | AGE            | BIRTHPLACE | E.D.       | SHEET |
| W                       |        | 58             |            | 61         | 11    |
| COUNTY                  |        |                | CITY       |            |       |
| La Salle                |        |                |            |            |       |
| OTHER MEMBERS OF FAMILY |        |                |            |            |       |
|                         | NAME   | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
|                         | Isla   | W              | 44         | Tex        |       |
|                         | Emily  | D              | 20         |            |       |
|                         | Mandy  | D              | 17         |            |       |
|                         | Kirby  | S              | 15         |            |       |
|                         | Lee C. | S              | 9          |            |       |
|                         | Myrtle | D              | 7          |            |       |
|                         | Mary   | D              | 5          |            |       |

FORM 10-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |                   |      |           |       |
|-------------------------|---|----------------|-----|-------------------|------|-----------|-------|
| R240                    |   | HEAD OF FAMILY |     | Kieck, William J. |      | LOUISIANA |       |
| COLOR                   | W | AGE            | 44  | BIRTHPLACE        | Ind. | E.D.      | SHEET |
|                         |   |                |     |                   |      | 59        | 5     |
| COUNTY                  |   |                |     | Graft             |      | CITY      |       |
|                         |   |                |     | Colfax            |      |           |       |
| OTHER MEMBERS OF FAMILY |   |                |     |                   |      |           |       |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE        |      |           |       |
| Sarah E.                |   | W              | 34  | Tex.              |      |           |       |
| Lester J.               |   | D              | 17  | Tex.              |      |           |       |
| Maudie                  |   | D              | 14  | Tex.              |      |           |       |
| Arnes                   |   | D              | 10  |                   |      |           |       |
| Ella J.                 |   | D              | 8   |                   |      |           |       |
| Philip                  |   | S              | 5   |                   |      |           |       |
| Ada B.                  |   | D              | 3   |                   |      |           |       |

FORM 16-636 (4-26-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |       |                |    |               |          |            |    |
|-------------------------|-------|----------------|----|---------------|----------|------------|----|
| A240                    |       | HEAD OF FAMILY |    | Russell W. H. |          | LOUISIANA  |    |
| COLOR                   | W     | AGE            | 36 | BIRTHPLACE    | Tex      | E.D.       | 62 |
| COUNTY                  | Grant |                |    | CITY          | Rockelle |            |    |
| OTHER MEMBERS OF FAMILY |       |                |    |               |          |            |    |
| NAME                    |       |                |    | RELATIONSHIP  | AGE      | BIRTHPLACE |    |
| Eliza                   |       |                |    | W             | 34       |            |    |
| Johnnie E.              |       |                |    | S             | 10       |            |    |
| Inez                    |       |                |    | S             | 7        |            |    |
| Taylor                  |       |                |    | S             | 3        |            |    |
| Ella                    |       |                |    | S             | 6 1/2    |            |    |
|                         |       |                |    |               |          |            |    |
|                         |       |                |    |               |          |            |    |

Form 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R245                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| W                       |  | 53             | Ill        | 53         | 8     |
| COUNTY                  |  |                | CITY       |            |       |
| Calcasieu               |  |                | Jarvis     |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Louise                  |  | W              | 42         | Ky         |       |
| Willie                  |  | 2              | 2          |            |       |
| Baby                    |  | 5              | 42         |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 16-436 (4-30-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |   |                |     |                   |      |           |      |
|-------------------------|---|----------------|-----|-------------------|------|-----------|------|
| 1246                    |   | HEAD OF FAMILY |     | Russell William J |      | LOUISIANA |      |
| COLOR                   | W | AGE            | 35  | BIRTHPLACE        | Miss | E.D.      | 1095 |
| COUNTY                  |   |                |     | Ouachita          |      | CITY      |      |
| OTHER MEMBERS OF FAMILY |   |                |     |                   |      |           |      |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE        |      |           |      |
| Fannie                  |   | W              | 34  | Fla               |      |           |      |
| Robert                  |   | S              | 11  |                   |      |           |      |
| Rozie                   |   | S              | 10  |                   |      |           |      |
| John                    |   | S              | 8   |                   |      |           |      |
| Addie                   |   | D              | 6   |                   |      |           |      |
| Otha                    |   | S              | 3   |                   |      |           |      |
| Bernice                 |   | D              | 2   |                   |      |           |      |

Form 10-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

HEAD OF FAMILY - CONTINUED

LOUISIANA

CARD 2 OF 2

**OTHER MEMBERS OF FAMILY**

[illegible]

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMDA-DC 16106-F61

|  |  |  |  |           |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|--|-----------|--------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R 270  |  | NAME OF INDIVIDUAL<br><i>Reedie William M.</i> |  | LOUISIANA | E.D.<br><i>139</i> | SHEET<br><i>3</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>W</i>  | AGE<br><i>25</i>                         | BIRTHPLACE                                     |  |           |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>Winn</i>  |  | CITY<br><i>Atlanta</i>                         |  |           |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Bill Alfred W.</i>   |  |  |  |           |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |  |           |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> NEAUTE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NUNCE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> PRIMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |           |                    |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> NEAUTE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NUNCE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> PRIMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> NEAUTE                |  |           |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NUNCE                 |  |           |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT               |  |           |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> PRIMER                |  |           |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT               |  |           |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)       |  |           |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |           |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |  |           |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-637 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |           |                |      |            |      |
|-------------------------|-----------|----------------|------|------------|------|
| 8240                    |           | HEAD OF FAMILY |      | LOUISIANA  |      |
| RUSSELL, William P. Jr. |           | E.O.           |      | 32         |      |
| SHEET                   |           | 7              |      |            |      |
| COLOR                   | W         | AGE            | 37   | BIRTHPLACE | D.C. |
| COUNTY                  | Calcasieu |                | CITY |            |      |
| Wahon                   |           |                |      |            |      |
| OTHER MEMBERS OF FAMILY |           |                |      |            |      |
| NAME                    |           | RELATIONSHIP   | AGE  | BIRTHPLACE |      |
| May J.                  |           | W              | 55   | D.C.       |      |
| Willie P.               |           | S              | 23   | D.C.       |      |
| Dea. B.                 |           | S              | 22   | D.C.       |      |
| Ester P.                |           | D              | 17   | D.C.       |      |
| Evangeline M.           |           | O              | 15   |            |      |
|                         |           |                |      |            |      |
|                         |           |                |      |            |      |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |           |                                     |        |            |            |
|--|-----------|-------------------------------------|--------|------------|------------|
| R240   |           | HEAD OF FAMILY<br>Russell William P |        | LOUISIANA  |            |
| COLOR<br>W                                     | AGE<br>25 | BIRTHPLACE                          |        | E.O.<br>61 | SHEET<br>1 |
| COUNTY   |           |                                     | CITY   |            |            |
| <del>La Salle</del><br>OTHER MEMBERS OF FAMILY |           |                                     |        |            |            |
| NAME   |           | RELATIONSHIP                        | AGE    | BIRTHPLACE |            |
| Flora E  |           | W                                   | 24     |            |            |
| Francis D                                      |           | S                                   | 9      |            |            |
| Robert O                                       |           | S                                   | 5      |            |            |
| Julius O                                       |           | S                                   | 3      |            |            |
| Ther   |           | S                                   | 18 1/2 |            |            |
| Bertha E                                       |           | D                                   | 5 1/2  |            |            |
| 4 1 hired man                                  |           |                                     |        |            |            |

FORM 16-636 (4-20-61)  
 1919 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

|                         |   |                |      |            |                    |
|-------------------------|---|----------------|------|------------|--------------------|
| B-240                   |   | HEAD OF FAMILY |      | LOUISIANA  |                    |
| COLOR                   | W | AGE            | 50   | BIRTHPLACE | Russell, William S |
| COUNTY                  |   |                | Miss |            |                    |
| Webster                 |   |                | CITY |            |                    |
| OTHER MEMBERS OF FAMILY |   |                |      |            |                    |
| NAME                    |   | RELATIONSHIP   | AGE  | BIRTHPLACE |                    |
| Amelia                  |   | W              | 37   |            |                    |
| Oscar                   |   | S              | 17   |            |                    |
| Lucie M                 |   | D              | 15   |            |                    |
| John W                  |   | S              | 13   |            |                    |
| Fannie J                |   | D              | 11   |            |                    |
|                         |   |                |      |            |                    |
|                         |   |                |      |            |                    |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |                  |      |           |    |
|-------------------------|---|----------------|-----|------------------|------|-----------|----|
| R 245                   |   | HEAD OF FAMILY |     | Raklin William T |      | LOUISIANA |    |
| COLOR                   | W | AGE            | 45  | BIRTHPLACE       | Miss | E.D.      | 64 |
| COUNTY                  |   |                |     | CITY             |      |           |    |
| OTHER MEMBERS OF FAMILY |   |                |     |                  |      |           |    |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE       |      |           |    |
| Mary                    |   | W              | 42  | Miss             |      |           |    |
| May                     |   | D              | 17  | Miss             |      |           |    |
| John                    |   | D              | 15  | Miss             |      |           |    |
| Eva                     |   | D              | 13  | Miss             |      |           |    |
| Eddie                   |   | S              | 9   |                  |      |           |    |
| Fred                    |   | S              | 7   |                  |      |           |    |

FORM 10-434 (4-20-31)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |                |  |           |     |
|-------------------------|---|----------------|-----|----------------|--|-----------|-----|
| R-246                   |   | HEAD OF FAMILY |     | ROCHEE, Willie |  | LOUISIANA |     |
| COLOR                   | B | AGE            | 25  | BIRTHPLACE     |  | E.O.      | 182 |
| COUNTY                  |   |                |     | Union          |  | CITY      |     |
| OTHER MEMBERS OF FAMILY |   |                |     |                |  |           |     |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE     |  |           |     |
| Laura                   |   | W              | 22  |                |  |           |     |
| Not Named               |   | S              | 3   |                |  |           |     |
| Albert                  |   | S              | 2   |                |  |           |     |
| Eulah M.                |   | D              | 2   |                |  |           |     |
| Johnson, Amy            |   | Ad             | 6   |                |  |           |     |
|                         |   |                |     |                |  |           |     |
|                         |   |                |     |                |  |           |     |

FORM 18-636 (4-20-31)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



| R280  |  | NAME OF INDIVIDUAL                                  |                | LOUISIANA |     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|---|--|---|----------------|-----------|-----|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| COLOR   | B  | AGE   | 2              | E.D.      | 102 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|   |  | BIRTHPLACE  |                | SHEET 17  |     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY  |  |   | Ouachita       | CITY      |     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |   | Mamae          |           |     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   | Russell Edward |           |     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |                |           |     | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |                |           |     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |                |           |     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |                |           |     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |                |           |     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |                |           |     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |                |           |     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |                |           |     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |                |           |     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

Form 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18106-P61

|                         |     |                |      |            |  |
|-------------------------|-----|----------------|------|------------|--|
| B240                    |     | HEAD OF FAMILY |      | LOUISIANA  |  |
| Rusell Willis           |     | E.D.           |      | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |      | 64 18      |  |
| B                       | 24  | BIRTHPLACE     |      |            |  |
| COUNTY                  |     |                | CITY |            |  |
| OTHER MEMBERS OF FAMILY |     |                |      |            |  |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| / Sarah E               |     | D              | 39   |            |  |
| / Millard               |     | GS             | 16   |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |

FORM 18-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |  |
|-------------------------|-----|----------------|-----|------------|--|
| 1240                    |     | HEAD OF FAMILY |     | LOUISIANA  |  |
| RUSSELL WILLIE          |     | E.D.           |     | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |     |            |  |
| B                       | 30  |                |     |            |  |
| COUNTY                  |     | CITY           |     |            |  |
|                         |     | Monroe         |     |            |  |
| OTHER MEMBERS OF FAMILY |     |                |     |            |  |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| Frank                   |     | S              | 9   |            |  |
| Maria                   |     | D              | 7   |            |  |
| Bessie                  |     | D              | 6   |            |  |
| Rabie                   |     | D              | 3   |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |

FORM 16-536 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |              |                |            |           |       |
|-------------------------|--------------|----------------|------------|-----------|-------|
| R240                    |              | HEAD OF FAMILY |            | LOUISIANA |       |
| COLOR                   | AGE          | BIRTHPLACE     |            | E.O.      | SHEET |
| 7m                      | 28           |                |            | 92        | 36    |
| COUNTY                  |              | CITY           |            |           |       |
| Natchitoches            |              |                |            |           |       |
| OTHER MEMBERS OF FAMILY |              |                |            |           |       |
| NAME                    | RELATIONSHIP | AGE            | BIRTHPLACE |           |       |
| Louisa                  | 21           | 20             |            |           |       |
| Mirada                  | 18           | 9              |            |           |       |
| Leola                   | 12           | 7              |            |           |       |
| Uman                    | 12           | 5              |            |           |       |
|                         |              |                |            |           |       |
|                         |              |                |            |           |       |
|                         |              |                |            |           |       |
|                         |              |                |            |           |       |

FORM 16-626 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |  |       |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|-------|---------------------------------|---------------------------------|-------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|--|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R240  |  | LOUISIANA                                |       |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| NAME OF INDIVIDUAL  |  | E.D.                                     | SHEET |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Russell Willie  |  | 64                                       | 18    |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR   | AGE                                      | BIRTHPLACE                               |       |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| B   | 16                                       |  |       |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY  | CITY                                     |  |       |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY  | Grant                                    |  |       |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |  |       |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Russell Willie  |  |  |       |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |       |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIFE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIFE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIFE            |       |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |       |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |       |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |       |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |       |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |       |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |       |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |       |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 16-537 (4-20-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 1910-P-1

|  |     |   |  |  |       |
|--|-----|---|--|--|-------|
| 2240   |     | NAME OF INDIVIDUAL  |  | LOUISIANA  |       |
| COLOR  | AGE | BIRTHPLACE  |  | E.D.   | SHEET |
| W  | 29  |   |  | 71   | 27    |
| COUNTY   |     | CITY  |  |  |       |
| REGISTERED WITH  |     |   |  |  |       |
| RELATIONSHIP TO ABOVE  |     | Roussel, John   |  |  |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> IMMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br>B |       |

FORM 10-437 (4-20-51)

1916 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18196-P-61

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|                         |   |                |      |            |       |
|-------------------------|---|----------------|------|------------|-------|
| B240                    |   | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR                   | W | AGE            | 26   | BIRTHPLACE |       |
|                         |   |                |      | E.D.       | SHEET |
|                         |   |                |      | 82         | 37    |
| COUNTY                  |   |                | CITY |            |       |
| as John the Baptist     |   |                |      |            |       |
| OTHER MEMBERS OF FAMILY |   |                |      |            |       |
| NAME                    |   | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| 1 Clara                 |   | W              | 21   |            |       |
|                         |   |                |      |            |       |
|                         |   |                |      |            |       |
|                         |   |                |      |            |       |
|                         |   |                |      |            |       |
|                         |   |                |      |            |       |
|                         |   |                |      |            |       |
|                         |   |                |      |            |       |
|                         |   |                |      |            |       |

FORM 10-436 (4-30-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |    |                      |     |            |    |
|-------------------------|---|----------------|----|----------------------|-----|------------|----|
| R240                    |   | HEAD OF FAMILY |    | Russell, Willie      |     | LOUISIANA  |    |
| COLOR                   | B | AGE            | 32 | BIRTHPLACE           |     | E.D.       | 77 |
|                         |   |                |    |                      |     | SHEET 4    |    |
| COUNTY                  |   |                |    | St. John the Baptist |     | CITY       |    |
| OTHER MEMBERS OF FAMILY |   |                |    |                      |     |            |    |
| NAME                    |   |                |    | RELATIONSHIP         | AGE | BIRTHPLACE |    |
| Lilly                   |   |                |    | W                    | 19  |            |    |
|                         |   |                |    |                      |     |            |    |
|                         |   |                |    |                      |     |            |    |
|                         |   |                |    |                      |     |            |    |
|                         |   |                |    |                      |     |            |    |
|                         |   |                |    |                      |     |            |    |
|                         |   |                |    |                      |     |            |    |
|                         |   |                |    |                      |     |            |    |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|  |                  |   |  |   |                   |
|--|------------------|---|--|---|-------------------|
| R240   |                  | NAME OF INDIVIDUAL<br><i>Perkins, Willie</i>  |  | LOUISIANA   |                   |
| COLOR<br><i>B</i>  | AGE<br><i>35</i> | BIRTHPLACE  |  | E.D.<br><i>143</i>  | SHEET<br><i>9</i> |
| COUNTY   |                  | CITY  |  |   |                   |
| West Carroll   |                  |   |  |   |                   |
| ENUMERATED WITH<br><i>Perkins, Henry</i>   |                  |   |  |   |                   |
| RELATIONSHIP TO ABOVE  |                  |   |  |   |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>C</i> |                   |

Form 16-57 (4-22-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USC90-10C 18198-P01

|                         |   |                |     |            |                 |
|-------------------------|---|----------------|-----|------------|-----------------|
| R240                    |   | HEAD OF FAMILY |     | LOUISIANA  |                 |
| COLOR                   | 8 | AGE            | 22  | BIRTHPLACE |                 |
| COUNTY                  |   | East Carroll   |     | CITY       | Lake Providence |
| OTHER MEMBERS OF FAMILY |   |                |     |            |                 |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |                 |
| 1 William               |   | 21             | 22  | Miss       |                 |
|                         |   |                |     |            |                 |
|                         |   |                |     |            |                 |
|                         |   |                |     |            |                 |
|                         |   |                |     |            |                 |
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FORM 18-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R240                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| W                       |  | 49             |            | 112        | 3     |
| COUNTY                  |  |                | Tangipahoa |            |       |
|                         |  |                | CITY       |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Jessie E.               |  | W              | 41         | Miss       |       |
| Luz A.                  |  | S              | 21         |            |       |
| John W.                 |  | S              | 20         |            |       |
| Earl E.                 |  | S              | 18         |            |       |
| Frank A.                |  | S              | 17         |            |       |
| Ray P.                  |  | S              | 16         |            |       |
| Emm M.                  |  | D              | 13         |            |       |

FORM 10-636 (4-20-31)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

HEAD OF FAMILY - CONTINUED

LOUISIANA

CARD 2 OF 2

**OTHER MEMBERS OF FAMILY**

| OTHER MEMBERS OF FAMILY |              |     |            |
|-------------------------|--------------|-----|------------|
| NAME                    | RELATIONSHIP | AGE | BIRTHPLACE |
| <i>Carl O.</i>          | S            | 11  |            |
| <i>Roma M.</i>          | D            | 3   |            |
|                         |              |     |            |
|                         |              |     |            |
|                         |              |     |            |
|                         |              |     |            |
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|                         |              |     |            |

FORM 10-636 (4-20-87)  
2025 RELEASE UNDER E.O. 14176

FORM 10-6368 (4-20-81)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

10 COMB-DC 10104-P01

|  |                 |  |  |  |                    |
|--|-----------------|--|--|--|--------------------|
| R 240  |                 | NAME OF INDIVIDUAL<br><i>Rachel Wilmer</i>   |  | LOUISIANA  |                    |
| COLOR<br><i>W</i>  | AGE<br><i>3</i> | BIRTHPLACE   |  | E.D.<br><i>84</i>  | SHEET<br><i>13</i> |
| COUNTY<br><i>Natchitoches</i>  |                 | CITY   |  |  |                    |
| ENUMERATED WITH<br><i>Griellitt Rice</i>   |                 |  |  |  |                    |
| RELATIONSHIP TO ABOVE  |                 |  |  |  |                    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                 | <input checked="" type="checkbox"/> NEPHER<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> BURGE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                    |

FORM 19-637 (4-20-61)

1919 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USC&amp;MS-DC 1919-P01

|                         |   |                |    |                |  |            |     |
|-------------------------|---|----------------|----|----------------|--|------------|-----|
| R245                    |   | HEAD OF FAMILY |    | ROSLAND WILSON |  | LOUISIANA  |     |
| COLOR                   | B | AGE            | 52 | BIRTHPLACE     |  | E.D.       | 111 |
|                         |   |                |    | SHEET 8        |  |            |     |
| COUNTY                  |   |                |    | CITY           |  |            |     |
| Terrebonne              |   |                |    |                |  |            |     |
| OTHER MEMBERS OF FAMILY |   |                |    |                |  |            |     |
| NAME                    |   | RELATIONSHIP   |    | AGE            |  | BIRTHPLACE |     |
| Mollie                  |   | A              |    | 52             |  |            |     |
|                         |   |                |    |                |  |            |     |
|                         |   |                |    |                |  |            |     |
|                         |   |                |    |                |  |            |     |
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|                         |   |                |    |                |  |            |     |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R240                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| w                       | 75  | Miss           |     | N21        |       |
| COUNTY                  |     | Vernon         |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Mathie Jr.              |     | D              | 40  |            |       |
| Eug V                   |     | GS             | 22  |            |       |
| Amy L.                  |     | GS             | 17  |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
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FORM 18-636 (4-26-61)

1919 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |     |   |  |   |  |
|--|-----|---|--|---|--|
| R242   |     | NAME OF INDIVIDUAL  |  | LOUISIANA   |  |
| Roglos, Wise   |     | E.O.  |  | SHEET   |  |
| COLOR  | AGE | BIRTHPLACE  |  | 44 19   |  |
| W  | 33  | Texas   |  |   |  |
| COUNTY   |     | Calcasieu   |  | CITY  |  |
|  |     |   |  | De Ridder   |  |
| ENUMERATED WITH  |     |   |  |   |  |
| Evans, Edward C.   |     |   |  |   |  |
| RELATIONSHIP TO ABOVE  |     |   |  |   |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> WRAITH<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |  |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

UNCOMM-DC 1818-P81



|   |                 |   |  |   |                    |
|---|-----------------|---|--|---|--------------------|
| R240  |                 | NAME OF INDIVIDUAL<br><i>Russell Zula</i>   |  | LOUISIANA   |                    |
| COLOR<br><i>W</i>   | AGE<br><i>9</i> | BIRTHPLACE  |  | E.D.<br><i>115</i>  | SHEET<br><i>23</i> |
| COUNTY<br><i>St. Landry</i>   |                 | CITY  |  |   |                    |
| ENUMERATED WITH<br><i>Carpenter Leonard</i>   |                 |   |  |   |                    |
| RELATIONSHIP TO ABOVE   |                 |   |  |   |                    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input checked="" type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                 | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> WIDWIFE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                    |

FORM 10-437 (4-29-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 10100-P01

|  |  |  |  |           |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|--|-----------|--|---------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|--|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R240   |  | NAME OF INDIVIDUAL                       |  | LOUISIANA |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Rachal, Zeda   |  | E.D.                                     |  | SHEET     |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR  | AGE                                      | BIRTHPLACE                               |  | 92 13     |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| 24   | 12                                       |  |  |           |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY   |  | CITY                                     |  |           |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Natchitoches   |  |  |  |           |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH  |  |  |  |           |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Lacasse, Ben   |  |  |  |           |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |  |           |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDOW</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |           |  | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDOW           |  |           |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |  |           |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |  |           |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |  |           |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |  |           |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |  |           |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |           |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |  |           |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

Form 10-637 (10-25-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18104-P-61

|  |   |   |      |  |                   |
|--|---|---|------|--|-------------------|
| R240   |   | NAME OF INDIVIDUAL  |      | LOUISIANA  |                   |
| COLOR  | W | AGE   | 37   | BIRTHPLACE   | Russell Lafolaine |
| COUNTY   |   | E.D.  |      | SHEET  |                   |
|  |   | 62  |      | 16   |                   |
| ENUMERATED WITH  |   |   | CITY |  |                   |
| Charles  |   |   |      |  |                   |
| RELATIONSHIP TO ABOVE  |   |   |      |  |                   |
| Nicholas Jean Bostit   |   |   |      |  |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |   | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br>@ |                   |

FORM 16-537 (4-22-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 1819B-P81

|                         |     |                |      |            |       |
|-------------------------|-----|----------------|------|------------|-------|
| R240                    |     | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |      | E.D.       | SHEET |
| B                       | 50  | Piquemines     |      | 49         | 9     |
| COUNTY                  |     |                | CITY |            |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Lewis Anna              |     | SS             | 7    |            |       |
| Mama Willie             |     | SS             | 3    |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |               |  |           |    |
|-------------------------|---|----------------|-----|---------------|--|-----------|----|
| R240                    |   | HEAD OF FAMILY |     | Louisell Zeme |  | LOUISIANA |    |
| COLOR                   | W | AGE            | 47  | BIRTHPLACE    |  | E.D.      | 77 |
|                         |   |                |     |               |  | SHEET 1   |    |
| COUNTY                  |   |                |     | CITY          |  |           |    |
| St. John the Baptist    |   |                |     |               |  |           |    |
| OTHER MEMBERS OF FAMILY |   |                |     |               |  |           |    |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE    |  |           |    |
| Arnie                   |   | W              | 35  |               |  |           |    |
| Evela                   |   | D              | 11  |               |  |           |    |
| Valerie                 |   | S              | 9   |               |  |           |    |
| Camille                 |   | S              | 5   |               |  |           |    |
| Sidore                  |   | S              | 2   |               |  |           |    |
|                         |   |                |     |               |  |           |    |
|                         |   |                |     |               |  |           |    |
|                         |   |                |     |               |  |           |    |

Form 16-436 (4-20-31)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |              |                |            |           |       |
|-------------------------|--------------|----------------|------------|-----------|-------|
| R240                    |              | HEAD OF FAMILY |            | LOUISIANA |       |
| COLOR                   | AGE          | BIRTHPLACE     |            | E.D.      | SHEET |
| mm                      | 51           |                |            | 92        | 22    |
| COUNTY                  |              | Natchitoches   |            | CITY      |       |
| OTHER MEMBERS OF FAMILY |              |                |            |           |       |
| NAME                    | RELATIONSHIP | AGE            | BIRTHPLACE |           |       |
| Salina                  | M            | 48             |            |           |       |
| Wang                    | D            | 17             |            |           |       |
| Louise                  | D            | 15             |            |           |       |
| Oscar                   | S            | 12             |            |           |       |
| Antoine                 | S            | 9              |            |           |       |
| Arnellan                | S            | 8              |            |           |       |
| Josephine               | D            | 6              |            |           |       |

FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

HEAD OF FAMILY - CONTINUED

## LOUISIANA

CARD 2 OF 2

**OTHER MEMBERS OF FAMILY**

[illegible]

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |   |      |            |                 |  |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|---|--|---|------|------------|-----------------|--|---------------------------------|---------------------------------|--|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| R240  |  | NAME OF INDIVIDUAL                                  |      | LOUISIANA  |                 |  |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR   | B  | AGE   | 7    | BIRTHPLACE | E.D. 88 SHEET 2 |  |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY  | Morehouse                                |   | CITY |            |                 |  |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |   |      |            |                 |  |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |      |            |                 |  |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input checked="" type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input checked="" type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |      |            |                 | <input checked="" type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input checked="" type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input checked="" type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |      |            |                 |  |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |      |            |                 |  |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |      |            |                 |  |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |      |            |                 |  |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |      |            |                 |  |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |      |            |                 |  |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |      |            |                 |  |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |      |            |                 |  |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| None  |  |   |      |            |                 |  |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 19-637 (4-29-61)

1918 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCENS-DC 1918-P81



|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| P-50                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| B                       | 27  |                |     | 125        | 13    |
| COUNTY                  |     | CITY           |     |            |       |
| Tensas                  |     |                |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Grancy                  |     | W              | 20  |            |       |
| Alberta                 |     | D              | 3   |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                     |      |            |       |
|-------------------------|-----|---------------------|------|------------|-------|
| R 255                   |     | HEAD OF FAMILY      |      | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE          |      | E.O.       | SHEET |
| D                       | 26  | Richard A D         |      | 53         | 6     |
| COUNTY                  |     | CITY                |      |            |       |
| Calcasieu               |     | Jennings, Louisiana |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                     |      |            |       |
| NAME                    |     | RELATIONSHIP        | AGE  | BIRTHPLACE |       |
| Ellen                   |     | w                   | 20   |            |       |
| Paula                   |     | D                   | 5    |            |       |
| Helen                   |     | D                   | 1    |            |       |
| Mary                    |     | D                   | 1/12 |            |       |
|                         |     |                     |      |            |       |
|                         |     |                     |      |            |       |
|                         |     |                     |      |            |       |

Form 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |            |              |
|-------------------------|---|----------------|-----|------------|--------------|
| R250                    |   | HEAD OF FAMILY |     | LOUISIANA  |              |
| COLOR                   | B | AGE            | 63  | BIRTHPLACE | Reagon Aaron |
| COUNTY                  |   | Caddo          |     | CITY       | Missouri     |
| OTHER MEMBERS OF FAMILY |   |                |     |            |              |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |              |
| Living alone            |   |                |     |            |              |
|                         |   |                |     |            |              |
|                         |   |                |     |            |              |
|                         |   |                |     |            |              |
|                         |   |                |     |            |              |
|                         |   |                |     |            |              |
|                         |   |                |     |            |              |
|                         |   |                |     |            |              |

FORM 18-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |                  |  |  |  |                    |
|--|------------------|--|--|--|--------------------|
| R253   |                  | NAME OF INDIVIDUAL<br><i>Samuel, Aaron</i>   |  | LOUISIANA  |                    |
| COLOR<br><i>W</i>  | AGE<br><i>25</i> | BIRTHPLACE   |  | E.D.<br><i>79</i>  | SHEET<br><i>10</i> |
| COUNTY<br><i>Rapides</i>   |                  | CITY<br><i>Alexandria</i>  |  |  |                    |
| ENUMERATED WITH<br><i>Jacob, Susan</i>   |                  |  |  |  |                    |
| RELATIONSHIP TO ABOVE  |                  |  |  |  |                    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input checked="" type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> WIDWIFE<br><input type="checkbox"/> WIFE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                    |

FORM 16-437 (4-20-41)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

UNCOMM-DC 1910-P01

|                         |                 |                |     |            |               |
|-------------------------|-----------------|----------------|-----|------------|---------------|
| 19253                   |                 | HEAD OF FAMILY |     | LOUISIANA  |               |
| COLOR                   | W               | AGE            | 55  | BIRTHPLACE | Rougeant, Ab. |
| COUNTY                  |                 | Rapides        |     | CITY       |               |
| OTHER MEMBERS OF FAMILY |                 |                |     |            |               |
|                         | NAME            | RELATIONSHIP   | AGE | BIRTHPLACE |               |
|                         | Katie           | D              | 22  |            |               |
|                         | Ellie           | D              | 20  |            |               |
|                         | Everedge, Annie | W              | 38  |            |               |
|                         | Rougeant, Dean  | S              | 10  |            |               |
|                         |                 |                |     |            |               |
|                         |                 |                |     |            |               |
|                         |                 |                |     |            |               |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |                  |  |                            |  |                    |
|--|------------------|--|----------------------------|--|--------------------|
| R200   |                  | NAME OF INDIVIDUAL<br><i>Roger Ables</i>   |                            | LOUISIANA  |                    |
| COLOR<br><i>W</i>  | AGE<br><i>13</i> | BIRTHPLACE   |                            | E.O.<br><i>20</i>  | SHEET<br><i>13</i> |
| COUNTY<br><i>East Baton Rouge</i>  |                  |  | CITY<br><i>Baton Rouge</i> |  |                    |
| ENUMERATED WITH<br><i>William Isihelle</i>   |                  |  |                            |  |                    |
| RELATIONSHIP TO ABOVE  |                  |  |                            |  |                    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NICE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |                            | <input type="checkbox"/> WIFE<br><input type="checkbox"/> MURDER<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>Adopted</i> |                    |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMB-DC 18106-P61

|                         |   |                |     |            |        |
|-------------------------|---|----------------|-----|------------|--------|
| R25                     |   | HEAD OF FAMILY |     | LOUISIANA  |        |
| COLOR                   | W | AGE            | 49  | BIRTHPLACE | Russia |
| COUNTY                  |   | Iberia         |     | CITY       |        |
|                         |   |                |     | New Iberia |        |
| OTHER MEMBERS OF FAMILY |   |                |     |            |        |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |        |
| Leah                    |   | W              | 40  | Russia     |        |
| Marris                  |   | S              | 21  | N.Y.       |        |
| Genny                   |   | S              | 17  |            |        |
| Ida                     |   | D              | 13  |            |        |
| Isadore                 |   | W              | 21  | Russia     |        |
|                         |   |                |     |            |        |
|                         |   |                |     |            |        |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

| R250                    |              | HEAD OF FAMILY |            | LOUISIANA |  |
|-------------------------|--------------|----------------|------------|-----------|--|
| COLOR                   | AGE          | BIRTHPLACE     | E.D.       | SHEET     |  |
| W                       | 26           |                | 40         | 33        |  |
| COUNTY                  |              | Lafourche      |            | CITY      |  |
| OTHER MEMBERS OF FAMILY |              |                |            |           |  |
| NAME                    | RELATIONSHIP | AGE            | BIRTHPLACE |           |  |
| Eugenie                 | W            | 23             |            |           |  |
| Louise                  | S            | 4              |            |           |  |
| Louise                  | S            | 2              |            |           |  |
| Jessie                  | D            | 4              |            |           |  |
|                         |              | 12             |            |           |  |
|                         |              |                |            |           |  |
|                         |              |                |            |           |  |
|                         |              |                |            |           |  |
|                         |              |                |            |           |  |
|                         |              |                |            |           |  |

FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|   |                  |   |  |  |                   |
|---|------------------|---|--|--|-------------------|
| R253  |                  | NAME OF INDIVIDUAL<br><i>Regard, Ada</i>  |  | LOUISIANA  |                   |
| COLOR<br><i>W</i>   | AGE<br><i>16</i> | BIRTHPLACE  |  | E.D.<br><i>56</i>  | SHEET<br><i>4</i> |
| COUNTY<br><i>Plaquemines</i>  |                  | CITY  |  |  |                   |
| ENUMERATED WITH<br><i>Baylin, Samson</i>  |                  |   |  |  |                   |
| RELATIONSHIP TO ABOVE   |                  |   |  |  |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input checked="" type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                   |

Form 18-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 18199-P01

|                         |   |                |     |            |                |
|-------------------------|---|----------------|-----|------------|----------------|
| R255                    |   | HEAD OF FAMILY |     | LOUISIANA  |                |
| COLOR                   | B | AGE            | 40  | BIRTHPLACE | Richmond, Adam |
| COUNTY                  |   | Caddo          |     | CITY       |                |
| OTHER MEMBERS OF FAMILY |   |                |     |            |                |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |                |
| Annie                   |   | W              | 39  |            |                |
| Adam Jr                 |   | S              | 14  |            |                |
| Mary Bell               |   | D              | 6   |            |                |
| Zack                    |   | S              | 7   |            |                |
| Susie                   |   | D              | 5   |            |                |
| Isora                   |   | S              | 1   |            |                |
| Jacob                   |   | S              | 1   |            |                |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

CARD 2 OF 2

**OTHER MEMBERS OF FAMILY**

| MEMBERS OF FAMILY |              |     |            |
|-------------------|--------------|-----|------------|
| NAME              | RELATIONSHIP | AGE | BIRTHPLACE |
| Black, Louisa     | G-D          | 3   |            |
|                   |              |     |            |
|                   |              |     |            |
|                   |              |     |            |
|                   |              |     |            |
|                   |              |     |            |
|                   |              |     |            |
|                   |              |     |            |
|                   |              |     |            |
|                   |              |     |            |
|                   |              |     |            |
|                   |              |     |            |
|                   |              |     |            |
|                   |              |     |            |
|                   |              |     |            |

FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMU NAC

FORM 10-436b 14-20-61

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMA DC 15100-P01

|                         |        |                    |      |            |       |
|-------------------------|--------|--------------------|------|------------|-------|
| R253                    |        | HEAD OF FAMILY     |      | LOUISIANA  |       |
| COLOR                   | AGE    | BIRTHPLACE         |      | E.D.       | SHEET |
| W                       | 40     | Rougeant, Adelaide |      | 83         | 10    |
| COUNTY                  |        |                    | CITY |            |       |
| Residence               |        |                    |      |            |       |
| OTHER MEMBERS OF FAMILY |        |                    |      |            |       |
|                         | NAME   | RELATIONSHIP       | AGE  | BIRTHPLACE |       |
|                         | Emily  | D                  | 17   |            |       |
|                         | Ernest | S                  | 13   |            |       |
| + 1 B.                  |        |                    |      |            |       |
|                         |        |                    |      |            |       |
|                         |        |                    |      |            |       |
|                         |        |                    |      |            |       |
|                         |        |                    |      |            |       |
|                         |        |                    |      |            |       |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |            |                |     |            |           |
|-------------------------|------------|----------------|-----|------------|-----------|
| B37                     |            | HEAD OF FAMILY |     | LOUISIANA  |           |
| COLOR                   | W          | AGE            | 63  | BIRTHPLACE | Gen       |
|                         |            | St. Landry     |     | CITY       | Mechville |
| OTHER MEMBERS OF FAMILY |            |                |     |            |           |
| NAME                    |            | RELATIONSHIP   | AGE | BIRTHPLACE |           |
|                         | Ernestine  | W              | 53  | Gen        |           |
|                         | Israel     | S              | 31  |            |           |
|                         | Samuel     | S              | 29  |            |           |
|                         | Celia      | D              | 22  |            |           |
|                         | Bertha     | D              | 18  |            |           |
| Folse                   | Raphael J. | S-L            | 34  |            |           |
| 1                       | Pauline    | D              | 24  |            |           |

FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

## HEAD OF FAMILY - CONTINUED

LOUISIANA

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME        | RELATION-<br>SHIP | AGE   | BIRTHPLACE |
|-------------|-------------------|-------|------------|
| 1 Lionel Q. | GS                | 5     |            |
| Irma        | GD                | 4 1/2 |            |
| Mayer Eva   | M.L               | 94    | Gen.       |
|             |                   |       |            |
|             |                   |       |            |
|             |                   |       |            |
|             |                   |       |            |
|             |                   |       |            |
|             |                   |       |            |
|             |                   |       |            |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 1910-P-61

|   |     |                    |  |           |       |
|---|-----|--------------------|--|-----------|-------|
| 8253  |     | NAME OF INDIVIDUAL |  | LOUISIANA |       |
| COLOR   | AGE | BIRTHPLACE         |  | E.D.      | SHEET |
| W   | 22  |                    |  | 143       | 6     |
| COUNTY  |     | CITY               |  |           |       |
| West Feliciana  |     | St Francisville    |  |           |       |
| ENUMERATED WITH   |     |                    |  |           |       |
| Resenthall Sam  |     |                    |  |           |       |
| RELATIONSHIP TO ABOVE   |     |                    |  |           |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE<br><input type="checkbox"/> NEPHER<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW<br><input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br>B |     |                    |  |           |       |

Form 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                   |            |            |       |
|-------------------------|-------------------|------------|------------|-------|
| R255                    | HEAD OF FAMILY    |            | LOUISIANA  |       |
| COLOR                   | AGE               | BIRTHPLACE | E.D.       | SHEET |
| MH                      | 34                | Acadia     | 1          | 1     |
| COUNTY                  | Acadia            |            | CITY       |       |
|                         |                   | Rayne      |            |       |
| OTHER MEMBERS OF FAMILY |                   |            |            |       |
| NAME                    | RELATION-<br>SHIP | AGE        | BIRTHPLACE |       |
| ELVINA                  | W                 | 19         |            |       |
| ORRIS                   | D                 | 1          |            |       |
| OTIAS                   | M                 | 70         |            |       |
|                         |                   |            |            |       |
|                         |                   |            |            |       |
|                         |                   |            |            |       |
|                         |                   |            |            |       |
|                         |                   |            |            |       |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|  |        |   |      |  |                 |
|--|--------|---|------|--|-----------------|
| R250   |        | NAME OF INDIVIDUAL  |      | LOUISIANA  |                 |
| COLOR  | W      | AGE   | 16   | BIRTHPLACE   | REGINA, ALGERIA |
| COUNTY   | Acadia |   | CITY | E.O.   | 5               |
| EMIGRATED WITH   |        | SHEET 22  |      |  |                 |
| RELATIONSHIP TO ABOVE  |        | REGINA, JAMES   |      |  |                 |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |        | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> IMMIGRANT<br><input type="checkbox"/> NAUVE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify) |                 |
|  |        | Si  |      |  |                 |

FORM 10-437 (4-20-31)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 1910-P-61

|  |  |   |  |           |       |
|--|--|---|--|-----------|-------|
| R250                                   |  | NAME OF INDIVIDUAL                                  |  | LOUISIANA |       |
| COLOR                                  | AGE                                      | BIRTHPLACE  |  | E.D.      | SHEET |
| Wm                                     | 21                                       |   |  | 136       | 11    |
| COUNTY                                 |  | CITY  |  |           |       |
| Vermillion                             |  | Abbeville   |  |           |       |
| EMIGRATED WITH                         |  |   |  |           |       |
| Perry Columbia                         |  |   |  |           |       |
| RELATIONSHIP TO ABOVE                  |  |   |  |           |       |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDOW                      |  |           |       |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NICE            | <input type="checkbox"/> MURDER                     |  |           |       |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |           |       |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |           |       |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |           |       |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |           |       |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |           |       |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW   |   |  |           |       |

FORM 16-627 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |                  |             |
|-------------------------|---|----------------|-----|------------------|-------------|
| R250                    |   | HEAD OF FAMILY |     | LOUISIANA        |             |
| COLOR                   | W | AGE            | 66  | BIRTHPLACE       | MISSISSIPPI |
| COUNTY                  |   | CITY           |     | E.D. 20 SHEET 18 |             |
| OTHER MEMBERS OF FAMILY |   |                |     |                  |             |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE       |             |
| / Susan                 |   | W              | 59  | MO               |             |
| Ernest E                |   | D              | 16  |                  |             |
|                         |   |                |     |                  |             |
|                         |   |                |     |                  |             |
|                         |   |                |     |                  |             |
|                         |   |                |     |                  |             |
|                         |   |                |     |                  |             |
|                         |   |                |     |                  |             |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R 258                   |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| B                       | 32  | Concord        |     | 35         | 21    |
| COUNTY                  |     | CITY           |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| and 3 children          |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |  |  |                   |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|--|-------------------|-------------------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R255   |  | NAME OF INDIVIDUAL<br><i>Richard Almond</i>  |  | LOUISIANA         |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>B</i>  | AGE<br><i>18</i>                         | BIRTHPLACE<br><i>Miss</i>                    |  | R.O.<br><i>64</i> | SHEET<br><i>2</i> |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>Livingston</i>  |  | CITY<br><i>Walker</i>                        |  |                   |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Scott Gress</i>  |  |  |  |                   |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |  |                   |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDOW</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER <i>(None)</i></td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> WISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |                   |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER <i>(None)</i> | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> WISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDOW               |  |                   |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE               |  |                   |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT             |  |                   |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER   |  |                   |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT             |  |                   |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER <i>(None)</i> |  |                   |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |                   |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> WISTER-IN-LAW   |  |  |                   |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

Form 16-437 (4-20-31)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 1919-P-51

|                         |   |                |     |            |               |
|-------------------------|---|----------------|-----|------------|---------------|
| 1250                    |   | HEAD OF FAMILY |     | LOUISIANA  |               |
| COLOR                   | W | AGE            | 32  | BIRTHPLACE | Pointe Coupee |
| COUNTY                  |   | CITY           |     |            |               |
| OTHER MEMBERS OF FAMILY |   |                |     |            |               |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |               |
| Ida                     |   | W              | 22  |            |               |
| Bergeron Marie          |   | M              | 55  |            |               |
|                         |   |                |     |            |               |
|                         |   |                |     |            |               |
|                         |   |                |     |            |               |
|                         |   |                |     |            |               |
|                         |   |                |     |            |               |
|                         |   |                |     |            |               |

FORM 16-436 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |           |                |      |            |                   |
|-------------------------|-----------|----------------|------|------------|-------------------|
| R253                    |           | HEAD OF FAMILY |      | LOUISIANA  |                   |
| COLOR                   | W         | AGE            | 48   | BIRTHPLACE | Rigmaiden, Albert |
| COUNTY                  | Calcasieu |                | CITY | E.D.       | 42                |
| SHEET 32                |           |                |      |            |                   |
| OTHER MEMBERS OF FAMILY |           |                |      |            |                   |
| NAME                    |           | RELATIONSHIP   | AGE  | BIRTHPLACE |                   |
| Christina               |           | W              | 39   |            |                   |
| Herman                  |           | S              | 20   |            |                   |
| Raymond                 |           | S              | 16   |            |                   |
| Freemon                 |           | S              | 12   |            |                   |
| Gorman                  |           | S              | 4    |            |                   |
|                         |           |                |      |            |                   |
|                         |           |                |      |            |                   |

FORM 10-534 (4-22-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|      |                |
|------|----------------|
| R253 | HEAD OF FAMILY |
|------|----------------|

|                         |             |                    |                |            |       |
|-------------------------|-------------|--------------------|----------------|------------|-------|
| R252                    |             | HEAD OF FAMILY     |                | LOUISIANA  |       |
| COLOR                   | AGE         | BIRTHPLACE         |                | E.D.       | SHEET |
| W                       | 51          | Rockenshake Albert |                | 97         | 1     |
| COUNTY                  | St. Tammany |                    | CITY Covington |            |       |
| OTHER MEMBERS OF FAMILY |             |                    |                |            |       |
| NAME                    |             | RELATIONSHIP       | AGE            | BIRTHPLACE |       |
| Margaret                |             | W                  | 48             |            |       |
| Annie                   |             | D                  | 16             |            |       |
| Jennie                  |             | D                  | 12             |            |       |
| Albert Jr               |             | S                  | 7              |            |       |
|                         |             |                    |                |            |       |
|                         |             |                    |                |            |       |
|                         |             |                    |                |            |       |
|                         |             |                    |                |            |       |

FORM 18-636 (4-20-57)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |        |                |     |            |       |
|-------------------------|--------|----------------|-----|------------|-------|
| 19250                   |        | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE    | NAME           |     | E.D.       | SHEET |
| W                       | 32     | Rogers Albert  |     | 97         | 33    |
| COUNTY                  |        | BIRTHPLACE     |     |            |       |
|                         |        | Morehouse      |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |        |                |     |            |       |
|                         | NAME   | RELATIONSHIP   | AGE | BIRTHPLACE |       |
|                         | Armand | W              | 34  |            |       |
|                         | Hattie | D              | 5   |            |       |
|                         | Hubert | S              | 3   |            |       |
|                         | Carl   | S              | 1   |            |       |
|                         |        |                |     |            |       |
|                         |        |                |     |            |       |
|                         |        |                |     |            |       |
|                         |        |                |     |            |       |

FORM 18-626 (4-20-51)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                 |     |            |       |
|-------------------------|-----|-----------------|-----|------------|-------|
| R 25                    |     | HEAD OF FAMILY  |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE      |     | S.D.       | SHEET |
| mu                      | 24  | Rockson, Albert |     | 72         | 10    |
| COUNTY                  |     | CITY            |     |            |       |
| Lafayette               |     |                 |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                 |     |            |       |
| NAME                    |     | RELATIONSHIP    | AGE | BIRTHPLACE |       |
| Pita                    |     | W               | 24  |            |       |
| Harry                   |     | S               | 4   |            |       |
| Mathews                 |     | S               | 2   |            |       |
| Robert                  |     | S               | 10  |            |       |
| 4 1 20                  |     |                 | 12  |            |       |
|                         |     |                 |     |            |       |
|                         |     |                 |     |            |       |
|                         |     |                 |     |            |       |

FORM 18-536 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |       |              |       |
|-------------------------|-----|----------------|-------|--------------|-------|
| R 250                   |     | HEAD OF FAMILY |       | LOUISIANA    |       |
| COLOR                   | AGE | BIRTHPLACE     |       | E.O.         | SHEET |
| Free                    | 26  |                |       | 35           | 17    |
| COUNTY                  |     | CITY           |       |              |       |
|                         |     | Calcasieu      |       | Lake Charles |       |
| OTHER MEMBERS OF FAMILY |     |                |       |              |       |
| NAME                    |     | RELATIONSHIP   | AGE   | BIRTHPLACE   |       |
| Edson                   |     | W              | 30    |              |       |
| Farilet, Joseph         |     | S              | 14    |              |       |
| William                 |     | S              | 12    |              |       |
| Burlak                  |     | D              | 10    |              |       |
| George                  |     | S              | 8     |              |       |
| Pearl                   |     | D              | 6     |              |       |
| Rashon, Nathan          |     | S              | 1 1/2 |              |       |

FORM 10-436 (4-30-61)

1970 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |       |   |  |  |       |
|--|-------|---|--|--|-------|
| R250   |       | NAME OF INDIVIDUAL  |  | LOUISIANA  |       |
| COLOR  | AGE   | BIRTHPLACE  |  | C.D.   | SHEET |
| White  | 1 1/2 | Reynolds, Alberta   |  | 99   | 18    |
| COUNTY   |       | CITY  |  |  |       |
|  |       | St. Mary  |  | Berwick  |       |
| ENUMERATED WITH  |       |   |  |  |       |
| Clark, Thomas  |       |   |  |  |       |
| RELATIONSHIP TO ABOVE  |       |   |  |  |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |       | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> IMMATE<br><input type="checkbox"/> NUNSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br>S & C |       |

FORM 16-437 (10-20-61)

1916 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |          |   |      |   |                |
|--|----------|---|------|---|----------------|
| R250   |          | NAME OF INDIVIDUAL  |      | LOUISIANA   |                |
| COLOR  | 13       | AGE   | 76   | BIRTHPLACE  | Rockon Alberta |
| COUNTY   | St. Mary |   | CITY | 83  | SHEET 35       |
| ENUMERATED WITH  |          |   |      |   |                |
| Lloyd William  |          |   |      |   |                |
| RELATIONSHIP TO ABOVE  |          |   |      |   |                |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |          | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> IMMATE<br><input type="checkbox"/> NUNSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br>SD |                |

FORM 10-437 (4-30-61)

1930 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |            |                |
|-------------------------|---|----------------|-----|------------|----------------|
| R255                    |   | HEAD OF FAMILY |     | LOUISIANA  |                |
| COLOR                   | B | AGE            | 18  | BIRTHPLACE | Rochester Alex |
| COUNTY                  |   | St. Mary       |     | CITY       |                |
| OTHER MEMBERS OF FAMILY |   |                |     |            |                |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |                |
| 1 Walter                |   | B              | 21  |            |                |
|                         |   |                |     |            |                |
|                         |   |                |     |            |                |
|                         |   |                |     |            |                |
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FORM 16-436 (4-30-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|      |                |
|------|----------------|
| R255 | HEAD OF FAMILY |
|------|----------------|

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R250                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | S.D.       | SHEET |
| 0                       | 59  |                |     | 99         | 8     |
| COUNTY                  |     | CITY           |     |            |       |
| St. Mary                |     | Beverly        |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Lucas                   |     | W              | 32  |            |       |
| Harry                   |     | S              | 8   |            |       |
| Joseph                  |     | S              | 6   |            |       |
| Austin                  |     | S              | 4   |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |            |             |
|-------------------------|---|----------------|-----|------------|-------------|
| P250                    |   | HEAD OF FAMILY |     | LOUISIANA  |             |
| COLOR                   | B | AGE            | 22  | BIRTHPLACE | Rosen, Alex |
| COUNTY                  |   | Iberville      |     | CITY       |             |
| OTHER MEMBERS OF FAMILY |   |                |     |            |             |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |             |
| 1 Gustie                |   | W              | 19  |            |             |
|                         |   |                |     |            |             |
|                         |   |                |     |            |             |
|                         |   |                |     |            |             |
|                         |   |                |     |            |             |
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|                         |   |                |     |            |             |

FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|  |                 |   |  |  |                   |
|--|-----------------|---|--|--|-------------------|
| R250   |                 | NAME OF INDIVIDUAL<br><i>Rosa Allen</i>   |  | LOUISIANA  |                   |
| COLOR<br><i>B</i>  | AGE<br><i>4</i> | BIRTHPLACE  |  | E.D.<br><i>44</i>  | SHEET<br><i>1</i> |
| COUNTY<br><i>East Carroll</i>  |                 | CITY  |  |  |                   |
| ENUMERATED WITH<br><i>Brown, Louis</i>   |                 |   |  |  |                   |
| RELATIONSHIP TO ABOVE  |                 |   |  |  |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                 | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> BOARDER<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>5-5</i> |                   |

FORM 10-437 (6-22-61)

1910 CENSUS INDEX - INDIV

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-OC 1910-P-61

|                         |                |              |           |            |
|-------------------------|----------------|--------------|-----------|------------|
| R 255                   | HEAD OF FAMILY |              | LOUISIANA |            |
| COLOR                   | AGE            | BIRTHPLACE   | E.D.      | SHEET      |
| 5                       | 67             | Alexander    | 124       | 10         |
| COUNTY                  |                | St. Martin   | CITY      |            |
| OTHER MEMBERS OF FAMILY |                |              |           |            |
| NAME                    |                | RELATIONSHIP | AGE       | BIRTHPLACE |
| Modeste                 |                | W            | 63        |            |
| Mary                    |                | D            | 27        |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |

FORM 19-626 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |           |            |       |
|-------------------------|-----|----------------|-----------|------------|-------|
| R250                    |     | HEAD OF FAMILY |           | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |           | E.D.       | SHEET |
| White                   | 47  |                |           | 93         | 22    |
| COUNTY                  |     |                | CITY      |            |       |
| St. Mary                |     |                | Patterson |            |       |
| OTHER MEMBERS OF FAMILY |     |                |           |            |       |
| NAME                    |     | RELATIONSHIP   | AGE       | BIRTHPLACE |       |
| Ann                     |     | W              | 48        |            |       |
| Savanna                 |     | D              | 24        |            |       |
| John                    |     | S              | 14        |            |       |
| Esther                  |     | D              | 12        |            |       |
| Lora                    |     | D              | 10        |            |       |
| Leata Mary              |     | ML             | 57        |            |       |

FORM 16-436 (4-30-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                |              |                |            |           |
|-------------------------|----------------|--------------|----------------|------------|-----------|
| R250                    | HEAD OF FAMILY |              | Season Alfonso |            | LOUISIANA |
| COLOR                   | AGE            | BIRTHPLACE   |                | E.D.       | SHEET     |
| Mr                      | 52             |              |                | 93         | 27        |
| COUNTY                  |                | St. Mary     |                | CITY       |           |
|                         |                |              |                | Patterson  |           |
| OTHER MEMBERS OF FAMILY |                |              |                |            |           |
| NAME                    |                | RELATIONSHIP | AGE            | BIRTHPLACE |           |
| Lamine                  |                | W            | 46             |            |           |
| Yvonne                  |                | S            | 26             |            |           |
| Dorcas                  |                | D            | 19             |            |           |
| Theresa                 |                | D            | 17             |            |           |
| Elmer                   |                | D            | 14             |            |           |
|                         |                |              |                |            |           |
|                         |                |              |                |            |           |

FORM 16-636 (4-20-61)  
 1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

|                         |      |                |    |                 |     |            |    |
|-------------------------|------|----------------|----|-----------------|-----|------------|----|
| F235                    |      | HEAD OF FAMILY |    | Richmond Alford |     | LOUISIANA  |    |
| COLOR                   | Male | AGE            | 71 | BIRTHPLACE      |     | E.D.       | 68 |
|                         |      |                |    |                 |     | SHEET 19   |    |
| COUNTY                  |      |                |    | Lincoln         |     | CITY       |    |
| OTHER MEMBERS OF FAMILY |      |                |    |                 |     |            |    |
| NAME                    |      |                |    | RELATIONSHIP    | AGE | BIRTHPLACE |    |
| Living alone            |      |                |    |                 |     |            |    |
|                         |      |                |    |                 |     |            |    |
|                         |      |                |    |                 |     |            |    |
|                         |      |                |    |                 |     |            |    |
|                         |      |                |    |                 |     |            |    |
|                         |      |                |    |                 |     |            |    |
|                         |      |                |    |                 |     |            |    |
|                         |      |                |    |                 |     |            |    |
|                         |      |                |    |                 |     |            |    |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |   |   |      |  |     |
|--|---|---|------|--|-----|
| P 255  |   | NAME OF INDIVIDUAL  |      | LOUISIANA  |     |
| COLOR  | W | AGE   | 34   | E.O.   | 115 |
|  |   | BIRTHPLACE  | Mich |  |     |
| COUNTY   |   |   | CITY |  |     |
| ENUMERATED WITH  |   | St. Landry  |      |  |     |
| RELATIONSHIP TO ABOVE  |   | Hazleton, Walter  |      |  |     |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |   | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br>L |     |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 1910-P01

|                         |  |                |        |            |  |
|-------------------------|--|----------------|--------|------------|--|
| P255                    |  | HEAD OF FAMILY |        | Louisiana  |  |
| COLOR                   |  | AGE            |        | E.D.       |  |
| W                       |  | 50             |        | 26         |  |
|                         |  | BIRTHPLACE     |        | SHEET      |  |
|                         |  | Mich.          |        | 17         |  |
| COUNTY                  |  |                | CITY   |            |  |
| Avoyelles               |  |                | Bunkie |            |  |
| OTHER MEMBERS OF FAMILY |  |                |        |            |  |
| NAME                    |  | RELATIONSHIP   |        | AGE        |  |
| 1 Mary                  |  | W.             |        | 40         |  |
|                         |  |                |        | BIRTHPLACE |  |
|                         |  |                |        | Mich.      |  |
|                         |  |                |        |            |  |
|                         |  |                |        |            |  |
|                         |  |                |        |            |  |
|                         |  |                |        |            |  |
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FORM 10-434 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |  |      |           |  |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|------|-----------|--|---------------------------------|---------------------------------|--------------------------------|---------------------------------|-------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|--|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R252  |  | NAME OF INDIVIDUAL                       |      | LOUISIANA |  |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR   | AGE                                      | BIRTHPLACE                               | E.P. | SHEET     |  |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| 8   | 20                                       | O  | 11   | 3         |  |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY  |  | CITY                                     |      |           |  |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|   |  | Bienville                                |      | Saline    |  |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |  |      |           |  |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| John, Lallie  |  |  |      |           |  |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |      |           |  |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WMAVE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NICE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |      |           |  | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WMAVE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NICE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WMAVE           |      |           |  |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NICE            | <input type="checkbox"/> NURSE           |      |           |  |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |      |           |  |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |      |           |  |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |      |           |  |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |      |           |  |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |      |           |  |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |      |           |  |                                 |                                 |                                |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 18-637 (4-30-31)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18109-P61



|                         |                |              |           |            |
|-------------------------|----------------|--------------|-----------|------------|
| R250                    | HEAD OF FAMILY |              | LOUISIANA |            |
| COLOR                   | AGE            | BIRTHPLACE   | E.D.      | SHEET      |
| 8                       | 36             |              | 103       | 10         |
| COUNTY                  |                | CITY         |           |            |
| Vermillion              |                |              |           |            |
| OTHER MEMBERS OF FAMILY |                |              |           |            |
| NAME                    |                | RELATIONSHIP | AGE       | BIRTHPLACE |
| 1. Amelia               |                | W            | 35        |            |
| Lennie, Mahul           |                | SD           | 13        |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |

FORM 18-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |          |                |      |            |  |
|-------------------------|----------|----------------|------|------------|--|
| 258                     |          | HEAD OF FAMILY |      | LOUISIANA  |  |
| Rachon Alfred J.        |          | E.D.           |      | SHEET      |  |
| COLOR                   | AGE      | BIRTHPLACE     |      |            |  |
| 1 m                     | 47       |                |      |            |  |
| COUNTY                  | St. Mary |                | CITY |            |  |
|                         |          | Baldwin        |      |            |  |
| OTHER MEMBERS OF FAMILY |          |                |      |            |  |
| NAME                    |          | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| 1 Albertine             |          | w              | 41   |            |  |
| John L.                 |          | S              | 6    |            |  |
|                         |          |                |      |            |  |
|                         |          |                |      |            |  |
|                         |          |                |      |            |  |
|                         |          |                |      |            |  |
|                         |          |                |      |            |  |
|                         |          |                |      |            |  |

FORM 16-436 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |                  |   |      |   |                   |
|--|------------------|---|------|---|-------------------|
| R250   |                  | NAME OF INDIVIDUAL<br><i>Robert Alfred J.</i>   |      | LOUISIANA   |                   |
| COLOR<br><i>W</i>  | AGE<br><i>19</i> | BIRTHPLACE<br><i>Miss</i>   |      | E.D.<br><i>121</i>  | SHEET<br><i>2</i> |
| COUNTY   |                  |   | CITY |   |                   |
| Webster  |                  |   |      |   |                   |
| ENUMERATED WITH<br><i>Russell Thomas C.</i>  |                  |   |      |   |                   |
| RELATIONSHIP TO ABOVE  |                  |   |      |   |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> WORKER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                   |

FORM 18-437 (4-20-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 1910-P61

|  |  |   |  |           |       |
|--|--|---|--|-----------|-------|
| R253                                   |  | NAME OF INDIVIDUAL                                  |  | LOUISIANA |       |
| COLOR                                  | AGE                                      | BIRTHPLACE  |  | E.O.      | SHEET |
| W                                      | 49                                       |   |  | 56        | 4     |
| COUNTY                                 |  | CITY  |  |           |       |
|  |  | Plaquemines   |  |           |       |
| ENUMERATED WITH                        |  |   |  |           |       |
| Baiglin, Sammy                         |  |   |  |           |       |
| RELATIONSHIP TO ABOVE                  |  |   |  |           |       |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |  |           |       |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |  |           |       |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |           |       |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |           |       |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |           |       |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |           |       |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |           |       |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW   |   |  |           |       |

FORM 10-437 (4-22-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |  |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|--|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R 255   |  | NAME OF INDIVIDUAL<br><i>Richard Allen</i> |  | LOUISIANA         |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>10</i>  | AGE<br><i>17</i>                         | BIRTHPLACE<br><i>Miss</i>                  |  | E.O.<br><i>43</i> | SHEET<br><i>10</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>East Carroll</i>   |  | CITY                                       |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Thomas Jane</i>   |  |  |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHER</td> <td><input type="checkbox"/> NEAITE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |                   |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHER | <input type="checkbox"/> NEAITE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHER          | <input type="checkbox"/> NEAITE            |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE             |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-437 (4-20-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USC 1910-00 1812-P-91

| R252                    |     | HEAD OF FAMILY |      | LOUISIANA  |  |
|-------------------------|-----|----------------|------|------------|--|
| COLOR                   | AGE | BIRTHPLACE     | E.D. | SHEET      |  |
| B                       | 47  | ala.           | 113  | 9          |  |
| COUNTY                  |     | CITY           |      |            |  |
| Richland                |     |                |      |            |  |
| OTHER MEMBERS OF FAMILY |     |                |      |            |  |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| 1 Emily                 |     | w              | 43   | ala.       |  |
| Alexander Costa         |     | hi             | 15   |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |

FORM 18-636 (4-20-01)  
1910 CENSUS INDEX - FAMILYU.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                 |              |                 |            |           |
|-------------------------|-----------------|--------------|-----------------|------------|-----------|
| 1350                    | HEAD OF FAMILY  |              | Rushin, Allen B |            | LOUISIANA |
| COLOR                   | AGE             | BIRTHPLACE   |                 | E.O.       | SHEET     |
| W                       | 61              | Ala          |                 | 709        | 6         |
| COUNTY                  |                 | Ouachita     |                 | CITY       |           |
| OTHER MEMBERS OF FAMILY |                 |              |                 |            |           |
| NAME                    |                 | RELATIONSHIP | AGE             | BIRTHPLACE |           |
|                         | Frances         | W            | 44              | Ala        |           |
|                         | Joywight        | S            | 9               |            |           |
|                         | L. B.           | S            | 7               |            |           |
|                         | Alden           | S            | 5               |            |           |
|                         | Selden          | S            | 3               |            |           |
|                         | Bustice Maybell | SD           | 77              | Ga         |           |
|                         | Seaborn         | SS           | 72              |            |           |

FORM 16-636 (4-30-61)  
1930 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

HEAD OF FAMILY - CONTINUED

LOUISIANA

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME      | RELATIONSHIP | AGE | BIRTHPLACE |
|-----------|--------------|-----|------------|
| Oates     | SS           | 16  | Ma         |
| Essely    | SS           | 14  |            |
| Mary Lucy | SD           | 12  |            |
| # 1 HM    |              |     |            |
|           |              |     |            |
|           |              |     |            |
|           |              |     |            |
|           |              |     |            |
|           |              |     |            |
|           |              |     |            |

FORM 16-634a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-60C 18108-P01



|   |     |   |  |  |       |
|---|-----|---|--|--|-------|
| R250  |     | NAME OF INDIVIDUAL  |  | LOUISIANA  |       |
| COLOR   | AGE | BIRTHPLACE  |  | E.D.   | SHEET |
| W   | 20  |   |  | 104  | 1     |
| COUNTY  |     | CITY  |  |  |       |
| IMMIGRATED WITH   |     | Jamaica   |  |  |       |
| RELATIONSHIP TO ABOVE   |     | Decker Sarah  |  |  |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input checked="" type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> IMMATE<br><input type="checkbox"/> NUNSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |       |

FORM 15-57 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 15105-P61

|  |  |  |                    |
|--|--|--|--------------------|
| NAME OF INDIVIDUAL<br><i>Regan Almas</i>   |  | LOUISIANA  |                    |
| DATE<br><i>8-25-17</i>   | AGE<br><i>17</i>   | E.O.<br><i>136</i>   | SHEET<br><i>18</i> |
| BIRTHPLACE   |  |  |                    |
| COUNTY<br><i>B</i>   | Union  | CITY   |                    |
| GENERATED WITH<br><i>Thompson John</i>   |  |  |                    |
| RELATIONSHIP TO ABOVE  |  |  |                    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input checked="" type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                    |

FORM 10-437 (4-20-61)

1916 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |   |      |           |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|--|--|---|------|-----------|--|---------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| Q250   |  | NAME OF INDIVIDUAL                                  |      | LOUISIANA |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR  | AGE                                      | BIRTHPLACE  | E.O. | SHEET     |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| Mr   | 17 1/2                                   |   | 130  | 7         |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY   |  | CITY  |      |           |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| St. Martin   |  | Brazz Angles  |      |           |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH  |  | Dairon, Gideon                                      |      |           |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   |      |           |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDOW</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |      |           |  | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDOW                      |      |           |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |      |           |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |      |           |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |      |           |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |      |           |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |      |           |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |   |      |           |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |   |      |           |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 16-437 (4-20-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |     |  |      |  |  |
|--|-----|--|------|--|--|
| H-250  |     | NAME OF INDIVIDUAL   |      | LOUISIANA  |  |
| COLOR  | AGE | BIRTHPLACE   | E.D. | SHEET  |  |
| W  | 62  | Ala  | 120  | 1  |  |
| COUNTY   |     | CITY   |      |  |  |
|  |     | Webster  |      | Menden   |  |
| ENUMERATED WITH  |     | Stewart, S. Webster  |      |  |  |
| RELATIONSHIP TO ABOVE  |     |  |      |  |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input checked="" type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |  |

FORM 16-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 15105-P61

|                         |    |                |     |                 |  |           |    |
|-------------------------|----|----------------|-----|-----------------|--|-----------|----|
| P253                    |    | HEAD OF FAMILY |     | Rakint, Ambrose |  | LOUISIANA |    |
| COLOR                   | mm | AGE            | 26  | BIRTHPLACE      |  | E.D.      | 92 |
|                         |    |                |     |                 |  | SHEET     | 31 |
| COUNTY                  |    |                |     | Natchitoches    |  | CITY      |    |
| OTHER MEMBERS OF FAMILY |    |                |     |                 |  |           |    |
| NAME                    |    | RELATIONSHIP   | AGE | BIRTHPLACE      |  |           |    |
| Marcia                  |    | 24             | 23  |                 |  |           |    |
| Rene                    |    | S              | 3   |                 |  |           |    |
| Luzia                   |    | S              | 1   |                 |  |           |    |
|                         |    |                |     |                 |  |           |    |
|                         |    |                |     |                 |  |           |    |
|                         |    |                |     |                 |  |           |    |
|                         |    |                |     |                 |  |           |    |
|                         |    |                |     |                 |  |           |    |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R 252                   |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | S.D.       | SHEET |
| B                       | 30  | Ambrose        |     | 11         | 2     |
| COUNTY                  |     | CITY           |     |            |       |
|                         |     | Bienville      |     | Lafayette  |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Ollie                   |     | W              | 28  |            |       |
| Loa                     |     | D              | 8   |            |       |
| Alfred                  |     | S              | 6   |            |       |
| Fred                    |     | S              | 4   |            |       |
| Leon                    |     | S              | 2   |            |       |
| Hattie                  |     | D              | 6   |            |       |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |    |                |     |             |  |           |       |
|-------------------------|----|----------------|-----|-------------|--|-----------|-------|
| 19250                   |    | HEAD OF FAMILY |     | Reason Amos |  | LOUISIANA |       |
| COLOR                   | 13 | AGE            | 40  | BIRTHPLACE  |  | E.D.      | SHEET |
|                         |    |                |     |             |  | 136       | 29    |
| COUNTY                  |    |                |     | CITY        |  |           |       |
| Vermillion              |    |                |     | Abbeville   |  |           |       |
| OTHER MEMBERS OF FAMILY |    |                |     |             |  |           |       |
| NAME                    |    | RELATIONSHIP   | AGE | BIRTHPLACE  |  |           |       |
| Avey                    |    | W              | 60  |             |  |           |       |
| Enolis                  |    | D              | 15  |             |  |           |       |
|                         |    |                |     |             |  |           |       |
|                         |    |                |     |             |  |           |       |
|                         |    |                |     |             |  |           |       |
|                         |    |                |     |             |  |           |       |
|                         |    |                |     |             |  |           |       |
|                         |    |                |     |             |  |           |       |
|                         |    |                |     |             |  |           |       |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |              |                |            |            |         |
|-------------------------|--------------|----------------|------------|------------|---------|
| 253                     |              | HEAD OF FAMILY |            | LOUISIANA  |         |
| COLOR                   | B            | AGE            | 35         | BIRTHPLACE | Calumet |
| COUNTY                  |              | Calcasieu      |            | CITY       |         |
| OTHER MEMBERS OF FAMILY |              |                |            |            |         |
| NAME                    | RELATIONSHIP | AGE            | BIRTHPLACE |            |         |
| Harriet Ann             | w            | 26             |            |            |         |
| Wiley                   | s            | 12             |            |            |         |
| Geolordis               | s            | 10             |            |            |         |
| Emmett                  | s            | 7              |            |            |         |
| Ida                     | s            | 5              |            |            |         |
| Petha                   | s            | 4              |            |            |         |
| Journey                 | s            | 2              |            |            |         |

FORM 16-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS





|                         |            |                |      |                |      |           |    |
|-------------------------|------------|----------------|------|----------------|------|-----------|----|
| R252                    |            | HEAD OF FAMILY |      | Rushing Andrew |      | LOUISIANA |    |
| COLOR                   | W          | AGE            | 30   | BIRTHPLACE     | Miss | E.D.      | 64 |
| COUNTY                  | Livingston |                | CITY |                | 21   |           |    |
| OTHER MEMBERS OF FAMILY |            |                |      |                |      |           |    |
| NAME                    |            | RELATIONSHIP   | AGE  | BIRTHPLACE     |      |           |    |
| Lydia                   |            | W              | 22   |                |      |           |    |
| Bonnie                  |            | D              | 6    |                |      |           |    |
| Eunice                  |            | D              | 5    |                |      |           |    |
| Elusa                   |            | D              | 2    |                |      |           |    |
| Florence                |            | D              | 1    |                |      |           |    |
|                         |            |                |      |                |      |           |    |
|                         |            |                |      |                |      |           |    |

FORM 10-426 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |  |  |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|--|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|-------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|--|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| B250  |  | NAME OF INDIVIDUAL                       |  | LOUISIANA |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR   | AGE                                      | BIRTHPLACE                               |  | E.D.      | SHEET |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| 6   | 15                                       |  |  | 59        | 18    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY  |  | CITY                                     |  |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| GRANT   |  |  |  |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |  |  |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Tulsa, Okla.  |  |  |  |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |  |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> IMMATE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NICE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input checked="" type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> |  |  |  |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> IMMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NICE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> IMMATE          |  |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NICE            | <input type="checkbox"/> NURSE           |  |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |  |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |  |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |  |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |  |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |  |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 18-637 (4-29-31)

1919 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USC1864-DC 1819-P61

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| B 250                   |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| B                       | 28  |                |     | 55         | 4     |
| COUNTY                  |     | CITY           |     |            |       |
| Caddo                   |     |                |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Jennie                  |     | W              | 26  |            |       |
| Jennie K.               |     | D              | 2   |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 18-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                |              |           |            |
|-------------------------|----------------|--------------|-----------|------------|
| R250                    | HEAD OF FAMILY |              | LOUISIANA |            |
| COLOR                   | AGE            | PLACE        | E.D.      | SHEET      |
| Man                     | 29             | James        | 76        | 2          |
| COUNTY                  |                | CITY         |           |            |
| OTHER MEMBERS OF FAMILY |                |              |           |            |
| NAME                    |                | RELATIONSHIP | AGE       | BIRTHPLACE |
| Castile                 |                | W            | 25        |            |
| Magnus                  |                | D            | 6         |            |
| Marceline               |                | S            | 4         |            |
| Harry                   |                | S            | 1/2       |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |

FORM 16-636 (4-20-67)  
1970 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |     |                    |  |           |       |
|---|-----|--------------------|--|-----------|-------|
| R 250   |     | NAME OF INDIVIDUAL |  | LOUISIANA |       |
| COLOR   | AGE | BIRTHPLACE         |  | E.O.      | SHEET |
| P   | 43  | Alabama            |  | 70        | 32    |
| COUNTY  |     | CITY               |  |           |       |
| Lafayette   |     | Lafayette          |  |           |       |
| ENUMERATED WITH   |     |                    |  |           |       |
| Regina, Mother  |     |                    |  |           |       |
| RELATIONSHIP TO ABOVE   |     |                    |  |           |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE<br><input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW<br><input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |     |                    |  |           |       |
| Si  |     |                    |  |           |       |

FORM 10-437 (4-22-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 18100-P01

|  |   |  |    |  |    |
|--|---|--|----|--|----|
| R250   |   | NAME OF INDIVIDUAL   |    | LOUISIANA  |    |
| COLOR  | W | AGE  | 72 | BIRTHPLACE   | La |
| COUNTY   |   | CITY   |    | E.D. 77  |    |
| ENUMERATED WITH  |   | SHEET 17   |    |  |    |
| Wallworth, Frank D   |   | Do Not   |    |  |    |
| RELATIONSHIP TO ABOVE  |   |  |    |  |    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |   | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input checked="" type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |    | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |    |

FORM 16-437 (4-29-61)

1910 CENSUS INDEX - INDIV

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |   |   |    |   |                 |
|--|---|---|----|---|-----------------|
| R252   |   | NAME OF INDIVIDUAL  |    | LOUISIANA   |                 |
| COLOR  | W | AGE   | 29 | BIRTHPLACE  | Rushing, Anna E |
| COUNTY   |   | St Landry   |    | CITY  |                 |
| ENUMERATED WITH  |   |   |    |   |                 |
| Oden, Elvira A   |   |   |    |   |                 |
| RELATIONSHIP TO ABOVE  |   |   |    |   |                 |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |   | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |    | <input type="checkbox"/> WMAVE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify)<br><u>D</u> |                 |

Form 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R256                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| B                       | 27  |                |     | 46         | 12    |
| COUNTY                  |     | CITY           |     |            |       |
| East Feliciana          |     |                |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Living alone            |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
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|                         |     |                |     |            |       |

FORM 10-436 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |   |  |                  |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
|--|--|---|--|------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|-----------|--------------------------------|--|--|
| R250   |  | NAME OF INDIVIDUAL<br><i>Regan, Annie</i>           |  | LOUISIANA        |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| COLOR<br><i>W</i>  | AGE<br><i>23</i>                         | BIRTHPLACE  |  | E.D.<br><i>5</i> | SHEET<br><i>22</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| COUNTY<br><i>Acadia</i>  |  | CITY  |  |                  |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| ENUMERATED WITH  |  |   |  |                  |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| RELATIONSHIP TO ABOVE<br><i>Regan, James</i>   |  |   |  |                  |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> IMMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NUNCE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>Si</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |                  |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> IMMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NUNCE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>Si</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> IMMATE                     |  |                  |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NUNCE                      |  |                  |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |                  |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |                  |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |                  |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |                  |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  | <i>Si</i>   |  |                  |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |   |  |                  |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18105-P01

|  |     |   |  |   |       |
|--|-----|---|--|---|-------|
| 19250  |     | NAME OF INDIVIDUAL  |  | LOUISIANA   |       |
| COLOR  | AGE | BIRTHPLACE  |  | E.D.  | SHEET |
| MW   | 37  |   |  | 18  | 10    |
| COUNTY   |     | CITY  |  |   |       |
|  |     | Iberia  |  | New Iberia  |       |
| ENUMERATED WITH  |     |   |  |   |       |
| Rocken Leon  |     |   |  |   |       |
| RELATIONSHIP TO ABOVE  |     |   |  |   |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> WILKIE<br><input type="checkbox"/> NUNCE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify) |       |

FORM 16-537 (4-28-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |              |                 |            |           |       |
|-------------------------|--------------|-----------------|------------|-----------|-------|
| R253                    |              | HEAD OF FAMILY. |            | LOUISIANA |       |
| COLOR                   | AGE          | BIRTHPLACE      |            | S.D.      | SHEET |
| mu                      | 58           |                 |            | 39        | 19    |
| COUNTY                  |              | CITY            |            |           |       |
| Calcasieu               |              |                 |            |           |       |
| OTHER MEMBERS OF FAMILY |              |                 |            |           |       |
| NAME                    | RELATIONSHIP | AGE             | BIRTHPLACE |           |       |
| Salina                  | W            | 54              |            |           |       |
| Louis                   | S            | 14              |            |           |       |
| Bob                     | S            | 16              |            |           |       |
| Orlenger                | S            | 11              |            |           |       |
| Maudie                  | S            | 19              |            |           |       |
| Garyott                 | S cl.        | 4 1/2           |            |           |       |
| Vendrix Clarence        | S cl.        | 15              |            |           |       |

FORM 16-636 (4-22-21)

1919 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| R250   |  | NAME OF INDIVIDUAL   |  | LOUISIANA  |  |
| SEX <i>M</i>   |  | AGE <i>1</i>   |  | E.O. SHEET   |  |
| BIRTHPLACE   |  | 125  |  | 15   |  |
| CITY   |  | St. Martin   |  | CITY   |  |
| GENERATED WITH   |  |  |  |  |  |
| RELATIONSHIP TO ABOVE <i>Jacqueline Conner</i>   |  |  |  |  |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NICE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INDIA<br><input type="checkbox"/> BRIDE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>S</i> |  |

FORM 10-127 (10-20-51)

1950 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCENSUS-DC 1950-P01

|   |  |  |  |                    |                    |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|--|--------------------|--------------------|---------------------------------|---------------------------------|-------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|--|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R252  |  | NAME OF INDIVIDUAL<br><i>Rushing</i>     |  | LOUISIANA          |                    |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>B</i>   | AGE<br><i>17</i>                         | BIRTHPLACE<br><i>Ark</i>                 |  | R.D.<br><i>113</i> | SHEET<br><i>23</i> |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY  |  | CITY<br><i>Richland</i>                  |  |                    |                    |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Coker</i>   |  |  |  |                    |                    |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE<br><i>Jessie</i>  |  |  |  |                    |                    |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIFE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |                    |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIFE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIFE            |  |                    |                    |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |  |                    |                    |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |  |                    |                    |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |  |                    |                    |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |  |                    |                    |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |  |                    |                    |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |                    |                    |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |  |                    |                    |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-637 (10-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |      |            |  |
|-------------------------|-----|----------------|------|------------|--|
| R250                    |     | HEAD OF FAMILY |      | LOUISIANA  |  |
| COLOR                   | AGE | BIRTHPLACE     | E.D. | SHEET      |  |
| W                       | 23  | St             | 33   | 2          |  |
| COUNTY                  |     | Jefferson      |      | CITY       |  |
| OTHER MEMBERS OF FAMILY |     |                |      |            |  |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| / Nancy                 |     | W              | 19   |            |  |
| Joseph                  |     | S              | 12   |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |  |  |                   |                    |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|--|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|--|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R250   |  | NAME OF INDIVIDUAL<br><i>Rizay Apoline</i> |  | LOUISIANA         |                    |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>N</i>  | AGE<br><i>68</i>                         | BIRTHPLACE                                 |  | E.D.<br><i>47</i> | SHEET<br><i>23</i> |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY   |  | CITY<br><i>Lafourche</i>                   |  |                   |                    |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Rizay, Rene</i>  |  |  |  |                   |                    |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |  |                   |                    |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> INMATE</td></tr><tr><td><input checked="" type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> |  |  |  |                   |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input checked="" type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE            |  |                   |                    |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE             |  |                   |                    |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |  |                   |                    |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER            |  |                   |                    |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |  |                   |                    |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |  |                   |                    |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |                   |                    |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |  |                   |                    |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-637 (4-30-61)

1960 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 10195-P01



|                         |                |                               |           |            |
|-------------------------|----------------|-------------------------------|-----------|------------|
| R250                    | HEAD OF FAMILY |                               | LOUISIANA |            |
| COLOR<br>W              | AGE<br>63      | BIRTHPLACE<br>Richon, Arsenia |           | E.O.<br>40 |
| COUNTY<br>Lafourche     |                | CITY                          |           |            |
| OTHER MEMBERS OF FAMILY |                |                               |           |            |
| NAME                    |                | RELATIONSHIP                  | AGE       | BIRTHPLACE |
| Melzies                 |                | W                             | 58        |            |
| Peterson                |                | D                             | 19        |            |
| Clodia                  |                | D                             | 17        |            |
|                         |                |                               |           |            |
|                         |                |                               |           |            |
|                         |                |                               |           |            |
|                         |                |                               |           |            |
|                         |                |                               |           |            |

FORM 16-436 (4-30-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |  |  |                   |                    |                                 |  |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|--|-------------------|--------------------|---------------------------------|--|---------------------------------|---------------------------------|-------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R 256  |  | NAME OF INDIVIDUAL<br><i>Loisanes Archer</i> |  | LOUISIANA         |                    |                                 |  |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>B</i>  | AGE<br><i>5</i>                            | BIRTHPLACE                                   |  | E.D.<br><i>91</i> | SHEET<br><i>17</i> |                                 |  |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>Natchitoches</i>  |  | CITY   |  |                   |                    |                                 |  |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Johnson, Susan</i>   |  |  |  |                   |                    |                                 |  |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |  |                   |                    |                                 |  |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input checked="" type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> NEAIVE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NICE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |                   |                    | <input type="checkbox"/> FATHER | <input checked="" type="checkbox"/> NEPHEW | <input type="checkbox"/> NEAIVE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NICE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input checked="" type="checkbox"/> NEPHEW | <input type="checkbox"/> NEAIVE              |  |                   |                    |                                 |  |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NICE              | <input type="checkbox"/> NURSE               |  |                   |                    |                                 |  |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW     | <input type="checkbox"/> PATIENT             |  |                   |                    |                                 |  |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW     | <input type="checkbox"/> ROOMER              |  |                   |                    |                                 |  |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW        | <input type="checkbox"/> SERVANT             |  |                   |                    |                                 |  |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW   | <input type="checkbox"/> OTHER (Specify)     |  |                   |                    |                                 |  |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW    |  |  |                   |                    |                                 |  |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW     |  |  |                   |                    |                                 |  |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 16-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCIB-4-CC 18189-P61

|  |     |   |      |   |       |
|--|-----|---|------|---|-------|
| R250   |     | NAME OF INDIVIDUAL  |      | LOUISIANA   |       |
| COLOR  | AGE | BIRTHPLACE  |      | E.D.  | SHEET |
| B  | 22  | Reason, Arthur  |      | 110   | 14    |
| COUNTY   |     |   | CITY |   |       |
| Terrebonne   |     |   |      |   |       |
| ENUMERATED WITH  |     |   |      |   |       |
| Setts, James   |     |   |      |   |       |
| RELATIONSHIP TO ABOVE  |     |   |      |   |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |       |

FORM 16-637 (4-22-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R253                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| B                       | 58  |                |     | 71         | 6     |
| COUNTY                  |     | Natchitoches   |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Mamard                  |     | W              | 64  |            |       |
| Japhet                  |     | S              | 30  |            |       |
| Casato                  |     | S              | 28  |            |       |
| Matryen                 |     | S              | 15  |            |       |
| Abile                   |     | S              | 13  |            |       |
| Lecie                   |     | D              | 14  |            |       |
| Larick                  |     | D              | 12  |            |       |

FORM 10-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

CARD 2 OF 2

**OTHER MEMBERS OF FAMILY**

| OTHER MEMBERS OF FAMILY |              |     |            |
|-------------------------|--------------|-----|------------|
| NAME                    | RELATIONSHIP | AGE | BIRTHPLACE |
| Kate                    | D            | 10  |            |
| Achille                 | S            | 6   |            |
|                         |              |     |            |
|                         |              |     |            |
|                         |              |     |            |
|                         |              |     |            |
|                         |              |     |            |
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|                         |              |     |            |

FORM 10-636e (4-20-61)  
1910 CENSUS INDEX

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1150424 DC 10106-P61

|   |   |   |            |  |                   |
|---|---|---|------------|--|-------------------|
| R252  |   | NAME OF INDIVIDUAL  |            | LOUISIANA  |                   |
| COLOR   | W | AGE   | 7          | BIRTHPLACE   | E.D. 708 SHEET 16 |
| COUNTY  |   |   | St. Landry | CITY   |                   |
| ENUMERATED WITH   |   |   |            |  |                   |
| Oden, Elvira A  |   |   |            |  |                   |
| RELATIONSHIP TO ABOVE   |   |   |            |  |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input checked="" type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |   | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |            | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                   |

FORM 10-637 (6-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                |                  |            |       |
|-------------------------|----------------|------------------|------------|-------|
| R250                    | HEAD OF FAMILY |                  | LOUISIANA  |       |
| COLOR                   | AGE            | BIRTHPLACE       |            | E.D.  |
| W                       | 47             | Reckana Augustus |            | 65    |
| COUNTY                  |                | CITY             |            | SHEET |
| Charles                 |                |                  |            | 3     |
| OTHER MEMBERS OF FAMILY |                |                  |            |       |
| NAME                    | RELATIONSHIP   | AGE              | BIRTHPLACE |       |
| Wm                      | W              | 52               |            |       |
| Reckana                 | D              | 25               |            |       |
| Chappell                | S              | 21               |            |       |
| Wm                      | S              | 18               |            |       |
| Wm                      | D              | 13               |            |       |
|                         |                |                  |            |       |
|                         |                |                  |            |       |

FORM 18-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |            |               |
|-------------------------|---|----------------|-----|------------|---------------|
| R250                    |   | HEAD OF FAMILY |     | LOUISIANA  |               |
| COLOR                   | W | AGE            | 41  | BIRTHPLACE | Resgan Auding |
| COUNTY                  |   | Jackson        |     | CITY       | Eros          |
| OTHER MEMBERS OF FAMILY |   |                |     |            |               |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |               |
| Narah L                 |   | W              | 34  |            |               |
| Chappell R              |   | S              | 17  |            |               |
| Ollie H                 |   | D              | 13  |            |               |
| Carrie E                |   | D              | 10  |            |               |
| Temper E                |   | D              | 6   |            |               |
|                         |   |                |     |            |               |
|                         |   |                |     |            |               |

FORM 18-626 (4-20-31)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| A253                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| W                       |  | 42             | France     | 92         | 2     |
| COUNTY                  |  |                | CITY       |            |       |
| St. Mary                |  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Cecile                  |  | W              | 36         |            |       |
| George                  |  | D              | 13         |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
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FORM 18-626 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |         |                |      |            |                |
|-------------------------|---------|----------------|------|------------|----------------|
| R253                    |         | HEAD OF FAMILY |      | LOUISIANA  |                |
| COLOR                   | W       | AGE            | 57   | BIRTHPLACE | Rougeant, B.m. |
|                         |         |                |      | E.D.       | 83             |
|                         |         |                |      | SHEET      | 10             |
| COUNTY                  |         |                | CITY |            |                |
| OTHER MEMBERS OF FAMILY |         |                |      |            |                |
|                         | NAME    | RELATIONSHIP   | AGE  | BIRTHPLACE |                |
|                         | Rhoda   | W              | 26   |            |                |
|                         | Gladya  | D              | 3    |            |                |
|                         | E. Hall | D              | 2    |            |                |
|                         |         |                |      |            |                |
|                         |         |                |      |            |                |
|                         |         |                |      |            |                |
|                         |         |                |      |            |                |
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FORM 10-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |            |         |
|-------------------------|---|----------------|-----|------------|---------|
| R 752                   |   | HEAD OF FAMILY |     | LOUISIANA  |         |
| COLOR                   | W | AGE            | 24  | BIRTHPLACE | Bayou B |
| COUNTY                  |   | Natchitoches   |     | CITY       |         |
| OTHER MEMBERS OF FAMILY |   |                |     |            |         |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |         |
| Rennie A                |   | W              | 23  |            |         |
| Marvin                  |   | S              | 14  |            |         |
|                         |   |                |     |            |         |
|                         |   |                |     |            |         |
|                         |   |                |     |            |         |
|                         |   |                |     |            |         |
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|                         |   |                |     |            |         |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |  |  |               |       |
|---|--|--|--|---------------|-------|
| R350  |  | NAME OF PERSON                           |  | LOUISIANA     |       |
| SEX   | AGE                                      | BIRTHPLACE                               |  | S.D.          | SHEET |
| Male  | 27                                       | Cochon, Beatrice                         |  | 130           | 7     |
| COUNTY  |  | CITY                                     |  |               |       |
|   |  | St. Martin                               |  | Breaux Bridge |       |
| ENUMERATED WITH                                   |  | Fairon, Gordon                           |  |               |       |
| RELATIONSHIP TO ABOVE                             |  |  |  |               |       |
| <input type="checkbox"/> FATHER                   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |  |               |       |
| <input type="checkbox"/> MOTHER                   | <input type="checkbox"/> WIFE            | <input type="checkbox"/> NURSE           |  |               |       |
| <input type="checkbox"/> GRANDFATHER              | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |  |               |       |
| <input type="checkbox"/> GRANDMOTHER              | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |  |               |       |
| <input type="checkbox"/> GRANDSON                 | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |  |               |       |
| <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |  |               |       |
| <input type="checkbox"/> AUNT                     | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |               |       |
| <input type="checkbox"/> UNCLE                    | <input type="checkbox"/> MISTRESS-IN-LAW |  |  |               |       |

Form 10-37 (4-22-51)

1950 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 10106-P01

|                         |              |                |            |           |       |
|-------------------------|--------------|----------------|------------|-----------|-------|
| R255                    |              | HEAD OF FAMILY |            | LOUISIANA |       |
| COLOR                   | AGE          | BIRTHPLACE     |            | E.O.      | SHEET |
| B                       | 40           |                |            | 26        | 15    |
| COUNTY                  |              |                | CITY       |           |       |
| De Solo                 |              |                |            |           |       |
| OTHER MEMBERS OF FAMILY |              |                |            |           |       |
| NAME                    | RELATIONSHIP | AGE            | BIRTHPLACE |           |       |
| Berna                   | W            | 25             |            |           |       |
| Willie                  | S            | 20             |            |           |       |
| Mary                    | D            | 6              |            |           |       |
| Lorja                   | D            | 5              |            |           |       |
| Bea L.                  | S            | 2              |            |           |       |
| Rahelt                  | S            | 7              |            |           |       |
| Racie L.                | D-L          | 23             |            |           |       |

FORM 18-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |      |            |      |
|-------------------------|---|----------------|------|------------|------|
| R 252                   |   | HEAD OF FAMILY |      | LOUISIANA  |      |
| COLOR                   | B | AGE            | 38   | BIRTHPLACE | Bonn |
| COUNTY                  |   | Calcasieu      |      | CITY       |      |
| OTHER MEMBERS OF FAMILY |   |                |      |            |      |
| NAME                    |   | RELATIONSHIP   | AGE  | BIRTHPLACE |      |
| Malley                  |   | W              | 25   |            |      |
| Caroline                |   | D              | 5    |            |      |
| Henry                   |   | S              | 4    |            |      |
| Lettie                  |   | D              | 3    |            |      |
| Georgia                 |   | D              | 6/12 |            |      |
|                         |   |                |      |            |      |
|                         |   |                |      |            |      |
|                         |   |                |      |            |      |

Form 16-636 (4-20-21)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |              |                |            |           |       |
|-------------------------|--------------|----------------|------------|-----------|-------|
| P-252                   |              | HEAD OF FAMILY |            | LOUISIANA |       |
| COLOR                   | AGE          | BIRTHPLACE     |            | E.D.      | SHEET |
| B                       | 40           | Rushing Ben    |            | 5         | 8     |
| COUNTY                  |              | CITY           |            |           |       |
| Bienville               |              |                |            |           |       |
| OTHER MEMBERS OF FAMILY |              |                |            |           |       |
| NAME                    | RELATIONSHIP | AGE            | BIRTHPLACE |           |       |
| Caline M                | w            | 31             |            |           |       |
| Elmo                    | S            | 15             |            |           |       |
| Nancy                   | D            | 13             |            |           |       |
| Violet                  | D            | 9              |            |           |       |
| Frank                   | S            | 8              |            |           |       |
| Wash                    | S            | 5              |            |           |       |
| Rosy                    | D            | 4              |            |           |       |

FORM 16-626 (4-20-01)  
1910 CEN. US INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

HEAD OF FAMILY - CONTINUED

## LOUISIANA

CARD 2 OF 2

**OTHER MEMBERS OF FAMILY**

| HOUSEHOLD |              |     |            |
|-----------|--------------|-----|------------|
| NAME      | RELATIONSHIP | AGE | BIRTHPLACE |
| / Ben     | S            | 2   |            |
| H. L.     | S            | 1   |            |
|           |              |     |            |
|           |              |     |            |
|           |              |     |            |
|           |              |     |            |
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FORM 16-630e (4-20-61)

1910 CENSUS INDEX - FAMM PAGE

FORM 10-436a (4-20-01)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMB-DC 15104-P01



|                         |              |                |            |            |      |
|-------------------------|--------------|----------------|------------|------------|------|
| 2252                    |              | HEAD OF FAMILY |            | LOUISIANA  |      |
| COLOR                   | B            | AGE            | 44         | BIRTHPLACE | Miss |
| COUNTY                  |              | Richland       |            | CITY       |      |
| OTHER MEMBERS OF FAMILY |              |                |            |            |      |
| NAME                    | RELATIONSHIP | AGE            | BIRTHPLACE |            |      |
| Willie                  | 2            | 21             |            |            |      |
| Bessie                  | 5            | 17             |            |            |      |
| Charles                 | 5            | 14             |            |            |      |
|                         |              |                |            |            |      |
|                         |              |                |            |            |      |
|                         |              |                |            |            |      |
|                         |              |                |            |            |      |
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FORM 10-636 (4-20-11)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                                |            |                       |            |                   |              |
|--------------------------------|------------|-----------------------|------------|-------------------|--------------|
| <b>R255</b>                    |            | <b>HEAD OF FAMILY</b> |            | <b>LOUISIANA</b>  |              |
| <b>COLOR</b>                   | <b>AGE</b> | <b>BIRTHPLACE</b>     |            | <b>E.O.</b>       | <b>SHEET</b> |
| <i>W</i>                       | <i>32</i>  | <i>Russia</i>         |            | <i>103</i>        | <i>2</i>     |
| <b>COUNTY</b>                  |            | <b>CITY</b>           |            |                   |              |
| <i>St. Landry</i>              |            | <i>Cypreus</i>        |            |                   |              |
| <b>OTHER MEMBERS OF FAMILY</b> |            |                       |            |                   |              |
| <b>NAME</b>                    |            | <b>RELATIONSHIP</b>   | <b>AGE</b> | <b>BIRTHPLACE</b> |              |
| <i>Anna L</i>                  |            | <i>W</i>              | <i>26</i>  | <i>Russia</i>     |              |
| <i>Olga</i>                    |            | <i>D</i>              | <i>7</i>   |                   |              |
| <i>John</i>                    |            | <i>M</i>              | <i>43</i>  | <i>Russia</i>     |              |
|                                |            |                       |            |                   |              |
|                                |            |                       |            |                   |              |
|                                |            |                       |            |                   |              |
|                                |            |                       |            |                   |              |
|                                |            |                       |            |                   |              |

FORM 18-436 (10-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |              |                |            |            |        |
|-------------------------|--------------|----------------|------------|------------|--------|
| R 252                   |              | HEAD OF FAMILY |            | LOUISIANA  |        |
| COLOR                   | W            | AGE            | 35         | BIRTHPLACE | Russia |
| COUNTY                  |              | CITY           |            | Plaquemine |        |
| OTHER MEMBERS OF FAMILY |              |                |            |            |        |
| NAME                    | RELATIONSHIP | AGE            | BIRTHPLACE |            |        |
| Ratie                   | W            | 32             | Russia     |            |        |
| Morris                  | S            | 13             |            |            |        |
| Libby                   | D            | 11             |            |            |        |
| Wymen                   | S            | 7              |            |            |        |
| Daniel                  | S            | 2              |            |            |        |
| Goldie                  | S            | 2              |            |            |        |
| S / L                   |              |                |            |            |        |

FORM 16-436 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |                 |  |           |     |
|-------------------------|---|----------------|-----|-----------------|--|-----------|-----|
| 1254                    |   | HEAD OF FAMILY |     | Kison Berlie A. |  | LOUISIANA |     |
| COLOR                   | W | AGE            | 22  | BIRTHPLACE      |  | R.D.      | 131 |
|                         |   |                |     |                 |  | SHEET     | 6   |
| COUNTY                  |   |                |     | CITY            |  |           |     |
| Wichita                 |   |                |     |                 |  |           |     |
| OTHER MEMBERS OF FAMILY |   |                |     |                 |  |           |     |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE      |  |           |     |
| Dora                    |   | W              | 16  |                 |  |           |     |
| Lorraine E.             |   | S              | 12  |                 |  |           |     |
|                         |   |                |     |                 |  |           |     |
|                         |   |                |     |                 |  |           |     |
|                         |   |                |     |                 |  |           |     |
|                         |   |                |     |                 |  |           |     |
|                         |   |                |     |                 |  |           |     |
|                         |   |                |     |                 |  |           |     |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |            |      |
|-------------------------|---|----------------|-----|------------|------|
| R250                    |   | HEAD OF FAMILY |     | LOUISIANA  |      |
| COLOR                   | B | AGE            | 36  | BIRTHPLACE | Tex. |
| COUNTY                  |   | Red River      |     | CITY       |      |
| OTHER MEMBERS OF FAMILY |   |                |     |            |      |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |      |
| Hills, Barnett          |   | 5              | 7   |            |      |
| Kaiser, Lewis           |   | 5              | 5   |            |      |
| Grant, Wm               |   | 5              | 2   |            |      |
|                         |   |                |     |            |      |
|                         |   |                |     |            |      |
|                         |   |                |     |            |      |
|                         |   |                |     |            |      |
|                         |   |                |     |            |      |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |           |            |       |
|-------------------------|-----|----------------|-----------|------------|-------|
| R 250                   |     | HEAD OF FAMILY |           | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |           | E.D.       | SHEET |
| W                       | 20  |                |           | 38         | 9     |
| COUNTY                  |     |                | CITY      |            |       |
|                         |     |                | Thibodaux |            |       |
| OTHER MEMBERS OF FAMILY |     |                |           |            |       |
| NAME                    |     | RELATIONSHIP   | AGE       | BIRTHPLACE |       |
| 1 Clarence R            |     | S              | 2         |            |       |
| Simmons, Sydney         |     | C              | 18        |            |       |
|                         |     |                |           |            |       |
|                         |     |                |           |            |       |
|                         |     |                |           |            |       |
|                         |     |                |           |            |       |
|                         |     |                |           |            |       |
|                         |     |                |           |            |       |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |                |            |      |
|-------------------------|---|----------------|----------------|------------|------|
| R 250                   |   | HEAD OF FAMILY |                | LOUISIANA  |      |
| COLOR                   | W | AGE            | 35             | BIRTHPLACE | Miss |
| COUNTY                  |   |                | East Feliciana |            |      |
| CITY                    |   |                | Wilson         |            |      |
| OTHER MEMBERS OF FAMILY |   |                |                |            |      |
| NAME                    |   | RELATIONSHIP   | AGE            | BIRTHPLACE |      |
| married at              |   | W              | 25             | Miss       |      |
| Bertram J Jr            |   | S              | 1 1/2          |            |      |
|                         |   |                |                |            |      |
|                         |   |                |                |            |      |
|                         |   |                |                |            |      |
|                         |   |                |                |            |      |
|                         |   |                |                |            |      |
|                         |   |                |                |            |      |
|                         |   |                |                |            |      |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |   |  |      |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
|---|---|--|------|-----------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|---|--|
| R25   |   | NAME OF INDIVIDUAL                       |      | LOUISIANA |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| COLOR   | AGE   | BIRTHPLACE                               | E.D. | SHEET     |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| Bl  | 12  | Lickman, Texas                           | 1    | 25        |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| COUNTY  |   | CITY                                     |      |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| Bienville   |   |  |      |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| ENUMERATED WITH   |   |  |      |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| William, Charles  |   |  |      |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| RELATIONSHIP TO ABOVE   |   |  |      |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input checked="" type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |   |  |      |           |  | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input checked="" type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW                   | <input type="checkbox"/> INMATE          |      |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE                    | <input type="checkbox"/> NURSE           |      |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW            | <input type="checkbox"/> PATIENT         |      |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW            | <input type="checkbox"/> ROOMER          |      |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW               | <input type="checkbox"/> SERVANT         |      |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW          | <input type="checkbox"/> OTHER (Specify) |      |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW           |  |      |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <input type="checkbox"/> UNCLE  | <input checked="" type="checkbox"/> SISTER-IN-LAW |  |      |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |

FORM 16-627 (4-22-61)

1940 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-OC 16198-P-91



|  |     |                    |  |           |       |
|--|-----|--------------------|--|-----------|-------|
| 19250  |     | NAME OF INDIVIDUAL |  | LOUISIANA |       |
| COLOR  | AGE | BIRTHPLACE         |  | E.O.      | SHEET |
| W  | 2   |                    |  | 12        | 17    |
| COUNTY   |     | CITY               |  |           |       |
| Iberia   |     |                    |  |           |       |
| ENUMERATED WITH  |     |                    |  |           |       |
| Bessie Resire  |     |                    |  |           |       |
| RELATIONSHIP TO ABOVE  |     |                    |  |           |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input checked="" type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE<br><input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW<br><input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |     |                    |  |           |       |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                                     |  |                                  |  |                              |  |                              |  |                |  |
|-------------------------------------|--|----------------------------------|--|------------------------------|--|------------------------------|--|----------------|--|
| <i>R. Rushing</i><br>COLOR <i>W</i> |  | HEAD OF FAMILY<br><i>Rushing</i> |  | BIRTHPLACE<br><i>Burrell</i> |  | LOUISIANA<br>E.O. <i>127</i> |  | SHEET <i>3</i> |  |
| AGE <i>61</i>                       |  | BIRTHPLACE<br><del>Winn</del>    |  | COUNTY                       |  | CITY                         |  | STATE          |  |
| OTHER MEMBERS OF FAMILY             |  |                                  |  |                              |  |                              |  |                |  |
| NAME                                |  | RELATIONSHIP                     |  | AGE                          |  | BIRTHPLACE                   |  |                |  |
| <i>Sarah C</i>                      |  | <i>W</i>                         |  | <i>41</i>                    |  | <i>Miss</i>                  |  |                |  |
| <i>Ethel L.</i>                     |  | <i>D</i>                         |  | <i>22</i>                    |  |                              |  |                |  |
| <i>Cosmelina H.</i>                 |  | <i>S</i>                         |  | <i>19</i>                    |  |                              |  |                |  |
| <i>Adelaine</i>                     |  | <i>D</i>                         |  | <i>13</i>                    |  |                              |  |                |  |
| <i>Clifford</i>                     |  | <i>S</i>                         |  | <i>3</i>                     |  |                              |  |                |  |
|                                     |  |                                  |  |                              |  |                              |  |                |  |
|                                     |  |                                  |  |                              |  |                              |  |                |  |
|                                     |  |                                  |  |                              |  |                              |  |                |  |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |  |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|--|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 8250  |  | NAME OF INDIVIDUAL<br><i>Rachen C. D.</i>  |  | LOUISIANA         |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>W</i>   | AGE<br><i>21</i>                         | BIRTHPLACE<br><i>LL</i>                    |  | E.D.<br><i>80</i> | SHEET<br><i>19</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>Natchitoches</i>   |  | CITY<br><i>Natchitoches</i>                |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Brown T. J.</i>   |  |  |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> WORKER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |                   |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> WORKER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE            |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE             |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> WORKER |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 16-637 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18109-P81

|                         |     |                |          |            |       |
|-------------------------|-----|----------------|----------|------------|-------|
| R250                    |     | HEAD OF FAMILY |          | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |          | E.D.       | SHEET |
| W                       | 67  | 8 C.           |          | 62         | 30    |
| COUNTY                  |     |                | CITY     |            |       |
| Grant                   |     |                | Rochelle |            |       |
| OTHER MEMBERS OF FAMILY |     |                |          |            |       |
| NAME                    |     | RELATIONSHIP   | AGE      | BIRTHPLACE |       |
| 1 J. E.                 |     | S              | 25       |            |       |
| Maggie                  |     | D              | 29       |            |       |
| Estrada Mildred         |     | S D            | 5        |            |       |
|                         |     |                |          |            |       |
|                         |     |                |          |            |       |
|                         |     |                |          |            |       |
|                         |     |                |          |            |       |
|                         |     |                |          |            |       |

FORM 10-636 (4-30-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |            |        |
|-------------------------|---|----------------|-----|------------|--------|
| P 150                   |   | HEAD OF FAMILY |     | LOUISIANA  |        |
| COLOR                   | W | AGE            | 58  | BIRTHPLACE | La. H. |
| COUNTY                  |   | Tensas         |     | CITY       |        |
| OTHER MEMBERS OF FAMILY |   |                |     |            |        |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |        |
| S. O.                   |   | W              | 53  |            |        |
| Fannie                  |   | D              | 26  |            |        |
| Jesse                   |   | S              | 17  |            |        |
| Mabel                   |   | D              | 13  |            |        |
| Minnie                  |   | S              | 11  |            |        |
| and 1 Se.               |   |                |     |            |        |

FORM 16-436 (4-30-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |   |   |      |                   |                   |
|--|---|---|------|-------------------|-------------------|
| R 251  |   | NAME OF INDIVIDUAL<br><i>Rauchbach, Camilla</i> |      | LOUISIANA         |                   |
| COLOR<br><i>W</i>                              | AGE<br><i>5</i>                           | BIRTHPLACE                                      |      | E.O.<br><i>92</i> | SHEET<br><i>1</i> |
| COUNTY<br><i>St. Mary</i>                      |   |   | CITY |                   |                   |
| ENUMERATED WITH<br><i>Schwartz, B. William</i> |   |   |      |                   |                   |
| RELATIONSHIP TO ABOVE                          |   |   |      |                   |                   |
| <input type="checkbox"/> FATHER                | <input type="checkbox"/> NEPHEW           | <input type="checkbox"/> INMATE                 |      |                   |                   |
| <input type="checkbox"/> MOTHER                | <input checked="" type="checkbox"/> NIECE | <input type="checkbox"/> NURSE                  |      |                   |                   |
| <input type="checkbox"/> GRANDFATHER           | <input type="checkbox"/> FATHER-IN-LAW    | <input type="checkbox"/> PATIENT                |      |                   |                   |
| <input type="checkbox"/> GRANDMOTHER           | <input type="checkbox"/> MOTHER-IN-LAW    | <input type="checkbox"/> ROOMER                 |      |                   |                   |
| <input type="checkbox"/> GRANDSON              | <input type="checkbox"/> SON-IN-LAW       | <input type="checkbox"/> SERVANT                |      |                   |                   |
| <input type="checkbox"/> GRANDDAUGHTER         | <input type="checkbox"/> DAUGHTER-IN-LAW  | <input type="checkbox"/> OTHER (Specify)        |      |                   |                   |
| <input type="checkbox"/> AUNT                  | <input type="checkbox"/> BROTHER-IN-LAW   |   |      |                   |                   |
| <input type="checkbox"/> UNCLE                 | <input type="checkbox"/> SISTER-IN-LAW    |   |      |                   |                   |

Form 16-637 (4-26-61)

1930 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18196-P01

|   |            |                    |           |            |                   |
|---|------------|--------------------|-----------|------------|-------------------|
| R250  |            | NAME OF INDIVIDUAL |           | LOUISIANA  |                   |
| COLOR   | W          | AGE                | 32        | BIRTHPLACE | E.D. 112 SHEET 24 |
| COUNTY  | Tangipahoa |                    | CITY Spin |            |                   |
| ENUMERATED WITH   |            |                    |           |            |                   |
| RELATIONSHIP TO ABOVE   |            |                    |           |            |                   |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER<br/> <input type="checkbox"/> MOTHER<br/> <input type="checkbox"/> GRANDFATHER<br/> <input type="checkbox"/> GRANDMOTHER<br/> <input type="checkbox"/> GRANDSON<br/> <input type="checkbox"/> GRANDDAUGHTER<br/> <input type="checkbox"/> AUNT<br/> <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW<br/> <input type="checkbox"/> NIECE<br/> <input type="checkbox"/> FATHER-IN-LAW<br/> <input type="checkbox"/> MOTHER-IN-LAW<br/> <input type="checkbox"/> SON-IN-LAW<br/> <input type="checkbox"/> DAUGHTER-IN-LAW<br/> <input type="checkbox"/> BROTHER-IN-LAW<br/> <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE<br/> <input type="checkbox"/> NURSE<br/> <input type="checkbox"/> PATIENT<br/> <input type="checkbox"/> ROOMER<br/> <input type="checkbox"/> SERVANT<br/> <input checked="" type="checkbox"/> OTHER (Specify) </div> </div> |            |                    |           |            |                   |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R 250                   |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.O.       | SHEET |
| W                       | 24  | Italy          |     | 96         | 4     |
| COUNTY                  |     | CITY           |     |            |       |
| St. Mary                |     |                |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Rosa                    |     | W              | 21  | Italy      |       |
| Josephine               |     | D              | 1   |            |       |
| Despina Sam             |     | SB             | 21  |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 18-638 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |     |                     |     |            |       |
|-------------------------|-----|---------------------|-----|------------|-------|
| R255                    |     | HEAD OF FAMILY      |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE          |     | E.D.       | SHEET |
| B                       | 65  | Richard, Caroline   |     | 109        | 5     |
| COUNTY                  |     | Gla.                |     |            |       |
| Selling                 |     | CITY Pleasant Hill. |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                     |     |            |       |
| NAME                    |     | RELATIONSHIP        | AGE | BIRTHPLACE |       |
| 1 Emma                  |     | S.D.                | 15  |            |       |
|                         |     |                     |     |            |       |
|                         |     |                     |     |            |       |
|                         |     |                     |     |            |       |
|                         |     |                     |     |            |       |
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FORM 10-436 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |  |                           |  |            |             |
|--|--|--|---------------------------|--|------------|-------------|
| 1930<br>COLOR <i>W</i>   |  | NAME OF INDIVIDUAL<br><i>Leginside, Caroline</i>   |                           | STATE<br>LOUISIANA   | E.D.<br>38 | SHEET<br>11 |
| AGE<br>57  |  | BIRTHPLACE   |                           |  |            |             |
| COUNTY<br>Calcasieu  |  |  | CITY<br>Lake Charles City |  |            |             |
| ENUMERATED WITH<br><i>Carroll, Stacy A.</i>  |  |  |                           |  |            |             |
| RELATIONSHIP TO ABOVE  |  |  |                           |  |            |             |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input checked="" type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |                           | <input type="checkbox"/> NEAUTE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |            |             |

FORM 10-537 (4-25-31)

1930 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 1919-P-4

|                         |                 |                                |           |               |
|-------------------------|-----------------|--------------------------------|-----------|---------------|
| R252                    | HEAD OF FAMILY. |                                | LOUISIANA |               |
| COLOR<br>B              | AGE<br>29       | BIRTHPLACE<br>Riggins, Carroll |           | SHEET<br>39 2 |
| COUNTY<br>East Carroll  |                 | CITY                           |           |               |
| OTHER MEMBERS OF FAMILY |                 |                                |           |               |
| NAME                    |                 | RELATIONSHIP                   | AGE       | BIRTHPLACE    |
| Georgiana               |                 | W                              | 30        |               |
| Ladon                   |                 | D                              | 9         |               |
| Harry                   |                 | S                              | 6         |               |
| Phoebe                  |                 | S                              | 4         |               |
| Willie                  |                 | D                              | 9 1/2     |               |
|                         |                 |                                |           |               |
|                         |                 |                                |           |               |

FORM 10-630 (4-30-31)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                    |     |            |       |
|-------------------------|-----|--------------------|-----|------------|-------|
| R255                    |     | HEAD OF FAMILY     |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE         |     | E.D.       | SHEET |
| W                       | 50  | Richmond Catherine |     | 32         | 10    |
| COUNTY                  |     | Flag               |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |     |                    |     |            |       |
| NAME                    |     | RELATIONSHIP       | AGE | BIRTHPLACE |       |
| 1 Anna                  |     | D                  | 21  |            |       |
| 2 Caroline              |     |                    |     |            |       |
|                         |     |                    |     |            |       |
|                         |     |                    |     |            |       |
|                         |     |                    |     |            |       |
|                         |     |                    |     |            |       |
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|                         |     |                    |     |            |       |

FORM 18-636 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                  |     |             |       |
|-------------------------|-----|------------------|-----|-------------|-------|
| P 255                   |     | HEAD OF FAMILY   |     | LOUISIANA   |       |
| COLOR                   | AGE | BIRTHPLACE       |     | E.D.        | SHEET |
| W                       | 40  | Guatima          |     | 18          | 9     |
| COUNTY                  |     | East Baton Rouge |     | CITY        |       |
|                         |     |                  |     | Baton Rouge |       |
| OTHER MEMBERS OF FAMILY |     |                  |     |             |       |
| NAME                    |     | RELATIONSHIP     | AGE | BIRTHPLACE  |       |
| Lillian F               |     | W                | 21  |             |       |
| Adrian                  |     | D                | 3   |             |       |
| Charles Jr.             |     | S                | 1/2 |             |       |
|                         |     |                  |     |             |       |
|                         |     |                  |     |             |       |
|                         |     |                  |     |             |       |
|                         |     |                  |     |             |       |
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FORM 16-436 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R252                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| B                       | 40  |                |     | 113        | 9     |
| COUNTY                  |     | CITY           |     |            |       |
| Richland                |     | Rich.          |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Fannie                  |     | W              | 39  | ala.       |       |
| Lula                    |     | D              | 18  |            |       |
| Carrie                  |     | D              | 14  |            |       |
| George                  |     | S              | 10  |            |       |
| Charles                 |     | S              | 8   |            |       |
| Johnny                  |     | S              | 6   |            |       |
| Alfred                  |     | S              | 4   |            |       |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |     |                   |      |            |       |
|-------------------------|-----|-------------------|------|------------|-------|
| R252                    |     | HEAD OF FAMILY    |      | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE        |      | E.D.       | SHEET |
| B                       | 26  | Miss              |      | 137        | 6     |
| COUNTY                  |     |                   | CITY |            |       |
| West Baton Rouge        |     |                   |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                   |      |            |       |
| NAME                    |     | RELATION-<br>SHIP | AGE  | BIRTHPLACE |       |
| * 1 L                   |     |                   |      |            |       |
|                         |     |                   |      |            |       |
|                         |     |                   |      |            |       |
|                         |     |                   |      |            |       |
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|                         |     |                   |      |            |       |

FORM 10-636 (4-20-61)

1918 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |     |                 |      |            |       |
|-------------------------|-----|-----------------|------|------------|-------|
| K252                    |     | HEAD OF FAMILY  |      | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE      |      | E.D.       | SHEET |
| W                       | 39  | Rickens Charles |      | 26         | 9     |
| COUNTY                  |     |                 | CITY |            |       |
| Jefferson               |     |                 |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                 |      |            |       |
| NAME                    |     | RELATIONSHIP    | AGE  | BIRTHPLACE |       |
| Margaret                |     | W               | 39   | Miss       |       |
| Charlotte               |     | D               | 6    |            |       |
|                         |     |                 |      |            |       |
|                         |     |                 |      |            |       |
|                         |     |                 |      |            |       |
|                         |     |                 |      |            |       |
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|                         |     |                 |      |            |       |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |            |                  |
|-------------------------|---|----------------|-----|------------|------------------|
| R256                    |   | HEAD OF FAMILY |     | LOUISIANA  |                  |
| COLOR                   | W | AGE            | 43  | BIRTHPLACE | Rosenes Chas. Jr |
| COUNTY                  |   | Jefferson      |     | CITY       |                  |
| OTHER MEMBERS OF FAMILY |   |                |     |            |                  |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |                  |
| Harrist                 |   | W              | 36  |            |                  |
| Edna M.                 |   | D              | 8   |            |                  |
| Chas. W. Jr.            |   | S              | 3   |            |                  |
|                         |   |                |     |            |                  |
|                         |   |                |     |            |                  |
|                         |   |                |     |            |                  |
|                         |   |                |     |            |                  |
|                         |   |                |     |            |                  |

FORM 16-636 (4-26-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |     |                    |  |           |       |
|---|-----|--------------------|--|-----------|-------|
| R255  |     | NAME OF INDIVIDUAL |  | LOUISIANA |       |
| COLOR   | AGE | BIRTHPLACE         |  | E.D.      | SHEET |
| B   | 32  |                    |  | 132       | 8     |
| COUNTY  |     | CITY               |  |           |       |
| Winn  |     | Dade               |  |           |       |
| ENUMERATED WITH   |     |                    |  |           |       |
| Ashley Moore  |     |                    |  |           |       |
| RELATIONSHIP TO ABOVE   |     |                    |  |           |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE<br><input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW<br><input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> BOARDER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |     |                    |  |           |       |

Form 10-427 (4-22-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 1810b-P81

|                         |        |                |     |            |                |
|-------------------------|--------|----------------|-----|------------|----------------|
| R250                    |        | HEAD OF FAMILY |     | LOUISIANA  |                |
| COLOR                   | B      | AGE            | 48  | BIRTHPLACE | Regan, Charley |
| COUNTY                  |        | Assumption     |     | CITY       |                |
| OTHER MEMBERS OF FAMILY |        |                |     |            |                |
|                         | NAME   | RELATIONSHIP   | AGE | BIRTHPLACE |                |
|                         | Clara  | W              | 46  |            |                |
|                         | Hayman | D              | 14  |            |                |
|                         | Rafa   | D              | 13  |            |                |
|                         | Ruthy  | D              | 12  |            |                |
|                         | Jenny  | D              | 8   |            |                |
|                         | Malke  | D              | 4   |            |                |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |     |                    |  |           |       |
|--|-----|--------------------|--|-----------|-------|
| R254   |     | NAME OF INDIVIDUAL |  | LOUISIANA |       |
| COLOR  | AGE | BIRTHPLACE         |  | E.D.      | SHEET |
| B  | 23  | Rapidan            |  | 77        | 9     |
| COUNTY   |     | CITY               |  |           |       |
| ENUMERATED WITH  |     |                    |  |           |       |
| RELATIONSHIP TO ABOVE  |     |                    |  |           |       |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER<br/> <input type="checkbox"/> MOTHER<br/> <input type="checkbox"/> GRANDFATHER<br/> <input type="checkbox"/> GRANDMOTHER<br/> <input type="checkbox"/> GRANDSON<br/> <input type="checkbox"/> GRANDDAUGHTER<br/> <input type="checkbox"/> AUNT<br/> <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW<br/> <input type="checkbox"/> NIECE<br/> <input type="checkbox"/> FATHER-IN-LAW<br/> <input type="checkbox"/> MOTHER-IN-LAW<br/> <input type="checkbox"/> SON-IN-LAW<br/> <input type="checkbox"/> DAUGHTER-IN-LAW<br/> <input type="checkbox"/> BROTHER-IN-LAW<br/> <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE<br/> <input type="checkbox"/> NURSE<br/> <input type="checkbox"/> PATIENT<br/> <input type="checkbox"/> ROOMER<br/> <input type="checkbox"/> SERVANT<br/> <input checked="" type="checkbox"/> OTHER (Specify)<br/> <u>Employer</u> </div> </div> |     |                    |  |           |       |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 15105-P01

|                         |   |                |     |            |                 |
|-------------------------|---|----------------|-----|------------|-----------------|
| R250                    |   | HEAD OF FAMILY |     | LOUISIANA  |                 |
| COLOR                   | B | AGE            | 27  | BIRTHPLACE | Rockon, Charlie |
| COUNTY                  |   | Iberia         |     | CITY       |                 |
| OTHER MEMBERS OF FAMILY |   |                |     |            |                 |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |                 |
| Lavinnia                |   | W              | 22  |            |                 |
| L hoodala, Calvin       |   | SS             | 7   |            |                 |
| 1 Wallie                |   | SD             | 5   |            |                 |
| Rockon, Mabel           |   | D              | 1/2 |            |                 |
|                         |   |                |     |            |                 |
|                         |   |                |     |            |                 |
|                         |   |                |     |            |                 |

FORM 16-436 (4-30-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |             |                                |  |  |
|--|--|---|--|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|-------------|--------------------------------|--|--|
| R-257  |  | NAME OF INDIVIDUAL<br><i>Razee, Charlie</i>         |  | LOUISIANA         |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |             |                                |  |  |
| COLOR  | AGE<br><i>8</i>                          | BIRTHPLACE  |  | E.D.<br><i>79</i> | SHEET<br><i>12</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |             |                                |  |  |
| COUNTY<br><i>Orleans</i>   |  | CITY<br><i>Natchitoches</i>                         |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |             |                                |  |  |
| ENUMERATED WITH<br><i>Gracie Anderson</i>  |  |   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |             |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |             |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>S.S.</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |                   |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>S.S.</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |             |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |             |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |             |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |             |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |             |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |             |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  | <i>S.S.</i>   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |             |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |             |                                |  |  |

FORM 10-637 (2-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-4-DC 18199-P61

|                         |                |                                 |                  |                   |           |
|-------------------------|----------------|---------------------------------|------------------|-------------------|-----------|
| R252                    | HEAD OF FAMILY |                                 | Kasinski Charlie |                   | LOUISIANA |
| COLOR<br>W              | AGE<br>69      | BIRTHPLACE<br>Polish<br>Germany | E.D.<br>3        | SHEET<br>20       |           |
| COUNTY<br>Acadia        | CITY           |                                 |                  |                   |           |
| OTHER MEMBERS OF FAMILY |                |                                 |                  |                   |           |
| NAME                    |                | RELATION-<br>SHIP               | AGE              | BIRTHPLACE        |           |
| Barbara                 |                | W                               | 64               | Polish<br>Germany |           |
| Joseph                  |                | Sister                          | 23               | Polish<br>Germany |           |
| August                  |                | S                               | 22               |                   |           |
|                         |                |                                 |                  |                   |           |
|                         |                |                                 |                  |                   |           |
|                         |                |                                 |                  |                   |           |
|                         |                |                                 |                  |                   |           |
|                         |                |                                 |                  |                   |           |

FORM 16-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|  |      |                    |      |           |      |
|--|------|--------------------|------|-----------|------|
| R252   |      | NAME OF INDIVIDUAL |      | LOUISIANA |      |
| COLOR  | W    | AGE                | 28   | E.O.      | 1308 |
| COUNTY   | Winn |                    | CITY | mo        |      |
| RELATIONSHIP TO ABOVE  |      |                    |      |           |      |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER<br/> <input type="checkbox"/> MOTHER<br/> <input type="checkbox"/> GRANDFATHER<br/> <input type="checkbox"/> GRANDMOTHER<br/> <input type="checkbox"/> GRANDSON<br/> <input type="checkbox"/> GRANDDAUGHTER<br/> <input type="checkbox"/> AUNT<br/> <input type="checkbox"/> UNCLE             </div> <div> <input type="checkbox"/> NEPHEW<br/> <input type="checkbox"/> NIECE<br/> <input type="checkbox"/> FATHER-IN-LAW<br/> <input type="checkbox"/> MOTHER-IN-LAW<br/> <input type="checkbox"/> SON-IN-LAW<br/> <input type="checkbox"/> DAUGHTER-IN-LAW<br/> <input type="checkbox"/> BROTHER-IN-LAW<br/> <input type="checkbox"/> SISTER-IN-LAW             </div> <div> <input type="checkbox"/> WIDOW<br/> <input type="checkbox"/> HOUSE<br/> <input type="checkbox"/> PATIENT<br/> <input checked="" type="checkbox"/> WORKER<br/> <input type="checkbox"/> SERVANT<br/> <input type="checkbox"/> OTHER (Specify)             </div> </div> |      |                    |      |           |      |

FORM 10-437 (4-25-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-NC 1910-P-61

|  |     |   |  |  |       |
|--|-----|---|--|--|-------|
| R253   |     | NAME OF INDIVIDUAL  |  | LOUISIANA  |       |
| COLOR  | AGE | BIRTHPLACE  |  | E.O.   | SHEET |
| Tru  | 12  | Calcasieu   |  | 39   | 20    |
| COUNTY   |     | CITY  |  |  |       |
| ENUMERATED WITH  |     |   |  |  |       |
| Moss Dobb  |     |   |  |  |       |
| RELATIONSHIP TO ABOVE  |     |   |  |  |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> IMMIGRANT<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify) |       |
|  |     | I child   |  |  |       |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |        |            |         |
|-------------------------|---|----------------|--------|------------|---------|
| 3252                    |   | HEAD OF FAMILY |        | LOUISIANA  |         |
| COLOR                   | W | AGE            | 28     | BIRTHPLACE | Chester |
| COUNTY                  |   | E.D.           |        | SHEET      |         |
|                         |   | 11             |        | 2          |         |
| COUNTY                  |   |                | CITY   |            |         |
| Bossier                 |   |                | Saline |            |         |
| OTHER MEMBERS OF FAMILY |   |                |        |            |         |
| NAME                    |   | RELATIONSHIP   | AGE    | BIRTHPLACE |         |
| Ella W.                 |   | W              | 27     |            |         |
| Elsie                   |   | D              | 8      |            |         |
| Ruby                    |   | D              | 5      |            |         |
|                         |   |                |        |            |         |
|                         |   |                |        |            |         |
|                         |   |                |        |            |         |
|                         |   |                |        |            |         |
|                         |   |                |        |            |         |

FORM 10-636 (4-30-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |                  |   |  |  |                   |
|---|------------------|---|--|--|-------------------|
| A-255   |                  | NAME OF INDIVIDUAL<br><i>Richard Claude</i>   |  | LOUISIANA  |                   |
| COLOR<br><i>W</i>   | AGE<br><i>11</i> | BIRTHPLACE  |  | E.D.<br><i>145</i>   | SHEET<br><i>2</i> |
| COUNTY<br><i>West Carroll</i>   |                  | CITY  |  |  |                   |
| ENUMERATED WITH<br><i>Keyland Felix C.</i>  |                  |   |  |  |                   |
| RELATIONSHIP TO ABOVE   |                  |   |  |  |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input checked="" type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NUNSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                   |

FORM 16-137 (4-26-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18100-P01

|                         |     |                |      |            |       |
|-------------------------|-----|----------------|------|------------|-------|
| R252                    |     | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |      | E.D.       | SHEET |
| W                       | NR  |                |      | 117        | 9     |
| COUNTY                  |     |                | CITY |            |       |
| Tangipahoa              |     |                |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Francis                 |     | W              | NR   |            |       |
| Leonard                 |     | S              | 7    |            |       |
| Margaret Timothy        |     | SS             | 8    |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|--|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|--|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R250  |  | NAME OF INDIVIDUAL                       |  | LOUISIANA |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
|   |  | Richard, Clay                            |  | E.O.      | SHEET |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR   | AGE  | BIRTHPLACE                               |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| W   | 28   |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY  |  | CITY                                     |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
|   |  | Lafourche                                |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| Yicket Filibert   |  |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NUNCE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input checked="" type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NUNCE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input checked="" type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW                | <input type="checkbox"/> INMATE          |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE                 | <input type="checkbox"/> NUNCE           |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW         | <input type="checkbox"/> PATIENT         |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW         | <input type="checkbox"/> ROOMER          |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input checked="" type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT         |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW       | <input type="checkbox"/> OTHER (Specify) |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW        |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW         |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 16-437 (4-30-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18162-P61

|  |  |  |            |           |  |
|--|--|--|------------|-----------|--|
| 125                                    |  | NAME OF INDIVIDUAL                         |            | LOUISIANA |  |
| COLOR                                  | AGE                                      | BIRTHPLACE                                 | E.D.       | SHEET     |  |
| W                                      | 5  | Tenn.                                      | 81         | 39        |  |
| COUNTY                                 |  |  | CITY       |           |  |
| Rapidon                                |  |  | Alexandria |           |  |
| ENUMERATED WITH                        |  |  |            |           |  |
| Hunter, Faith                          |  |  |            |           |  |
| RELATIONSHIP TO ABOVE                  |  |  |            |           |  |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE            |            |           |  |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE             |            |           |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |            |           |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER |            |           |  |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |            |           |  |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |            |           |  |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW  |  |            |           |  |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW   |  |            |           |  |

FORM 10-437 (4-30-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|   |   |   |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
|---|---|---|--------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|----------|--------------------------------|--|--|
| R250  | NAME OF INDIVIDUAL<br><i>Rachan C. Clearman</i> |   | E.D.<br><i>125</i> | SHEET<br><i>15</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| COLOR<br><i>Mm</i>  | AGE<br><i>24</i>                                | BIRTHPLACE  |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| COUNTY<br><i>St. Martin</i>   |   | CITY  |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| ENUMERATED WITH<br><i>Jacquette Clearman</i>  |   |   |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| RELATIONSHIP TO ABOVE   |   |   |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>W</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |   |   |                    |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>W</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW                 | <input type="checkbox"/> INMATE                     |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE                  | <input type="checkbox"/> NURSE                      |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW          | <input type="checkbox"/> PATIENT                    |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW          | <input type="checkbox"/> ROOMER                     |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW             | <input type="checkbox"/> SERVANT                    |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW        | <input checked="" type="checkbox"/> OTHER (Specify) |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW         | <i>W</i>  |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW          |   |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |

FORM 18-637 (4-30-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMB-DC 18186-P61



| HEAD OF FAMILY          |              | LOUISIANA  |            |
|-------------------------|--------------|------------|------------|
| NAME                    |              | E.D.       | SHEET      |
| R250 Richard Clemence   |              | 40         | 22         |
| COLOR                   | AGE          | BIRTHPLACE |            |
| W                       | 52           |            |            |
| COUNTY                  |              | CITY       |            |
| Lafourche               |              |            |            |
| OTHER MEMBERS OF FAMILY |              |            |            |
| NAME                    | RELATIONSHIP | AGE        | BIRTHPLACE |
| Henry                   | S            | 22         |            |
| Eddie                   | S            | 15         |            |
| Armand                  | S            | 10         |            |
| Armandine               | D            | 30         |            |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |

FORM 16-434 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

| HEAD OF FAMILY          |              | LOUISIANA  |            |
|-------------------------|--------------|------------|------------|
| R 253                   |              | E.O.       | SHEET      |
| Rigaud, Cleophile       |              | 56         | 24         |
| COLOR                   | AGE          | BIRTHPLACE |            |
| W                       | 38           |            |            |
| COUNTY                  | CITY         |            |            |
| Plaquemines             |              |            |            |
| OTHER MEMBERS OF FAMILY |              |            |            |
| NAME                    | RELATIONSHIP | AGE        | BIRTHPLACE |
| Lucy                    | W            | 34         |            |
| Adeline                 | 2            | 9          |            |
| Caral                   | d            | 6          |            |
| Lionel                  | 2            | 2          |            |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |

Form 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |  |  |           |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
|--|--|--|-----------|-------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|--|--|--------------------------------|--|--|
| R255   | NAME OF INDIVIDUAL<br><i>Richman, Cleveland</i>    |  | E.D.<br>1 | SHEET<br>35 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| COLOR<br><i>Bl</i>   | AGE<br>21  | BIRTHPLACE                               |           |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| COUNTY<br><b>Bienville</b>   |  | CITY                                     |           |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| ENUMERATED WITH<br><i>Williams, Charles</i>  |  |  |           |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |           |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> INMATE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input checked="" type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> |  |  |           |             | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input checked="" type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW                    | <input type="checkbox"/> INMATE          |           |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE                     | <input type="checkbox"/> NURSE           |           |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW             | <input type="checkbox"/> PATIENT         |           |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW             | <input type="checkbox"/> ROOMER          |           |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW                | <input type="checkbox"/> SERVANT         |           |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW           | <input type="checkbox"/> OTHER (Specify) |           |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input checked="" type="checkbox"/> BROTHER-IN-LAW |  |           |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW             |  |           |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |

FORM 10-607 (4-22-57)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-OC 18198-P41

LOUISIANA

|  |  |   |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|---|--|------------|-------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|--|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R252   |  | NAME OF INDIVIDUAL<br><i>Pushing, Clyde</i> |  | E.O.<br>82 | SHEET<br>14 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>W</i>  | AGE<br><i>8</i>                          | BIRTHPLACE                                  |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>Natchitoches</i>  |  | CITY  |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Coffey, Patrick</i>  |  |   |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> INMATE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input checked="" type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> |  |   |  |            |             | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE             |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE              |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT            |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER             |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT            |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)    |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |   |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 16-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18198-P61

LOUISIANA

|  |   |   |                   |                    |
|--|---|---|-------------------|--------------------|
| R250                                     | NAME OF INDIVIDUAL<br><i>Regina, Colett</i> |   | E.O.<br><i>70</i> | SHEET<br><i>32</i> |
| COLOR<br><i>B</i>                        | AGE<br><i>29</i>                            | BIRTHPLACE  |                   |                    |
| COUNTY<br><i>Lafayette</i>               |   | CITY<br><i>Lafayette</i>                              |                   |                    |
| ENUMERATED WITH<br><i>Regina, Mother</i> |   |   |                   |                    |
| RELATIONSHIP TO ABOVE                    |   |   |                   |                    |
| <input type="checkbox"/> FATHER          | <input type="checkbox"/> NEPHEW             | <input type="checkbox"/> INMATE                       |                   |                    |
| <input type="checkbox"/> MOTHER          | <input type="checkbox"/> NIECE              | <input type="checkbox"/> NURSE                        |                   |                    |
| <input type="checkbox"/> GRANDFATHER     | <input type="checkbox"/> FATHER-IN-LAW      | <input type="checkbox"/> PATIENT                      |                   |                    |
| <input type="checkbox"/> GRANDMOTHER     | <input type="checkbox"/> MOTHER-IN-LAW      | <input type="checkbox"/> ROOMER                       |                   |                    |
| <input type="checkbox"/> GRANDSON        | <input type="checkbox"/> SON-IN-LAW         | <input type="checkbox"/> SERVANT                      |                   |                    |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW    | <input type="checkbox"/> OTHER (Specify)<br><i>SI</i> |                   |                    |
| <input type="checkbox"/> AUNT            | <input type="checkbox"/> BROTHER-IN-LAW     |   |                   |                    |
| <input type="checkbox"/> UNCLE           | <input type="checkbox"/> SISTER-IN-LAW      |   |                   |                    |

FORM 10-637 (4-30-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 10100-P01

|                            |  |                |  |                 |  |                  |  |
|----------------------------|--|----------------|--|-----------------|--|------------------|--|
| 225                        |  | HEAD OF FAMILY |  | Richmond County |  | LOUISIANA        |  |
| COLOR                      |  | AGE            |  | BIRTHPLACE      |  | E.D. 80 SHEET 15 |  |
| COUNTY St John the Baptist |  |                |  | CITY            |  |                  |  |
| OTHER MEMBERS OF FAMILY    |  |                |  |                 |  |                  |  |
| NAME                       |  |                |  | RELATIONSHIP    |  | AGE              |  |
| Philip Carter              |  |                |  | C               |  | 56               |  |
|                            |  |                |  |                 |  | Lyn              |  |
|                            |  |                |  |                 |  |                  |  |
|                            |  |                |  |                 |  |                  |  |
|                            |  |                |  |                 |  |                  |  |
|                            |  |                |  |                 |  |                  |  |
|                            |  |                |  |                 |  |                  |  |
|                            |  |                |  |                 |  |                  |  |
|                            |  |                |  |                 |  |                  |  |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|                         |                |              |                    |            |      |       |
|-------------------------|----------------|--------------|--------------------|------------|------|-------|
| R250                    | HEAD OF FAMILY |              | Racquin, Constance |            | E.D. | SHEET |
| COLOR                   | AGE            | BIRTHPLACE   |                    |            |      |       |
| W                       | 53             | France       |                    |            |      |       |
| COUNTY                  |                | St. Bernard  |                    | CITY       |      |       |
| OTHER MEMBERS OF FAMILY |                |              |                    |            |      |       |
|                         | NAME           | RELATIONSHIP | AGE                | BIRTHPLACE |      |       |
|                         | Louise         | U            | 53                 | France     |      |       |
|                         | Camille J.     | S            | 18                 | Canada     |      |       |
|                         | Geo. H.        | D            | 12                 | Canada     |      |       |
|                         | Gaston J.      | S            | 10                 | Canada     |      |       |
|                         |                |              |                    |            |      |       |
|                         |                |              |                    |            |      |       |
|                         |                |              |                    |            |      |       |

FORM 10-436 (4-20-57)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |                   |            |       |
|-------------------------|--|----------------|-------------------|------------|-------|
| R251                    |  | HEAD OF FAMILY |                   | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE        | S.D.       | SHEET |
| W                       |  | 18             | Rosenberg Corvina | 109        | 18    |
| COUNTY                  |  |                | CITY              |            |       |
| St. Landry              |  |                |                   |            |       |
| OTHER MEMBERS OF FAMILY |  |                |                   |            |       |
| NAME                    |  | RELATIONSHIP   | AGE               | BIRTHPLACE |       |
| Living alone            |  |                |                   |            |       |
|                         |  |                |                   |            |       |
|                         |  |                |                   |            |       |
|                         |  |                |                   |            |       |
|                         |  |                |                   |            |       |
|                         |  |                |                   |            |       |
|                         |  |                |                   |            |       |
|                         |  |                |                   |            |       |

FORM 18-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



LOUISIANA

|                         |                |              |      |            |       |   |
|-------------------------|----------------|--------------|------|------------|-------|---|
| R252                    | HEAD OF FAMILY |              | E.D. |            | SHEET |   |
| Rushing                 |                | Carmelia     |      | 5          |       | 7 |
| COLOR                   | AGE            | BIRTHPLACE   |      |            |       |   |
| W                       | 47             |              |      |            |       |   |
| COUNTY                  |                |              | CITY |            |       |   |
| Caldwell                |                |              |      |            |       |   |
| OTHER MEMBERS OF FAMILY |                |              |      |            |       |   |
| NAME                    |                | RELATIONSHIP | AGE  | BIRTHPLACE |       |   |
| Wallis R                |                | S            | 27   |            |       |   |
| Arthur                  |                | S            | 23   |            |       |   |
| Lula M                  |                | d            | 20   |            |       |   |
| Percy                   |                | S            | 18   |            |       |   |
| Benton                  |                | S            | 12   |            |       |   |
|                         |                |              |      |            |       |   |
|                         |                |              |      |            |       |   |

LOUISIANA

|   |  |   |                    |
|---|--|---|--------------------|
| R253  | NAME OF INDIVIDUAL<br><i>Rigmaiden Cornelius</i> | E.D.<br><i>39</i>   | SHEET<br><i>18</i> |
| COLOR<br><i>B</i>                           | AGE<br><i>27</i>                                 | BIRTHPLACE  |                    |
| COUNTY<br><i>Calcasieu</i>                  |  | CITY  |                    |
| ENUMERATED WITH<br><i>Mitchell Mitchell</i> |  |   |                    |
| RELATIONSHIP TO ABOVE                       |  |   |                    |
| <input type="checkbox"/> FATHER             | <input type="checkbox"/> NEPHEW                  | <input type="checkbox"/> HUSBAND                                |                    |
| <input type="checkbox"/> MOTHER             | <input type="checkbox"/> NIECE                   | <input type="checkbox"/> NURSE                                  |                    |
| <input type="checkbox"/> GRANDFATHER        | <input type="checkbox"/> FATHER-IN-LAW           | <input type="checkbox"/> PATIENT                                |                    |
| <input type="checkbox"/> GRANDMOTHER        | <input type="checkbox"/> MOTHER-IN-LAW           | <input type="checkbox"/> ROOMER                                 |                    |
| <input type="checkbox"/> GRANDSON           | <input type="checkbox"/> SON-IN-LAW              | <input type="checkbox"/> SERVANT                                |                    |
| <input type="checkbox"/> GRANDDAUGHTER      | <input type="checkbox"/> DAUGHTER-IN-LAW         | <input checked="" type="checkbox"/> OTHER (Specify)<br><i>D</i> |                    |
| <input type="checkbox"/> AUNT               | <input type="checkbox"/> BROTHER-IN-LAW          |   |                    |
| <input type="checkbox"/> UNCLE              | <input type="checkbox"/> SISTER-IN-LAW           |   |                    |

FORM 10-437 (4-20-21)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC (8199-P61)

|                         |                |            | LOUISIANA  |  |
|-------------------------|----------------|------------|------------|--|
| R250                    | HEAD OF FAMILY |            | E.D. 50    |  |
| Kesson, Cornelius A     |                | SHEET 1    |            |  |
| COLOR                   | AGE            | BIRTHPLACE |            |  |
| W                       | 38             |            |            |  |
| COUNTY                  |                | CITY       |            |  |
| Franklin                |                |            |            |  |
| OTHER MEMBERS OF FAMILY |                |            |            |  |
| NAME                    | RELATIONSHIP   | AGE        | BIRTHPLACE |  |
| Lina                    | W              | 6          |            |  |
| Frank                   | S              | 14         |            |  |
| Frank B                 | S              | 1 1/2      |            |  |
| Robert                  | S              | 3          |            |  |
| Earnest C               | B              | 2 1/2      |            |  |
|                         |                |            |            |  |
|                         |                |            |            |  |

LOUISIANA

|                         |                                  |              |           |             |
|-------------------------|----------------------------------|--------------|-----------|-------------|
| R250                    | HEAD OF FAMILY<br>RUFAN CORNELUS |              | E.O.<br>5 | SHEET<br>20 |
| COLOR<br>W              | AGE<br>29                        | BIRTHPLACE   |           |             |
| COUNTY<br>Acadia        |                                  | CITY         |           |             |
| OTHER MEMBERS OF FAMILY |                                  |              |           |             |
| NAME                    |                                  | RELATIONSHIP | AGE       | BIRTHPLACE  |
| OLAMA                   |                                  | W            | 28        |             |
| LILLIAN M.              |                                  | D            | 8         |             |
| AURIE A.                |                                  | D            | 5         |             |
| VERRY M.                |                                  | D            | 2         |             |
|                         |                                  |              |           |             |
|                         |                                  |              |           |             |
|                         |                                  |              |           |             |

FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |        | HEAD OF FAMILY |      | LOUISIANA  |  |
|-------------------------|--------|----------------|------|------------|--|
| COLOR                   | AGE    | BIRTHPLACE     | E.D. | SHEET      |  |
| R 350                   | Regan  | D P            | 68   | 6          |  |
| W                       | 52     | Wis            |      |            |  |
| COUNTY                  |        | Lafayette      | CITY |            |  |
| OTHER MEMBERS OF FAMILY |        |                |      |            |  |
| NAME                    |        | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| L                       | Myatie | W              | 36   | Va         |  |
| Smith                   | Reiki  | Da             | 13   | Va         |  |
|                         |        |                |      |            |  |
|                         |        |                |      |            |  |
|                         |        |                |      |            |  |
|                         |        |                |      |            |  |
|                         |        |                |      |            |  |
|                         |        |                |      |            |  |

|   |  |   |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |                                      |  |
|---|--|---|--|-----------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--------------------------------------|--|
| R250  |  | NAME OF INDIVIDUAL                                  |  | LOUISIANA |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |                                      |  |
| E.D.  |  | SHEET   |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |                                      |  |
| COLOR   | AGE                                      | BIRTHPLACE  |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |                                      |  |
| W   | 20                                       | Sally   |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |                                      |  |
| COUNTY  |  | CITY  |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |                                      |  |
| ENUMERATED WITH   |  |   |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |                                      |  |
| Piper, Louis  |  |   |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |                                      |  |
| RELATIONSHIP TO ABOVE   |  |   |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |                                      |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> WIFE-IN-LAW</td> <td></td> </tr> </table> |  |   |  |           |  | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> WIFE-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |                                      |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |                                      |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |                                      |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |                                      |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |                                      |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |                                      |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |                                      |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> WIFE-IN-LAW     |   |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |                                      |  |

FORM 16-637 (4-20-31)

1916 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-OC 18168-P01

|  |  |   |    |             |       |
|--|--|---|----|-------------|-------|
| R258                                   |  | NAME OF INDIVIDUAL                          |    | LOUISIANA   |       |
|  |  | Richmond, Daniel                            |    | E.D.        | SHEET |
| COLOR                                  | W  | AGE   | 24 | BIRTH PLACE | 89 9  |
| COUNTY                                 | Rapides                                  |   |    | CITY        |       |
| ENUMERATED WITH                        |  |   |    |             |       |
| Funderburg, J. Wesley                  |  |   |    |             |       |
| RELATIONSHIP TO ABOVE                  |  |   |    |             |       |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE             |    |             |       |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE              |    |             |       |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT            |    |             |       |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> BROTHER |    |             |       |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT            |    |             |       |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)    |    |             |       |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW  |   |    |             |       |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW   |   |    |             |       |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 1010-P-1

|  |     |   |  |   |  |
|--|-----|---|--|---|--|
| R 252  |     | NAME OF INDIVIDUAL  |  | LOUISIANA   |  |
| Rosemweig, Daniel  |     | E.D.  |  | SHEET   |  |
| COLOR  | AGE | BIRTHPLACE  |  |   |  |
| W  | 32  | Ill.  |  |   |  |
| COUNTY   |     | CITY  |  |   |  |
| Lafayette  |     | Lafayette   |  |   |  |
| ENUMERATED WITH  |     | Bagnal, Annie   |  |   |  |
| RELATIONSHIP TO ABOVE  |     |   |  |   |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><u>Bo.</u> |  |

Form 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCENS-DC 16100-P61



|                         |              |            |            |
|-------------------------|--------------|------------|------------|
| HEAD OF FAMILY          |              | LOUISIANA  |            |
| P250 Kegan, Daniel M.   |              | E.O. 50    | SHEET 1    |
| COLOR                   | AGE          | BIRTHPLACE |            |
| W                       | 28           |            |            |
| COUNTY                  | Franklin     | CITY       |            |
| OTHER MEMBERS OF FAMILY |              |            |            |
| NAME                    | RELATIONSHIP | AGE        | BIRTHPLACE |
| Elizabeth               | W            | 27         | Tex.       |
| Lucile L                | D            | 7          |            |
| Fredrick M              | S            | 4          |            |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |  |    |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
|---|--|--|----|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|--|--|--------------------------------|--|--|
| R265  |  | NAME OF INDIVIDUAL                       |    | LOUISIANA |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| RICKMAN   |  | Dane                                     |    | E.D.      | SHEET |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| COLOR   | W  | AGE                                      | 32 | 149       | 3     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| BIRTHPLACE  |  | Tex                                      |    |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| COUNTY  |  | Vernon                                   |    | CITY      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| ENUMERATED WITH   |  |  |    |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| Singleton Joseph H  |  |  |    |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |    |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input checked="" type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |    |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input checked="" type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW                    | <input type="checkbox"/> INMATE          |    |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE                     | <input type="checkbox"/> NURSE           |    |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW             | <input type="checkbox"/> PATIENT         |    |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW             | <input type="checkbox"/> ROOMER          |    |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW                | <input type="checkbox"/> SERVANT         |    |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW           | <input type="checkbox"/> OTHER (Specify) |    |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input checked="" type="checkbox"/> BROTHER-IN-LAW |  |    |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW             |  |    |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 1910-P01

LOUISIANA

|  |   |  |    |   |  |      |       |
|--|---|--|----|---|--|------|-------|
| R255                                   |   | NAME OF INDIVIDUAL                       |    | Richmond Dutton                             |  | E.O. | SHEET |
| 132                                    |   | 9  |    |   |  |      |       |
| COLOR                                  | B | AGE                                      | 22 | BIRTHPLACE                                  |  |      |       |
| COUNTY                                 |   | Winn                                     |    | CITY  |  |      |       |
|  |   |  |    | Dadson                                      |  |      |       |
| ENUMERATED WITH                        |   | Robinson Charley                         |    |   |  |      |       |
| RELATIONSHIP TO ABOVE                  |   |  |    |   |  |      |       |
| <input type="checkbox"/> FATHER        |   | <input type="checkbox"/> NEPHEW          |    | <input type="checkbox"/> INMATE             |  |      |       |
| <input type="checkbox"/> MOTHER        |   | <input type="checkbox"/> NIECE           |    | <input type="checkbox"/> NURSE              |  |      |       |
| <input type="checkbox"/> GRANDFATHER   |   | <input type="checkbox"/> FATHER-IN-LAW   |    | <input type="checkbox"/> PATIENT            |  |      |       |
| <input type="checkbox"/> GRANDMOTHER   |   | <input type="checkbox"/> MOTHER-IN-LAW   |    | <input checked="" type="checkbox"/> BROTHER |  |      |       |
| <input type="checkbox"/> GRANDSON      |   | <input type="checkbox"/> SON-IN-LAW      |    | <input type="checkbox"/> SERVANT            |  |      |       |
| <input type="checkbox"/> GRANDDAUGHTER |   | <input type="checkbox"/> DAUGHTER-IN-LAW |    | <input type="checkbox"/> OTHER (Specify)    |  |      |       |
| <input type="checkbox"/> AUNT          |   | <input type="checkbox"/> BROTHER-IN-LAW  |    |   |  |      |       |
| <input type="checkbox"/> UNCLE         |   | <input type="checkbox"/> SISTER-IN-LAW   |    |   |  |      |       |

FORM 18-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-OC 1910-P61

LOUISIANA

|  |  |   |            |            |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|--|--|---|------------|------------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| R250   | NAME OF INDIVIDUAL<br>Rowson, Dave       |   | E.D.<br>52 | SHEET<br>9 |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR<br>W   | AGE<br>45                                | BIRTHPLACE<br>Ohio                                  |            |            |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY<br>Calcasieu  |  | CITY<br>Jennings                                    |            |            |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH<br>Rowson, Willie A  |  |   |            |            |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   |            |            |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WMAVE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |            |            | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WMAVE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WMAVE                      |            |            |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |            |            |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |            |            |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |            |            |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |            |            |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |            |            |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |   |            |            |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |   |            |            |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 16-437 (4-22-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 16199-P01

LOUISIANA

|                         |   |                |        |                |      |            |       |
|-------------------------|---|----------------|--------|----------------|------|------------|-------|
| R255                    |   | HEAD OF FAMILY |        | Richmond, Dave |      | E.O.       | SHEET |
| 150                     |   | 16             |        |                |      |            |       |
| COLOR                   | B | AGE            | 37     | BIRTHPLACE     |      |            |       |
|                         |   |                |        | Texas          |      |            |       |
| COUNTY                  |   |                | Vernon |                | CITY |            |       |
| OTHER MEMBERS OF FAMILY |   |                |        |                |      |            |       |
| NAME                    |   |                |        | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| 1 Alberta               |   |                |        | W              | 27   |            |       |
| F. I. B. O.             |   |                |        |                |      |            |       |
|                         |   |                |        |                |      |            |       |
|                         |   |                |        |                |      |            |       |
|                         |   |                |        |                |      |            |       |
|                         |   |                |        |                |      |            |       |
|                         |   |                |        |                |      |            |       |
|                         |   |                |        |                |      |            |       |
|                         |   |                |        |                |      |            |       |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|   |   |   |           |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
|---|---|---|-----------|-------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|----------|--------------------------------|--|--|
| R250  | NAME OF INDIVIDUAL<br><i>Pegany David</i> |   | E.D.<br>5 | SHEET<br>22 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| COLOR<br>W  | AGE<br>10                                 | BIRTHPLACE  |           |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| COUNTY<br>Acadia  |   | CITY  |           |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| ENUMERATED WITH<br><i>Pegany James</i>  |   |   |           |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| RELATIONSHIP TO ABOVE   |   |   |           |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WEAVER</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>B</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |   |   |           |             | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WEAVER | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>B</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW           | <input type="checkbox"/> WEAVER                     |           |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE            | <input type="checkbox"/> NURSE                      |           |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW    | <input type="checkbox"/> PATIENT                    |           |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW    | <input type="checkbox"/> ROOMER                     |           |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW       | <input type="checkbox"/> SERVANT                    |           |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW  | <input checked="" type="checkbox"/> OTHER (Specify) |           |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW   | <i>B</i>  |           |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW    |   |           |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMB-DC 16199-P61

|                         |                | LOUISIANA     |                 |
|-------------------------|----------------|---------------|-----------------|
| R250                    | HEAD OF FAMILY | Russum, David | E.D. 8 SHEET 20 |
| COLOR<br>Mn             | AGE<br>17      | BIRTHPLACE    |                 |
| COUNTY<br>Brenville     |                | CITY          |                 |
| OTHER MEMBERS OF FAMILY |                |               |                 |
| NAME                    | RELATIONSHIP   | AGE           | BIRTHPLACE      |
| 1 Tennessee             | W              | 17            |                 |
| Jones, Sarah            | GM             | 80            |                 |
| Reaves, Dug             | B              | 22            |                 |
|                         |                |               |                 |
|                         |                |               |                 |
|                         |                |               |                 |
|                         |                |               |                 |

FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|                         |                |            |                 |      |            |       |    |
|-------------------------|----------------|------------|-----------------|------|------------|-------|----|
| R-252                   | HEAD OF FAMILY |            | Rysinger, Louis | E.D. | 133        | SHEET | 29 |
| COLOR                   | AGE            | BIRTHPLACE |                 |      |            |       |    |
| W                       | 46             |            |                 |      |            |       |    |
| COUNTY                  |                |            | Union           |      | CITY       |       |    |
| OTHER MEMBERS OF FAMILY |                |            |                 |      |            |       |    |
| NAME                    |                |            | RELATIONSHIP    | AGE  | BIRTHPLACE |       |    |
| Mary                    |                |            | W               | 33   | Ark        |       |    |
| Jesse                   |                |            | D               | 16   | Ark        |       |    |
| Clara                   |                |            | D               | 10   | Texas      |       |    |
| Laura                   |                |            | D               | 6    |            |       |    |
| Brodis                  |                |            | D               | 3    |            |       |    |
|                         |                |            |                 |      |            |       |    |
|                         |                |            |                 |      |            |       |    |

FORM 18-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



LOUISIANA

|                         |                 |              |      |            |
|-------------------------|-----------------|--------------|------|------------|
| R 251                   | HEAD OF FAMILY  |              | E.O. | SHEET      |
|                         | Rosenbaum David |              | 121  | 2          |
| COLOR                   | AGE             | BIRTHPLACE   |      |            |
| W                       | 62              | Germany      |      |            |
| COUNTY                  |                 | CITY         |      |            |
| Tensas                  |                 | Newellton    |      |            |
| OTHER MEMBERS OF FAMILY |                 |              |      |            |
| NAME                    |                 | RELATIONSHIP | AGE  | BIRTHPLACE |
| Living alone            |                 |              |      |            |
|                         |                 |              |      |            |
|                         |                 |              |      |            |
|                         |                 |              |      |            |
|                         |                 |              |      |            |
|                         |                 |              |      |            |
|                         |                 |              |      |            |
|                         |                 |              |      |            |

FORM 10-636 (4-29-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                 | LOUISIANA    |        |
|-------------------------|-----------------|--------------|--------|
| HEAD OF FAMILY          |                 | E.D.         | SHEET  |
| 9350                    | Louessana Davis |              | 107/10 |
| COLOR                   | AGE             | BIRTHPLACE   |        |
| W                       | 56              |              |        |
| COUNTY                  | St Tammany      | CITY         | Shreve |
| OTHER MEMBERS OF FAMILY |                 |              |        |
| NAME                    |                 | RELATIONSHIP | AGE    |
| Walter                  |                 | W            | 39     |
| Lewey                   |                 | S            | 12     |
| Mignon                  |                 | D            | 10     |
| Clare                   |                 | D            | 8      |
| 2 / Bo                  |                 |              |        |
|                         |                 |              |        |
|                         |                 |              |        |

FORM 10-436 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|   |   |  |           |             |
|---|---|--|-----------|-------------|
| R 255                                     | NAME OF INDIVIDUAL<br><i>Lickman, Della</i>       |  | E.D.<br>1 | SHEET<br>25 |
| COLOR<br><i>Bl</i>                        | AGE<br>18   | BIRTHPLACE                               |           |             |
| COUNTY<br>Bienville                       |   | CITY                                     |           |             |
| ENUMERATED WITH<br><i>Williams, James</i> |   |  |           |             |
| RELATIONSHIP TO ABOVE                     |   |  |           |             |
| <input type="checkbox"/> FATHER           | <input type="checkbox"/> NEPHEW                   | <input type="checkbox"/> INMATE          |           |             |
| <input type="checkbox"/> MOTHER           | <input type="checkbox"/> NIECE                    | <input type="checkbox"/> NURSE           |           |             |
| <input type="checkbox"/> GRANDFATHER      | <input type="checkbox"/> FATHER-IN-LAW            | <input type="checkbox"/> PATIENT         |           |             |
| <input type="checkbox"/> GRANDMOTHER      | <input type="checkbox"/> MOTHER-IN-LAW            | <input type="checkbox"/> ROOMER          |           |             |
| <input type="checkbox"/> GRANDSON         | <input type="checkbox"/> SON-IN-LAW               | <input type="checkbox"/> SERVANT         |           |             |
| <input type="checkbox"/> GRANDDAUGHTER    | <input type="checkbox"/> DAUGHTER-IN-LAW          | <input type="checkbox"/> OTHER (Specify) |           |             |
| <input type="checkbox"/> AUNT             | <input type="checkbox"/> BROTHER-IN-LAW           |  |           |             |
| <input type="checkbox"/> UNCLE            | <input checked="" type="checkbox"/> SISTER-IN-LAW |  |           |             |

FORM 16-637 (4-29-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P61

LOUISIANA

|  |           |   |  |   |             |
|--|-----------|---|--|---|-------------|
| R250   |           | NAME OF INDIVIDUAL<br>Rachan Permon   |  | E.D.<br>125   | SHEET<br>15 |
| COLOR<br>M   | AGE<br>29 | BIRTHPLACE  |  |   |             |
| COUNTY<br>St. Martin   |           | CITY  |  |   |             |
| ENUMERATED WITH<br>Jagutha Conzumi   |           |   |  |   |             |
| RELATIONSHIP TO ABOVE  |           |   |  |   |             |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |           | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |             |

FORM 10-637 (4-29-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P01

LOUISIANA

|                         |                |              |              |            |      |       |
|-------------------------|----------------|--------------|--------------|------------|------|-------|
| R250                    | HEAD OF FAMILY |              | Raggin, Dock |            | E.D. | SHEET |
|                         |                |              |              |            | 108  | 13    |
| COLOR                   | AGE            | BIRTHPLACE   |              |            |      |       |
| W                       | 55             | Miss         |              |            |      |       |
| COUNTY                  |                |              | CITY         |            |      |       |
| Selling                 |                |              |              |            |      |       |
| OTHER MEMBERS OF FAMILY |                |              |              |            |      |       |
| NAME                    |                | RELATIONSHIP | AGE          | BIRTHPLACE |      |       |
| Mary                    |                | W            | 62           | Miss       |      |       |
| Daniel                  |                | S            | 21           |            |      |       |
| Henry                   |                | S            | 15           |            |      |       |
| Rene E                  |                | GD           | 18           |            |      |       |
| <del>Frank</del>        |                |              |              |            |      |       |
|                         |                |              |              |            |      |       |
|                         |                |              |              |            |      |       |
|                         |                |              |              |            |      |       |

LOUISIANA

|  |  |  |  |            |             |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
|--|--|--|--|------------|-------------|---------------------------------|---------------------------------|-------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|--|--|--------------------------------|--|--|
| R255   |  | NAME OF INDIVIDUAL<br>Richmond Davis     |  | E.O.<br>67 | SHEET<br>16 |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| COLOR<br>B   | AGE<br>29  | BIRTHPLACE                               |  |            |             |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| COUNTY<br>Lafayette  |  | CITY                                     |  |            |             |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| ENUMERATED WITH<br>Daly, Wilson  |  |  |  |            |             |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |  |            |             |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> WIFE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input checked="" type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> |  |  |  |            |             | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIFE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input checked="" type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW                    | <input type="checkbox"/> WIFE            |  |            |             |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE                     | <input type="checkbox"/> NURSE           |  |            |             |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW             | <input type="checkbox"/> PATIENT         |  |            |             |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW             | <input type="checkbox"/> ROOMER          |  |            |             |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW                | <input type="checkbox"/> SERVANT         |  |            |             |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW           | <input type="checkbox"/> OTHER (Specify) |  |            |             |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input checked="" type="checkbox"/> BROTHER-IN-LAW |  |  |            |             |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW             |  |  |            |             |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCGB-DC 1010-P-81

LOUISIANA

|   |  |  |                 |                |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
|---|--|--|-----------------|----------------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|---|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R 255   | NAME OF INDIVIDUAL <i>Richman, Doro</i>  |  | E.O. <i>111</i> | SHEET <i>2</i> |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| COLOR <i>B</i>  | AGE <i>38</i>                            | BIRTHPLACE                               |                 |                |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| COUNTY  | <i>Ouachita</i>                          |  | CITY            |                |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH <i>Jackson, David</i>   |  |  |                 |                |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |                 |                |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> WIDOW</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> Niece</td><td><input type="checkbox"/> NUNCE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input checked="" type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> |  |  |                 |                | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | <input type="checkbox"/> MOTHER | <input type="checkbox"/> Niece | <input type="checkbox"/> NUNCE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDOW           |                 |                |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> Niece           | <input type="checkbox"/> NUNCE           |                 |                |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |                 |                |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |                 |                |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |                 |                |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |                 |                |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |                 |                |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |                 |                |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |

FORM 16-637 (4-26-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCENS-DC 18199-P(1)

LOUISIANA

|                         |                |              |      |            |
|-------------------------|----------------|--------------|------|------------|
| N250                    | HEAD OF FAMILY |              | E.D. | SHEET      |
|                         | Pasone Dupre   |              | 11   | 6          |
| COLOR                   | AGE            | BIRTHPLACE   |      |            |
| W                       | 55             |              |      |            |
| COUNTY                  |                | CITY         |      |            |
| Iberia                  |                |              |      |            |
| OTHER MEMBERS OF FAMILY |                |              |      |            |
| NAME                    |                | RELATIONSHIP | AGE  | BIRTHPLACE |
| 1 Tulsa                 |                | W            | 49   |            |
| Washbank, Baw           |                | ni           | 21   |            |
|                         |                |              |      |            |
|                         |                |              |      |            |
|                         |                |              |      |            |
|                         |                |              |      |            |
|                         |                |              |      |            |
|                         |                |              |      |            |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



E



|                         |               |                |     |              |  |           |       |
|-------------------------|---------------|----------------|-----|--------------|--|-----------|-------|
| R255                    |               | HEAD OF FAMILY |     | Richman E.C. |  | LOUISIANA |       |
| COLOR                   | B             | AGE            | 60  | BIRTHPLACE   |  | E.O.      | SHEET |
|                         |               |                |     |              |  | 136       | 26    |
| COUNTY                  |               |                |     | Vermillion   |  | CITY      |       |
|                         |               |                |     |              |  | Abbeville |       |
| OTHER MEMBERS OF FAMILY |               |                |     |              |  |           |       |
|                         | NAME          | RELATIONSHIP   | AGE | BIRTHPLACE   |  |           |       |
|                         | Colina        | W              | 64  |              |  |           |       |
|                         | Dave          | S              | 25  |              |  |           |       |
|                         | Sara          | D              | 15  |              |  |           |       |
|                         | Robert        | D              | 16  |              |  |           |       |
|                         | McKense       | S              | 12  |              |  |           |       |
|                         | Calvin        | S              | 7   |              |  |           |       |
|                         | Harmon Colina | Ni             | 13  |              |  |           |       |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |            |      |           |       |
|-------------------------|---|----------------|-----|------------|------|-----------|-------|
| R252                    |   | HEAD OF FAMILY |     | E. H.      |      | LOUISIANA |       |
| COLOR                   | W | AGE            | 79  | BIRTHPLACE | Miss | E.D.      | SHEET |
|                         |   |                |     |            |      | 5-        | 7     |
| COUNTY                  |   |                |     | CITY       |      |           |       |
| Caldwell                |   |                |     |            |      |           |       |
| OTHER MEMBERS OF FAMILY |   |                |     |            |      |           |       |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |      |           |       |
| 1 Nancy J               |   | W              | 73  | Miss       |      |           |       |
|                         |   |                |     |            |      |           |       |
|                         |   |                |     |            |      |           |       |
|                         |   |                |     |            |      |           |       |
|                         |   |                |     |            |      |           |       |
|                         |   |                |     |            |      |           |       |
|                         |   |                |     |            |      |           |       |
|                         |   |                |     |            |      |           |       |
|                         |   |                |     |            |      |           |       |
|                         |   |                |     |            |      |           |       |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |          |                |                 |            |       |
|-------------------------|----------|----------------|-----------------|------------|-------|
| A-250                   |          | HEAD OF FAMILY |                 | LOUISIANA  |       |
| COLOR                   |          | AGE            | BIRTHPLACE      | E.O.       | SHEET |
| w                       |          | 40             | Resgan, Earle B | 120        | 11    |
| COUNTY                  |          | CITY           |                 |            |       |
| Webster                 |          | Webster        |                 | Minden     |       |
| OTHER MEMBERS OF FAMILY |          |                |                 |            |       |
|                         | NAME     | RELATIONSHIP   | AGE             | BIRTHPLACE |       |
|                         | Anna J.  | w              | 35              |            |       |
|                         | James J. | s              | 3               |            |       |
|                         | Ruth E.  | d.             | 14 1/2          |            |       |
|                         |          |                |                 |            |       |
|                         |          |                |                 |            |       |
|                         |          |                |                 |            |       |
|                         |          |                |                 |            |       |
|                         |          |                |                 |            |       |

FORM 10-436 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|       |                |           |
|-------|----------------|-----------|
| 1-250 | HEAD OF FAMILY | LOUISIANA |
|-------|----------------|-----------|

|                         |              |                 |            |           |       |
|-------------------------|--------------|-----------------|------------|-----------|-------|
| R250                    |              | HEAD OF FAMILY  |            | LOUISIANA |       |
| COLOR                   | AGE          | BIRTHPLACE      |            | E.D.      | SHEET |
| B                       | 21           |                 |            | 59        | 9     |
| COUNTY                  |              | CITY            |            |           |       |
| Calcasieu               |              | Inverness, Iowa |            |           |       |
| OTHER MEMBERS OF FAMILY |              |                 |            |           |       |
| NAME                    | RELATIONSHIP | AGE             | BIRTHPLACE |           |       |
| Poss                    |              |                 |            |           |       |
| Possess, Victimeau      | Concubine    | 18              |            |           |       |
|                         |              |                 |            |           |       |
|                         |              |                 |            |           |       |
|                         |              |                 |            |           |       |
|                         |              |                 |            |           |       |
|                         |              |                 |            |           |       |
|                         |              |                 |            |           |       |
|                         |              |                 |            |           |       |

FORM 10-436 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |           |   |  |  |            |
|--|-----------|---|--|--|------------|
| R250   |           | NAME OF INDIVIDUAL<br>Reagan, Ernest C  |  | E.D.<br>50   | SHEET<br>1 |
| COLOR<br>W   | AGE<br>21 | BIRTHPLACE  |  |  |            |
| COUNTY<br>Franklin   |           | CITY  |  |  |            |
| ENUMERATED WITH<br>Reagan, Cornelius A   |           |   |  |  |            |
| RELATIONSHIP TO ABOVE  |           |   |  |  |            |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |           | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> IMMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br>8 |            |

FORM 10-437 (4-20-01)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 1910-P61

| NAME OF INDIVIDUAL                     |  |  | LOUISIANA |          |
|--|--|--|-----------|----------|
| R258                                   | Roucher, Eustice                         |  | E.D. 112  | SHEET 11 |
| COLOR<br>B                             | AGE<br>25                                | BIRTHPLACE                               |           |          |
| COUNTY<br>Iberville                    |  | CITY                                     |           |          |
| ENUMERATED WITH<br>Cooper, Pauline     |  |  |           |          |
| RELATIONSHIP TO ABOVE                  |  |  |           |          |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |           |          |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |           |          |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |           |          |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |           |          |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |           |          |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |           |          |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW  |  |           |          |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW   |  |           |          |

FORM 10-637 (4-29-31)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



LOUISIANA

|   |  |   |  |            |            |
|---|--|---|--|------------|------------|
| R 250   |  | NAME OF INDIVIDUAL<br><i>Repsen, Estey</i>  |  | E.O.<br>57 | SHEET<br>2 |
| COLOR<br><i>W</i>                             | AGE<br><i>26</i>                         | BIRTHPLACE                                  |  |            |            |
| COUNTY<br><i>Iberville</i>                    |  | CITY  |  |            |            |
| ENUMERATED WITH<br><i>W. Stalery, John P.</i> |  |   |  |            |            |
| RELATIONSHIP TO ABOVE                         |  |   |  |            |            |
| <input type="checkbox"/> FATHER               | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE             |  |            |            |
| <input type="checkbox"/> MOTHER               | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE              |  |            |            |
| <input type="checkbox"/> GRANDFATHER          | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT            |  |            |            |
| <input type="checkbox"/> GRANDMOTHER          | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER             |  |            |            |
| <input type="checkbox"/> GRANDSON             | <input type="checkbox"/> SON-IN-LAW      | <input checked="" type="checkbox"/> SERVANT |  |            |            |
| <input type="checkbox"/> GRANDDAUGHTER        | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)    |  |            |            |
| <input type="checkbox"/> AUNT                 | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |            |            |
| <input type="checkbox"/> UNCLE                | <input type="checkbox"/> SISTER-IN-LAW   |   |  |            |            |

FORM 15-427 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 15155-P01

|  |  |   |           |            |                 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|--|--|---|-----------|------------|-----------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| R255   |  | NAME OF INDIVIDUAL                                  |           | LOUISIANA  |                 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR  | B  | AGE   | 23        | BIRTHPLACE | E.D. 48 SHEET 8 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY   |  |   | Calcasieu | CITY       |                 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH  |  |   |           |            |                 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   |           |            |                 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHER</td><td><input type="checkbox"/> INMATE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input checked="" type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> |  |   |           |            |                 | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHER | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHER          | <input type="checkbox"/> INMATE                     |           |            |                 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |           |            |                 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |           |            |                 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |           |            |                 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |           |            |                 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |           |            |                 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |   |           |            |                 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |   |           |            |                 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 10-527 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMB-DC 15100-P01

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| 1924                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | S.D.       | SHEET |
| W                       |  | 28             | Liberia    | 12         | 14    |
| COUNTY                  |  |                | CITY       |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Emma                    |  | w              | 37         |            |       |
| Edith                   |  | d              | 10         |            |       |
| Eugene                  |  | s              | 8          |            |       |
| Estell                  |  | d              | 6          |            |       |
| Emory                   |  | d              | 4          |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                                |                       |                     |                  |                   |
|--------------------------------|-----------------------|---------------------|------------------|-------------------|
| <b>R250</b>                    | <b>HEAD OF FAMILY</b> |                     | <b>LOUISIANA</b> |                   |
| <b>COLOR</b>                   | <b>AGE</b>            | <b>BIRTHPLACE</b>   | <b>E.D.</b>      | <b>SHEET</b>      |
| W                              | 21                    | Regency Eddie       | 5                | 20                |
| <b>COUNTY</b>                  |                       | <b>CITY</b>         |                  |                   |
| Acadia                         |                       |                     |                  |                   |
| <b>OTHER MEMBERS OF FAMILY</b> |                       |                     |                  |                   |
| <b>NAME</b>                    |                       | <b>RELATIONSHIP</b> | <b>AGE</b>       | <b>BIRTHPLACE</b> |
| / Emma                         |                       | W                   | 20               |                   |
| Mary E.                        |                       | D                   | 2                |                   |
| Carly E.                       |                       | S                   | 7/12             |                   |
|                                |                       |                     |                  |                   |
|                                |                       |                     |                  |                   |
|                                |                       |                     |                  |                   |
|                                |                       |                     |                  |                   |
|                                |                       |                     |                  |                   |

FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |      |            |                   |
|-------------------------|---|----------------|------|------------|-------------------|
| 8253                    |   | HEAD OF FAMILY |      | LOUISIANA  |                   |
| COLOR                   | W | AGE            | 26   | BIRTHPLACE | Rigand, Edgar Jr. |
| COUNTY                  |   |                | CITY |            |                   |
| OTHER MEMBERS OF FAMILY |   |                |      |            |                   |
| NAME                    |   | RELATIONSHIP   | AGE  | BIRTHPLACE |                   |
| Alice                   |   | W              | 23   |            |                   |
| Milton                  |   | S              | 2    |            |                   |
| Otto                    |   | S              | 1    |            |                   |
|                         |   |                |      |            |                   |
|                         |   |                |      |            |                   |
|                         |   |                |      |            |                   |
|                         |   |                |      |            |                   |
|                         |   |                |      |            |                   |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |          |                |     |            |                   |
|-------------------------|----------|----------------|-----|------------|-------------------|
| P255                    |          | HEAD OF FAMILY |     | LOUISIANA  |                   |
| COLOR                   | W        | AGE            | 49  | BIRTHPLACE | Rigand, Edgar Sr. |
| COUNTY                  |          | Plaquemines    |     | CITY       |                   |
| OTHER MEMBERS OF FAMILY |          |                |     |            |                   |
|                         | NAME     | RELATIONSHIP   | AGE | BIRTHPLACE |                   |
|                         | Jeane    | W              | 46  |            |                   |
|                         | George   | S              | 24  |            |                   |
|                         | Auburnia | d              | 23  |            |                   |
|                         | Olivia   | d              | 21  |            |                   |
|                         | Rita     | d              | 19  |            |                   |
|                         | Alice    | d              | 17  |            |                   |
|                         | Aurelia  | d              | 15  |            |                   |

FORM 18-436 (4-30-61)

1930 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

| HEAD OF FAMILY - CONTINUED |              | LOUISIANA   |            |  |
|----------------------------|--------------|-------------|------------|--|
|                            |              | CARD 2 OF 2 |            |  |
| OTHER MEMBERS OF FAMILY    |              |             |            |  |
| NAME                       | RELATIONSHIP | AGE         | BIRTHPLACE |  |
| ↓                          | Pauline      | d           | 6          |  |
|                            | Ludis        | d           | 4          |  |
|                            |              |             |            |  |
|                            |              |             |            |  |
|                            |              |             |            |  |
|                            |              |             |            |  |
|                            |              |             |            |  |
|                            |              |             |            |  |
|                            |              |             |            |  |
|                            |              |             |            |  |
|                            |              |             |            |  |

FORM 16-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 19100-P61

|  |  |   |  |   |       |
|--|--|---|--|---|-------|
| R255   |  | NAME OF INDIVIDUAL  |  | LOUISIANA   |       |
| COLOR  |  | AGE   |  | E.D.  | SHEET |
| B  |  | 21  |  | 82  | 14    |
| BIRTHPLACE   |  |   |  |   |       |
| COUNTY   |  | St. John the Baptist  |  | CITY  |       |
| ENUMERATED WITH  |  |   |  |   |       |
| Hussey Frank   |  |   |  |   |       |
| RELATIONSHIP TO ABOVE  |  |   |  |   |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |       |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 19100-P01



|  |  |  |  |                 |                    |
|--|--|--|--|-----------------|--------------------|
| R250                                     |  | NAME OF INDIVIDUAL<br><i>James Edna</i>  |  | ED<br><i>90</i> | SHEET<br><i>14</i> |
| COLOR<br><i>MU</i>                       | AGE<br><i>18</i>                         | BIRTHPLACE<br><i>Mary</i>                |  |                 |                    |
| COUNTY                                   | CITY<br><i>Franklin</i>                  |  |  |                 |                    |
| ENUMERATED WITH<br><i>Lebay, Loretta</i> |  |  |  |                 |                    |
| RELATIONSHIP TO ABOVE                    |  |  |  |                 |                    |
| <input type="checkbox"/> FATHER          | <input type="checkbox"/> NEPHER          | <input type="checkbox"/> INMATE          |  |                 |                    |
| <input type="checkbox"/> MOTHER          | <input checked="" type="checkbox"/> WIFE | <input type="checkbox"/> NURSE           |  |                 |                    |
| <input type="checkbox"/> GRANDFATHER     | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |  |                 |                    |
| <input type="checkbox"/> GRANDMOTHER     | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |  |                 |                    |
| <input type="checkbox"/> GRANDSON        | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |  |                 |                    |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |  |                 |                    |
| <input type="checkbox"/> AUNT            | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |                 |                    |
| <input type="checkbox"/> UNCLE           | <input type="checkbox"/> SISTER-IN-LAW   |  |  |                 |                    |

FORM 10-637 (4-30-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 19100-P61

|   |  |  |  |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|--|------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 8250  |  | NAME OF INDIVIDUAL<br><i>Pagan Edgar</i>   |  | E.O. | SHEET |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>H</i>   | AGE<br><i>26</i>                         | BIRTHPLACE                                 |  |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>East Baton Rouge</i>   |  | CITY<br><i>Baton Rouge</i>                 |  |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Leachy Leach J.</i>   |  |  |  |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |  |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |      |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE            |  |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE             |  |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |  |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER |  |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |  |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |  |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |  |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-637 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |  |            |  |       |
|--|--|--|------------|--|-------|
| R750   |  | NAME OF INDIVIDUAL   |            | LOUISIANA  |       |
| COLOR  |  | AGE  | BIRTHPLACE | E.D.   | SHEET |
| W  |  | 16   |            | 63   | 13    |
| COUNTY   |  |  | CITY       |  |       |
| St. Charles  |  |  |            |  |       |
| ENUMERATED WITH  |  |  |            |  |       |
| Maurice Anthony  |  |  |            |  |       |
| RELATIONSHIP TO ABOVE  |  |  |            |  |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input checked="" type="checkbox"/> SISTER-IN-LAW |            | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |       |

FORM 10-437 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

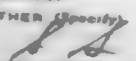
U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |             |                |      |            |  |
|-------------------------|-------------|----------------|------|------------|--|
| R252                    |             | HEAD OF FAMILY |      | LOUISIANA  |  |
| Rushing Edward          |             | E.D.           |      | SHEET      |  |
| COLOR                   | AGE         | BIRTHPLACE     |      |            |  |
| W                       | 27          |                |      |            |  |
| COUNTY                  | St. Tammany | CITY           |      |            |  |
|                         |             | Ramsay         |      |            |  |
| OTHER MEMBERS OF FAMILY |             |                |      |            |  |
| NAME                    |             | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| Edna                    |             | W              | 21   |            |  |
| Lester                  |             | S              | 9/12 |            |  |
|                         |             |                |      |            |  |
|                         |             |                |      |            |  |
|                         |             |                |      |            |  |
|                         |             |                |      |            |  |
|                         |             |                |      |            |  |
|                         |             |                |      |            |  |

FORM 16-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |   |   |      |   |  |
|--|---|---|------|---|--|
| A251   |   | NAME OF INDIVIDUAL  |      | LOUISIANA   |  |
| ROSENFELT, Edward  |   | E.D.  |      | SHEET   |  |
| COLOR  | W | AGE   | 30   | BIRTHPLACE  |  |
| COUNTY   |   |   | CITY |   |  |
| IBERIA   |   |   |      |   |  |
| ENUMERATED WITH  |   |   |      |   |  |
| GODER, Phil  |   |   |      |   |  |
| RELATIONSHIP TO ABOVE  |   |   |      |   |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |   | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify) |  |
|    |   |   |      |   |  |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOP-NC 1910-P-61

|  |  |  |  |           |       |
|--|--|--|--|-----------|-------|
| R 255                                  |  | NAME OF INDIVIDUAL                       |  | LOUISIANA |       |
| COLOR                                  | AGE  | BIRTHPLACE                               |  | E.D.      | SHEET |
| B                                      | 22   |  |  | 24        | 10    |
| COUNTY                                 |  | CITY                                     |  |           |       |
| Avoyelles                              |  |  |  |           |       |
| ENUMERATED WITH                        |  |  |  |           |       |
| William Monroe                         |  |  |  |           |       |
| RELATIONSHIP TO ABOVE                  |  |  |  |           |       |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW                    | <input type="checkbox"/> INMATE          |  |           |       |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NIECE                     | <input type="checkbox"/> NURSE           |  |           |       |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW             | <input type="checkbox"/> PATIENT         |  |           |       |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW             | <input type="checkbox"/> ROOMER          |  |           |       |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW                | <input type="checkbox"/> SERVANT         |  |           |       |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW           | <input type="checkbox"/> OTHER (Specify) |  |           |       |
| <input type="checkbox"/> AUNT          | <input checked="" type="checkbox"/> BROTHER-IN-LAW |  |  |           |       |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> BROTHER-IN-LAW            |  |  |           |       |

FORM 10-637 (2-20-63)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-SC 10100-P01

|                                |   |   |                          |                           |
|--------------------------------|---|---|--------------------------|---------------------------|
| <b>R256</b>                    | <b>HEAD OF FAMILY</b><br><i>Reighner Edward</i> |   | <b>LOUISIANA</b>         |                           |
| <b>COLOR</b><br><i>W</i>       | <b>AGE</b><br><i>36</i>                         | <b>BIRTHPLACE</b><br><i>Penna</i>       | <b>E.D.</b><br><i>32</i> | <b>SHEET</b><br><i>15</i> |
| <b>COUNTY</b><br><i>Catto</i>  |   | <b>CITY</b><br><i>Blanchard Village</i> |                          |                           |
| <b>OTHER MEMBERS OF FAMILY</b> |   |   |                          |                           |
| <b>NAME</b>                    |   | <b>RELATIONSHIP</b>                     | <b>AGE</b>               | <b>BIRTHPLACE</b>         |
| <i>Hattie</i>                  |   | <i>w</i>                                | <i>36</i>                | <i>Penna</i>              |
| <i>Twila</i>                   |   | <i>d</i>                                | <i>16</i>                | <i>Penna</i>              |
|                                |   |   |                          |                           |
|                                |   |   |                          |                           |
|                                |   |   |                          |                           |
|                                |   |   |                          |                           |
|                                |   |   |                          |                           |
|                                |   |   |                          |                           |

FORM 16-436 (6-20-31)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |           |                |    |                |     |            |  |
|-------------------------|-----------|----------------|----|----------------|-----|------------|--|
| 19256                   |           | HEAD OF FAMILY |    | ROSENER EDWARD |     | LOUISIANA  |  |
| COLOR                   | W         | AGE            | 40 | BIRTHPLACE     |     |            |  |
| COUNTY                  | Jefferson |                |    | CITY           |     |            |  |
| OTHER MEMBERS OF FAMILY |           |                |    |                |     |            |  |
| NAME                    |           |                |    | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| Cecile                  |           |                |    | W              | 30  |            |  |
| Gladys                  |           |                |    | D              | 5   |            |  |
|                         |           |                |    |                |     |            |  |
|                         |           |                |    |                |     |            |  |
|                         |           |                |    |                |     |            |  |
|                         |           |                |    |                |     |            |  |
|                         |           |                |    |                |     |            |  |
|                         |           |                |    |                |     |            |  |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |     |                |     |            |  |
|-------------------------|-----|----------------|-----|------------|--|
| R 254                   |     | HEAD OF FAMILY |     | LOUISIANA  |  |
| Rushing Edward          |     | E.D.           |     | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |     |            |  |
| W                       | 37  | Miss.          |     |            |  |
| COUNTY                  |     | Livingston     |     | CITY       |  |
| OTHER MEMBERS OF FAMILY |     |                |     |            |  |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| Julia K.                |     | W              | 34  | Miss.      |  |
| Marvella                |     | S              | 14  |            |  |
| Persee                  |     | S              | 11  |            |  |
| Preston                 |     | S              | 8   |            |  |
| Ray                     |     | S              | 6   |            |  |
| Melissa                 |     | D              | 5   |            |  |
| Ellen                   |     | D              | 4   |            |  |

FORM 18-436 (4-26-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|  |  |  | LOUISIANA |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| P550   | NAME OF INDIVIDUAL                       |  | E.O.      | SHEET |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|  | Rena Edward M                            |  | 14        | 1     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR  | AGE                                      | BIRTHPLACE                                 |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| H  | 38                                       | Louisiana                                  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY   | East Baton Rouge                         |  | CITY      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|  |  | Baton Rouge                                |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH  |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Tracy Frank J  |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tbody> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </tbody> </table> |  |  |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE             |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 15-637 (4-22-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1918 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 15199-P-1

|                         |  |                |              |            |  |
|-------------------------|--|----------------|--------------|------------|--|
| R255                    |  | HEAD OF FAMILY |              | LOUISIANA  |  |
| RICHMAN Edwin F.        |  | E.D.           |              | 36         |  |
| COLOR                   |  | AGE            |              | BIRTHPLACE |  |
| W                       |  | 34             |              | Miss.      |  |
| COUNTY                  |  |                | CITY         |            |  |
| Calcasieu               |  |                | Lake Charles |            |  |
| OTHER MEMBERS OF FAMILY |  |                |              |            |  |
| NAME                    |  | RELATIONSHIP   | AGE          | BIRTHPLACE |  |
| 1 / Cloris              |  | W              | 34           |            |  |
| Arthur E                |  | S              | 5            | Tex        |  |
| 4 / boarder             |  |                |              |            |  |
|                         |  |                |              |            |  |
|                         |  |                |              |            |  |
|                         |  |                |              |            |  |
|                         |  |                |              |            |  |
|                         |  |                |              |            |  |

FORM 16-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |          |                |     |            |  |
|-------------------------|----------|----------------|-----|------------|--|
| R255                    |          | HEAD OF FAMILY |     | LOUISIANA  |  |
| Richard E. Eichen       |          | E.D.           |     | SHEET      |  |
| COLOR                   | AGE      | BIRTHPLACE     |     |            |  |
| B                       | 44       |                |     |            |  |
| COUNTY                  | St. Mary | CITY           |     |            |  |
| OTHER MEMBERS OF FAMILY |          |                |     |            |  |
| NAME                    |          | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| Celestine               |          | W              | 41  |            |  |
| Berilla                 |          | D              | 18  |            |  |
| Eugene Jr.              |          | S              | 16  |            |  |
| Lallie                  |          | D              | 14  |            |  |
| Larrie                  |          | D              | 12  |            |  |
| Stella                  |          | D              | 10  |            |  |
| David                   |          | S              | 8   |            |  |

FORM 16-636 (4-26-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|  |  |  |  |           |  |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|--|-----------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 1253   |  | NAME OF INDIVIDUAL                       |  | LOUISIANA |  |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Rosenberg Eleanor  |  | E.D.                                     |  | SHEET     |  |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| AGE  |  | BIRTHPLACE                               |  | 128 21    |  |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| 14   |  |  |  |           |  |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY   |  | JONES                                    |  | CITY      |  |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|  |  |  |  |           |  |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH  |  |  |  |           |  |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Coke Henry   |  |  |  |           |  |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |  |           |  |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input checked="" type="checkbox"/> WIFE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |           |  | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input checked="" type="checkbox"/> WIFE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |  |           |  |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input checked="" type="checkbox"/> WIFE | <input type="checkbox"/> NURSE           |  |           |  |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |  |           |  |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |  |           |  |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |  |           |  |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |  |           |  |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |           |  |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |  |           |  |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 19-437 (4-22-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |             |                |      |            |    |
|-------------------------|-------------|----------------|------|------------|----|
| 9950                    |             | HEAD OF FAMILY |      | LOUISIANA  |    |
| Ragan Eldredge          |             | E.D.           |      | SHEET      |    |
| COLOR                   | W           | AGE            | 30   | 93         | 10 |
| BIRTHPLACE              |             |                |      |            |    |
| COUNTY                  | St. Tammany |                | CITY |            |    |
| OTHER MEMBERS OF FAMILY |             |                |      |            |    |
| NAME                    |             | RELATIONSHIP   | AGE  | BIRTHPLACE |    |
| Ruby D.                 |             | W              | 24   | Missouri   |    |
| Ruby E.                 |             | D              | 7    |            |    |
| Eldredge E.             |             | S              | 2    |            |    |
| Timberlake William      |             | BL             | 15   |            |    |
|                         |             |                |      |            |    |
|                         |             |                |      |            |    |
|                         |             |                |      |            |    |
|                         |             |                |      |            |    |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



LOUISIANA

|  |  |  |                  |            |                                 |                                 |                                  |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|------------------|------------|---------------------------------|---------------------------------|----------------------------------|--|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R250   | NAME OF INDIVIDUAL<br>Rowson, Eliza      |  | E.O.<br>52       | SHEET<br>9 |                                 |                                 |                                  |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br>W   | AGE<br>74                                | BIRTHPLACE<br>Ohio                       |                  |            |                                 |                                 |                                  |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY   |  | Calcasieu                                | CITY<br>Jennings |            |                                 |                                 |                                  |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br>Rowson, Willie Ed   |  |  |                  |            |                                 |                                 |                                  |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |                  |            |                                 |                                 |                                  |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDWIFE</td> </tr> <tr> <td><input checked="" type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |                  |            | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDWIFE | <input checked="" type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDWIFE         |                  |            |                                 |                                 |                                  |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |                  |            |                                 |                                 |                                  |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |                  |            |                                 |                                 |                                  |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |                  |            |                                 |                                 |                                  |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |                  |            |                                 |                                 |                                  |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |                  |            |                                 |                                 |                                  |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |                  |            |                                 |                                 |                                  |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |                  |            |                                 |                                 |                                  |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 16-537 (4-20-01)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 10100-P01

|   |   |  |    |  |  |
|---|---|--|----|--|--|
| 19250   |   | NAME OF INDIVIDUAL   |    | LOUISIANA  |  |
| Reagan, Eliza J   |   | E.D.   |    | SHEET  |  |
| COLOR   | W | AGE  | 62 | BIRTHPLACE   |  |
| COUNTY  |   | Franklin   |    | CITY   |  |
| ENUMERATED WITH   |   |  |    |  |  |
| Reagan, Carmelina A   |   |  |    |  |  |
| RELATIONSHIP TO ABOVE   |   |  |    |  |  |
| <input type="checkbox"/> FATHER<br><input checked="" type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |   | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NICE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |    | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |  |

FORM 10-437 (4-22-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |   |  |                   |                                 |                                 |                                |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|---|--|-------------------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|---|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
|  |   | LOUISIANA                                |                   |                                 |                                 |                                |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| R255   | NAME OF INDIVIDUAL<br><i>Rockman Ella</i> |  | E.D.<br><i>41</i> |                                 |                                 |                                |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>B</i>  | AGE<br><i>16</i>                          | BIRTHPLACE<br><i>Miss</i>                |                   |                                 |                                 |                                |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>East Carroll</i>  | CITY<br><i>Lake Providence</i>            |  |                   |                                 |                                 |                                |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Sutton Henry</i>   |   |  |                   |                                 |                                 |                                |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |   |  |                   |                                 |                                 |                                |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDOW</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input checked="" type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |   |  |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | <input type="checkbox"/> MOTHER | <input checked="" type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW           | <input type="checkbox"/> WIDOW           |                   |                                 |                                 |                                |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input checked="" type="checkbox"/> NIECE | <input type="checkbox"/> NURSE           |                   |                                 |                                 |                                |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW    | <input type="checkbox"/> PATIENT         |                   |                                 |                                 |                                |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW    | <input type="checkbox"/> ROOMER          |                   |                                 |                                 |                                |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW       | <input type="checkbox"/> SERVANT         |                   |                                 |                                 |                                |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW  | <input type="checkbox"/> OTHER (Specify) |                   |                                 |                                 |                                |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW   |  |                   |                                 |                                 |                                |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW    |  |                   |                                 |                                 |                                |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 1919B-P61

|  |  |  |            |  |       |
|--|--|--|------------|--|-------|
| 1952   |  | NAME OF INDIVIDUAL   |            | LOUISIANA  |       |
| COLOR  |  | AGE  | BIRTHPLACE |  | SHEET |
| W  |  | 18   |            |  | 63 13 |
| COUNTY   |  |  | CITY       |  |       |
| St. Charles  |  |  |            |  |       |
| EMIGRATED WITH   |  |  |            |  |       |
| Thomae Anthony   |  |  |            |  |       |
| RELATIONSHIP TO ABOVE  |  |  |            |  |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input checked="" type="checkbox"/> SISTER-IN-LAW |            | <input type="checkbox"/> WIDATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |       |

FORM 10-427 (4-29-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                   |        |            |  |
|-------------------------|-----|-------------------|--------|------------|--|
| R 252                   |     | HEAD OF FAMILY    |        | LOUISIANA  |  |
| Rushing, Elmo           |     | E.D.              |        | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE        |        |            |  |
| B                       | 22  |                   |        |            |  |
| COUNTY                  |     |                   | CITY   |            |  |
|                         |     |                   | Saline |            |  |
| OTHER MEMBERS OF FAMILY |     |                   |        |            |  |
| NAME                    |     | RELATION-<br>SHIP | AGE    | BIRTHPLACE |  |
| 1 Nora L.               |     | W                 | 23     |            |  |
|                         |     |                   |        |            |  |
|                         |     |                   |        |            |  |
|                         |     |                   |        |            |  |
|                         |     |                   |        |            |  |
|                         |     |                   |        |            |  |
|                         |     |                   |        |            |  |
|                         |     |                   |        |            |  |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

| LOUISIANA  |   |   |
|--|---|---|
| NAME OF INDIVIDUAL<br><i>Rushing Elmo</i>  |   | E.D.<br><i>107</i>  |
| COLOR<br><i>B</i>  | AGE<br><i>78</i>  | SHEET<br><i>2</i>   |
| COUNTY<br><i>Tangipahoa</i>  |   | CITY<br><i>Kentwood</i>   |
| ENUMERATED WITH<br><i>Warren Moez</i>  |   |   |
| RELATIONSHIP TO ABOVE  |   |   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |

FORM 10-637 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCENS-TC 10100-0-00

|                         |  |                |  |                |  |
|-------------------------|--|----------------|--|----------------|--|
| R255                    |  | HEAD OF FAMILY |  | LOUISIANA      |  |
| RICHMOND, EMANUEL       |  | AGE            |  | E.O. 70        |  |
| 70                      |  | BIRTHPLACE     |  | 38             |  |
| COUNTY                  |  | Lafayette      |  | CITY Lafayette |  |
| OTHER MEMBERS OF FAMILY |  |                |  |                |  |
| NAME                    |  | RELATIONSHIP   |  | AGE            |  |
| 1 John                  |  | 5              |  | 16             |  |
|                         |  |                |  |                |  |
|                         |  |                |  |                |  |
|                         |  |                |  |                |  |
|                         |  |                |  |                |  |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |  |            |  |                 |  |
|-------------------------|--|----------------|--|------------|--|-----------------|--|
| 2750                    |  | HEAD OF FAMILY |  | ROCHELLE   |  | LOUISIANA       |  |
| COLOR                   |  | AGE            |  | BIRTHPLACE |  | E.O. 126        |  |
| Mu                      |  | 32             |  |            |  | SHEET 20        |  |
| COUNTY                  |  | St. Martin     |  | Martin     |  | CITY            |  |
|                         |  |                |  |            |  | St. Martinville |  |
| OTHER MEMBERS OF FAMILY |  |                |  |            |  |                 |  |
| NAME                    |  | RELATIONSHIP   |  | AGE        |  | BIRTHPLACE      |  |
| Clotilde                |  | W              |  | 34         |  |                 |  |
| Benjamin                |  | S              |  | 6          |  |                 |  |
| Helen                   |  | D              |  | 2          |  |                 |  |
|                         |  |                |  |            |  |                 |  |
|                         |  |                |  |            |  |                 |  |
|                         |  |                |  |            |  |                 |  |
|                         |  |                |  |            |  |                 |  |
|                         |  |                |  |            |  |                 |  |
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FORM 10-636 (10-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|  |   |
|--|---|
| LOUISIANA  |   |
| 1255   | NAME OF HEAD OF HOUSEHOLD<br><i>Leclercq, Louis</i>   |
| E.D.<br>79   | SHEET<br>14   |
| COLOR<br>B   | AGE<br>30   |
| BIRTHPLACE<br><i>Ind</i>   |   |
| COUNTY<br><i>Rapides</i>   | CITY<br><i>Alexandria</i>   |
| ENUMERATED WITH<br><i>William, Marie</i>   |   |
| RELATIONSHIP TO ABOVE  |   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> SONS<br><input type="checkbox"/> DAUGHTERS | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> ROOMMATE<br><input type="checkbox"/> BOARDER<br><input type="checkbox"/> PAIEN<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER  |   |

FORM 10-437 (4-22-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1960 CENSUS INDEX - INDIVIDUAL

100000-00 10000-000

|   |                  |  |                              |   |                   |
|---|------------------|--|------------------------------|---|-------------------|
| R 255   |                  | NAME OF INDIVIDUAL<br><i>Richmond, Emma</i>  |                              | E.B.<br><i>119</i>  | SHEET<br><i>5</i> |
| COLOR   | AGE<br><i>15</i> | BIRTHPLACE   |                              |   |                   |
| COUNTY<br><i>B</i>  | SABINE           |  | CITY<br><i>Pleasant Hill</i> |   |                   |
| ENUMERATED WITH<br><i>Richmond, Caroline</i>  |                  |  |                              |   |                   |
| RELATIONSHIP TO ABOVE   |                  |  |                              |   |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input checked="" type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NICE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |                              | <input type="checkbox"/> WIFE<br><input type="checkbox"/> MURDER<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                   |

FORM 10-437 (4-22-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-OC 1910-P01

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R252                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.S.       | SHEET |
| W                       |  | 43             |            | 95         | 6     |
| COUNTY                  |  |                | CITY       |            |       |
| St. Tammany             |  |                | Ramsay     |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Lamuel                  |  | S              | 24         | Miss       |       |
| Monroe                  |  | S              | 18         |            |       |
| Bertha                  |  | S              | 11         |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 10-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |   | LOUISIANA |      |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|---|--|---|-----------|------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| P255  |  | NAME OF INDIVIDUAL                                  |           | E.O. |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| Richmond, Emma  |  |   |           | 102  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR   | AGE                                      | BIRTHPLACE  |           |      |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| W   | 63                                       |   |           |      |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY  |  | CITY  |           |      |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|   |  | Ouachita  |           |      |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  | Monroe  |           |      |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  | Richmond Harriet                                    |           |      |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |           |      | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |           |      |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |           |      |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |           |      |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |           |      |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |           |      |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |           |      |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |           |      |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |           |      |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOPM-DC 16186-P61

|                         |            |                |            |            |       |
|-------------------------|------------|----------------|------------|------------|-------|
| R255-                   |            | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |            | AGE            | BIRTHPLACE | E.D.       | SHEET |
| W                       |            | 53             |            | 118        | 2     |
| COUNTY                  |            |                | CITY       |            |       |
| Richland                |            |                |            |            |       |
| OTHER MEMBERS OF FAMILY |            |                |            |            |       |
|                         | NAME       | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
|                         | Delia      | cc             | 35         |            |       |
|                         | Charlie E. | S              | 12         |            |       |
|                         | Jessie F.  | S              | 17         | Ark        |       |
|                         | Lennie     | D              | 9          |            |       |
|                         | Laura      | D              | 8          |            |       |
|                         | Beatrice   | D              | 7          |            |       |
|                         | Kate       | D              | 5          |            |       |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

HEAD OF FAMILY - CONTINUE

LOUISIANA

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME    | RELATIONSHIP | AGE | BIRTHPLACE |
|---------|--------------|-----|------------|
| Floyd   | S            | 5   |            |
| Cecilia | S            | 9   |            |
| Harriet | S            | 12  |            |
|         |              |     |            |
|         |              |     |            |
|         |              |     |            |
|         |              |     |            |
|         |              |     |            |
|         |              |     |            |
|         |              |     |            |
|         |              |     |            |
|         |              |     |            |

FORM 16-634a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 16100-P61

|                         |  |                |                 |            |      |
|-------------------------|--|----------------|-----------------|------------|------|
| R 255                   |  | HEAD OF FAMILY |                 | LOUISIANA  |      |
| COLOR                   |  | AGE            | BIRTHPLACE      |            | E.D. |
| W                       |  | 31             | Richman Ephraim |            | 28   |
| COUNTY                  |  |                | CITY            |            |      |
| Calcasieu               |  |                |                 |            |      |
| OTHER MEMBERS OF FAMILY |  |                |                 |            |      |
| NAME                    |  | RELATIONSHIP   | AGE             | BIRTHPLACE |      |
| Mary                    |  | W              | 28              |            |      |
| Lester L.E.             |  | L              | 5               |            |      |
| Eli C.                  |  | L              | 6               |            |      |
| Rosa B.                 |  | D              | 4               |            |      |
| Willie E.               |  | L              | 1 1/2           |            |      |
|                         |  |                |                 |            |      |
|                         |  |                |                 |            |      |

FORM 16-436 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |   |   |           |
|--|---|---|-----------|
| R250   |   | STATE OF LOUISIANA  |           |
| NAME OF INDIVIDUAL   |   | ROCHON Ernest   |           |
| COLOR  | AGE   | BIRTHPLACE  | ED. SHEET |
| B  | 6   |   | 83 35     |
| COUNTY   |   | CITY  |           |
| ST. Mary   |   |   |           |
| ENUMERATED WITH  |   |   |           |
| Lloyd William  |   |   |           |
| RELATIONSHIP TO ABOVE  |   |   |           |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br>SP |           |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 15189-P01



|  |                  |   |  |   |                    |
|--|------------------|---|--|---|--------------------|
| R 250  |                  | NAME OF INDIVIDUAL<br><i>Rogers Ernest</i>  |  | LOUISIANA   |                    |
| COLOR<br><i>M</i>  | AGE<br><i>11</i> | BIRTHPLACE  |  | E.D.<br><i>20</i>   | SHEET<br><i>13</i> |
| COUNTY<br><i>East Baton Rouge</i>  |                  | CITY<br><i>Baton Rouge</i>  |  |   |                    |
| ENUMERATED WITH<br><i>William Isabella</i>   |                  |   |  |   |                    |
| RELATIONSHIP TO ABOVE  |                  |   |  |   |                    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>5</i> |                    |

FORM 16-537 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |   |  |           |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|---|--|---|--|-----------|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| R 250   |  | NAME OF INDIVIDUAL<br><i>Richon, Ernestine</i>      |  | LOUISIANA | E.O.      | SHEET |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR<br><i>W</i>   | AGE<br><i>26</i>                         | BIRTHPLACE  |  | <i>39</i> | <i>22</i> |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY<br><i>Lafourche</i>  |  | CITY  |  |           |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Gichet, Filibert</i>  |  |   |  |           |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |  |           |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |           |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |  |           |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |  |           |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |           |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |           |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |           |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |           |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |           |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |  |           |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 10-637 (4-29-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

|                         |     |                    |     |            |       |
|-------------------------|-----|--------------------|-----|------------|-------|
| R250                    |     | HEAD OF FAMILY     |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE         |     | E.D.       | SHEET |
| Mur                     | 63  | Resganne, Mrs. Eee |     | 122        | 27    |
| COUNTY                  |     | St. Landry         |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |     |                    |     |            |       |
| NAME                    |     | RELATIONSHIP       | AGE | BIRTHPLACE |       |
| Battalas                |     | D                  | 35  |            |       |
| Ediga                   |     | D                  | 23  |            |       |
|                         |     |                    |     |            |       |
|                         |     |                    |     |            |       |
|                         |     |                    |     |            |       |
|                         |     |                    |     |            |       |
|                         |     |                    |     |            |       |
|                         |     |                    |     |            |       |

FORM 18-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |   | LOUISIANA |          |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
|--|--|---|-----------|----------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|---|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R252   |  | NAME OF INDIVIDUAL                          |           | E.O. 27  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
|  |  | Leahing Catell                              |           | SHEET 25 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| COLOR  | AGE                                      | BIRTHPLACE                                  |           |          |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| 8  | 9  |   |           |          |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| COUNTY   |  | Caddo                                       |           |          |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
|  |  | CITY  |           |          |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH  |  |   |           |          |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| Patterson Charles  |  |   |           |          |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   |           |          |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tbody> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input checked="" type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </tbody> </table> |  |   |           |          | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input checked="" type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE             |           |          |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE              |           |          |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT            |           |          |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER             |           |          |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input checked="" type="checkbox"/> SERVANT |           |          |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)    |           |          |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |   |           |          |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |   |           |          |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |

FORM 10-437 (4-29-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 16109-P61

|   |                  |   |      |   |                   |
|---|------------------|---|------|---|-------------------|
| A250  |                  | NAME OF INDIVIDUAL<br><i>Rougean, Estella</i>   |      | LOUISIANA   |                   |
| COLOR<br><i>W</i>   | AGE<br><i>28</i> | BIRTH PLACE   |      | E.O.<br><i>5</i>  | SHEET<br><i>1</i> |
| COUNTY  |                  |   | CITY |   |                   |
| ENUMERATED WITH<br><i>Ascension</i>   |                  |   |      |   |                   |
| RELATIONSHIP TO ABOVE   |                  |   |      |   |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input checked="" type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> WIDWIFE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                   |

FORM 16-637 (4-20-61)

1916 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |  |
|-------------------------|-----|----------------|-----|------------|--|
| R256                    |     | HEAD OF FAMILY |     | LOUISIANA  |  |
| Eugene                  |     | E.O.           |     | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |     |            |  |
| W                       | 32  | France         |     |            |  |
| COUNTY                  |     | Lafourche      |     | CITY       |  |
| OTHER MEMBERS OF FAMILY |     |                |     |            |  |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| 1 Elise                 |     | W              | 19  |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |

FORM 10-436 (4-29-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |  |      |            |             |                                 |                                 |                                 |                                 |                                |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|------|------------|-------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|-------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| K250  |  | NAME OF INDIVIDUAL<br>Rogan Eva          |      | LOUISIANA  |             |                                 |                                 |                                 |                                 |                                |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br>W  | AGE<br>20                                | BIRTHPLACE<br>Miss                       |      | E.D.<br>84 | SHEET<br>15 |                                 |                                 |                                 |                                 |                                |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY  |  |  | CITY |            |             |                                 |                                 |                                 |                                 |                                |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  | M. Tison                                 |      |            |             |                                 |                                 |                                 |                                 |                                |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  | Rogan Lily L.                            |      |            |             |                                 |                                 |                                 |                                 |                                |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> WARD</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> WINTER-IN-LAW</td> <td></td> </tr> </table> |  |  |      |            |             | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> WARD | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> WINTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |      |            |             |                                 |                                 |                                 |                                 |                                |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> WARD            |      |            |             |                                 |                                 |                                 |                                 |                                |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |      |            |             |                                 |                                 |                                 |                                 |                                |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |      |            |             |                                 |                                 |                                 |                                 |                                |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |      |            |             |                                 |                                 |                                 |                                 |                                |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |      |            |             |                                 |                                 |                                 |                                 |                                |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |      |            |             |                                 |                                 |                                 |                                 |                                |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> WINTER-IN-LAW   |  |      |            |             |                                 |                                 |                                 |                                 |                                |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 16-437 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 18100-PG1

|  |     |   |      |  |       |
|--|-----|---|------|--|-------|
| R250   |     | NAME OF INDIVIDUAL  |      | LOUISIANA  |       |
| R250   |     | Razine, Eva Lee   |      | E.D.   | SHEET |
| COLOR  | AGE | BIRTHPLACE  |      | 79   | 12    |
| B  | 5   |   |      |  |       |
| COUNTY   |     |   | CITY |  |       |
| atchitoches  |     |   |      |  |       |
| ENUMERATED WITH  |     |   |      |  |       |
| Garris, Anderson   |     |   |      |  |       |
| RELATIONSHIP TO ABOVE  |     |   |      |  |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> BOARDER<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br>S.D. |       |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|   |  |   |      |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|---|--|---|------|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| P 252   |  | NAME OF INDIVIDUAL                                  |      | LOUISIANA |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR   |  | AGE   |      | E.D.      | SHEET |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| B   |  | 29  |      | 32        | 15    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| PLACE   |  |   |      |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY  |  |   | CITY |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| Jefferson   |  |   |      |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |   |      |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| Jackson Philip  |  |   |      |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |      |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
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| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |      |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |      |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |      |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |      |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |      |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |      |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |      |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |      |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 16-437 (4-30-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |   |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
|--|--|---|--|-------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|-----------|--------------------------------|--|--|
| R 252  |  | NAME OF INDIVIDUAL<br><i>Riggins Erchie</i>         |  | E.D.<br><i>42</i> | SHEET<br><i>8</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| COLOR<br><i>B</i>  | AGE<br><i>17</i>                         | BIRTHPLACE  |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| COUNTY<br><i>Lafourche</i>   |  | CITY  |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| ENUMERATED WITH<br><i>Butler James</i>   |  |   |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>dd</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |                   |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>dd</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  | <i>dd</i>   |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |   |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |

FORM 10-637 (4-30-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

|                         |   |                |    |              |      |            |     |
|-------------------------|---|----------------|----|--------------|------|------------|-----|
| R250                    |   | HEAD OF FAMILY |    | Bergman Ex   |      | LOUISIANA  |     |
| COLOR                   | W | AGE            | 43 | BIRTHPLACE   | Miss | E.D.       | 107 |
|                         |   |                |    |              |      | SHEET      | 12  |
| COUNTY                  |   |                |    | Douchita     |      | CITY       |     |
| OTHER MEMBERS OF FAMILY |   |                |    |              |      |            |     |
| NAME                    |   |                |    | RELATIONSHIP | AGE  | BIRTHPLACE |     |
| Elena                   |   |                |    | W            | 33   |            |     |
| Lillian                 |   |                |    | D            | 10   |            |     |
| Thelma M                |   |                |    | D            | 5    |            |     |
|                         |   |                |    |              |      |            |     |
|                         |   |                |    |              |      |            |     |
|                         |   |                |    |              |      |            |     |
|                         |   |                |    |              |      |            |     |
|                         |   |                |    |              |      |            |     |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                |              |           |            |
|-------------------------|----------------|--------------|-----------|------------|
| R 252                   | HEAD OF FAMILY |              | LOUISIANA |            |
| COLOR                   | AGE            | BIRTHPLACE   |           | E.D.       |
| W                       | 53             | Miss         |           | 5-7        |
| COUNTY                  |                | CITY         |           |            |
| Caldwell                |                |              |           |            |
| OTHER MEMBERS OF FAMILY |                |              |           |            |
| NAME                    |                | RELATIONSHIP | AGE       | BIRTHPLACE |
| Lillie                  |                | W            | 32        |            |
| Chessey                 |                | S            | 12        |            |
| Clara                   |                | d            | 11        |            |
| Jessie                  |                | d            | 5         |            |
| Albert                  |                | S            | 3         |            |
|                         |                |              |           |            |
|                         |                |              |           |            |

FORM 16-636 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |       |                    |  |           |  |
|--|-------|--------------------|--|-----------|--|
| R250   |       | NAME OF INDIVIDUAL |  | LOUISIANA |  |
| Rochan Fabiola   |       | E.O.               |  | SHEET     |  |
| COLOR  | AGE   | BIRTHPLACE         |  | 125 15    |  |
| Mr   | 1 1/2 |                    |  |           |  |
| COUNTY   |       | St. Martin         |  | CITY      |  |
| ENUMERATED WITH  |       |                    |  |           |  |
| Relationship to above  |       |                    |  |           |  |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER<br/> <input type="checkbox"/> MOTHER<br/> <input type="checkbox"/> GRANDFATHER<br/> <input type="checkbox"/> GRANDMOTHER<br/> <input type="checkbox"/> GRANDSON<br/> <input type="checkbox"/> GRANDDAUGHTER<br/> <input type="checkbox"/> AUNT<br/> <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW<br/> <input type="checkbox"/> NIECE<br/> <input type="checkbox"/> FATHER-IN-LAW<br/> <input type="checkbox"/> MOTHER-IN-LAW<br/> <input type="checkbox"/> SON-IN-LAW<br/> <input type="checkbox"/> DAUGHTER-IN-LAW<br/> <input type="checkbox"/> BROTHER-IN-LAW<br/> <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE<br/> <input type="checkbox"/> MURDER<br/> <input type="checkbox"/> PATIENT<br/> <input type="checkbox"/> ROOMER<br/> <input type="checkbox"/> SERVANT<br/> <input checked="" type="checkbox"/> OTHER (Specify) </div> </div> |       |                    |  |           |  |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMB-DC 10103-P01

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| M 250                   |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| 2700000000              |     | 2700000000     |     | E.O.       | SHEET |
| COLOR                   | AGE | BIRTHPLACE     |     | 85         | 7     |
| B                       | 51  |                |     |            |       |
| COUNTY                  |     | Madison        |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| 1 Johnson               |     | 5              | 22  |            |       |
| Calvin                  |     | W              | 26  |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 16-636 (4-28-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |  |               |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|---------------|-----------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R252   |  | NAME OF INDIVIDUAL                       |               | LOUISIANA |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Rushing Farmer   |  | E.O.                                     |               | SHEET     |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR  | Race                                     | BIRTHPLACE                               |               |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Mr   | 19                                       |  |               |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY   |  |  | CITY          |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH  |  |  | Bionville     |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  | Lewis Oscar W |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |               |           |  | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDATE          |               |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |               |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |               |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |               |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |               |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |               |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |               |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |               |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

Hired Man

FORM 16-537 (4-25-51)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 1910-P-1

|                         |   |                |       |            |                 |
|-------------------------|---|----------------|-------|------------|-----------------|
| R256                    |   | HEAD OF FAMILY |       | LOUISIANA  |                 |
| COLOR                   | B | AGE            | 35    | BIRTHPLACE | Richmore, Laune |
| COUNTY                  |   | Lincoln        |       | CITY       |                 |
| OTHER MEMBERS OF FAMILY |   |                |       |            |                 |
| NAME                    |   | RELATIONSHIP   | AGE   | BIRTHPLACE |                 |
| Laura                   |   | D              | 14    |            |                 |
| Ray                     |   | S              | 12    |            |                 |
| Frank                   |   | S              | 10    |            |                 |
| Bessie                  |   | D              | 9     |            |                 |
| Eddie                   |   | D              | 6     |            |                 |
| Eunice                  |   | D              | 4     |            |                 |
| Bob                     |   | S              | 1 1/2 |            |                 |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|  |  |  |            |   |       |
|--|--|--|------------|---|-------|
| R255   |  | NAME OF INDIVIDUAL   |            | LOUISIANA   |       |
| COLOR  |  | AGE  | BIRTHPLACE | E.O.  | SHEET |
| W  |  | 16   | Mo         | 3   | 15    |
| COUNTY   |  |  | CITY       |   |       |
| Calderell  |  |  | Center     |   |       |
| ENUMERATED WITH  |  |  |            |   |       |
| Richard J. D.  |  |  |            |   |       |
| RELATIONSHIP TO ABOVE  |  |  |            |   |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHEW<br><input checked="" type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |            | <input type="checkbox"/> WMAZE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |       |

FORM 16-537 (4-20-67)

1970 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 10100-P61

|                         |           |                |      |            |                |
|-------------------------|-----------|----------------|------|------------|----------------|
| R250                    |           | HEAD OF FAMILY |      | LOUISIANA  |                |
| COLOR                   | W         | AGE            | 52   | BIRTHPLACE | Riches, Lazard |
| COUNTY                  | Lafourche |                | CITY |            |                |
| OTHER MEMBERS OF FAMILY |           |                |      |            |                |
| NAME                    |           | RELATIONSHIP   | AGE  | BIRTHPLACE |                |
| Edmire                  |           | W              | 49   |            |                |
| Lara                    |           | S              | 20   |            |                |
| Lara                    |           | S              | 18   |            |                |
| Lara                    |           | S              | 14   |            |                |
| Lara                    |           | D              | 12   |            |                |
|                         |           |                |      |            |                |
|                         |           |                |      |            |                |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |  |  |                                |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|--|--------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|--|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 1925  |  | NAME OF INDIVIDUAL<br><i>Passere Fernand</i> |  | LOUISIANA                      |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>W</i>   | AGE<br><i>25</i>                               | BIRTHPLACE                                   |  | E.D. <i>12</i> SHEET <i>17</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>Iberia</i>   |  | CITY   |  |                                |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Brasseur Desire</i>   |  |  |  |                                |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |  |                                |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input checked="" type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |                                | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input checked="" type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW                | <input type="checkbox"/> WIDATE              |  |                                |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE                 | <input type="checkbox"/> NURSE               |  |                                |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW         | <input type="checkbox"/> PATIENT             |  |                                |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW         | <input type="checkbox"/> ROOMER              |  |                                |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input checked="" type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT             |  |                                |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW       | <input type="checkbox"/> OTHER (Specify)     |  |                                |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW        |  |  |                                |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW         |  |  |                                |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 16-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 16169-P61

|                         |  |                |                   |           |            |
|-------------------------|--|----------------|-------------------|-----------|------------|
| R255                    |  | HEAD OF FAMILY |                   | LOUISIANA |            |
| COLOR                   |  | AGE            | BIRTHPLACE        | E.D.      | SHEET      |
| B                       |  | 55             |                   | 70        | 19         |
| COUNTY                  |  |                | St. James         | CITY      |            |
| OTHER MEMBERS OF FAMILY |  |                |                   |           |            |
| NAME                    |  |                | RELATION-<br>SHIP | AGE       | BIRTHPLACE |
| / Corlie                |  |                | W                 | 48        |            |
| / Bernard               |  |                | S                 | 21        |            |
|                         |  |                |                   |           |            |
|                         |  |                |                   |           |            |
|                         |  |                |                   |           |            |
|                         |  |                |                   |           |            |
|                         |  |                |                   |           |            |
|                         |  |                |                   |           |            |

FORM 16-636 (4-30-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |   |            |           |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|---|--|---|------------|-----------|------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| R 25-5  |  | NAME OF INDIVIDUAL                                  |            | LOUISIANA |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR   |  | AGE   | BIRTHPLACE |           | E.O. SHEET |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| B   |  | 19  | Lafayette  |           | 20 4       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY  |  |   | CITY       |           |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| Lafayette   |  |   | Lafayette  |           |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |   |            |           |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| Myers, Alexander  |  |   |            |           |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |            |           |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> NEAVER</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |            |           |            | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> NEAVER | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> NEAVER                     |            |           |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |            |           |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |            |           |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |            |           |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |            |           |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |            |           |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |            |           |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |            |           |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 10-437 (4-20-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 16150-P01

|  |  |   |            |   |            |
|--|--|---|------------|---|------------|
| R251   |  | NAME OF INDIVIDUAL  |            | LOUISIANA   |            |
| COLOR  |  | AGE   | BIRTHPLACE |   | E.D. SHEET |
| W  |  | 10  |            |   | 21 16      |
| COUNTY   |  |   | CITY       |   |            |
| IBERIA   |  |   |            |   |            |
| ENUMERATED WITH  |  |   |            |   |            |
| Goder, Phil  |  |   |            |   |            |
| RELATIONSHIP TO ABOVE  |  |   |            |   |            |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> Niece<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |            | <input type="checkbox"/> HUSBAND<br><input type="checkbox"/> WIFE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br>SD |            |

FORM 18-637 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |      |            |  |
|-------------------------|--|----------------|------|------------|--|
| R253                    |  | HEAD OF FAMILY |      | LOUISIANA  |  |
| COLOR                   |  | AGE            |      | E.D.       |  |
| W                       |  | 44             |      | 92         |  |
|                         |  | BIRTHPLACE     |      | SHEET      |  |
|                         |  |                |      | 1          |  |
| COUNTY                  |  |                | CITY |            |  |
| Rapides                 |  |                |      |            |  |
| OTHER MEMBERS OF FAMILY |  |                |      |            |  |
| NAME                    |  | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| Mary J                  |  | W              | 43   | Ala        |  |
| James M                 |  | S              | 16   |            |  |
| William D               |  | S              | 14   |            |  |
| Addie Rene              |  | D              | 11   |            |  |
| Jessie Ann              |  | D              | 7    |            |  |
| Effie                   |  | D              | 5    |            |  |
| Jewel                   |  | D              | 2    |            |  |

FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |   |  |                            |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
|---|---|--|----------------------------|-------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|---|--|-------------------------------|---|--|--------------------------------|--|--|
| P 255   |   | NAME OF INDIVIDUAL<br><i>Reggonian Francis</i> |                            | LOUISIANA         |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| COLOR<br><i>W</i>   | AGE<br><i>20</i>                                    | BIRTHPLACE                                     |                            | E.D.<br><i>22</i> | SHEET<br><i>4</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| COUNTY<br><i>East Baton Rouge</i>   |   |  | CITY<br><i>Baton Rouge</i> |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Reggonian Frank</i>   |   |  |                            |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |   |  |                            |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input checked="" type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |   |  |                            |                   |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input checked="" type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW                     | <input type="checkbox"/> INMATE                |                            |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE                      | <input type="checkbox"/> NURSE                 |                            |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW              | <input type="checkbox"/> PATIENT               |                            |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW              | <input type="checkbox"/> ROOMER                |                            |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW                 | <input type="checkbox"/> SERVANT               |                            |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input checked="" type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)       |                            |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW             |  |                            |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW              |  |                            |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |

FORM 16-627 (4-26-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 18198-P61



|                         |         |                |     |               |  |           |  |
|-------------------------|---------|----------------|-----|---------------|--|-----------|--|
| A250                    |         | HEAD OF FAMILY |     | Racine, Frank |  | LOUISIANA |  |
| COLOR                   | W       | AGE            | 53  | BIRTHPLACE    |  |           |  |
| COUNTY                  |         | Grant          |     | CITY          |  |           |  |
| OTHER MEMBERS OF FAMILY |         |                |     |               |  |           |  |
|                         | NAME    | RELATIONSHIP   | AGE | BIRTHPLACE    |  |           |  |
|                         | Eugenia | W              |     |               |  |           |  |
|                         | Olivia  | D              |     |               |  |           |  |
|                         | Arthur  | S              |     |               |  |           |  |
|                         | Ida     | D              |     |               |  |           |  |
|                         | Alberta | D              |     |               |  |           |  |
|                         | Leon    | S              |     |               |  |           |  |
|                         | William | S              |     |               |  |           |  |

FORM 10-436 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME              | RELATION-<br>SHIP | AGE | BIRTHPLACE |
|-------------------|-------------------|-----|------------|
| 71 Lawrence       | S                 | 4   |            |
| 71 Felcher, Julia | DA                | 21  |            |
| 1 Felix           | SL                | 22  |            |
|                   |                   |     |            |
|                   |                   |     |            |
|                   |                   |     |            |
|                   |                   |     |            |
|                   |                   |     |            |
|                   |                   |     |            |
|                   |                   |     |            |
|                   |                   |     |            |

FORM 16-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 16108-P61

|                         |                |              |              |                 |           |
|-------------------------|----------------|--------------|--------------|-----------------|-----------|
| 19250                   | HEAD OF FAMILY |              | ROCKEN Frank |                 | LOUISIANA |
| COLOR                   | AGE            | BIRTHPLACE   |              | E.D.            | SHEET     |
| MW                      | 48             |              |              | 18              | 9         |
| COUNTY                  |                | Iberia       |              | CITY New Iberia |           |
| OTHER MEMBERS OF FAMILY |                |              |              |                 |           |
| NAME                    |                | RELATIONSHIP | AGE          | BIRTHPLACE      |           |
| Emma                    |                | w            | 50           | Va.             |           |
| Lillian B               |                | d            | 28           |                 |           |
| Theresa B               |                | d            | 25           |                 |           |
| Mary                    |                | d            | 20           |                 |           |
| Abraham                 |                | s            | 19           |                 |           |
| Margery                 |                | gd           | 1            |                 |           |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

| 2350                    |     | HEAD OF FAMILY |     | LOUISIANA   |       |
|-------------------------|-----|----------------|-----|-------------|-------|
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.        | SHEET |
| Wm                      | 35  |                |     | 103         | 17    |
| COUNTY                  |     | Ouachita       |     | CITY Monroe |       |
| OTHER MEMBERS OF FAMILY |     |                |     |             |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE  |       |
| Cennie                  |     | W              | 30  | Miss        |       |
| Beatrice                |     | D              | 12  | 1           |       |
| Frankie R               |     | D              | 5   |             |       |
|                         |     |                |     |             |       |
|                         |     |                |     |             |       |
|                         |     |                |     |             |       |
|                         |     |                |     |             |       |
|                         |     |                |     |             |       |

FORM 16-636 (4-20-21)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |           |   |  |   |             |
|--|-----------|---|--|---|-------------|
| R 200  |           | NAME OF INDIVIDUAL<br>Rice Frank  |  | E.O.<br>104   | SHEET<br>46 |
| COLOR<br>W   | AGE<br>55 | BIRTHPLACE  |  |   |             |
| COUNTY   |           | CITY  |  |   |             |
| ENUMERATED WITH  |           | Terrebonne Houma  |  |   |             |
| RELATIONSHIP TO ABOVE  |           | Lyons Nicholas  |  |   |             |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |           | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br>ad B |             |

FORM 10-437 (4-30-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18189-P61

|                         |  |                |              |            |       |
|-------------------------|--|----------------|--------------|------------|-------|
| P-250                   |  | HEAD OF FAMILY |              | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE   | E.D.       | SHEET |
| B                       |  | 35             |              | 15         | 3     |
| COUNTY                  |  |                | CITY         |            |       |
| Clai borne              |  |                | Summersfield |            |       |
| OTHER MEMBERS OF FAMILY |  |                |              |            |       |
| NAME                    |  | RELATIONSHIP   | AGE          | BIRTHPLACE |       |
| Anna                    |  | W              | 30           |            |       |
| Angie                   |  | D              | 5            |            |       |
| Charles H               |  | S              | 3            |            |       |
|                         |  |                |              |            |       |
|                         |  |                |              |            |       |
|                         |  |                |              |            |       |
|                         |  |                |              |            |       |
|                         |  |                |              |            |       |

FORM 16-436 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                |            |            |       |
|-------------------------|----------------|------------|------------|-------|
| R250                    | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   | AGE            | BIRTHPLACE | E.D.       | SHEET |
| W                       | 28             |            | 104        | 13    |
| COUNTY                  |                | CITY       |            |       |
| Sabine                  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |                |            |            |       |
| NAME                    | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Collie                  | W              | 20         |            |       |
| Stafford                | S              | 5          |            |       |
| Robert                  | S              | 4          |            |       |
| Maudie                  | D              | 10<br>12   |            |       |
|                         |                |            |            |       |
|                         |                |            |            |       |
|                         |                |            |            |       |

FORM 10-436 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |          |                |     |            |  |
|-------------------------|----------|----------------|-----|------------|--|
| R-252                   |          | HEAD OF FAMILY |     | LOUISIANA  |  |
| Rivinger Frank          |          | E.O.           |     | SHEET      |  |
| COLOR                   | W        | AGE            | 37  | BIRTHPLACE |  |
| Ort                     |          | Union          |     | CITY       |  |
| OTHER MEMBERS OF FAMILY |          |                |     |            |  |
|                         | NAME     | RELATIONSHIP   | AGE | BIRTHPLACE |  |
|                         | Lillie   | w              | 31  |            |  |
|                         | Willie   | s              | 14  |            |  |
|                         | Freddy   | s              | 13  |            |  |
|                         | Luna May | d              | 11  |            |  |
|                         | Clide    | s              | 9   |            |  |
|                         | Anna B   | d              | 7   |            |  |
|                         | Simmons  | s              | 5   |            |  |

FORM 18-636 (4-20-57)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS





|  |     |   |          |   |       |
|--|-----|---|----------|---|-------|
| R-250  |     | NAME OF INDIVIDUAL  |          | LOUISIANA   |       |
| COLOR  | AGE | BIRTHPLACE  |          | E.O.  | SHEET |
| W  | 19  | Miss  |          | 132   | 4     |
| COUNTY   |     |   | CITY     |   |       |
| Washington   |     |   | Bogalusa |   |       |
| ENUMERATED WITH  |     |   |          |   |       |
| Chompson, John W   |     |   |          |   |       |
| RELATIONSHIP TO ABOVE  |     |   |          |   |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |          | <input type="checkbox"/> WIFE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> WORKER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |       |

FORM H-437 (4-22-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMB-DC 15150-P61

R-253

R-253

|                         |      |                |     |            |       |
|-------------------------|------|----------------|-----|------------|-------|
| R-253                   |      | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE  | BIRTHPLACE     |     | E.D.       | SHEET |
| W                       | 49   | Assumption     |     | 9          | 1     |
| COUNTY                  | CITY |                |     |            |       |
| OTHER MEMBERS OF FAMILY |      |                |     |            |       |
| NAME                    |      | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Jaitino                 |      | W              | 40  |            |       |
| Anthony                 |      | S              | 18  |            |       |
| Marguerite              |      | D              | 15  |            |       |
| Victoria                |      | D              | 13  |            |       |
| Joseph                  |      | S              | 12  |            |       |
| Paul                    |      | S              | 10  |            |       |
| Miniquel                |      | D              | 8   |            |       |

FORM 18-636 (4-30-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

A253

## HEAD OF FAMILY - CONTINUED

LOUISIANA

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME    | RELATION-<br>SHIP | AGE | BIRTHPLACE |
|---------|-------------------|-----|------------|
| Mike    | S                 | 6   |            |
| Frances | D                 | 4   |            |
| Edward  | S                 | 3   |            |
|         |                   |     |            |
|         |                   |     |            |
|         |                   |     |            |
|         |                   |     |            |
|         |                   |     |            |
|         |                   |     |            |
|         |                   |     |            |

FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 16190-P-1

| R354                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
|-------------------------|--|----------------|------------|------------|-------|
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| W                       |  | 50             | Italy      | 96         | 4     |
| COUNTY                  |  |                | CITY       |            |       |
| St. Mary                |  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Artie                   |  | W              | 47         | Italy      |       |
| Perna                   |  | SS             | 16         |            |       |
| Mary                    |  | SD             | 9          |            |       |
| Katie                   |  | SD             | 8          |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 16-626 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |   |  |                   |                   |
|--|---|--|-------------------|-------------------|
| R252   | NAME OF INDIVIDUAL<br><i>Richman, Frank</i> |  | E.D.<br><i>53</i> | SHEET<br><i>8</i> |
| COLOR<br><i>B</i>                            | AGE<br><i>4</i>                             | BIRTHPLACE                               |                   |                   |
| COUNTY<br><i>Caddo</i>                       |   | CITY                                     |                   |                   |
| ENUMERATED WITH<br><i>Sanders, Sarah</i>     |   |  |                   |                   |
| RELATIONSHIP TO ABOVE                        |   |  |                   |                   |
| <input type="checkbox"/> FATHER              | <input type="checkbox"/> NEPHEW             | <input type="checkbox"/> INMATE          |                   |                   |
| <input type="checkbox"/> MOTHER              | <input type="checkbox"/> NIECE              | <input type="checkbox"/> NURSE           |                   |                   |
| <input type="checkbox"/> GRANDFATHER         | <input type="checkbox"/> FATHER-IN-LAW      | <input type="checkbox"/> PATIENT         |                   |                   |
| <input type="checkbox"/> GRANDMOTHER         | <input type="checkbox"/> MOTHER-IN-LAW      | <input type="checkbox"/> ROOMER          |                   |                   |
| <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW         | <input type="checkbox"/> SERVANT         |                   |                   |
| <input type="checkbox"/> GRANDDAUGHTER       | <input type="checkbox"/> DAUGHTER-IN-LAW    | <input type="checkbox"/> OTHER (Specify) |                   |                   |
| <input type="checkbox"/> AUNT                | <input type="checkbox"/> BROTHER-IN-LAW     |  |                   |                   |
| <input type="checkbox"/> UNCLE               | <input type="checkbox"/> SISTER-IN-LAW      |  |                   |                   |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIV

USCOMB-DC 18130-P61

|                         |  |                |            |            |            |
|-------------------------|--|----------------|------------|------------|------------|
| 8255                    |  | HEAD OF FAMILY |            | LOUISIANA  |            |
| COLOR                   |  | AGE            | BIRTHPLACE |            | E.D. SHEET |
| W                       |  | 29             |            |            | 52 24      |
| COUNTY                  |  |                | CITY       |            |            |
| Plaquemines             |  |                |            |            |            |
| OTHER MEMBERS OF FAMILY |  |                |            |            |            |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |            |
| Olivia                  |  | W              | 26         |            |            |
| Frank R                 |  | S              | 5          |            |            |
| Cleo                    |  | D              | 3          |            |            |
| Irene                   |  | D              | 1          |            |            |
| James                   |  | B              | 18         |            |            |
| Clark, Anthony          |  | M-L            | 73         |            |            |
|                         |  |                |            |            |            |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |                  |       |
|-------------------------|---|----------------|-----|------------------|-------|
| A255                    |   | HEAD OF FAMILY |     | LOUISIANA        |       |
| Riceman                 |   | Frank          |     | E.D.             | SHEET |
| COLOR                   | W | AGE            | 60  | 126              | 15    |
|                         |   | BIRTHPLACE     |     | Ireland Irish    |       |
| COUNTY                  |   | St. Martin     |     | CITY             |       |
|                         |   |                |     | St. Martinsville |       |
| OTHER MEMBERS OF FAMILY |   |                |     |                  |       |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE       |       |
| 1 Kate                  |   | W              | 57  |                  |       |
| Mc Artty Willie         |   | N              | 11  |                  |       |
|                         |   |                |     |                  |       |
|                         |   |                |     |                  |       |
|                         |   |                |     |                  |       |
|                         |   |                |     |                  |       |
|                         |   |                |     |                  |       |
|                         |   |                |     |                  |       |

FORM 10-636 (2-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |  |                |                 |            |            |
|-------------------------|--|----------------|-----------------|------------|------------|
| R255                    |  | HEAD OF FAMILY |                 | LOUISIANA  |            |
| COLOR                   |  | AGE            | BIRTHPLACE      |            | E.D. SHEET |
| B                       |  | 28             | Richmond, Frank |            | 86 16      |
| COUNTY                  |  |                | St. Mary        |            | CITY       |
| OTHER MEMBERS OF FAMILY |  |                |                 |            |            |
| NAME                    |  | RELATIONSHIP   | AGE             | BIRTHPLACE |            |
| Florence                |  | W              | 27              |            |            |
| Walter                  |  | S              | 8               |            |            |
| Willie                  |  | S              | 7               |            |            |
| Peter                   |  | S              | 5               |            |            |
| Frank Jr.               |  | S              | 2               |            |            |
| Johnny                  |  | S              | 1               |            |            |
| Mitchell, Louise S. L.  |  | S. L.          | 19              |            |            |

FORM 10-434 (3-20-31)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME              | RELATIONSHIP | AGE | BIRTHPLACE |
|-------------------|--------------|-----|------------|
| Charles, Isabelle | S. L.        | 13  |            |
|                   |              |     |            |
|                   |              |     |            |
|                   |              |     |            |
|                   |              |     |            |
|                   |              |     |            |
|                   |              |     |            |
|                   |              |     |            |
|                   |              |     |            |
|                   |              |     |            |

FORM 16-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 16100-P61

|                            |                                   |              |     | LOUISIANA  |            |
|----------------------------|-----------------------------------|--------------|-----|------------|------------|
| R255                       | HEAD OF FAMILY<br>Keggonian Frank |              |     | E.D.<br>22 | SHEET<br>4 |
| COLOR<br>W                 | AGE<br>65                         | BIRTHPLACE   |     |            |            |
| COUNTY<br>East Baton Rouge | CITY<br>Baton Rouge               |              |     |            |            |
| OTHER MEMBERS OF FAMILY    |                                   |              |     |            |            |
| NAME                       |                                   | RELATIONSHIP | AGE | BIRTHPLACE |            |
| Anna                       |                                   | W            | 50  |            |            |
| John                       |                                   | S            | 30  |            |            |
| Frederick                  |                                   | S            | 27  |            |            |
| Lee                        |                                   | S            | 22  |            |            |
| Irene                      |                                   | D            | 18  |            |            |
| Francis                    |                                   | O-L          | 20  |            |            |
| Georgie                    |                                   | BS           | 14  |            |            |

FORM 16-536 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |              |                |            |           |       |
|-------------------------|--|----------------|--------------|----------------|------------|-----------|-------|
| 2257                    |  | HEAD OF FAMILY |              | ROENBRACK Fred |            | LOUISIANA |       |
| COLOR                   |  | AGE            | BIRTHPLACE   |                | E.O.       |           | SHEET |
| W                       |  | 62             | Germany      |                | 54         |           | 7     |
| COUNTY                  |  |                | Plaquemines  |                | CITY       |           |       |
| OTHER MEMBERS OF FAMILY |  |                |              |                |            |           |       |
| NAME                    |  |                | RELATIONSHIP | AGE            | BIRTHPLACE |           |       |
| Ella                    |  |                | D'           | 38             |            |           |       |
| Anna                    |  |                | D            | 36             |            |           |       |
| Sofia                   |  |                | D            | 26             |            |           |       |
| George                  |  |                | S            | 21             |            |           |       |
| 2 L                     |  |                |              |                |            |           |       |
|                         |  |                |              |                |            |           |       |
|                         |  |                |              |                |            |           |       |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|                         |                                       |                    |             |             |
|-------------------------|---------------------------------------|--------------------|-------------|-------------|
| R 255                   | HEAD OF FAMILY<br><i>Richard Fred</i> |                    | E.O.<br>121 | SHEET<br>22 |
| COLOR<br>B              | AGE<br>68                             | BIRTHPLACE<br>ala. |             |             |
| COUNTY<br>Tensas        |                                       | CITY               |             |             |
| OTHER MEMBERS OF FAMILY |                                       |                    |             |             |
| NAME                    |                                       | RELATION-<br>SHIP  | AGE         | BIRTHPLACE  |
| 1 <i>Nancy</i>          |                                       | <i>W</i>           | <i>65</i>   | <i>Miss</i> |
|                         |                                       |                    |             |             |
|                         |                                       |                    |             |             |
|                         |                                       |                    |             |             |
|                         |                                       |                    |             |             |
|                         |                                       |                    |             |             |
|                         |                                       |                    |             |             |
|                         |                                       |                    |             |             |

Form 10-636 (4-20-31)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |                  |   |  |   |                    |
|--|------------------|---|--|---|--------------------|
| 1255   |                  | NAME OF HEAD OF HOUSEHOLD<br><i>Lockman, Fred</i>   |  | E.D.<br><i>79</i>   | SHEET<br><i>14</i> |
| COLOR<br><i>B</i>  | AGE<br><i>14</i> | BIRTHPLACE<br><i>La</i>   |  |   |                    |
| COUNTY<br><i>Rapides</i>   |                  | CITY<br><i>Alexandria</i>   |  |   |                    |
| ENUMERATED WITH<br><i>William, Nina</i>  |                  |   |  |   |                    |
| RELATIONSHIP TO ABOVE  |                  |   |  |   |                    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> WIDOWER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify)<br><hr/> |                    |

FORM 16-637 (4-29-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1960 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 16100-P01

LOUISIANA

|  |   |   |         |          |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |                |                                |  |  |
|--|---|---|---------|----------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|-------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|----------------|--------------------------------|--|--|
| R 253  | NAME OF INDIVIDUAL<br><i>Reginaiden Larrett</i> |   | E.O. 39 | SHEET 19 |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |                |                                |  |  |
| COLOR<br><i>Mu</i>   | AGE<br><i>4 1/2</i>                             | BIRTHPLACE                                |         |          |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |                |                                |  |  |
| COUNTY   |   | CITY                                      |         |          |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |                |                                |  |  |
|  |   | <i>Calcasieu</i>                          |         |          |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |                |                                |  |  |
| ENUMERATED WITH  |   | <i>Reginaiden Antoinie</i>                |         |          |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |                |                                |  |  |
| RELATIONSHIP TO ABOVE  |   |   |         |          |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |                |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NICE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>I child</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |   |   |         |          | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NICE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>I child</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW                 | <input type="checkbox"/> INMATE           |         |          |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |                |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NICE                   | <input type="checkbox"/> NURSE            |         |          |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |                |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW          | <input type="checkbox"/> PATIENT          |         |          |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |                |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW          | <input type="checkbox"/> ROOMER           |         |          |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |                |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW             | <input type="checkbox"/> SERVANT          |         |          |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |                |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW        | <input checked="" type="checkbox"/> OTHER |         |          |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |                |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW         | <i>I child</i>                            |         |          |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |                |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW          |   |         |          |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |                |                                |  |  |

FORM 10-637 (4-20-51)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P01

|                         |     |                |  |              |  |                  |  |            |  |
|-------------------------|-----|----------------|--|--------------|--|------------------|--|------------|--|
| 2250                    |     | HEAD OF FAMILY |  | LOUISIANA    |  | E.D.             |  | SHEET      |  |
| ROCHELLE                |     | ROCHELLE       |  | GASTON       |  | 126              |  | 15         |  |
| COLOR                   | AGE | BIRTHPLACE     |  |              |  |                  |  |            |  |
| mc                      | 23  |                |  |              |  |                  |  |            |  |
| COUNTY                  |     |                |  | St. Martin   |  | CITY             |  |            |  |
|                         |     |                |  |              |  | St. Martinsville |  |            |  |
| OTHER MEMBERS OF FAMILY |     |                |  |              |  |                  |  |            |  |
| NAME                    |     |                |  | RELATIONSHIP |  | AGE              |  | BIRTHPLACE |  |
| 1 Regina                |     |                |  | W            |  | 23               |  |            |  |
|                         |     |                |  |              |  |                  |  |            |  |
|                         |     |                |  |              |  |                  |  |            |  |
|                         |     |                |  |              |  |                  |  |            |  |
|                         |     |                |  |              |  |                  |  |            |  |
|                         |     |                |  |              |  |                  |  |            |  |
|                         |     |                |  |              |  |                  |  |            |  |
|                         |     |                |  |              |  |                  |  |            |  |
|                         |     |                |  |              |  |                  |  |            |  |

FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



LOUISIANA

|  |           |   |      |  |            |
|--|-----------|---|------|--|------------|
| R250   |           | NAME OF INDIVIDUAL<br><i>Rosa George</i>  |      | E.O.<br>44   | SHEET<br>1 |
| COLOR<br>B   | AGE<br>12 | BIRTHPLACE  |      |  |            |
| COUNTY<br>East Carroll   |           |   | CITY |  |            |
| ENUMERATED WITH<br><i>Brown Louis</i>  |           |   |      |  |            |
| RELATIONSHIP TO ABOVE  |           |   |      |  |            |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |           | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> IMMATE<br><input type="checkbox"/> MURDER<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>S-S</i> |            |

FORM 16-637 (4-25-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INMVS

USCOMM-DC 1910-P01

LOUISIANA

|                         |                 |              |      |            |
|-------------------------|-----------------|--------------|------|------------|
| R252                    | HEAD OF FAMILY  |              | E.D. | SHEET      |
|                         | Rusciner George |              | 62   | 17         |
| COLOR                   | AGE             | BIRTHPLACE   |      |            |
| B                       | 25              | U.S.         |      |            |
| COUNTY                  |                 | CITY         |      |            |
| St. Charles             |                 |              |      |            |
| OTHER MEMBERS OF FAMILY |                 |              |      |            |
| NAME                    |                 | RELATIONSHIP | AGE  | BIRTHPLACE |
| 1 Elizabeth             |                 | W            | 28   |            |
| Martin, Gilbert         |                 | SS           | 8    |            |
| Brown, Kitty            |                 | ML           | 80   | La.        |
| Cooper, Luina           |                 | BL           | 48   |            |
|                         |                 |              |      |            |
|                         |                 |              |      |            |
|                         |                 |              |      |            |
|                         |                 |              |      |            |

FORM 10-636 (4-20-21)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|                         |                |              |                   |            |      |       |
|-------------------------|----------------|--------------|-------------------|------------|------|-------|
| R252                    | HEAD OF FAMILY |              | Rackinshaw George |            | E.D. | SHEET |
| COLOR                   | AGE            | BIRTHPLACE   |                   |            |      |       |
| W                       | 54             |              |                   |            |      |       |
| COUNTY                  |                |              | CITY              |            |      |       |
| St. Mary                |                |              |                   |            |      |       |
| OTHER MEMBERS OF FAMILY |                |              |                   |            |      |       |
| NAME                    |                | RELATIONSHIP | AGE               | BIRTHPLACE |      |       |
| Foster                  |                | W            | 56                |            |      |       |
| Henry                   |                | S            | 23                |            |      |       |
| Willie D.               |                | S            | 17                |            |      |       |
| Matilda G.              |                | D            | 16                |            |      |       |
| Myron Jesse             |                | M            | 58                |            |      |       |
|                         |                |              |                   |            |      |       |
|                         |                |              |                   |            |      |       |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|   |  |   |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|---|--|---|------------|-------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| R252  | NAME OF INDIVIDUAL<br><i>Rushing, George</i> |   | E.D.<br>82 | SHEET<br>10 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR<br>B  | AGE<br>19                                    | BIRTHPLACE  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY  |  | CITY  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  | <i>Natchitoches</i>                                 |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  | <i>Rushing, Lena</i>                                |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> MISTRESS-IN-LAW</td> <td></td> </tr> </table> |  |   |            |             | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> MISTRESS-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW              | <input type="checkbox"/> INMATE                     |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE               | <input type="checkbox"/> NURSE                      |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW       | <input type="checkbox"/> PATIENT                    |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW       | <input type="checkbox"/> ROOMER                     |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW          | <input type="checkbox"/> SERVANT                    |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW     | <input checked="" type="checkbox"/> OTHER (Specify) |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW      |   |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> MISTRESS-IN-LAW     |   |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 10-637 (4-20-61)

U. S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P-61

| R 252                   |       | HEAD OF FAMILY  |     | LOUISIANA  |  |
|-------------------------|-------|-----------------|-----|------------|--|
|                         |       | E.D.            |     | SHEET      |  |
| R 252                   |       | Risinger George |     | 134 14     |  |
| COLOR                   | W     | AGE             | 41  | BIRTHPLACE |  |
| COUNTY                  | Union |                 |     | CITY       |  |
| OTHER MEMBERS OF FAMILY |       |                 |     |            |  |
| NAME                    |       | RELATIONSHIP    | AGE | BIRTHPLACE |  |
| Eliza                   |       | W               | 40  |            |  |
| Evelyn                  |       | V               | 15  |            |  |
| Alma                    |       | V               | 13  |            |  |
| Paul                    |       | S               | 9   |            |  |
| Clide                   |       | S               | 7   |            |  |
| Edna                    |       | D               | 5   |            |  |
| Jordan                  |       | S               | 3   |            |  |

| HEAD OF FAMILY          |                 |            | LOUISIANA   |              |
|-------------------------|-----------------|------------|-------------|--------------|
| 1752                    | Pushing George. |            | E.D.<br>113 | SHEET<br>10. |
| COLOR<br>B              | AGE<br>30       | BIRTHPLACE |             |              |
| COUNTY                  | Richland        |            | CITY        |              |
| OTHER MEMBERS OF FAMILY |                 |            |             |              |
| NAME                    | RELATIONSHIP    | AGE        | BIRTHPLACE  |              |
| 1 Maria                 | W               | 20         |             |              |
|                         |                 |            |             |              |
|                         |                 |            |             |              |
|                         |                 |            |             |              |
|                         |                 |            |             |              |
|                         |                 |            |             |              |
|                         |                 |            |             |              |
|                         |                 |            |             |              |
|                         |                 |            |             |              |

FORM 10-636 (4-28-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|   |   |                          |                   |                   |
|---|---|--------------------------|-------------------|-------------------|
| <i>R253</i>                               | HEAD OF FAMILY<br><i>Rosents George</i> |                          | E.O.<br><i>77</i> | SHEET<br><i>8</i> |
| COLOR<br><i>W</i>                         | AGE<br><i>68</i>                        | BIRTHPLACE<br><i>Ala</i> |                   |                   |
| COUNTY                                    |   | CITY                     |                   |                   |
| <del>504</del><br>OTHER MEMBERS OF FAMILY |   |                          |                   |                   |
| NAME                                      |   | RELATION-<br>SHIP        | AGE               | BIRTHPLACE        |
| <i>Buster T</i>                           |   | <i>S</i>                 | <i>35</i>         |                   |
| <i>Story Orin</i>                         |   | <i>10</i>                | <i>33</i>         |                   |
| <i>Ada</i>                                |   | <i>844</i>               | <i>13</i>         |                   |
| <i>Anstine</i>                            |   | <i>88</i>                | <i>11</i>         |                   |
| <i>Rabice</i>                             |   | <i>810</i>               | <i>7</i>          |                   |
| <i>William</i>                            |   | <i>88</i>                | <i>6</i>          |                   |
| <i>and 1 based</i>                        |   |                          |                   |                   |

FORM 18-536 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|                         |                |              |                       |            |      |       |
|-------------------------|----------------|--------------|-----------------------|------------|------|-------|
| <i>X-250</i>            | HEAD OF FAMILY |              | <i>Reagan, Geo. F</i> |            | E.O. | SHEET |
| COLOR                   | AGE            | BIRTHPLACE   |                       |            |      |       |
| <i>W</i>                | <i>57</i>      |              |                       |            |      |       |
| COUNTY                  |                |              | CITY                  |            |      |       |
| <i>Union</i>            |                |              |                       |            |      |       |
| OTHER MEMBERS OF FAMILY |                |              |                       |            |      |       |
| NAME                    |                | RELATIONSHIP | AGE                   | BIRTHPLACE |      |       |
| <i>1 Sallie</i>         |                | <i>W</i>     | <i>54</i>             |            |      |       |
|                         |                |              |                       |            |      |       |
|                         |                |              |                       |            |      |       |
|                         |                |              |                       |            |      |       |
|                         |                |              |                       |            |      |       |
|                         |                |              |                       |            |      |       |
|                         |                |              |                       |            |      |       |
|                         |                |              |                       |            |      |       |
|                         |                |              |                       |            |      |       |
|                         |                |              |                       |            |      |       |

FORM 16-636 (4-20-61)

1916 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |  |                |  |                |  |           |  |            |  |       |  |
|-------------------------|--|----------------|--|----------------|--|-----------|--|------------|--|-------|--|
| R 255                   |  | HEAD OF FAMILY |  | Richmond Geo D |  | LOUISIANA |  | E.D. 39    |  | SHEET |  |
| 36                      |  | 5              |  |                |  |           |  |            |  |       |  |
| COLOR                   |  | AGE            |  | BIRTH PLACE    |  |           |  |            |  |       |  |
| B                       |  | 40             |  | Miss           |  |           |  |            |  |       |  |
| COUNTY                  |  |                |  | Calcasieu      |  |           |  | CITY       |  |       |  |
| OTHER MEMBERS OF FAMILY |  |                |  |                |  |           |  |            |  |       |  |
| NAME                    |  |                |  | RELATIONSHIP   |  | AGE       |  | BIRTHPLACE |  |       |  |
| 1 Victoria              |  |                |  | W              |  | 28        |  |            |  |       |  |
|                         |  |                |  |                |  |           |  |            |  |       |  |
|                         |  |                |  |                |  |           |  |            |  |       |  |
|                         |  |                |  |                |  |           |  |            |  |       |  |
|                         |  |                |  |                |  |           |  |            |  |       |  |
|                         |  |                |  |                |  |           |  |            |  |       |  |
|                         |  |                |  |                |  |           |  |            |  |       |  |
|                         |  |                |  |                |  |           |  |            |  |       |  |

FORM 16-636 (4-20-61)

1916 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |  |   |    |                |  |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|--|--|---|----|----------------|--|------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| 8250                                   |  | NAME OF INDIVIDUAL  |    | Rogan George W |  | E.D. | SHEET |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR                                  | W  | AGE   | 18 | BIRTHPLACE     |  | 84   | 15    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|  |  |   |    | Miss.          |  |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY                                 |  | Madison   |    | CITY           |  |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH                        |  | Rogan Idy L.  |    |                |  |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE                  |  | <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |    |                |  |      |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE   |    |                |  |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE  |    |                |  |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT  |    |                |  |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER   |    |                |  |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT  |    |                |  |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify)   |    |                |  |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW  |   |    |                |  |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW   |   |    |                |  |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 10100-P61

| K255                    |              | HEAD OF FAMILY |            | LOUISIANA |       |
|-------------------------|--------------|----------------|------------|-----------|-------|
| COLOR                   | AGE          | BIRTHPLACE     |            | E.D.      | SHEET |
| W                       | 42           | Miss           |            | 82        | 2     |
| COUNTY                  |              | Rapides        |            | CITY      |       |
| OTHER MEMBERS OF FAMILY |              |                |            |           |       |
| NAME                    | RELATIONSHIP | AGE            | BIRTHPLACE |           |       |
| Nancy J.                | W            | 39             |            |           |       |
| James G.                | S            | 26             |            |           |       |
| Charlie B.              | S            | 18             |            |           |       |
| Brown A.                | S            | 14             |            |           |       |
| Mary E.                 | S            | 12             |            |           |       |
| John D.                 | S            | 2              |            |           |       |

LOUISIANA

|   |  |  |                     |            |            |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|---------------------|------------|------------|---------------------------------|---------------------------------|----------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|--|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R255  |  | NAME OF INDIVIDUAL<br>Reggionian Gorgie  |                     | E.D.<br>22 | SHEET<br>4 |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br>W  | AGE<br>74                                | BIRTHPLACE                               |                     |            |            |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br>East Baton Rouge  |  |  | CITY<br>Baton Rouge |            |            |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br>Reggionian Frank   |  |  |                     |            |            |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |                     |            |            |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> NEGRATE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input checked="" type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> |  |  |                     |            |            | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> NEGRATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> NEGRATE         |                     |            |            |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |                     |            |            |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |                     |            |            |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |                     |            |            |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |                     |            |            |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |                     |            |            |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |                     |            |            |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |                     |            |            |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 16-637 (4-26-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCDA-DC 1810-P01

LOUISIANA

|                         |                |              |              |            |      |       |
|-------------------------|----------------|--------------|--------------|------------|------|-------|
| R250                    | HEAD OF FAMILY |              | Resian Yousa |            | E.D. | SHEET |
| COLOR                   | AGE            | BIRTHPLACE   |              |            |      |       |
| B                       | 23             | Lafayette    |              |            |      |       |
| COUNTY                  |                |              | CITY         |            |      |       |
| OTHER MEMBERS OF FAMILY |                |              |              |            |      |       |
| NAME                    |                | RELATIONSHIP | AGE          | BIRTHPLACE |      |       |
| Louise                  |                | W            | 24           |            |      |       |
| Jade                    |                | S            | 7            |            |      |       |
| Telephone               |                | S            | 5            |            |      |       |
| Reul                    |                | S            | 2            |            |      |       |
| Martin Louis            |                | B.L.         | 22           |            |      |       |
|                         |                |              |              |            |      |       |
|                         |                |              |              |            |      |       |

FORM 16-636 (4-30-61)  
1918 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

| R 250                   |  | HEAD OF FAMILY<br><i>Rochon Gilbert</i> |           | LOUISIANA<br>E.D. 36        |  | SHEET 24 |  |
|-------------------------|--|---|-----------|-----------------------------|--|----------|--|
| COLOR<br><i>mu</i>      |  | AGE<br>36                               |           | BIRTHPLACE                  |  |          |  |
| COUNTY<br>Calcasieu     |  |   |           | CITY<br><i>Lake Charles</i> |  |          |  |
| OTHER MEMBERS OF FAMILY |  |   |           |                             |  |          |  |
| NAME                    |  | RELATION-<br>SHIP                       | AGE       | BIRTHPLACE                  |  |          |  |
| <i>Edna</i>             |  | <i>W</i>                                | <i>34</i> |                             |  |          |  |
| <i>Jennie</i>           |  | <i>D</i>                                | <i>12</i> |                             |  |          |  |
| <i>George</i>           |  | <i>S</i>                                | <i>10</i> |                             |  |          |  |
| <i>Ethel W.</i>         |  | <i>D</i>                                | <i>8</i>  |                             |  |          |  |
| <i>Carrie</i>           |  | <i>D</i>                                | <i>5</i>  |                             |  |          |  |
| <i>Theodore</i>         |  | <i>S</i>                                | <i>3</i>  |                             |  |          |  |
| <i>Matile</i>           |  | <i>Li.</i>                              | <i>21</i> |                             |  |          |  |

LOUISIANA

|   |  |   |  |             |            |
|---|--|---|--|-------------|------------|
| 1256  |  | NAME OF INDIVIDUAL<br><i>Rockmore, Jennie</i> |  | E.O.<br>107 | SHEET<br>4 |
| COLOR<br><i>B</i>                                 | AGE<br><i>8</i>                          | BIRTHPLACE                                    |  |             |            |
| COUNTY<br><i>Ouchita</i>                          |  | CITY  |  |             |            |
| ENUMERATED WITH<br><i>Colson Jim</i>              |  |   |  |             |            |
| RELATIONSHIP TO ABOVE                             |  |   |  |             |            |
| <input type="checkbox"/> FATHER                   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIMATE               |  |             |            |
| <input type="checkbox"/> MOTHER                   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                |  |             |            |
| <input type="checkbox"/> GRANDFATHER              | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT              |  |             |            |
| <input type="checkbox"/> GRANDMOTHER              | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER               |  |             |            |
| <input type="checkbox"/> GRANDSON                 | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT              |  |             |            |
| <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)      |  |             |            |
| <input type="checkbox"/> AUNT                     | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |             |            |
| <input type="checkbox"/> UNCLE                    | <input type="checkbox"/> WINTER-IN-LAW   |   |  |             |            |

FORM 10-427 (4-22-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1930 CENSUS INDEX - INDIVIDUAL

USCOM-DC 10155-P-51

|  |   |
|--|---|
| LOUISIANA  |   |
| R250   | NAME OF INDIVIDUAL<br><i>Rochea Goldie</i>  |
| E.D.<br>124  | SHEET<br>8  |
| COLOR<br><i>Mu</i>   | AGE<br>3  |
| BIRTHPLACE   |   |
| COUNTY<br><i>St. Martin</i>  | CITY  |
| ENUMERATED WITH<br><i>Marcine Andre Mrs</i>  |   |
| RELATIONSHIP TO ABOVE  |   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>GC</i>   |   |

FORM 10-437 (4-20-51)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 1910-P-1



|                         |              |                |            |           |       |
|-------------------------|--------------|----------------|------------|-----------|-------|
| R 255                   |              | HEAD OF FAMILY |            | LOUISIANA |       |
| Roseman                 |              | Goos           |            | E.D.      | SHEET |
| COLOR                   | AGE          | BIRTHPLACE     |            |           |       |
| CB                      | 55           |                |            |           |       |
| COUNTY                  |              | CITY           |            |           |       |
| Calcasieu               |              | Lake Charles   |            |           |       |
| OTHER MEMBERS OF FAMILY |              |                |            |           |       |
| NAME                    | RELATIONSHIP | AGE            | BIRTHPLACE |           |       |
| Victoria                | w            | 47             |            |           |       |
| Joe                     | s            | 27             |            |           |       |
| Abe                     | s            | 22             |            |           |       |
| Ralph                   | s            | 18             |            |           |       |
| Lizzie                  | d            | 21             |            |           |       |
| Clare                   | d            | 25             |            |           |       |
| Rufus                   | s            | 15             |            |           |       |

Form 10-436 (4-20-11)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

## HEAD OF FAMILY - CONTINUED

LOUISIANA

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME     | RELATION-<br>SHIP | AGE   | BIRTHPLACE |
|----------|-------------------|-------|------------|
| Victoria | d                 | 13    |            |
| Frank    | s                 | 12    |            |
| Earley   | s                 | 10    |            |
| Winton   | s                 | 8     |            |
| Maryell  | s                 | 6     |            |
| Chellon  | s                 | 5     |            |
| Agnes    | d                 | 3 1/2 |            |
|          |                   |       |            |
|          |                   |       |            |
|          |                   |       |            |

FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18106-701

LOUISIANA

|  |  |  |  |             |            |
|--|--|--|--|-------------|------------|
| R250                                   |  | NAME OF INDIVIDUAL<br>Rochon Hardy         |  | E.D.<br>126 | SHEET<br>6 |
| COLOR<br>Mm                            | AGE<br>15                                | BIRTHPLACE                                 |  |             |            |
| COUNTY<br>St. Martin                   |  | CITY<br>St. Martinville                    |  |             |            |
| ENUMERATED WITH<br>Francis Rene R.     |  |  |  |             |            |
| RELATIONSHIP TO ABOVE                  |  |  |  |             |            |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIFE              |  |             |            |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> Niece           | <input type="checkbox"/> NURSE             |  |             |            |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |  |             |            |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> BOBNEW |  |             |            |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |  |             |            |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |  |             |            |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |             |            |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW   |  |  |             |            |

Form 10-437 (4-22-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1960 CENSUS INDEX - INDIVIDUAL

USCOM-DC 10152-P61

LOUISIANA

|                         |     |                |  |                |  |            |       |
|-------------------------|-----|----------------|--|----------------|--|------------|-------|
| P252                    |     | HEAD OF FAMILY |  | Seasons, Grace |  | E.D.       | SHEET |
| 60                      |     | 13             |  |                |  |            |       |
| COLOR                   | AGE | BIRTHPLACE     |  |                |  |            |       |
| B                       | 35  |                |  |                |  |            |       |
| COUNTY                  |     | Iberville      |  | CITY           |  |            |       |
| OTHER MEMBERS OF FAMILY |     |                |  |                |  |            |       |
| NAME                    |     | RELATIONSHIP   |  | AGE            |  | BIRTHPLACE |       |
| 1 Lilian                |     | ni             |  | 29             |  |            |       |
| + 1 Bo                  |     |                |  |                |  |            |       |
|                         |     |                |  |                |  |            |       |
|                         |     |                |  |                |  |            |       |
|                         |     |                |  |                |  |            |       |
|                         |     |                |  |                |  |            |       |
|                         |     |                |  |                |  |            |       |
|                         |     |                |  |                |  |            |       |
|                         |     |                |  |                |  |            |       |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |  |   |            |             |
|--|--|---|------------|-------------|
| R255                                   | NAME OF INDIVIDUAL<br>Richmond, Gralen   |   | E.D.<br>27 | SHEET<br>38 |
| COLOR<br>B                             | AGE<br>34                                | BIRTHPLACE                                  |            |             |
| COUNTY<br>Cade                         |  | CITY  |            |             |
| ENUMERATED WITH<br>Lyrthioman, L. H.   |  |   |            |             |
| RELATIONSHIP TO ABOVE                  |  |   |            |             |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE             |            |             |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE              |            |             |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT            |            |             |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER             |            |             |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW      | <input checked="" type="checkbox"/> SERVANT |            |             |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)    |            |             |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW  |   |            |             |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW   |   |            |             |

FORM 10-637 (4-29-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USC9144-DC 10100-P01

LOUISIANA

|                                |                        |                     |             |                   |
|--------------------------------|------------------------|---------------------|-------------|-------------------|
| <b>Ross</b>                    | <b>HEAD OF FAMILY</b>  |                     | <b>E.D.</b> | <b>SHEET</b>      |
|                                | <i>Richard E. Ross</i> |                     | 75          | 17                |
| <b>COLOR</b>                   | <b>AGE</b>             | <b>BIRTHPLACE</b>   |             |                   |
| <i>W</i>                       | 43                     |                     |             |                   |
| <b>COUNTY</b>                  |                        | <b>CITY</b>         |             |                   |
| <i>Lincoln</i>                 |                        | <i>Ruston</i>       |             |                   |
| <b>OTHER MEMBERS OF FAMILY</b> |                        |                     |             |                   |
| <b>NAME</b>                    |                        | <b>RELATIONSHIP</b> | <b>AGE</b>  | <b>BIRTHPLACE</b> |
| <i>Melissa</i>                 |                        | <i>W</i>            | 32          |                   |
| <i>Ferdie</i>                  |                        | <i>S</i>            | 18          |                   |
| <i>Beulah</i>                  |                        | <i>D</i>            | 16          |                   |
| <i>Georgia</i>                 |                        | <i>D</i>            | 14          |                   |
| <i>Willie</i>                  |                        | <i>D</i>            | 17          |                   |
| <i>Byrd, J. I.</i>             |                        | <i>N</i>            | 6           |                   |
|                                |                        |                     |             |                   |

FORM 10-636 (4-20-41)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|                         |   |                |     |                  |  |      |       |
|-------------------------|---|----------------|-----|------------------|--|------|-------|
| R255                    |   | HEAD OF FAMILY |     | Richman, Griffin |  | E.D. | SHEET |
| COLOR                   | 8 | AGE            | 28  | BIRTHPLACE       |  |      |       |
| COUNTY                  |   | Winn           |     | CITY Winfield    |  |      |       |
| OTHER MEMBERS OF FAMILY |   |                |     |                  |  |      |       |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE       |  |      |       |
| Elliott                 |   | S              | 4   |                  |  |      |       |
| Mary                    |   | d              | 2   |                  |  |      |       |
|                         |   |                |     |                  |  |      |       |
|                         |   |                |     |                  |  |      |       |
|                         |   |                |     |                  |  |      |       |
|                         |   |                |     |                  |  |      |       |
|                         |   |                |     |                  |  |      |       |
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FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|                         |            |                |    |                 |     |            |       |
|-------------------------|------------|----------------|----|-----------------|-----|------------|-------|
| R251                    |            | HEAD OF FAMILY |    | Rosenberg, Lisa |     | E.O.       | SHEET |
| 108                     |            | 31             |    |                 |     |            |       |
| COLOR                   | W          | AGE            | 32 | BIRTHPLACE      |     |            |       |
| COUNTY                  | St. Landry |                |    | CITY            |     |            |       |
| OTHER MEMBERS OF FAMILY |            |                |    |                 |     |            |       |
| NAME                    |            |                |    | RELATIONSHIP    | AGE | BIRTHPLACE |       |
| / Jeannette             |            |                |    | W               | 33  |            |       |
| / Alex E                |            |                |    | S               | 9   |            |       |
| / Lucille               |            |                |    | D               | 6   |            |       |
| / Joyce K.              |            |                |    | D               | 2   |            |       |
| and 2 servants          |            |                |    |                 |     |            |       |
| /                       |            |                |    |                 |     |            |       |
|                         |            |                |    |                 |     |            |       |
|                         |            |                |    |                 |     |            |       |



LOUISIANA

|  |  |  |      |             |             |
|--|--|--|------|-------------|-------------|
| R 252                                  |  | NAME OF INDIVIDUAL<br>Russinson H. P.      |      | E.D.<br>146 | SHEET<br>15 |
| COLOR<br>W.                            | AGE<br>34                                | BIRTHPLACE<br>Russia                       |      |             |             |
| COUNTY<br>West Baton Rouge             |  |  | CITY |             |             |
| ENUMERATED WITH<br>Warranty, H. A.     |  |  |      |             |             |
| RELATIONSHIP TO ABOVE                  |  |  |      |             |             |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE            |      |             |             |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE             |      |             |             |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |      |             |             |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER |      |             |             |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |      |             |             |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |      |             |             |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW  |  |      |             |             |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW   |  |      |             |             |

FORM 19-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1930 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18108-P61

LOUISIANA

|                         |                |                  |            |       |
|-------------------------|----------------|------------------|------------|-------|
| R 252                   | HEAD OF FAMILY | Rockingham Hazen | E.D.       | SHEET |
| COLOR                   | AGE            | BIRTHPLACE       |            |       |
| W                       | 49             | LC.              |            |       |
| COUNTY                  | CITY           |                  |            |       |
| OTHER MEMBERS OF FAMILY |                |                  |            |       |
| NAME                    | RELATIONSHIP   | AGE              | BIRTHPLACE |       |
|                         |                |                  |            |       |
|                         |                |                  |            |       |
|                         |                |                  |            |       |
|                         |                |                  |            |       |
|                         |                |                  |            |       |
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|                         |                |                  |            |       |

FORM 10-436 (4-20-31)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |   |  |           |             |
|--|---|--|-----------|-------------|
| R250   | NAME OF INDIVIDUAL<br><i>Regan, Hanna</i> |  | E.D.<br>5 | SHEET<br>22 |
| COLOR<br><i>W</i>                                    | AGE<br><i>14</i>                          | BIRTHPLACE   |           |             |
| COUNTY   |   | CITY   |           |             |
| ENUMERATED WITH <i>Acadia</i><br><i>Regan, James</i> |   |  |           |             |
| RELATIONSHIP TO ABOVE                                |   |  |           |             |
| <input type="checkbox"/> FATHER                      | <input type="checkbox"/> NEPHEW           | <input type="checkbox"/> INMATE                                  |           |             |
| <input type="checkbox"/> MOTHER                      | <input type="checkbox"/> NIECE            | <input type="checkbox"/> NURSE                                   |           |             |
| <input type="checkbox"/> GRANDFATHER                 | <input type="checkbox"/> FATHER-IN-LAW    | <input type="checkbox"/> PATIENT                                 |           |             |
| <input type="checkbox"/> GRANDMOTHER                 | <input type="checkbox"/> MOTHER-IN-LAW    | <input type="checkbox"/> ROOMER                                  |           |             |
| <input type="checkbox"/> GRANDSON                    | <input type="checkbox"/> SON-IN-LAW       | <input type="checkbox"/> SERVANT                                 |           |             |
| <input type="checkbox"/> GRANDDAUGHTER               | <input type="checkbox"/> DAUGHTER-IN-LAW  | <input checked="" type="checkbox"/> OTHER (Specify)<br><i>si</i> |           |             |
| <input type="checkbox"/> AUNT                        | <input type="checkbox"/> BROTHER-IN-LAW   |  |           |             |
| <input type="checkbox"/> UNCLE                       | <input type="checkbox"/> SISTER-IN-LAW    |  |           |             |

FORM 10-437 (4-22-51)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMMA-DC (3100-P-61)

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R255                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| W                       |  | 54             | Denmark    | 87         | 11    |
| COUNTY                  |  |                | CITY       |            |       |
| St. Mary                |  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Lill. alone             |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
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FORM 16-636 (4-20-67)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |      |            |  |
|-------------------------|-----|----------------|------|------------|--|
| R255                    |     | HEAD OF FAMILY |      | LOUISIANA  |  |
| Richman, Hardy          |     | E.D.           |      | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |      |            |  |
| B                       | 33  |                |      |            |  |
| COUNTY                  |     |                | CITY |            |  |
| Concordia               |     |                |      |            |  |
| OTHER MEMBERS OF FAMILY |     |                |      |            |  |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| And 1 partner           |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
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|                         |     |                |      |            |  |
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|                         |     |                |      |            |  |

FORM 18-636 (4-20-61)

1916 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |   |   |                   |                   |
|--|---|---|-------------------|-------------------|
| R255   | NAME OF INDIVIDUAL<br><i>Richmond, Harrell</i>  |   | E.D.<br><i>82</i> | SHEET<br><i>9</i> |
| COLOR<br><i>W</i>  | AGE<br><i>21</i>  | BIRTHPLACE.<br><i>Miss</i>  |                   |                   |
| COUNTY<br><i>St. Helena</i>  |   | CITY  |                   |                   |
| ENUMERATED WITH<br><i>Courtney, William</i>  |   |   |                   |                   |
| RELATIONSHIP TO ABOVE  |   |   |                   |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NUNNE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                   |                   |

FORM 16-537 (4-25-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 16100-P01

LOUISIANA

| HEAD OF FAMILY          |          |              | LOUISIANA |            |
|-------------------------|----------|--------------|-----------|------------|
|                         |          |              | E.O.      | SHEET      |
| 19255 Richmond Harriet  |          |              | 102       | 3          |
| COLOR                   | AGE      | BIRTHPLACE   |           |            |
| W                       | 67       |              |           |            |
| COUNTY                  | Quachita | CITY         | Monroe    |            |
| OTHER MEMBERS OF FAMILY |          |              |           |            |
| NAME                    |          | RELATIONSHIP | AGE       | BIRTHPLACE |
| 1 Emma                  |          | 5            | 63        |            |
| 9 4 Boarder             |          |              |           |            |
|                         |          |              |           |            |
|                         |          |              |           |            |
|                         |          |              |           |            |
|                         |          |              |           |            |
|                         |          |              |           |            |
|                         |          |              |           |            |
|                         |          |              |           |            |

|                         |                  |              |          | LOUISIANA  |       |
|-------------------------|------------------|--------------|----------|------------|-------|
| Race                    | HEAD OF FAMILY   |              |          | E.D.       | SHEET |
| Color                   | Rushing Harriett |              |          | 3          | 8     |
| Mu                      | AGE              | BIRTHPLACE   |          |            |       |
|                         | 35               |              |          |            |       |
| COUNTY                  |                  |              | CITY     |            |       |
| Bienville               |                  |              | Libsland |            |       |
| OTHER MEMBERS OF FAMILY |                  |              |          |            |       |
| NAME                    |                  | RELATIONSHIP | AGE      | BIRTHPLACE |       |
| Todd                    |                  | S            | 23       |            |       |
| Auline                  |                  | S            | 20       |            |       |
| Maggie M.               |                  | D            | 15       |            |       |
| Lindere Daines          |                  | S            | 20       |            |       |
|                         |                  |              |          |            |       |
|                         |                  |              |          |            |       |
|                         |                  |              |          |            |       |



LOUISIANA

|  |   |   |                   |
|--|---|---|-------------------|
| NAME OF INDIVIDUAL<br><i>R250 Robinson Harvey</i>  |   | E.D.<br><i>64</i>   | SHEET<br><i>2</i> |
| COLOR<br><i>B</i>  | AGE<br><i>14</i>  | BIRTHPLACE  |                   |
| COUNTY<br><i>B</i>   | <i>La Salle</i>   | CITY<br><i>Jena</i>   |                   |
| ENUMERATED WITH<br><i>Bryant James L.</i>  |   |   |                   |
| RELATIONSHIP TO ABOVE  |   |   |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input checked="" type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                   |

FORM 16-437 (4-22-41)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P01

LOUISIANA

|  |          |  |      |  |             |
|--|----------|--|------|--|-------------|
| R255   |          | NAME OF INDIVIDUAL<br>Lickman, Hattie  |      | E.O.<br>1  | SHEET<br>25 |
| COLOR<br>sk  | AGE<br>9 | BIRTHPLACE   |      |  |             |
| COUNTY<br>Bienville  |          |  | CITY |  |             |
| ENUMERATED WITH<br>Williams, James   |          |  |      |  |             |
| RELATIONSHIP TO ABOVE  |          |  |      |  |             |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |          | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input checked="" type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> DEWEE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify)<br><hr/> |             |

FORM 10-637 (4-29-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 19100-P01

| LOUISIANA               |                 |            |            |
|-------------------------|-----------------|------------|------------|
| 9250                    | HEAD OF FAMILY  |            | E.D. SHEET |
|                         | Riggins, Mattie |            | 129 11     |
| COLOR                   | AGE             | BIRTHPLACE |            |
| W                       | 28              | Texas      |            |
| COUNTY                  | JONES           |            | CITY       |
| OTHER MEMBERS OF FAMILY |                 |            |            |
| NAME                    | RELATIONSHIP    | AGE        | BIRTHPLACE |
| Field, Mattie           | D               | 15         |            |
|                         |                 |            |            |
|                         |                 |            |            |
|                         |                 |            |            |
|                         |                 |            |            |
|                         |                 |            |            |
|                         |                 |            |            |
|                         |                 |            |            |
|                         |                 |            |            |

FORM 16-636 (4-30-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |           |   |  |  |             |
|--|-----------|---|--|--|-------------|
| R 252                                  |           | NAME OF INDIVIDUAL<br>Rushing, Hattie               |  | E.O.<br>11                               | SHEET<br>13 |
| COLOR<br>B                             | AGE<br>15 | BIRTHPLACE  |  |  |             |
| COUNTY                                 |           | Bienville   |  | CITY                                     |             |
| ENUMERATED WITH<br>Rushing, Samuel     |           |   |  |  |             |
| RELATIONSHIP TO ABOVE                  |           |   |  |  |             |
| <input type="checkbox"/> FATHER        |           | <input type="checkbox"/> NEPHEW                     |  | <input type="checkbox"/> INMATE          |             |
| <input type="checkbox"/> MOTHER        |           | <input type="checkbox"/> NIECE                      |  | <input type="checkbox"/> NURSE           |             |
| <input type="checkbox"/> GRANDFATHER   |           | <input type="checkbox"/> FATHER-IN-LAW              |  | <input type="checkbox"/> PATIENT         |             |
| <input type="checkbox"/> GRANDMOTHER   |           | <input type="checkbox"/> MOTHER-IN-LAW              |  | <input type="checkbox"/> ROOMER          |             |
| <input type="checkbox"/> GRANDSON      |           | <input type="checkbox"/> SON-IN-LAW                 |  | <input type="checkbox"/> SERVANT         |             |
| <input type="checkbox"/> GRANDDAUGHTER |           | <input checked="" type="checkbox"/> DAUGHTER-IN-LAW |  | <input type="checkbox"/> OTHER (Specify) |             |
| <input type="checkbox"/> AUNT          |           | <input type="checkbox"/> BROTHER-IN-LAW             |  |  |             |
| <input type="checkbox"/> UNCLE         |           | <input type="checkbox"/> SISTER-IN-LAW              |  |  |             |

FORM 10-637 (4-22-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

116 COMM-DC 18186-P81

LOUISIANA

|   |   |   |                   |
|---|---|---|-------------------|
| NAME OF INDIVIDUAL<br><i>A-256 Regan Harbette</i>   |   | E.O.<br><i>134</i>  | SHEET<br><i>2</i> |
| COLOR<br><i>W</i>   | AGE<br><i>42</i>  | BIRTHPLACE  |                   |
| COUNTY<br><i>Union</i>  |   | CITY  |                   |
| ENUMERATED WITH<br><i>Robert E. Ross</i>  |   |   |                   |
| RELATIONSHIP TO ABOVE   |   |   |                   |
| <input type="checkbox"/> FATHER<br><input checked="" type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify)<br><hr/> |                   |

FORM 16-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 1910-P61

LOUISIANA

|   |  |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|------------|-------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R252  | NAME OF INDIVIDUAL<br><i>Riggins Henry</i> |  | E.O.<br>80 | SHEET<br>13 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br>B  | AGE<br>18                                  | BIRTHPLACE                                 |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>Rapides</i>  |  | CITY<br><i>Alexandria</i>                  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Washington Ressa</i>  |  |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |            |             | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW            | <input type="checkbox"/> INMATE            |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE             | <input type="checkbox"/> NURSE             |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW     | <input type="checkbox"/> PATIENT           |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW     | <input checked="" type="checkbox"/> ROOMER |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW        | <input type="checkbox"/> SERVANT           |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW   | <input type="checkbox"/> OTHER (Specify)   |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW    |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW     |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1970 CENSUS INDEX - INDIVIDUAL

USCOM-DC 10100-P01

| HEAD OF FAMILY          |              | LOUISIANA  |            |
|-------------------------|--------------|------------|------------|
| E.D.                    | SHEET        |            |            |
| 8250                    | 54           | 5          |            |
| COLOR                   | AGE          | BIRTHPLACE |            |
| W                       | 55           | Holland    |            |
| COUNTY                  | CITY         |            |            |
| Plaquemine              |              |            |            |
| OTHER MEMBERS OF FAMILY |              |            |            |
| NAME                    | RELATIONSHIP | AGE        | BIRTHPLACE |
| Elizabeth H             | W            | 53         |            |
| Edward                  | S            | 28         |            |
| John                    | S            | 26         |            |
| William                 | S            | 21         |            |
| Adelaide                | D            | 18         |            |
| Gurd                    | S            | 14         |            |
| Uola                    | D            | 12         |            |

FORM 10-436 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

| HEAD OF FAMILY          |              |            | LOUISIANA  |       |
|-------------------------|--------------|------------|------------|-------|
| COLOR                   | AGE          | BIRTHPLACE | E.D.       | SHEET |
| W                       | 28           |            | 97         | 1     |
| COUNTY                  |              | CITY       |            |       |
| St. Tammany             |              | Covington  |            |       |
| OTHER MEMBERS OF FAMILY |              |            |            |       |
| NAME                    | RELATIONSHIP | AGE        | BIRTHPLACE |       |
| Bertha                  | W            | 26         | Fla.       |       |
| Arthur                  | S            | 5          |            |       |
| Clarence                | S            | 1          |            |       |
|                         |              |            |            |       |
|                         |              |            |            |       |
|                         |              |            |            |       |
|                         |              |            |            |       |
|                         |              |            |            |       |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |     |                |       |            |  |
|-------------------------|-----|----------------|-------|------------|--|
| R253                    |     | HEAD OF FAMILY |       | LOUISIANA  |  |
| Kipmisiem Henry         |     | B.O.           |       | 39         |  |
| COLOR                   | AGE | BIRTHPLACE     |       |            |  |
| Wm                      | 28  |                |       |            |  |
| COUNTY                  |     | Calcasieu      |       | CITY       |  |
|                         |     |                |       |            |  |
| OTHER MEMBERS OF FAMILY |     |                |       |            |  |
| NAME                    |     | RELATIONSHIP   | AGE   | BIRTHPLACE |  |
| Ida                     |     | W              | 28    |            |  |
| Lillie                  |     | D              | 6     |            |  |
| Jacob                   |     | S              | 5     |            |  |
| Johnny                  |     | S              | 3     |            |  |
| Salena                  |     | D              | 1 1/2 |            |  |
| 41 boarder              |     |                |       |            |  |

Form 18-636 (4-20-27)

1918 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |   |
|--|---|
| LOUISIANA  |   |
| R253   | NAME OF INDIVIDUAL <i>Reynolds Henry</i>  |
| E.D. 39  | SHEET 20  |
| COLOR <i>mu</i>  | AGE <i>4</i> BIRTHPLACE   |
| COUNTY <i>Calcasieu</i>  | CITY  |
| ENUMERATED WITH <i>Johnston Loxley</i>   |   |
| RELATIONSHIP TO ABOVE  |   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify) <i>G. Child</i>  |   |

FORM 18-637 (4-20-61)

1930 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18100-P61

|                         |   |                |         |            |    |
|-------------------------|---|----------------|---------|------------|----|
| R 253                   |   | HEAD OF FAMILY |         | LOUISIANA  |    |
| COLOR                   | W | AGE            | 62      | E.O.       | 83 |
|                         |   | BIRTHPLACE     |         | SHEET 34   |    |
| COUNTY                  |   |                | Rapides | CITY       |    |
| OTHER MEMBERS OF FAMILY |   |                |         |            |    |
| NAME                    |   | RELATIONSHIP   | AGE     | BIRTHPLACE |    |
| Orelia                  |   | W              | 55      |            |    |
| Lottie                  |   | D              | 26      |            |    |
| Milton                  |   | S              | 20      |            |    |
|                         |   |                |         |            |    |
|                         |   |                |         |            |    |
|                         |   |                |         |            |    |
|                         |   |                |         |            |    |
|                         |   |                |         |            |    |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |                  |   |  |  |                    |
|--|------------------|---|--|--|--------------------|
| R255   |                  | NAME OF INDIVIDUAL<br><i>Rosner, Harry</i>  |  | LOUISIANA  |                    |
| COLOR<br><i>W</i>  | AGE<br><i>28</i> | BIRTHPLACE<br><i>Miss</i>   |  | E.D.<br><i>135</i>   | SHEET<br><i>41</i> |
| COUNTY<br><i>Winn</i>  |                  | CITY  |  |  |                    |
| ENUMERATED WITH<br><i>Sgt. James M.</i>  |                  |   |  |  |                    |
| RELATIONSHIP TO ABOVE  |                  |   |  |  |                    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                    |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18106-P01

| R255                    |     | HEAD OF FAMILY |      | LOUISIANA  |  |
|-------------------------|-----|----------------|------|------------|--|
| COLOR                   | AGE | BIRTHPLACE     | S.D. | SHEET      |  |
| B                       | 68  |                | 123  | 4          |  |
| COUNTY                  |     | Tangipahoa     |      | CITY       |  |
| OTHER MEMBERS OF FAMILY |     |                |      |            |  |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| Annie                   |     | W              | 66   |            |  |
| Traster, Elizabeth      |     | D              | 35   |            |  |
| Annie P                 |     | GS             | 16   |            |  |
| James C.                |     | GS             | 18   |            |  |
| Lawrence L.             |     | GS             | 9/12 |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |   |   |      |   |    |
|---|---|---|------|---|----|
| R 252   |   | NAME OF INDIVIDUAL  |      | LOUISIANA   |    |
| COLOR   | B | AGE   | 65   | E.O.  | 22 |
|   |   | BIRTHPLACE  |      | SHEET 4   |    |
| COUNTY  |   |   | CITY |   |    |
| Hossier   |   |   |      |   |    |
| ENUMERATED WITH   |   |   |      |   |    |
| Rushing, John   |   |   |      |   |    |
| RELATIONSHIP TO ABOVE   |   |   |      |   |    |
| <input checked="" type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |   | <input type="checkbox"/> NEPHER<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> WIDOW<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |    |

Form 10-57 (4-20-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCIB-DC 1910-P-51

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R250                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| W                       |  | 3              |            | 50         | 1     |
| COUNTY                  |  |                | CITY       |            |       |
| Franklin                |  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Erica L                 |  | W              | 22         | Tex.       |       |
| William D               |  | S              | 3          |            |       |
| Effie I                 |  | D              | 17         |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |  |
|-------------------------|-----|----------------|-----|------------|--|
| R255                    |     | HEAD OF FAMILY |     | LOUISIANA  |  |
| Puckman, Harry W        |     | E.O.           |     | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |     |            |  |
| W                       | 88  | France         |     |            |  |
| COUNTY                  |     | CITY           |     |            |  |
| East Baton Rouge        |     | Baton Rouge    |     |            |  |
| OTHER MEMBERS OF FAMILY |     |                |     |            |  |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| / Linna                 |     | D              | 45  |            |  |
| / Harry W               |     | S              | 43  |            |  |
| / Charles D             |     | S              | 41  |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |

FORM 10-636 (4-29-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|  |      |  |      |  |      |
|--|------|--|------|--|------|
| R252   |      | NAME OF INDIVIDUAL   |      | LOUISIANA  |      |
| COLOR  | B    | AGE  | 36   | BIRTHPLACE   | Winn |
| COUNTY   | Winn |  | CITY | Winfield   |      |
| ENUMERATED WITH  |      |  |      |  |      |
| Williams, Ed R   |      |  |      |  |      |
| RELATIONSHIP TO ABOVE  |      |  |      |  |      |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |      | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> Niece<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input checked="" type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |      |

FORM 10-437 (4-10-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USC0164-DC 16190-P61

|                         |                      |              |           |              |
|-------------------------|----------------------|--------------|-----------|--------------|
| R253                    | HEAD OF FAMILY       |              | LOUISIANA |              |
|                         | Rosenthal, Henryette |              | S.D.      | SHEET        |
| COLOR                   | AGE                  | BIRTHPLACE   | 36        | 43           |
| W                       | 56                   | Germany      |           |              |
| COUNTY                  | Calcasieu            |              | CITY      | Lake Charles |
| OTHER MEMBERS OF FAMILY |                      |              |           |              |
| NAME                    |                      | RELATIONSHIP | AGE       | BIRTHPLACE   |
| Helen                   |                      | S            | 24        |              |
| Rosalie                 |                      | W            | 18        |              |
|                         |                      |              |           |              |
|                         |                      |              |           |              |
| +1 Duval                |                      |              |           |              |
|                         |                      |              |           |              |
|                         |                      |              |           |              |

FORM 16-636 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                |              |                 |            |           |    |          |
|-------------------------|----------------|--------------|-----------------|------------|-----------|----|----------|
| R256                    | HEAD OF FAMILY |              | ROSNANE HERBERT |            | LOUISIANA | 83 | SHEET 18 |
| COLOR<br>W              | AGE<br>25      | BIRTHPLACE   |                 |            |           |    |          |
| COUNTY                  |                | St. Mary     |                 | CITY       |           |    |          |
| OTHER MEMBERS OF FAMILY |                |              |                 |            |           |    |          |
| NAME                    |                | RELATIONSHIP | AGE             | BIRTHPLACE |           |    |          |
| Florence                |                | W            | 20              |            |           |    |          |
| Donald                  |                | S            | 17 1/2          |            |           |    |          |
| Robert Charles Eusebe   |                | B L          | 22              |            |           |    |          |
|                         |                |              |                 |            |           |    |          |
|                         |                |              |                 |            |           |    |          |
|                         |                |              |                 |            |           |    |          |
|                         |                |              |                 |            |           |    |          |
|                         |                |              |                 |            |           |    |          |

FORM 16-636 (4-26-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |                    |  |           |    |
|-------------------------|---|----------------|-----|--------------------|--|-----------|----|
| R 252                   |   | HEAD OF FAMILY |     | Cushing, Herbert U |  | LOUISIANA |    |
| COLOR                   | W | AGE            | 25  | BIRTHPLACE         |  | E.D.      | 36 |
| COUNTY                  |   | 30             |     | CITY               |  | SHEET 3   |    |
| OTHER MEMBERS OF FAMILY |   |                |     |                    |  |           |    |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE         |  |           |    |
| living alone            |   |                |     |                    |  |           |    |
|                         |   |                |     |                    |  |           |    |
|                         |   |                |     |                    |  |           |    |
|                         |   |                |     |                    |  |           |    |
|                         |   |                |     |                    |  |           |    |
|                         |   |                |     |                    |  |           |    |
|                         |   |                |     |                    |  |           |    |
|                         |   |                |     |                    |  |           |    |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |    |              |     |            |       |
|-------------------------|---|----------------|----|--------------|-----|------------|-------|
| P-756                   |   | HEAD OF FAMILY |    | LOUISIANA    |     | E.O.       | SHEET |
| COLOR                   | W | AGE            | 29 | BIRTHPLACE   |     | 104 3      |       |
| COUNTY                  |   |                |    | Quachita     |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |   |                |    |              |     |            |       |
| NAME                    |   |                |    | RELATIONSHIP | AGE | BIRTHPLACE |       |
| Kate                    |   |                |    | W            | 23  |            |       |
| Elizabeth               |   |                |    | D            | 4   |            |       |
|                         |   |                |    |              |     |            |       |
|                         |   |                |    |              |     |            |       |
|                         |   |                |    |              |     |            |       |
|                         |   |                |    |              |     |            |       |
|                         |   |                |    |              |     |            |       |
|                         |   |                |    |              |     |            |       |

FORM 16-636 (2-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |           |   |  |   |             |
|--|-----------|---|--|---|-------------|
| 1232   |           | NAME OF INDIVIDUAL<br>Rosenwasser, Herman   |  | E.D.<br>36  | SHEET<br>40 |
| COLOR<br>W   | AGE<br>31 | BIRTHPLACE<br>Hungary   |  |   |             |
| COUNTY<br>Calcasieu  |           | CITY<br>Lake Charles  |  |   |             |
| ENUMERATED WITH<br>Bendit, Sam   |           |   |  |   |             |
| RELATIONSHIP TO ABOVE  |           |   |  |   |             |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |           | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> HUSBAND<br><input type="checkbox"/> WIFE<br><input checked="" type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |             |

FORM 10-437 (4-22-31)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 1910-P01

|  |  | LOUISIANA   |            |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|--|--|---|------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|-------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| 1253   | NAME OF INDIVIDUAL<br>Ripmaddin Herman   |   | E.D.<br>32 |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR<br>W   | AGE<br>19                                | SHEET<br>26   |            |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY<br>Calcasieu  |  | CITY  |            |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH<br>Newport George E.   |  |   |            |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   |            |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tbody> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NICE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)<br/>So</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </tbody> </table> |  |   |            | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NICE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify)<br>So | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                           |            |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NICE            | <input type="checkbox"/> NURSE                            |            |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                          |            |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                           |            |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                          |            |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify)<br>So |            |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |   |            |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |   |            |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 15-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1919 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 1919-P81

|   |  |   |           |           |  |      |  |       |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|---|-----------|-----------|--|------|--|-------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|-------------------------------|--------------------------------|--------------------------------------|--|--------------------------------|--------------------------------------|--|---|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R 25  |  | NAME OF INDIVIDUAL                        |           | LOUISIANA |  | S.D. |  | SHEET |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Hosenfield, Hilda   |  |   |           | 70        |  | 27   |  |       |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR   | AGE                                      | BIRTH PLACE                               |           |           |  |      |  |       |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Wm  | 8  | Lafayette                                 |           |           |  |      |  |       |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY  | CITY                                     |   | Lafayette |           |  |      |  |       |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |   |           |           |  |      |  |       |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Arseneaux, Vallere  |  |   |           |           |  |      |  |       |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |           |           |  |      |  |       |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NICE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> TIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> <del>OTHER</del></td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |           |           |  |      |  |       |  | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NICE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> TIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> <del>OTHER</del> | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE           |           |           |  |      |  |       |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NICE            | <input type="checkbox"/> NURSE            |           |           |  |      |  |       |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> TIENT            |           |           |  |      |  |       |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> <del>OTHER</del> |           |           |  |      |  |       |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT          |           |           |  |      |  |       |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)  |           |           |  |      |  |       |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |           |           |  |      |  |       |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |           |           |  |      |  |       |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|  |  |  |            |           |   |      |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
|--|--|--|------------|-----------|---|------|-------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|--|--|--------------------------------|--|--|
| R 255  |  | NAME OF INDIVIDUAL                       |            | LOUISIANA |   | E.D. | SHEET |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| COLOR  |  | AGE                                      | BIRTHPLACE |           |   |      |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| Bl   |  | 12                                       |            |           | 1 |      |       | 25                              |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| COUNTY   |  |  | CITY       |           |   |      |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| Bienville  |  |  |            |           |   |      |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| ENUMERATED WITH  |  |  |            |           |   |      |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| Williams, James  |  |  |            |           |   |      |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |            |           |   |      |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDOW</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input checked="" type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |            |           |   |      |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input checked="" type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW                    | <input type="checkbox"/> WIDOW           |            |           |   |      |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE                     | <input type="checkbox"/> NURSE           |            |           |   |      |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW             | <input type="checkbox"/> PATIENT         |            |           |   |      |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW             | <input type="checkbox"/> ROOMER          |            |           |   |      |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW                | <input type="checkbox"/> SERVANT         |            |           |   |      |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW           | <input type="checkbox"/> OTHER (Specify) |            |           |   |      |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input checked="" type="checkbox"/> BROTHER-IN-LAW |  |            |           |   |      |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW             |  |            |           |   |      |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCENS-DC 1910-P-61

|                         |     |                |      |            |  |
|-------------------------|-----|----------------|------|------------|--|
| R255                    |     | HEAD OF FAMILY |      | LOUISIANA  |  |
| Kachman, Hodge          |     | E.D.           |      | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |      |            |  |
| B                       | 44  |                |      |            |  |
| COUNTY                  |     |                | CITY |            |  |
| Franklin                |     |                |      |            |  |
| OTHER MEMBERS OF FAMILY |     |                |      |            |  |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| Matilda                 |     | D              | 72   |            |  |
| Peter                   |     | S              | 20   |            |  |
| David                   |     | S              | 17   |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |

FORM 18-434 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |              |                 |            |           |  |
|-------------------------|--------------|-----------------|------------|-----------|--|
| R 250                   |              | HEAD OF FAMILY  |            | LOUISIANA |  |
| Kaysam Jones            |              | E.D.            |            | SHEET     |  |
| COLOR                   | AGE          | BIRTHPLACE      |            |           |  |
| b                       | 50           |                 |            |           |  |
| COUNTY                  |              | CITY            |            |           |  |
| West Feliciana          |              | St Francisville |            |           |  |
| OTHER MEMBERS OF FAMILY |              |                 |            |           |  |
| NAME                    | RELATIONSHIP | AGE             | BIRTHPLACE |           |  |
| Lulu                    | W            | 49              |            |           |  |
| Elvira                  | S            | 18              |            |           |  |
| Edna                    | D            | 15              |            |           |  |
| Coat                    | D            | 12              |            |           |  |
| Hannah                  | S            | 24              |            |           |  |
|                         |              |                 |            |           |  |
|                         |              |                 |            |           |  |

FORM 16-436 (4-30-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |        |                |     |               |  |           |       |
|-------------------------|--------|----------------|-----|---------------|--|-----------|-------|
| R250                    |        | HEAD OF FAMILY |     | Rachon, Honor |  | LOUISIANA |       |
| COLOR                   | B      | AGE            | 48  | BIRTHPLACE    |  | U.S.      | SHEET |
|                         |        |                |     |               |  | 13        | 6     |
| COUNTY                  | Iberia |                |     | CITY          |  |           |       |
| OTHER MEMBERS OF FAMILY |        |                |     |               |  |           |       |
| NAME                    |        | RELATIONSHIP   | AGE | BIRTHPLACE    |  |           |       |
| Mary Ann                |        | W              | 47  |               |  |           |       |
| Adolph                  |        | S              | 26  |               |  |           |       |
| Adonica                 |        | D              | 23  |               |  |           |       |
| Elise                   |        | D              | 18  |               |  |           |       |
| Joseph                  |        | S              | 13  |               |  |           |       |
| Elisa                   |        | D              | 11  |               |  |           |       |
| Gilbert                 |        | S              | 9   |               |  |           |       |

Form 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME       | RELATIONSHIP | AGE | BIRTHPLACE |
|------------|--------------|-----|------------|
| 1 Homer Jr | S            | 7   |            |
| Eugene     | D            | 4   |            |
|            |              |     |            |
|            |              |     |            |
|            |              |     |            |
|            |              |     |            |
|            |              |     |            |
|            |              |     |            |
|            |              |     |            |
|            |              |     |            |
|            |              |     |            |

FORM 18-634a 10-20-64

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 10100-P41

| HEAD OF FAMILY          |                 | LOUISIANA  |            |
|-------------------------|-----------------|------------|------------|
| R 250                   | Reason House    | E.D. 81    | SHEET 35   |
| COLOR 13                | AGE 70          | BIRTHPLACE |            |
| COUNTY Rapides          | CITY Alexandria |            |            |
| OTHER MEMBERS OF FAMILY |                 |            |            |
| NAME                    | RELATIONSHIP    | AGE        | BIRTHPLACE |
| 1 - H R                 |                 |            |            |
| Deput. Chz'a            | H R             |            |            |
| Thompson, Lena          | a d D           | 7          |            |
| 1 House                 | a d S           | 24         |            |
|                         |                 |            |            |
|                         |                 |            |            |
|                         |                 |            |            |
|                         |                 |            |            |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |                 |            |      |
|-------------------------|--|----------------|-----------------|------------|------|
| R252                    |  | HEAD OF FAMILY |                 | LOUISIANA  |      |
| COLOR                   |  | AGE            | BIRTHPLACE      |            | E.O. |
| W                       |  | 30             | Rushing, Herman |            | 77   |
| COUNTY                  |  | CITY           |                 | SHEET      |      |
| Rapides                 |  | Mina           |                 | 2          |      |
| OTHER MEMBERS OF FAMILY |  |                |                 |            |      |
| NAME                    |  | RELATIONSHIP   | AGE             | BIRTHPLACE |      |
| / Isaac G               |  | W              | 21              |            |      |
| E. L. L.                |  | D              | 9/12            |            |      |
| James D                 |  | B              | 27              | Mina       |      |
|                         |  |                |                 |            |      |
|                         |  |                |                 |            |      |
|                         |  |                |                 |            |      |
|                         |  |                |                 |            |      |

FORM 78-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

| HEAD OF FAMILY          |              |            | LOUISIANA  |       |
|-------------------------|--------------|------------|------------|-------|
| COLOR                   | AGE          | BIRTHPLACE | S.D.       | SHEET |
| W                       | 66           | Lenn.      | 63         | 17    |
| COUNTY                  |              |            | CITY       |       |
| OTHER MEMBERS OF FAMILY |              |            |            |       |
| NAME                    | RELATIONSHIP | AGE        | BIRTHPLACE |       |
| Mary C.                 | W            | 54         | Lenn.      |       |
| Ethridge, Ethna         | YS           | 35         |            |       |
| James H.                | YS           | 27         |            |       |
| and one boarder         |              |            |            |       |
|                         |              |            |            |       |
|                         |              |            |            |       |
|                         |              |            |            |       |
|                         |              |            |            |       |

FORM 16-436 (4-20-31)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R 250                   |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.O.       | SHEET |
| W                       |  | 34             |            | 69         | 5     |
| COUNTY                  |  |                | CITY       |            |       |
| Lincoln                 |  |                | Ruston     |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Kate L.                 |  | W              | 27         |            |       |
| Abce                    |  | D              | 13         |            |       |
| Thomas W.               |  | S              | 10         |            |       |
| Macy                    |  | D              | 7          |            |       |
| Katherine               |  | D              | 3          |            |       |
| Lucy                    |  | C              | 38         |            |       |
|                         |  |                |            |            |       |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |  |  |  |            |  |       |  |  |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|--|------------|--|-------|--|--|---------------------------------|---------------------------------|--|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R 252  |  | NAME OF INDIVIDUAL                       |  | E.D.       |  | SHEET |  |  |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| W  |  | 64                                       |  | Hulda      |  | 22 4  |  |  |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR  |  | AGE                                      |  | BIRTHPLACE |  |       |  |  |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY   |  |  |  | CITY       |  |       |  |  |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Bossier  |  |  |  |            |  |       |  |  |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH  |  |  |  |            |  |       |  |  |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Rushing, Jesse   |  |  |  |            |  |       |  |  |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |  |            |  |       |  |  |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input checked="" type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input checked="" type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NUNCE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |            |  |       |  | <input checked="" type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input checked="" type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NUNCE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input checked="" type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |  |            |  |       |  |  |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NUNCE           |  |            |  |       |  |  |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |  |            |  |       |  |  |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |  |            |  |       |  |  |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |  |            |  |       |  |  |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |  |            |  |       |  |  |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |            |  |       |  |  |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |  |            |  |       |  |  |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 16-637 (4-22-51)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

UNCOM-DC 16185-P61

| R251                    |  | HEAD OF FAMILY |              | LOUISIANA   |            |
|-------------------------|--|----------------|--------------|-------------|------------|
| COLOR                   |  | AGE            | BIRTHPLACE   | E.D.        | SHEET      |
| W                       |  | 46             | Gu.          | 103         | 3          |
| COUNTY                  |  |                | Ouachita     | CITY Monroe |            |
| OTHER MEMBERS OF FAMILY |  |                |              |             |            |
| NAME                    |  |                | RELATIONSHIP | AGE         | BIRTHPLACE |
| Minnie                  |  |                | W            | 33          |            |
| Clayton H.              |  |                | S            | 9           |            |
| Earle J.                |  |                | S            | 3           |            |
| Ida                     |  |                |              |             |            |
|                         |  |                |              |             |            |
|                         |  |                |              |             |            |
|                         |  |                |              |             |            |
|                         |  |                |              |             |            |

|                         |     |                |     |                  |       |           |  |
|-------------------------|-----|----------------|-----|------------------|-------|-----------|--|
| R250                    |     | HEAD OF FAMILY |     | Riches, Hyacinth |       | LOUISIANA |  |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.             | SHEET |           |  |
| W                       | 57  |                |     | 40               | 32    |           |  |
| COUNTY                  |     |                |     | CITY             |       |           |  |
| Lafourche               |     |                |     |                  |       |           |  |
| OTHER MEMBERS OF FAMILY |     |                |     |                  |       |           |  |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE       |       |           |  |
| Clara                   |     | W              | 54  |                  |       |           |  |
| Vital                   |     | S              | 18  |                  |       |           |  |
| Albert                  |     | S              | 15  |                  |       |           |  |
| Clothilde               |     | O              | 22  |                  |       |           |  |
|                         |     |                |     |                  |       |           |  |
|                         |     |                |     |                  |       |           |  |
|                         |     |                |     |                  |       |           |  |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|                         |                                   |              |             |            |
|-------------------------|-----------------------------------|--------------|-------------|------------|
| R250                    | HEAD OF FAMILY<br>Rochon Hypolite |              | E.O.<br>125 | SHEET<br>1 |
| COLOR<br>M              | AGE<br>67                         | BIRTHPLACE   |             |            |
| COUNTY<br>St. Martin    |                                   | CITY         |             |            |
| OTHER MEMBERS OF FAMILY |                                   |              |             |            |
| NAME                    |                                   | RELATIONSHIP | AGE         | BIRTHPLACE |
| Anore                   |                                   | W            | 68          |            |
| Appasie                 |                                   | D            | 27          |            |
| Abel                    |                                   | S            | 24          |            |
| Cleatite                |                                   | D            | 19          |            |
| Cheris Eugenie          |                                   | D            | 38          |            |
| Pauline                 |                                   | GD           | 12          |            |
| Antoine                 |                                   | GS           | 11          |            |

FORM 16-636 (6-26-61)

1930 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME      | RELATIONSHIP | AGE | BIRTHPLACE |
|-----------|--------------|-----|------------|
| 1 Celeste | GD           | 10  |            |
| 2 1 L.    |              |     |            |
|           |              |     |            |
|           |              |     |            |
|           |              |     |            |
|           |              |     |            |
|           |              |     |            |
|           |              |     |            |
|           |              |     |            |
|           |              |     |            |
|           |              |     |            |

FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 15150-P61

|   |  |  |                    |            |          |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|--------------------|------------|----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 1250  |  | NAME OF INDIVIDUAL <i>Reynolds J.P.</i>    |                    | LOUISIANA  | E.O.     | SHEET |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR <i>W</i>  | AGE <i>30</i>                            | BIRTHPLACE <i>NC</i>                       |                    | <i>103</i> | <i>5</i> |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY <i>Ouachita</i>  |  |  | CITY <i>Monroe</i> |            |          |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH <i>Wife Sandy</i>   |  |  |                    |            |          |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |                    |            |          |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> ORGATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |                    |            |          |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> ORGATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> ORGATE            |                    |            |          |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE             |                    |            |          |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |                    |            |          |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER |                    |            |          |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |                    |            |          |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |                    |            |          |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |                    |            |          |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |                    |            |          |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18198-P81

|                         |  |                |  |              |  |            |  |
|-------------------------|--|----------------|--|--------------|--|------------|--|
| R250                    |  | HEAD OF FAMILY |  | ROGAN Dhy L. |  | LOUISIANA  |  |
| COLOR                   |  | AGE            |  | BIRTHPLACE   |  | E.O. SHEET |  |
| W                       |  | 36             |  | Miss.        |  | 84 15      |  |
| COUNTY                  |  |                |  | Madison      |  | CITY       |  |
| OTHER MEMBERS OF FAMILY |  |                |  |              |  |            |  |
| NAME                    |  |                |  | RELATIONSHIP |  | AGE        |  |
|                         |  |                |  |              |  | BIRTHPLACE |  |
| Mathie                  |  |                |  | M            |  | 55         |  |
| Kate                    |  |                |  | Si           |  | 24         |  |
| Eva                     |  |                |  | Si           |  | 20         |  |
| George W                |  |                |  | B            |  | 18         |  |
|                         |  |                |  |              |  |            |  |
|                         |  |                |  |              |  |            |  |
|                         |  |                |  |              |  |            |  |



|                         |     |                |      |            |       |
|-------------------------|-----|----------------|------|------------|-------|
| R250                    |     | HEAD OF FAMILY |      | LOUISIANA  |       |
| R250                    |     | Rogers, Della  |      | E.D.       | SHEET |
| COLOR                   | AGE | BIRTHPLACE     |      |            |       |
| H                       | 25  |                |      |            |       |
| COUNTY                  |     | St. Martin     |      | CITY       |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Eva                     |     | H              | 23   |            |       |
| Emmeline                |     | D              | 1    |            |       |
| Leonine                 |     | D              | 3/12 |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |  |   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|---|--|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|--|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| A250   |  | NAME OF INDIVIDUAL<br><i>Reyes Ignace</i> |  | E.O.<br><i>67</i> | SHEET<br><i>10</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>B</i>  | AGE<br><i>19</i>                               | BIRTHPLACE                                |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>Lafayette</i>   |  | CITY                                      |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Loyd Victor</i>  |  |   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> INMATE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input checked="" type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> |  |   |  |                   |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input checked="" type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW                | <input type="checkbox"/> INMATE           |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE                 | <input type="checkbox"/> NURSE            |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW         | <input type="checkbox"/> PATIENT          |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW         | <input type="checkbox"/> ROOMER           |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input checked="" type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT          |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW       | <input type="checkbox"/> OTHER (Specify)  |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW        |   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW         |   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-437 (4-29-51)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCENS-DC 15100-P01

|  |  |   |                         |  |                   |
|--|--|---|-------------------------|--|-------------------|
| R255   |  | NAME OF INDIVIDUAL<br><i>Richmond L. Lee</i>  |                         | LOUISIANA  |                   |
| COLOR <i>B</i>   |  | AGE<br><i>16</i>  | BIRTHPLACE<br><i>24</i> | E.O.<br><i>34</i>  | SHEET<br><i>7</i> |
| COUNTY<br><i>Cade</i>  |  |   | CITY                    |  |                   |
| ENUMERATED WITH<br><i>Jackson, William B.</i>  |  |   |                         |  |                   |
| RELATIONSHIP TO ABOVE  |  |   |                         |  |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHER<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |                         | <input type="checkbox"/> WIDOW<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify)<br><i>SS</i> |                   |

FORM 16-637 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |   |      |           |  |
|--|--|---|------|-----------|--|
| R 252                                  |  | NAME OF INDIVIDUAL                                  |      | LOUISIANA |  |
| Regina                                 |  | E.D.  |      | SHEET     |  |
| COLOR                                  | AGE                                      | BIRTHPLACE  |      | 20 32     |  |
| B                                      | 32                                       | Ohio  |      |           |  |
| COUNTY                                 | Lafayette                                |   | CITY |           |  |
| Lafayette                              |  |   |      |           |  |
| ENUMERATED WITH                        |  |   |      |           |  |
| Regina, Mother                         |  |   |      |           |  |
| RELATIONSHIP TO ABOVE                  |  |   |      |           |  |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |      |           |  |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |      |           |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |      |           |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |      |           |  |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |      |           |  |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |      |           |  |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW  | <u>Si</u>   |      |           |  |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW   |   |      |           |  |

FORM 18-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R253                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| W                       |  | 34             |            | 79         | 12    |
| COUNTY                  |  |                | CITY       |            |       |
| Rapides                 |  |                | Alexandria |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Lilly H                 |  | W              | 26         |            |       |
| Diana M                 |  | S              | 5          |            |       |
| Harry                   |  | S              | 2          |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 16-536 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |   |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |   |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|---|--|--------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|---|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R255  |  | NAME OF INDIVIDUAL<br><i>Rockmans Isaac</i> |  | LOUISIANA          |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |   |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>B</i>   | AGE<br><i>14</i>                         | BIRTHPLACE                                  |  | E.O.<br><i>100</i> | SHEET<br><i>8</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |   |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY  |  | CITY<br><i>Red River</i>                    |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |   |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Andie C.D.</i>  |  |   |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |   |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |   |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |                    |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input checked="" type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE             |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |   |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE              |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |   |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT            |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |   |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER             |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |   |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT            |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |   |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)    |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |   |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |   |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |   |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-437 (4-20-31)

1930 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18190-P01

|  |        |  |                 |   |        |
|--|--------|--|-----------------|---|--------|
| R252   |        | NAME OF INDIVIDUAL   |                 | LOUISIANA   |        |
| Rosenzweig, Isadore  |        | E.O.   |                 | SHEET   |        |
| COLOR  | W      | AGE  | 21              | BIRTHPLACE  | Russia |
| COUNTY   | Iberia |  | CITY New Iberia |   |        |
| ENUMERATED WITH  |        |  |                 |   |        |
| Rosenzweig, Abraham  |        |  |                 |   |        |
| RELATIONSHIP TO ABOVE  |        |  |                 |   |        |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |        | <input checked="" type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |                 | <input type="checkbox"/> IMMIGRANT<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |        |

FORM 18-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

LOUISIANA

|   |  |  |                           |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
|---|--|--|---------------------------|-------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|--|--|--------------------------------|--|--|
| R253  | NAME OF INDIVIDUAL<br><i>Hammett, David</i>        |  | E.D.<br>79                | SHEET<br>10 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| COLOR<br>W  | AGE<br>35  | BIRTHPLACE                               |                           |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| COUNTY  | Rapid  |  | CITY<br><i>Alexandria</i> |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| ENUMERATED WITH<br><i>John, Louis</i>   |  |  |                           |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |                           |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input checked="" type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |                           |             | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input checked="" type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW                    | <input type="checkbox"/> INMATE          |                           |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE                     | <input type="checkbox"/> NURSE           |                           |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW             | <input type="checkbox"/> PATIENT         |                           |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW             | <input type="checkbox"/> ROOMER          |                           |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW                | <input type="checkbox"/> SERVANT         |                           |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW           | <input type="checkbox"/> OTHER (Specify) |                           |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input checked="" type="checkbox"/> BROTHER-IN-LAW |  |                           |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW             |  |                           |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |

FORM 10-437 (4-29-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL



| HEAD OF FAMILY          |                |                | LOUISIANA  |          |
|-------------------------|----------------|----------------|------------|----------|
| COLOR                   | AGE            | BIRTHPLACE     | E.D.       | SHEET    |
| <i>P250</i>             | <i>Richard</i> | <i>Ireland</i> | <i>120</i> | <i>2</i> |
| <i>5</i>                | <i>24</i>      |                |            |          |
| COUNTY                  |                | CITY           |            |          |
| <i>Tensas</i>           |                |                |            |          |
| OTHER MEMBERS OF FAMILY |                |                |            |          |
| NAME                    | RELATIONSHIP   | AGE            | BIRTHPLACE |          |
| <i>1 Mary</i>           | <i>w</i>       | <i>20</i>      |            |          |
|                         |                |                |            |          |
|                         |                |                |            |          |
|                         |                |                |            |          |
|                         |                |                |            |          |
|                         |                |                |            |          |
|                         |                |                |            |          |
|                         |                |                |            |          |
|                         |                |                |            |          |

FORM 16-636 (4-20-61)  
1916 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |  |  |           |  |
|--|--|--|--|-----------|--|
| R255                                   |  | NAME OF INDIVIDUAL                       |  | LOUISIANA |  |
| Richardson Inc                         |  | E.D.                                     |  | SHEET     |  |
| COLOR                                  | AGE  | BIRTHPLACE                               |  |           |  |
| W                                      | 17   | Mo                                       |  |           |  |
| COUNTY                                 |  | CITY                                     |  |           |  |
| Caldwell                               |  | Clerks                                   |  |           |  |
| ENUMERATED WITH                        |  |  |  |           |  |
| Richardson J D                         |  |  |  |           |  |
| RELATIONSHIP TO ABOVE                  |  |  |  |           |  |
| <input type="checkbox"/> FATHER        | <input checked="" type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE          |  |           |  |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NIECE             | <input type="checkbox"/> NURSE           |  |           |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW     | <input type="checkbox"/> PATIENT         |  |           |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW     | <input type="checkbox"/> ROOMER          |  |           |  |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW        | <input type="checkbox"/> SERVANT         |  |           |  |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW   | <input type="checkbox"/> OTHER (Specify) |  |           |  |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW    |  |  |           |  |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW     |  |  |           |  |

Form 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18100-P61

|   |  |  |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
|---|--|--|------------|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|--|--|--------------------------------|--|--|
| X250  |  | NAME OF INDIVIDUAL                       |            | LOUISIANA |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| COLOR   |  | AGE                                      | BIRTHPLACE | E.O.      | SHEET |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| Male  |  | 17                                       |            | 83        | 7     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| COUNTY  |  |  | CITY       |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| St. Mary  |  |  |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| ENUMERATED WITH   |  |  |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| Charles Gabriel   |  |  |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input checked="" type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |            |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input checked="" type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW                    | <input type="checkbox"/> INMATE          |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE                     | <input type="checkbox"/> NURSE           |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW             | <input type="checkbox"/> PATIENT         |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW             | <input type="checkbox"/> ROOMER          |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW                | <input type="checkbox"/> SERVANT         |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW           | <input type="checkbox"/> OTHER (Specify) |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input checked="" type="checkbox"/> BROTHER-IN-LAW |  |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW             |  |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |     |  |  |  |  |
|--|-----|--|--|--|--|
| R253   |     | NAME OF INDIVIDUAL   |  | LOUISIANA  |  |
| Rigmairden J. A.   |     | E.O.   |  | SHEET  |  |
| COLOR  | AGE | BIRTHPLACE   |  |  |  |
| 13   | 34  |  |  |  |  |
| COUNTY   |     | Calcasieu  |  | CITY   |  |
| ENUMERATED WITH  |     | Mitchell Mitchell  |  |  |  |
| RELATIONSHIP TO ABOVE  |     |  |  |  |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input checked="" type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |  |

FORM 18-637 (4-30-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| 2250                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.O.       | SHEET |
| W                       |  | 48             |            | 83         | 26    |
| COUNTY                  |  |                | CITY       |            |       |
| Pointe Coupee           |  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Mary L. S.              |  | W              | 45         |            |       |
| Mary B.                 |  | D              | 25         |            |       |
| Francoise I.            |  | S              | 24         |            |       |
| Mary Amelie             |  | D              | 23         |            |       |
| Marguerite S.           |  | D              | 21         |            |       |
| Louise Ida              |  | D              | 21         |            |       |
| Henry Anthony           |  | S              | 19         |            |       |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|  |   |   |    |   |    |
|--|---|---|----|---|----|
| P-20   |   | NAME OF INDIVIDUAL  |    | LOUISIANA   |    |
| COLOR  | W | AGE   | 27 | BIRTH PLACE   | 81 |
|  |   |   |    | SHEET 37  |    |
| COUNTY   |   | RAPIDES   |    | CITY  |    |
|  |   |   |    | ALEXANDRIA  |    |
| ENUMERATED WITH  |   | HUNTER, F. B.   |    |   |    |
| RELATIONSHIP TO ABOVE  |   |   |    |   |    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |   | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |    | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |    |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |         |                |     |            |     |           |    |
|-------------------------|---------|----------------|-----|------------|-----|-----------|----|
| R252                    |         | HEAD OF FAMILY |     | J. B. Jr   |     | LOUISIANA |    |
| COLOR                   | W       | AGE            | 39  | BIRTHPLACE | Tex | S.D.      | 70 |
| COUNTY                  | De Soto |                |     | CITY       |     |           |    |
| OTHER MEMBERS OF FAMILY |         |                |     |            |     |           |    |
| NAME                    |         | RELATIONSHIP   | AGE | BIRTHPLACE |     |           |    |
| L. H.                   |         | W              | 32  | Ky         |     |           |    |
| Robert F                |         | S              | 7   |            |     |           |    |
| Mary E                  |         | D              | 3   |            |     |           |    |
|                         |         |                |     |            |     |           |    |
|                         |         |                |     |            |     |           |    |
|                         |         |                |     |            |     |           |    |
|                         |         |                |     |            |     |           |    |
|                         |         |                |     |            |     |           |    |

FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                            |                  |                           |                           |
|----------------------------|------------------|---------------------------|---------------------------|
| R255- <i>Richard J. D.</i> |                  | LOUISIANA                 |                           |
| COLOR<br><i>W</i>          | AGE<br><i>32</i> | BIRTHPLACE<br><i>Iowa</i> | E.D. SHEET<br><i>3 15</i> |
| COUNTY<br><i>Caldwell</i>  |                  | CITY<br><i>Okemah</i>     |                           |
| OTHER MEMBERS OF FAMILY    |                  |                           |                           |
| NAME                       | RELATIONSHIP     | AGE                       | BIRTHPLACE                |
| <i>Conrada</i>             | <i>W</i>         | <i>26</i>                 | <i>Mo</i>                 |
| <i>Donetta</i>             | <i>S</i>         | <i>5</i>                  | <i>Mo</i>                 |
| <i>Lina</i>                | <i>D</i>         | <i>3</i>                  | <i>Mo</i>                 |
| <i>Irene</i>               | <i>D</i>         | <i>1 1/2</i>              | <i>Mo</i>                 |
| <i>Lattie</i>              | <i>D</i>         | <i>3 1/2</i>              | <i>Mo</i>                 |
| <i>Irene</i>               | <i>D</i>         | <i>17</i>                 | <i>Mo</i>                 |
| <i>Fay</i>                 | <i>Da</i>        | <i>16</i>                 | <i>Mo</i>                 |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |             |       |           |     |
|-------------------------|---|----------------|-----|-------------|-------|-----------|-----|
| R257                    |   | HEAD OF FAMILY |     | Regan J. W. |       | LOUISIANA |     |
| COLOR                   | W | AGE            | 38  | BIRTHPLACE  | Miss. | E.D.      | 110 |
| COUNTY                  |   |                |     | Ouachita    |       | SHEET     |     |
|                         |   |                |     | CITY        |       | 3         |     |
| OTHER MEMBERS OF FAMILY |   |                |     |             |       |           |     |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE  |       |           |     |
| Florence                |   | W              | 33  |             |       |           |     |
| Vernie                  |   | D              | 13  |             |       |           |     |
| Annie                   |   | D              | 10  |             |       |           |     |
| Lynbyl                  |   | D              | 7   |             |       |           |     |
| Rae                     |   | S              | 5   |             |       |           |     |
| Erline                  |   | D              | 2   |             |       |           |     |
| Nancy                   |   | S              | 1/2 |             |       |           |     |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                   |      |            |       |
|-------------------------|-----|-------------------|------|------------|-------|
| R 252                   |     | HEAD OF FAMILY    |      | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE        |      | E.D.       | SHEET |
| B                       | 49  | Rushing, Jacob E. |      | 11         | 12    |
| COUNTY                  |     |                   | CITY |            |       |
| Bienville               |     |                   |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                   |      |            |       |
| NAME                    |     | RELATIONSHIP      | AGE  | BIRTHPLACE |       |
| Harriett                |     | W                 | 39   |            |       |
| Lula                    |     | D                 | 19   |            |       |
| Edward                  |     | S                 | 14   |            |       |
| John                    |     | S                 | 12   |            |       |
| Lundy                   |     | S                 | 10   |            |       |
| Lupinus                 |     | S                 | 6    |            |       |
| David                   |     | S                 | 4    |            |       |

FORM 10-435 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

HEAD OF FAMILY - CONTINUED

## LOUISIANA

CARD 2 OF 2

**OTHER MEMBERS OF FAMILY**

[illegible]

FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 15100-P01

|                         |     |                |      |            |       |
|-------------------------|-----|----------------|------|------------|-------|
| R252                    |     | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |      | E.D.       | SHEET |
| W                       | 25  | Riggins Jack   |      | 85         | 12    |
| COUNTY                  |     |                | CITY |            |       |
| Rapides                 |     |                |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| 1 Law                   |     | w              | 20   |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
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|                         |     |                |      |            |       |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |            |                 |
|-------------------------|---|----------------|-----|------------|-----------------|
| B 252                   |   | HEAD OF FAMILY |     | LOUISIANA  |                 |
| COLOR                   | B | AGE            | 39  | BIRTHPLACE | Rushing Jackson |
| COUNTY                  |   | Bienville      |     | CITY       |                 |
| OTHER MEMBERS OF FAMILY |   |                |     |            |                 |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |                 |
| Venetta                 |   | W              | 32  |            |                 |
| Alfred                  |   | S              | 15  |            |                 |
| Malinda                 |   | D              | 12  |            |                 |
| Ben                     |   | S              | 10  |            |                 |
| Elma                    |   | S              | 8   |            |                 |
| Melvin                  |   | S              | 6   |            |                 |
| George                  |   | S              | 5   |            |                 |

FORM 16-636 (4-25-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

| HEAD OF FAMILY - CONTINUED |              | LOUISIANA   |            |
|----------------------------|--------------|-------------|------------|
|                            |              | CARD 2 OF 2 |            |
| OTHER MEMBERS OF FAMILY    |              |             |            |
| NAME                       | RELATIONSHIP | AGE         | BIRTHPLACE |
| 1 / Cassie                 | D            | 2           |            |
| Ollie                      | W            | 19          |            |
|                            |              |             |            |
|                            |              |             |            |
|                            |              |             |            |
|                            |              |             |            |
|                            |              |             |            |
|                            |              |             |            |
|                            |              |             |            |
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|                            |              |             |            |
|                            |              |             |            |
|                            |              |             |            |

FORM 18-636e (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |      |            |               |
|-------------------------|---|----------------|------|------------|---------------|
| R253                    |   | HEAD OF FAMILY |      | LOUISIANA  |               |
| COLOR                   | W | AGE            | 27   | BIRTHPLACE | Reynolds Lake |
| COUNTY                  |   | Calcasieu      |      | CITY       | De Luling     |
| OTHER MEMBERS OF FAMILY |   |                |      |            |               |
| NAME                    |   | RELATIONSHIP   | AGE  | BIRTHPLACE |               |
| 1. Mabel                |   | W              | 18   |            |               |
| L. L. L.                |   | S              | 7/12 |            |               |
|                         |   |                |      |            |               |
|                         |   |                |      |            |               |
|                         |   |                |      |            |               |
|                         |   |                |      |            |               |
|                         |   |                |      |            |               |
|                         |   |                |      |            |               |

FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |        |                |      |            |       |
|-------------------------|--------|----------------|------|------------|-------|
| R255                    |        | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR                   | AGE    | BIRTHPLACE     |      | E.D.       | SHEET |
| W                       | 24     | Ark            |      | 129        | 6     |
| COUNTY                  |        |                | CITY |            |       |
| Winn                    |        |                |      |            |       |
| OTHER MEMBERS OF FAMILY |        |                |      |            |       |
| NAME                    |        | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| 1                       | Mary C | W              | 24   |            |       |
|                         |        |                |      |            |       |
|                         |        |                |      |            |       |
|                         |        |                |      |            |       |
|                         |        |                |      |            |       |
|                         |        |                |      |            |       |
|                         |        |                |      |            |       |
|                         |        |                |      |            |       |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| 1250  |  | NAME OF DECEASED  |  | LOUISIANA   |  |
| CLAN  |  | AGE   |  | E.D.  |  |
| B   |  | 2   |  | 107   |  |
| COUNTY  |  | BIRTHPLACE  |  | SHEET   |  |
|   |  | Ouchita   |  | 4   |  |
| EMIGRATED WITH  |  | CITY  |  |   |  |
|   |  | Colson Jim  |  |   |  |
| RELATIONSHIP TO ABOVE   |  |   |  |   |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input checked="" type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NEECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> MATE<br><input type="checkbox"/> MURDER<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |  |

FORM 10-437 (4-26-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

(USC&AM-DC 18100-P61)

|                         |  |                |     |            |       |
|-------------------------|--|----------------|-----|------------|-------|
| R255                    |  | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   |  | AGE            |     | E.O.       | SHEET |
| B                       |  | 24             |     | 78         | 2     |
| BIRTHPLACE              |  |                |     |            |       |
| COUNTY                  |  | Natchitoches   |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |  |                |     |            |       |
| NAME                    |  | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| 1 Rebecca               |  | W              | 22  |            |       |
|                         |  |                |     |            |       |
|                         |  |                |     |            |       |
|                         |  |                |     |            |       |
|                         |  |                |     |            |       |
|                         |  |                |     |            |       |
|                         |  |                |     |            |       |
|                         |  |                |     |            |       |
|                         |  |                |     |            |       |

FORM 18-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |   |   |    |   |    |
|--|---|---|----|---|----|
| R255   |   | NAME OF INDIVIDUAL  |    | LOUISIANA   |    |
| COLOR  | W | AGE   | 18 | E.D.  | 52 |
|  |   | BIRTHPLACE  |    | SHEET 34  |    |
| COUNTY   |   | Plaquemines   |    | CITY  |    |
| ENUMERATED WITH  |   |   |    |   |    |
| Richard, Frank   |   |   |    |   |    |
| RELATIONSHIP TO ABOVE  |   |   |    |   |    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |   | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |    | <input type="checkbox"/> WIDOW<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br>B |    |

FORM 10-437 (4-20-31)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCENS-DC 1910-P-1

|                         |   |                |     |            |                |
|-------------------------|---|----------------|-----|------------|----------------|
| R255                    |   | HEAD OF FAMILY |     | Louisiana  |                |
| COLOR                   | W | AGE            | 39  | BIRTHPLACE | Richmond James |
| COUNTY                  |   | Lincoln        |     | CITY       |                |
| OTHER MEMBERS OF FAMILY |   |                |     |            |                |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |                |
| Lilker                  |   | W              | 32  |            |                |
| Glover                  |   | D              | 6   |            |                |
| Devonne                 |   | D              | 5   |            |                |
|                         |   |                |     |            |                |
|                         |   |                |     |            |                |
|                         |   |                |     |            |                |
|                         |   |                |     |            |                |
|                         |   |                |     |            |                |

FORM 16-636 (4-30-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |      |            |       |
|-------------------------|-----|----------------|------|------------|-------|
| R-255                   |     | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |      | E.D.       | SHEET |
| W                       | 68  | S. C.          |      | 133        | 15    |
| COUNTY                  |     |                | CITY |            |       |
| Union                   |     |                |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Malissa A               |     | W              | 49   | Miss       |       |
| Elen                    |     | D              | 19   | Ark        |       |
| Alby                    |     | D              | 17   | /          |       |
| Mary                    |     | D              | 15   | /          |       |
| Enoch                   |     | D              | 12   | /          |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |     |            |  |
|-------------------------|--|----------------|-----|------------|--|
| 1253                    |  | HEAD OF FAMILY |     | LOUISIANA  |  |
| COLOR                   |  | AGE            |     | E.D.       |  |
| W                       |  | 65             |     | 80         |  |
|                         |  | BIRTHPLACE     |     | SHEET      |  |
|                         |  | TN             |     | 4          |  |
| COUNTY                  |  |                |     | CITY       |  |
| Rapides                 |  |                |     | Alex. La   |  |
| OTHER MEMBERS OF FAMILY |  |                |     |            |  |
| NAME                    |  | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| Esqie                   |  | D              | 26  |            |  |
| Belle                   |  | D              | 24  |            |  |
| Juliette                |  | D              | 22  |            |  |
| Bernard                 |  | S              | 20  |            |  |
| Bertha                  |  | D              | 17  |            |  |
| Pierrette Rosa          |  | D              | 30  |            |  |
| Eugene                  |  | S              | 6   |            |  |

FORM 10,636 (2-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS





|                         |     |                |      |            |  |
|-------------------------|-----|----------------|------|------------|--|
| P252                    |     | HEAD OF FAMILY |      | LOUISIANA  |  |
| COLOR                   | AGE | BIRTHPLACE     | E.D. | SHEET      |  |
| W                       | 27  | Ala.           | 99   | 14         |  |
| COUNTY                  |     |                | CITY |            |  |
| St. Tammany             |     |                |      |            |  |
| OTHER MEMBERS OF FAMILY |     |                |      |            |  |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| Leria                   |     | W              | 25   | Miss       |  |
| Clifton                 |     | S              | 6    | Miss       |  |
| Mela                    |     | D              | 4    | Miss       |  |
| Francis                 |     | S              | 2    | Ala.       |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |             |            |       |
|-------------------------|--|----------------|-------------|------------|-------|
| R250                    |  | HEAD OF FAMILY |             | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE  | E.D.       | SHEET |
|                         |  |                |             | 121        | 6     |
| COUNTY                  |  |                | CITY        |            |       |
| Tangipahoa              |  |                | Pomaha-tula |            |       |
| OTHER MEMBERS OF FAMILY |  |                |             |            |       |
| NAME                    |  | RELATIONSHIP   | AGE         | BIRTHPLACE |       |
| Mr.                     |  | W              | NR          |            |       |
| Mr.                     |  | S              | NR          |            |       |
|                         |  |                |             |            |       |
|                         |  |                |             |            |       |
|                         |  |                |             |            |       |
|                         |  |                |             |            |       |
|                         |  |                |             |            |       |
|                         |  |                |             |            |       |

FORM 18-436 (4-20-31)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |      |            |       |
|-------------------------|-----|----------------|------|------------|-------|
| R 250                   |     | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |      | E.D.       | SHEET |
| W                       | 21  |                |      | 5          | 22    |
| COUNTY                  |     |                | CITY |            |       |
| Acadia                  |     |                |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Ranie                   |     | Si             | 23   |            |       |
| Katie                   |     | Si             | 19   |            |       |
| Agnes                   |     | Si             | 16   |            |       |
| Hanna                   |     | Si             | 14   |            |       |
| John                    |     | B              | 12   |            |       |
| David                   |     | B              | 10   |            |       |
| Jamie                   |     | Si             | 8    |            |       |

Form 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

+ 1 Hired Man

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |     |  |  |   |       |
|--|-----|--|--|---|-------|
| R250   |     | NAME OF INDIVIDUAL   |  | LOUISIANA   |       |
| COLOR  | AGE | BIRTHPLACE   |  | E.D.  | SHEET |
| B  | 21  |  |  | 53  | 8     |
| COUNTY   |     | Calcasieu  |  | CITY  |       |
|  |     |  |  | Jennings Town   |       |
| ENUMERATED WITH  |     | Benson, Clarence   |  |   |       |
| RELATIONSHIP TO ABOVE  |     |  |  |   |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NICE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |       |

Form 10-657 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 10120-P01

|                         |   |                |      |            |         |
|-------------------------|---|----------------|------|------------|---------|
| R252                    |   | HEAD OF FAMILY |      | LOUISIANA  |         |
| COLOR                   | W | AGE            | 39   | BIRTHPLACE | James B |
| COUNTY                  |   |                | CITY |            |         |
| Natchitoches            |   |                |      |            |         |
| OTHER MEMBERS OF FAMILY |   |                |      |            |         |
| NAME                    |   | RELATIONSHIP   | AGE  | BIRTHPLACE |         |
| Leana                   |   | W              | 38   | Miss       |         |
| Raymond                 |   | S              | 12   |            |         |
| Dewey                   |   | S              | 11   |            |         |
|                         |   |                |      |            |         |
|                         |   |                |      |            |         |
|                         |   |                |      |            |         |
|                         |   |                |      |            |         |
|                         |   |                |      |            |         |

FORM 18-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                |               |            |       |
|-------------------------|----------------|---------------|------------|-------|
| R250                    | HEAD OF FAMILY |               | LOUISIANA  |       |
| COLOR                   | AGE            | BIRTHPLACE    | E.O.       | SHEET |
| W                       | 65             |               | 94         | 1     |
| COUNTY                  |                | CITY          |            |       |
| St. Tammany             |                | Abita Springs |            |       |
| OTHER MEMBERS OF FAMILY |                |               |            |       |
| NAME                    | RELATIONSHIP   | AGE           | BIRTHPLACE |       |
| Georgia                 | W              | 51            |            |       |
| Sylvia                  | D              | 25            |            |       |
| Sidney                  | S              | 21            |            |       |
| Beatrice                | D              | 18            |            |       |
| Amos                    | S              | 14            |            |       |
| Clarence                | S              | 12            |            |       |
| Alvin                   | S              | 9             |            |       |

FORM 10-636 (4-26-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

## THE CENSUS

HEAD OF FAMILY - CONTINUED

LOUISIANA

CARD 2 OF 2

**OTHER MEMBERS OF FAMILY**

[illegible]

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 1510-P61

|                         |                |              |           |            |
|-------------------------|----------------|--------------|-----------|------------|
| R255                    | HEAD OF FAMILY |              | LOUISIANA |            |
| COLOR                   | AGE            | BIRTHPLACE   |           | S.D.       |
| B                       | 46             |              |           | 54         |
| COUNTY                  | JACKSON        |              | CITY      |            |
| OTHER MEMBERS OF FAMILY |                |              |           |            |
| NAME                    |                | RELATIONSHIP | AGE       | BIRTHPLACE |
| Marie                   |                | W            | 50        |            |
| Nora L.                 |                | D            | 25        |            |
| Fred D.                 |                | S            | 22        |            |
| Alan J.                 |                | S            | 19        |            |
| James H.                |                | S            | 17        |            |
| Bernice H.              |                | S            | 10        |            |
| Mildred                 |                | D            | 15        |            |

FORM 15-636 (4-30-61)

1950 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



## HEAD OF FAMILY - CONTINUED

LOUISIANA

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME     | RELATIONSHIP | AGE    | BIRTHPLACE |
|----------|--------------|--------|------------|
| Jessie H | S            | 13     |            |
| Willie C | D            | 5      |            |
| Mabel    | A            | 84 Yrs |            |
|          |              |        |            |
|          |              |        |            |
|          |              |        |            |
|          |              |        |            |
|          |              |        |            |
|          |              |        |            |
|          |              |        |            |

FORM 18-636a (4-20-61)

1930 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18189-P61

|  |     |                    |  |           |  |
|--|-----|--------------------|--|-----------|--|
| R252   |     | NAME OF INDIVIDUAL |  | LOUISIANA |  |
| Rushing, James D   |     | E.D.               |  | SHEET     |  |
| COLOR  | AGE | BIRTHPLACE         |  | 77 2      |  |
| W  | 27  |                    |  |           |  |
| COUNTY   |     | CITY               |  |           |  |
| Rapides  |     | Minden             |  |           |  |
| ENUMERATED WITH  |     |                    |  |           |  |
| Rushing, Herman  |     |                    |  |           |  |
| RELATIONSHIP TO ABOVE  |     |                    |  |           |  |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER<br/> <input type="checkbox"/> MOTHER<br/> <input type="checkbox"/> GRANDFATHER<br/> <input type="checkbox"/> GRANDMOTHER<br/> <input type="checkbox"/> GRANDSON<br/> <input type="checkbox"/> GRANDDAUGHTER<br/> <input type="checkbox"/> AUNT<br/> <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW<br/> <input type="checkbox"/> NIECE<br/> <input type="checkbox"/> FATHER-IN-LAW<br/> <input type="checkbox"/> MOTHER-IN-LAW<br/> <input type="checkbox"/> SON-IN-LAW<br/> <input type="checkbox"/> DAUGHTER-IN-LAW<br/> <input type="checkbox"/> BROTHER-IN-LAW<br/> <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE<br/> <input type="checkbox"/> NURSE<br/> <input type="checkbox"/> PATIENT<br/> <input type="checkbox"/> ROOMER<br/> <input type="checkbox"/> SERVANT<br/> <input type="checkbox"/> OTHER (Specify)<br/> <u>B</u> </div> </div> |     |                    |  |           |  |

FORM 10-427 (4-22-31)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18100-P01

| HEAD OF FAMILY          |                           | LOUISIANA  |            |
|-------------------------|---------------------------|------------|------------|
| Q253                    | Resident James J.         | E.O. 38    | SHEET 12   |
| COLOR<br>(W)            | AGE<br>35                 | BIRTHPLACE |            |
| COUNTY<br>Calcasieu     | CITY<br>Lake Charles City |            |            |
| OTHER MEMBERS OF FAMILY |                           |            |            |
| NAME                    | RELATIONSHIP              | AGE        | BIRTHPLACE |
| Leta                    | W                         | 34         | Texas      |
| Esther                  | W                         | 12         |            |
| Vera                    | W                         | 7          |            |
| and 2 boarders          |                           |            |            |
|                         |                           |            |            |
|                         |                           |            |            |
|                         |                           |            |            |
|                         |                           |            |            |

FORM 19-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|                         |                |                          |               |            |    |       |    |
|-------------------------|----------------|--------------------------|---------------|------------|----|-------|----|
| R250                    | HEAD OF FAMILY |                          | Ragan James O | E.O.       | 32 | SHEET | 15 |
| COLOR<br>W              | AGE<br>51      | BIRTH PLACE<br>Missouri  |               |            |    |       |    |
| COUNTY<br>Caddo         |                | CITY<br>Blenhard Village |               |            |    |       |    |
| OTHER MEMBERS OF FAMILY |                |                          |               |            |    |       |    |
| NAME                    |                | RELATIONSHIP             | AGE           | BIRTHPLACE |    |       |    |
| Ella V                  |                | W                        | 46            | Missouri   |    |       |    |
| James J.                |                | S                        | 14            | Missouri   |    |       |    |
| Frank O                 |                | S                        | 11            | Missouri   |    |       |    |
| Dick E.                 |                | S                        | 8             | Missouri   |    |       |    |
| Henry                   |                | S                        | 5             |            |    |       |    |
| 1 Boarder               |                |                          |               |            |    |       |    |

FORM 16-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |      |            |       |
|-------------------------|-----|----------------|------|------------|-------|
| R250                    |     | HEAD OF FAMILY |      | LOUISIANA  |       |
|                         |     | Lagan, James H |      | E.D.       | SHEET |
| COLOR                   | AGE | BIRTHPLACE     |      |            |       |
| W                       | 74  |                |      |            |       |
| COUNTY                  |     |                | CITY |            |       |
| Richland                |     |                |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| 1 James C               |     | W              | 59   |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                                |                         |                     |             | LOUISIANA         |              |
|--------------------------------|-------------------------|---------------------|-------------|-------------------|--------------|
| <b>R252</b>                    | <b>HEAD OF FAMILY</b>   |                     |             | <b>E.O.</b>       | <b>SHEET</b> |
|                                | <b>Rushing, James W</b> |                     |             | <b>51</b>         | <b>15</b>    |
| <b>COLOR</b>                   | <b>AGE</b>              | <b>BIRTHPLACE</b>   |             |                   |              |
| <b>W</b>                       | <b>33</b>               | <b>MISS.</b>        |             |                   |              |
| <b>COUNTY</b>                  |                         |                     | <b>CITY</b> |                   |              |
| <b>Franklin</b>                |                         |                     |             |                   |              |
| <b>OTHER MEMBERS OF FAMILY</b> |                         |                     |             |                   |              |
| <b>NAME</b>                    |                         | <b>RELATIONSHIP</b> | <b>AGE</b>  | <b>BIRTHPLACE</b> |              |
| <b>Annex</b>                   |                         | <b>W</b>            | <b>17</b>   |                   |              |
| <b>WALTER</b>                  |                         | <b>S</b>            | <b>5</b>    |                   |              |
| <b>Agas!</b>                   |                         | <b>O</b>            | <b>2</b>    |                   |              |
|                                |                         |                     |             |                   |              |
|                                |                         |                     |             |                   |              |
|                                |                         |                     |             |                   |              |
|                                |                         |                     |             |                   |              |
|                                |                         |                     |             |                   |              |

Form 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|   |   |   |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|---|---|--|------------|-------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|---|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R 252   |   | NAME OF INDIVIDUAL<br><i>Rosking Jane</i> |  | E.O.<br>77 | SHEET<br>11 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>W</i>   | AGE<br><i>55</i>                                  | BIRTHPLACE<br><i>U.S.</i>                 |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>DE SOU</i>   |   | CITY                                      |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Stephens William S</i>  |   |   |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |   |   |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input checked="" type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |   |   |  |            |             | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input checked="" type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW                   | <input type="checkbox"/> INMATE           |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE                    | <input type="checkbox"/> NURSE            |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW            | <input type="checkbox"/> PATIENT          |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input checked="" type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER           |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW               | <input type="checkbox"/> SERVANT          |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW          | <input type="checkbox"/> OTHER (Specify)  |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW           |   |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW            |   |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 16-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIV

USCOM-DC 10106-P61

|  |  |  | LOUISIANA |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 1200   | NAME OF INDIVIDUAL                       |  | E.O.      | SHEET |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|  | Ragan, Jannise                           |  | 81        | 39    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR  | AGE                                      | BIRTHPLACE                                 |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| W  | 25                                       | Genn.                                      |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY   | Rapides                                  |  | CITY      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|  |  | Alexandria                                 |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH  |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Hunters Fifth  |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tbody> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> MRSAYE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </tbody> </table> |  |  |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> MRSAYE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> MRSAYE            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE             |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 19-637 (4-30-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 1959-P-61



|                         |           |                |      |            |  |
|-------------------------|-----------|----------------|------|------------|--|
| R253                    |           | HEAD OF FAMILY |      | LOUISIANA  |  |
| Ricard Jean             |           | E.D.           |      | SHEET      |  |
| COLOR                   | W         | AGE            | 27   | BIRTHPLACE |  |
| COUNTY                  | Avoyelles |                | CITY |            |  |
| OTHER MEMBERS OF FAMILY |           |                |      |            |  |
| NAME                    |           | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| / Anale                 |           | w              | 25   |            |  |
| Debie                   |           | s              | 6    |            |  |
| Heriat                  |           | d              | 4    |            |  |
| Dora                    |           | d              | 2    |            |  |
|                         |           |                |      |            |  |
|                         |           |                |      |            |  |
|                         |           |                |      |            |  |
|                         |           |                |      |            |  |

FORM 16-436 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| 820                     |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.O.       | SHEET |
| W                       |  | 28             |            | 82         | 3     |
| COUNTY                  |  |                | CITY       |            |       |
| Pointe Coupee           |  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Lottie                  |  | W              | 28         |            |       |
| Harsen                  |  | S              | 2          |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 18-436 (4-20-31)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |  |  |            |  |      |  |       |  |                                 |                                 |                                |                                 |                               |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |                                  |  |
|--|--|--|--|------------|--|------|--|-------|--|---------------------------------|---------------------------------|--------------------------------|---------------------------------|-------------------------------|-------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|---|--|--|-------------------------------|---|--|--------------------------------|----------------------------------|--|
| R 250  |  | NAME OF INDIVIDUAL                       |  | LOUISIANA  |  | E.O. |  | SHEET |  |                                 |                                 |                                |                                 |                               |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |                                  |  |
| COLOR  |  | AGE                                      |  | BIRTHPLACE |  | 104  |  | 1     |  |                                 |                                 |                                |                                 |                               |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |                                  |  |
| W  |  | 23                                       |  |            |  |      |  |       |  |                                 |                                 |                                |                                 |                               |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |                                  |  |
| COUNTY   |  |  |  | CITY       |  |      |  |       |  |                                 |                                 |                                |                                 |                               |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |                                  |  |
| St. Tammany  |  |  |  | Belle      |  |      |  |       |  |                                 |                                 |                                |                                 |                               |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |                                  |  |
| ENUMERATED WITH  |  |  |  |            |  |      |  |       |  |                                 |                                 |                                |                                 |                               |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |                                  |  |
| Decker Sarah   |  |  |  |            |  |      |  |       |  |                                 |                                 |                                |                                 |                               |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |                                  |  |
| RELATIONSHIP TO ABOVE  |  |  |  |            |  |      |  |       |  |                                 |                                 |                                |                                 |                               |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |                                  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDOW</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NICE</td> <td><input type="checkbox"/> WIFE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> BROTHER</td> <td></td> </tr> </table> |  |  |  |            |  |      |  |       |  | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NICE | <input type="checkbox"/> WIFE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> BROTHER |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDOW           |  |            |  |      |  |       |  |                                 |                                 |                                |                                 |                               |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |                                  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NICE            | <input type="checkbox"/> WIFE            |  |            |  |      |  |       |  |                                 |                                 |                                |                                 |                               |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |                                  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |  |            |  |      |  |       |  |                                 |                                 |                                |                                 |                               |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |                                  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |  |            |  |      |  |       |  |                                 |                                 |                                |                                 |                               |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |                                  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |  |            |  |      |  |       |  |                                 |                                 |                                |                                 |                               |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |                                  |  |
| <input checked="" type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |  |            |  |      |  |       |  |                                 |                                 |                                |                                 |                               |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |                                  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |            |  |      |  |       |  |                                 |                                 |                                |                                 |                               |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |                                  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> BROTHER         |  |  |            |  |      |  |       |  |                                 |                                 |                                |                                 |                               |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |                                  |  |

FORM 10-637 (10-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 16100-P01

LOUISIANA

|  |                 |   |  |  |                    |
|--|-----------------|---|--|--|--------------------|
| R253   |                 | NAME OF INDIVIDUAL<br><i>Rigmaiden Jeff</i>   |  | E.D.<br><i>39</i>  | SHEET<br><i>18</i> |
| COLOR<br><i>mu</i>   | AGE<br><i>8</i> | BIRTHPLACE  |  |  |                    |
| COUNTY<br><i>Calcasieu</i>   |                 | CITY  |  |  |                    |
| ENUMERATED WITH<br><i>Rigmaiden Lisk</i>   |                 |   |  |  |                    |
| RELATIONSHIP TO ABOVE  |                 |   |  |  |                    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                 | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>S. Cl.</i> |                    |

FORM 16-537 (4-20-51)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 16000-PSI

LOUISIANA

|                         |                |              |      |            |       |  |
|-------------------------|----------------|--------------|------|------------|-------|--|
| R250                    | HEAD OF FAMILY |              | E.D. |            | SHEET |  |
|                         | Ransom Jenkins |              | 121  |            | 29    |  |
| COLOR                   | AGE            | BIRTHPLACE   |      |            |       |  |
| Wm                      | 45             | Miss.        |      |            |       |  |
| COUNTY                  |                | Tensas       |      | CITY       |       |  |
| OTHER MEMBERS OF FAMILY |                |              |      |            |       |  |
| NAME                    |                | RELATIONSHIP | AGE  | BIRTHPLACE |       |  |
| 1 Leonard               |                | S            | 16   |            |       |  |
|                         |                |              |      |            |       |  |
|                         |                |              |      |            |       |  |
|                         |                |              |      |            |       |  |
|                         |                |              |      |            |       |  |
|                         |                |              |      |            |       |  |
|                         |                |              |      |            |       |  |
|                         |                |              |      |            |       |  |

FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |  |   |           |             |
|--|--|---|-----------|-------------|
| R250                                   | NAME OF INDIVIDUAL<br><i>Regan, Jennie</i> |   | E.O.<br>5 | SHEET<br>22 |
| COLOR<br>W                             | AGE<br>8                                   | BIRTHPLACE  |           |             |
| COUNTY<br>Acadia                       |  | CITY  |           |             |
| ENUMERATED WITH<br><i>Regan, James</i> |  |   |           |             |
| RELATIONSHIP TO ABOVE                  |  |   |           |             |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW            | <input type="checkbox"/> WIDOW                      |           |             |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NIECE             | <input type="checkbox"/> NURSE                      |           |             |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW     | <input type="checkbox"/> PATIENT                    |           |             |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW     | <input type="checkbox"/> ROOMER                     |           |             |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW        | <input type="checkbox"/> SERVANT                    |           |             |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW   | <input checked="" type="checkbox"/> OTHER (Specify) |           |             |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW    | <i>si</i>   |           |             |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW     |   |           |             |

FORM 19-537 (4-20-31)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 1910-P-61

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| P252                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| Bushing                 |     | Jerry          |     | E.D.       | SHEET |
| COLOR                   | AGE | BIRTHPLACE     |     |            |       |
| B                       | 31  |                |     |            |       |
| COUNTY                  |     | BOSSIER        |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Eva                     |     | W              | 21  |            |       |
| Katie                   |     | D              | 2   |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 18-636 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

| R255                    |              | HEAD OF FAMILY |            | LOUISIANA |       |
|-------------------------|--------------|----------------|------------|-----------|-------|
| COLOR                   | AGE          | BIRTHPLACE     |            | E.O.      | SHEET |
| W                       | 45           | Richman Jesse  |            | 126       | 10    |
| COUNTY                  |              | Washington     |            | CITY      |       |
| OTHER MEMBERS OF FAMILY |              |                |            |           |       |
| NAME                    | RELATIONSHIP | AGE            | BIRTHPLACE |           |       |
| Jane                    | W            | 47             |            |           |       |
| Anna                    | D            | 20             |            |           |       |
| Mary                    | D            | 18             |            |           |       |
| Clement                 | S            | 14             |            |           |       |
| Otto                    | S            | 12             |            |           |       |
| Lozans                  | S            | 10             |            |           |       |
| Becca                   | D            | 7              |            |           |       |

FORM 16-536 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS





LOUISIANA

|                         |     |                |              |                |            |      |       |
|-------------------------|-----|----------------|--------------|----------------|------------|------|-------|
| R252                    |     | HEAD OF FAMILY |              | Jimmie Rushing |            | E.D. | SHEET |
| CODE                    | AGE | BIRTHPLACE     |              |                |            |      |       |
| ma                      | 44  |                |              |                |            |      |       |
| COUNTY                  |     |                |              | CITY           |            |      |       |
| Do Soto                 |     |                |              |                |            |      |       |
| OTHER MEMBERS OF FAMILY |     |                |              |                |            |      |       |
| NAME                    |     |                | RELATIONSHIP | AGE            | BIRTHPLACE |      |       |
| Julia                   |     |                | d            | 17             |            |      |       |
| Ozie                    |     |                | d            | 13             |            |      |       |
| Robert                  |     |                | S            | 11             |            |      |       |
|                         |     |                |              |                |            |      |       |
|                         |     |                |              |                |            |      |       |
|                         |     |                |              |                |            |      |       |
|                         |     |                |              |                |            |      |       |
|                         |     |                |              |                |            |      |       |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                |            |            |       |
|-------------------------|----------------|------------|------------|-------|
| R252                    | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   | AGE            | BIRTHPLACE | E.D.       | SHEET |
| B                       | 26             |            | 2          | 1     |
| COUNTY                  |                | CITY       |            |       |
| Bossier                 |                |            |            |       |
| OTHER MEMBERS OF FAMILY |                |            |            |       |
| NAME                    | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Angeles                 | W              | 30         |            |       |
| Adger                   | S              | 11         |            |       |
| Estelle                 | D              | 8          |            |       |
| Drew                    | D              | 6          |            |       |
| Sam                     | S              | 4          |            |       |
| Gerrie                  | D              | 9/12       |            |       |
| Henry                   | F              | 6.5        |            |       |

FORM 10-536 (4-26-51)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME    | RELATIONSHIP | AGE | BIRTHPLACE |
|---------|--------------|-----|------------|
| 1 Hulda | M            | 64  |            |
|         |              |     |            |
|         |              |     |            |
|         |              |     |            |
|         |              |     |            |
|         |              |     |            |
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|         |              |     |            |

FORM 10-436a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18198-P01

|  |     |   |  |   |       |
|--|-----|---|--|---|-------|
| R255   |     | NAME OF INDIVIDUAL  |  | LOUISIANA   |       |
| Richmond   |     | Jimmie  |  | E.D.  | SHEET |
| SEX  | AGE | BIRTHPLACE  |  | 132   | 9     |
| B  | 21  |   |  |   |       |
| COUNTY   |     | Winn  |  | CITY Dadeville  |       |
| ENUMERATED WITH  |     | Robinson Charley  |  |   |       |
| RELATIONSHIP TO ABOVE  |     |   |  |   |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> Niece<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> EMPLOYER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |       |

FORM 16-57 (4-20-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-PC 1910-P01

|  |  |  |  |                 |                   |                   |
|--|--|--|--|-----------------|-------------------|-------------------|
| R256                                   |  | NAME OF INDIVIDUAL<br><i>Richmore, Jim</i> |  | LOUISIANA       | E.D.<br><i>83</i> | SHEET<br><i>8</i> |
| COLOR<br><i>B</i>                      | AGE<br><i>65</i>                         | BIRTHPLACE<br><i>Miss</i>                  |  |                 |                   |                   |
| COUNTY                                 |  | CITY<br><i>Madison</i>                     |  | <i>Jallulal</i> |                   |                   |
| ENUMERATED WITH<br><i>Parmer, Liza</i> |  |  |  |                 |                   |                   |
| RELATIONSHIP TO ABOVE                  |  |  |  |                 |                   |                   |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> UNBORN            |  |                 |                   |                   |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE             |  |                 |                   |                   |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |  |                 |                   |                   |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> <del>ROOMER</del> |  |                 |                   |                   |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |  |                 |                   |                   |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |  |                 |                   |                   |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |                 |                   |                   |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW   |  |  |                 |                   |                   |

FORM 10-537 (4-24-61)

1970 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |  |
|-------------------------|-----|----------------|-----|------------|--|
| B 255                   |     | HEAD OF FAMILY |     | LOUISIANA  |  |
| E.O.                    |     | SHEET          |     |            |  |
| 28                      |     | 7              |     |            |  |
| COLOR                   | AGE | BIRTHPLACE     |     |            |  |
| W                       | 71  |                |     |            |  |
| COUNTY                  |     | CITY           |     |            |  |
| Calcasieu               |     |                |     |            |  |
| OTHER MEMBERS OF FAMILY |     |                |     |            |  |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| 1 Amanda                |     | W              | 72  |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
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|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |

FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |  |  |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R250   | NAME OF INDIVIDUAL<br><i>Reger, Joe</i>  |  | E.D.<br><i>3</i> | SHEET<br><i>3</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>B</i>  | AGE<br><i>13</i>                         | BIRTHPLACE                                 |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>Caldwell</i>  |  | CITY<br><i>Columbia</i>                    |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Jasper, William</i>  |  |  |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> INMATE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input checked="" type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> |  |  |                  |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE            |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE             |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 16-437 (4-22-31)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

U.S. GOVERNMENT PRINTING OFFICE: 1910



LOUISIANA

|   |  |   |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
|---|--|---|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|----------|--------------------------------|--|--|
| R240  | NAME OF INDIVIDUAL<br><i>Prugen Joe</i>  |   | E.D.<br><i>20</i> | SHEET<br><i>15</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| COLOR<br><i>Ma</i>  | AGE<br><i>21</i>                         | BIRTHPLACE  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| COUNTY<br><i>East Baton Rouge</i>   |  | CITY<br><i>Baton Rouge</i>                          |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| ENUMERATED WITH<br><i>Williams Isabella</i>   |  |   |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>S</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |                   |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>S</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  | <i>S</i>  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18198-P61

LOUISIANA

|  |                  |   |      |   |                    |
|--|------------------|---|------|---|--------------------|
| <i>R256</i>  |                  | NAME OF INDIVIDUAL<br><i>Richardson, Joe</i>  |      | E.O.<br><i>44</i>   | SHEET<br><i>12</i> |
| COLOR<br><i>B</i>  | AGE<br><i>11</i> | BIRTHPLACE  |      |   |                    |
| COUNTY<br><i>Morehouse</i>   |                  |   | CITY |   |                    |
| ENUMERATED WITH<br><i>Wear, Percy</i>  |                  |   |      |   |                    |
| RELATIONSHIP TO ABOVE  |                  |   |      |   |                    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>S</i> |                    |

FORM 16-437 (4-10-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMB-DC 16199-P-1

|                         |                |                | LOUISIANA      |                   |
|-------------------------|----------------|----------------|----------------|-------------------|
| Q253                    | HEAD OF FAMILY |                | Rosenthal, Joe | E.D. 142 SHEET 10 |
| COLOR<br>W              | AGE<br>27      | BIRTHPLACE     |                |                   |
| COUNTY                  |                | West Feliciana |                | CITY              |
| OTHER MEMBERS OF FAMILY |                |                |                |                   |
| NAME                    |                | RELATIONSHIP   | AGE            | BIRTHPLACE        |
| Annie                   |                | W              | 25             |                   |
|                         |                |                |                |                   |
|                         |                |                |                |                   |
|                         |                |                |                |                   |
|                         |                |                |                |                   |
|                         |                |                |                |                   |
|                         |                |                |                |                   |
|                         |                |                |                |                   |
|                         |                |                |                |                   |

Form 10-426 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |           |   |  |  |            |
|--|-----------|---|--|--|------------|
| R 253  |           | NAME OF INDIVIDUAL<br>Reichmanadter, Joe  |  | E.O.<br>37   | SHEET<br>8 |
| COLOR<br>W   | AGE<br>35 | BIRTHPLACE<br>NR  |  |  |            |
| COUNTY<br>Calcasieu  |           | CITY<br>Lake Charles  |  |  |            |
| ENUMERATED WITH<br>Taigle, Henry   |           |   |  |  |            |
| RELATIONSHIP TO ABOVE  |           |   |  |  |            |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |           | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> OWNER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |            |

FORM 16-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P61

LOUISIANA

|                         |                |              |             |            |       |
|-------------------------|----------------|--------------|-------------|------------|-------|
| R252                    | HEAD OF FAMILY |              | Rushing Joe | E.O.       | SHEET |
|                         |                |              |             | 62         | 14    |
| COLOR                   | AGE            | BIRTHPLACE   |             |            |       |
| W                       | 38             | Miss         |             |            |       |
| COUNTY                  |                |              | CITY        |            |       |
| De Soto                 |                |              |             |            |       |
| OTHER MEMBERS OF FAMILY |                |              |             |            |       |
| NAME                    |                | RELATIONSHIP | AGE         | BIRTHPLACE |       |
| Lizzie                  |                | W            | 61          |            |       |
| Cammie                  |                | D            | 24          |            |       |
| Clayton                 |                | S            | 18          |            |       |
|                         |                |              |             |            |       |
|                         |                |              |             |            |       |
|                         |                |              |             |            |       |
|                         |                |              |             |            |       |
|                         |                |              |             |            |       |

FORM 18-626 (4-20-21)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|                         |     |                 |      |            |       |
|-------------------------|-----|-----------------|------|------------|-------|
| R252                    |     | HEAD OF FAMILY  |      | E.O.       | SHEET |
|                         |     | Resingers Joe M |      | 133        | 8     |
| COLOR                   | AGE | BIRTHPLACE      |      |            |       |
| W                       | 42  | Ark             |      |            |       |
| COUNTY                  |     |                 | CITY |            |       |
| Union                   |     |                 |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                 |      |            |       |
| NAME                    |     | RELATIONSHIP    | AGE  | BIRTHPLACE |       |
| Clara                   |     | W               | 32   | Ark        |       |
| Vera                    |     | D               | 14   |            |       |
| Thio                    |     | D               | 12   |            |       |
| Minor                   |     | S               | 8    |            |       |
| Maggie                  |     | D               | 5    |            |       |
| Robbie                  |     | D               | 2    |            |       |
|                         |     |                 |      |            |       |

FORM 16-636 (2-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |              |       | LOUISIANA  |  |
|-------------------------|-----|--------------|-------|------------|--|
| HEAD OF FAMILY          |     | E.O.         | SHEET |            |  |
| R250                    |     | Lison Joe M. |       | 131        |  |
| COLOR                   | AGE | BIRTHPLACE   |       |            |  |
| W                       | 30  |              |       |            |  |
| COUNTY                  |     |              | CITY  |            |  |
| Winn                    |     |              |       |            |  |
| OTHER MEMBERS OF FAMILY |     |              |       |            |  |
| NAME                    |     | RELATIONSHIP | AGE   | BIRTHPLACE |  |
| Emma E                  |     | W            | 40    |            |  |
| Arak                    |     | S            | 18    |            |  |
| Ellen                   |     | D            | 15    |            |  |
| Mandy                   |     | D            | 12    |            |  |
| Mattie                  |     | D            | 8     |            |  |
| Lester                  |     | D            | 2     |            |  |
|                         |     |              |       |            |  |
|                         |     |              |       |            |  |

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|-----|-----|-----|-----|-----|
| 100 | 200 | 300 | 400 | 500 |



|   |   |                    |    |            |          |
|---|---|--------------------|----|------------|----------|
| R255  |   | NAME OF INDIVIDUAL |    | LOUISIANA  |          |
| COLOR   | W | AGE                | 40 | BIRTHPLACE | E.D. 113 |
| COUNTY  |   | Richland           |    | CITY       |          |
| ENUMERATED WITH   |   |                    |    |            |          |
| Mitchiner George  |   |                    |    |            |          |
| RELATIONSHIP TO ABOVE   |   |                    |    |            |          |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE<br><input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW<br><input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |   |                    |    |            |          |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 18198-P61

|                         |  |                |     |              |  |
|-------------------------|--|----------------|-----|--------------|--|
| Q255                    |  | HEAD OF FAMILY |     | LOUISIANA    |  |
| COLOR                   |  | AGE            |     | BIRTHPLACE   |  |
| B                       |  | 40             |     | Richmond, Mo |  |
| COUNTY                  |  | CITY           |     | E.D.         |  |
| Vermillion              |  | Gueydan        |     | 143          |  |
| SHEET 8                 |  |                |     |              |  |
| OTHER MEMBERS OF FAMILY |  |                |     |              |  |
| NAME                    |  | RELATIONSHIP   | AGE | BIRTHPLACE   |  |
| Jennie                  |  | W              | 38  |              |  |
| Willie                  |  | S              | 19  |              |  |
| Annie                   |  | S              | 17  |              |  |
| Lincoln                 |  | S              | 15  |              |  |
| Adam                    |  | S              | 9   |              |  |
| Maie                    |  | S              | 6   |              |  |

FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |  |                |  |       |
|--|--|--|----------------|--|-------|
| R255   |  | NAME OF INDIVIDUAL   |                | LOUISIANA  |       |
| COLOR  |  | AGE  | BIRTHPLACE     | E.D.   | SHEET |
| B  |  | 17   | Richmond, Ind. | 98   | 4     |
| COUNTY   |  |  | CITY           |  |       |
| St. Mary   |  |  |                |  |       |
| ENUMERATED WITH  |  |  |                |  |       |
| Polyzos, George  |  |  |                |  |       |
| RELATIONSHIP TO ABOVE  |  |  |                |  |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input checked="" type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |                | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |       |

FORM 10-637 (4-20-61)

1930 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 18105-P61

|                         |   |                |     |            |               |
|-------------------------|---|----------------|-----|------------|---------------|
| R 253                   |   | HEAD OF FAMILY |     | LOUISIANA  |               |
| COLOR                   | W | AGE            | 38  | BIRTHPLACE | Richmond John |
| COUNTY                  |   | St. Landry     |     | CITY       |               |
| OTHER MEMBERS OF FAMILY |   |                |     |            |               |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |               |
| Mary L                  |   | W              | 32  |            |               |
| Madison                 |   | 5              | 12  |            |               |
| William                 |   | 5              | 16  |            |               |
| Beulah                  |   | 4              | 14  |            |               |
| Elmer                   |   | 4              | 11  |            |               |
| Elyse                   |   | 5              | 8   |            |               |
| Cole, Sarah H           |   | 5d             | 12  |            |               |

Form 18-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

HEAD OF FAMILY - CONTINUED

LOUISIANA

CARD 2 OF 2

OTHER MEMBERS OF FAMILY

| NAME               | RELATIONSHIP | AGE                             | BIRTHPLACE |
|--------------------|--------------|---------------------------------|------------|
| 1 Samuel           | SS           | 10                              |            |
| Eva                | 5d           | 8                               |            |
| Richmond Cornelius | 5            | 1 <sup>19</sup> / <sub>12</sub> |            |
|                    |              |                                 |            |
|                    |              |                                 |            |
|                    |              |                                 |            |
|                    |              |                                 |            |
|                    |              |                                 |            |
|                    |              |                                 |            |
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FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-OC 19100-P61

|                         |     |                |      |            |       |
|-------------------------|-----|----------------|------|------------|-------|
| 19255                   |     | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |      | E.D.       | SHEET |
| B                       | 16  |                |      | 68         | 18    |
| COUNTY                  |     |                | CITY |            |       |
| Lincoln                 |     |                |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Livingstone             |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
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FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |         |                |     |            |       |
|-------------------------|---------|----------------|-----|------------|-------|
| R255                    |         | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE     | BIRTHPLACE     |     | E.D.       | SHEET |
| W                       | 37      | Miss           |     | 148        | 6     |
| COUNTY                  |         | CITY           |     |            |       |
| West Feliciana          |         |                |     |            |       |
| OTHER MEMBERS OF FAMILY |         |                |     |            |       |
| NAME                    |         | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| 1                       | Louisa  | W              | 35  | Oak        |       |
| 1                       | Elliot  | S-S            | 15  | Oak        |       |
| 1                       | Blanche | S-D            | 14  | Oak        |       |
|                         |         |                |     |            |       |
|                         |         |                |     |            |       |
|                         |         |                |     |            |       |
|                         |         |                |     |            |       |
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FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |                |            |       |
|-------------------------|--|----------------|----------------|------------|-------|
| R 255                   |  | HEAD OF FAMILY |                | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE     | S.D.       | SHEET |
| W                       |  | 54             | Richmond, John | 198        | 5     |
| COUNTY                  |  |                | CITY           |            |       |
| Vernon                  |  |                | Leopine        |            |       |
| OTHER MEMBERS OF FAMILY |  |                |                |            |       |
| NAME                    |  | RELATIONSHIP   | AGE            | BIRTHPLACE |       |
| Elizabeth               |  | W              | 53             | Tex.       |       |
| Thomas L.               |  | S              | 23             | Tex.       |       |
| George H.               |  | S              | 21             | Tex.       |       |
| Martha                  |  | D              | 17             | Tex.       |       |
| Jimmy                   |  | S              | 13             | Tex.       |       |
|                         |  |                |                |            |       |
|                         |  |                |                |            |       |

FORM 16-536 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |     |                |     |            |  |
|-------------------------|-----|----------------|-----|------------|--|
| R 253                   |     | HEAD OF FAMILY |     | LOUISIANA  |  |
| Rigmalden, John         |     | E.D.           |     | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |     |            |  |
| Mr                      | 65  |                |     |            |  |
| COUNTY                  |     | Calcasieu      |     | CITY       |  |
| OTHER MEMBERS OF FAMILY |     |                |     |            |  |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| Amjohn                  |     | W              | 55  |            |  |
| Mary                    |     | D              | 19  |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
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FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |   |  |  |
|---|---|--|--|
| R 253 <i>Rijmalden John</i>   |   | LOUISIANA  |  |
| NAME OF INDIVIDUAL  | E.D.  | SHEET  |  |
| <i>Mu</i>   | 48  | 3  |  |
| AGE   | BIRTHPLACE  |  |  |
| 65  |   |  |  |
| COUNTY  | Calcasieu   | CITY   |  |
| ENUMERATED WITH <i>Rijmalden John</i>   |   |  |  |
| RELATIONSHIP TO ABOVE   |   |  |  |
| <input checked="" type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |  |

FORM 10-437 (4-30-61)

1960 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 1050-P01

|                         |       |                |     |            |                |
|-------------------------|-------|----------------|-----|------------|----------------|
| R 253                   |       | HEAD OF FAMILY |     | LOUISIANA  |                |
| COLOR                   | W     | AGE            | 26  | BIRTHPLACE | Riverside John |
| COUNTY                  |       | Calcasieu      |     | CITY       |                |
| OTHER MEMBERS OF FAMILY |       |                |     |            |                |
| NAME                    |       | RELATIONSHIP   | AGE | BIRTHPLACE |                |
| 1                       | Katie | W              | 25  |            |                |
|                         |       |                |     |            |                |
|                         |       |                |     |            |                |
|                         |       |                |     |            |                |
|                         |       |                |     |            |                |
|                         |       |                |     |            |                |
|                         |       |                |     |            |                |
|                         |       |                |     |            |                |

FORM 16-636 (4-26-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |       |            |       |
|-------------------------|-----|----------------|-------|------------|-------|
| B253                    |     | HEAD OF FAMILY |       | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |       | E.D.       | SHEET |
| W                       | 26  | Calcasieu      |       | 48         | 3     |
| COUNTY                  |     | CITY           |       |            |       |
| OTHER MEMBERS OF FAMILY |     |                |       |            |       |
| NAME                    |     | RELATIONSHIP   | AGE   | BIRTHPLACE |       |
| Clarice                 |     | w              | 27    |            |       |
| Fred                    |     | h              | 4     |            |       |
| Emma                    |     | d              | 2 1/2 |            |       |
| John                    |     | f              | 65    |            |       |
|                         |     |                |       |            |       |
|                         |     |                |       |            |       |
|                         |     |                |       |            |       |
|                         |     |                |       |            |       |

FORM 16-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

2352

|  |   |   |                                |
|--|---|---|--------------------------------|
| NAME OF INDIVIDUAL<br><i>Resinger John</i>   |   | LOUISIANA   |                                |
| COLOR<br><i>W</i>  | AGE<br><i>45</i>  | BIRTHPLACE  | E.D. <i>106</i> SHEET <i>9</i> |
| COUNTY<br><i>Orleans</i>   |   | CITY  |                                |
| ENumerated WITH<br><i>Feuster Mary</i>   |   |   |                                |
| RELATIONSHIP TO ABOVE  |   |   |                                |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> WORKER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                                |

FORM 10-537 (4-30-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18105-P81

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R250                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| Wm                      |  | 52             |            | 99         | 17    |
| COUNTY                  |  |                | CITY       |            |       |
| St. Mary                |  |                | Berwick    |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Ralph                   |  | S              | 27         |            |       |
| Pearl                   |  | D              | 22         |            |       |
| Helen                   |  | D              | 17         |            |       |
| William                 |  | S              | 15         |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 16-536 (4-26-21)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |            |
|-------------------------|--|----------------|------------|------------|------------|
| R250                    |  | HEAD OF FAMILY |            | LOUISIANA  |            |
| COLOR                   |  | AGE            | BIRTHPLACE |            | E.O. SHEET |
| W                       |  | 50             | John       |            | 100 1      |
| COUNTY                  |  |                | CITY       |            |            |
| Jefferson               |  |                |            |            |            |
| OTHER MEMBERS OF FAMILY |  |                |            |            |            |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |            |
| Cecilia                 |  | W              | 47         |            |            |
| Carlynn                 |  | D              | 19         |            |            |
| Anella                  |  | D              | 14         |            |            |
| Cecilia                 |  | D              | 12         |            |            |
| Peter                   |  | S              | 8          |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |

FORM 18-536 (4-20-51)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |            |     |           |     |
|-------------------------|---|----------------|-----|------------|-----|-----------|-----|
| R250                    |   | HEAD OF FAMILY |     | Rison John |     | LOUISIANA |     |
| COLOR                   | W | AGE            | 38  | BIRTHPLACE | Ark | E.D.      | 137 |
| COUNTY                  |   | Union          |     | CITY       |     | SHEET 12  |     |
| OTHER MEMBERS OF FAMILY |   |                |     |            |     |           |     |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |     |           |     |
| Minnie                  |   | W              | 35  | Ark        |     |           |     |
| Pearce                  |   | S              | 8   |            |     |           |     |
| Eveline                 |   | D              | 3   |            |     |           |     |
| Fidwell Liddy           |   | Si L           | 23  |            |     |           |     |
| Ruth                    |   | Si L           | 19  |            |     |           |     |
|                         |   |                |     |            |     |           |     |
|                         |   |                |     |            |     |           |     |
|                         |   |                |     |            |     |           |     |

FORM 16-636 (4-26-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |  |                |            |            |         |
|-------------------------|--|----------------|------------|------------|---------|
| R250                    |  | HEAD OF FAMILY |            | LOUISIANA  |         |
| COLOR                   |  | AGE            | BIRTHPLACE |            | E.O. 52 |
| B                       |  | 28             |            |            | 15      |
| COUNTY                  |  |                | CITY       |            |         |
| Iberville               |  |                |            |            |         |
| OTHER MEMBERS OF FAMILY |  |                |            |            |         |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |         |
| Annie                   |  | W              | 23         |            |         |
| Edna                    |  | D              | 5          |            |         |
| Luberta                 |  | D              | 3          |            |         |
| Leta                    |  | D              | 1 1/2      |            |         |
| Leta                    |  | M              | 50         |            |         |
|                         |  |                |            |            |         |
|                         |  |                |            |            |         |

FORM 10-636 (4-26-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |   |   |    |   |                |
|--|---|---|----|---|----------------|
| R250   |   | NAME OF INDIVIDUAL  |    | LOUISIANA   |                |
| COLOR  | W | AGE   | 23 | BIRTHPLACE  | E.D. 7 SHEET J |
| COUNTY   |   | Assumption  |    | CITY  |                |
| ENUMERATED WITH  |   | Napoleonville   |    |   |                |
| RELATIONSHIP TO ABOVE  |   | Philodaux, Agatha   |    |   |                |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |   | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |    | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify) |                |

FORM 10-437 (4-20-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 15196-P61

|   |     |                    |  |           |       |
|---|-----|--------------------|--|-----------|-------|
| R250  |     | NAME OF INDIVIDUAL |  | LOUISIANA |       |
| COLOR   | AGE | BIRTHPLACE         |  | E.D.      | SHEET |
| W   | 12  |                    |  | 5         | 22    |
| COUNTY  |     | CITY               |  |           |       |
| Acadia  |     |                    |  |           |       |
| ENUMERATED WITH   |     |                    |  |           |       |
| RELATIONSHIP TO ABOVE   |     |                    |  |           |       |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER<br/> <input type="checkbox"/> MOTHER<br/> <input type="checkbox"/> GRANDFATHER<br/> <input type="checkbox"/> GRANDMOTHER<br/> <input type="checkbox"/> GRANDSON<br/> <input type="checkbox"/> GRANDDAUGHTER<br/> <input type="checkbox"/> AUNT<br/> <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW<br/> <input type="checkbox"/> NIECE<br/> <input type="checkbox"/> FATHER-IN-LAW<br/> <input type="checkbox"/> MOTHER-IN-LAW<br/> <input type="checkbox"/> SON-IN-LAW<br/> <input type="checkbox"/> DAUGHTER-IN-LAW<br/> <input type="checkbox"/> BROTHER-IN-LAW<br/> <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> INMATE<br/> <input type="checkbox"/> NURSE<br/> <input type="checkbox"/> PATIENT<br/> <input type="checkbox"/> ROOMER<br/> <input type="checkbox"/> SERVANT<br/> <input checked="" type="checkbox"/> OTHER (Specify)<br/> <u>brother</u> </div> </div> |     |                    |  |           |       |

FORM 18-617 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                |              |           |            |
|-------------------------|----------------|--------------|-----------|------------|
| R250                    | HEAD OF FAMILY |              | LOUISIANA |            |
| COLOR                   | AGE            | BIRTHPLACE   | E.D.      | SHEET      |
| W                       | 30             |              | 5         | 22         |
| COUNTY                  |                | CITY         |           |            |
| Acadia                  |                |              |           |            |
| OTHER MEMBERS OF FAMILY |                |              |           |            |
| NAME                    |                | RELATIONSHIP | AGE       | BIRTHPLACE |
| Marie                   |                | W            | 27        |            |
| Charlie                 |                | S            | 8         |            |
| Grace                   |                | D            | 5         |            |
| Francis                 |                | D            | 3         |            |
| Paul                    |                | S            | 1         |            |
|                         |                |              |           |            |
|                         |                |              |           |            |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |     |            |  |
|-------------------------|--|----------------|-----|------------|--|
| R250                    |  | HEAD OF FAMILY |     | LOUISIANA  |  |
| NAME                    |  | AGE            |     | E.D. SHEET |  |
| B                       |  | 50             |     | 37 22      |  |
| BIRTHPLACE              |  | CALCASIEU      |     | CITY       |  |
| COUNTY                  |  | Lake Charles   |     |            |  |
| OTHER MEMBERS OF FAMILY |  |                |     |            |  |
| NAME                    |  | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| Adelene                 |  | W              | 19  |            |  |
| Archus                  |  | 5              | 18  |            |  |
| David                   |  | 5              | 13  |            |  |
|                         |  |                |     |            |  |
|                         |  |                |     |            |  |
|                         |  |                |     |            |  |
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FORM 16-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                |            |            |       |
|-------------------------|----------------|------------|------------|-------|
| R252                    | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   | AGE            | BIRTHPLACE | E.D.       | SHEET |
| B                       | 35             | Miss       | 76         | 10    |
| COUNTY                  |                | CITY       |            |       |
| Pointe Coupee           |                |            |            |       |
| OTHER MEMBERS OF FAMILY |                |            |            |       |
| NAME                    | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| 1 Sarah                 | w              | 24         |            |       |
| Myers, Frances          | Li             | 26         |            |       |
|                         |                |            |            |       |
|                         |                |            |            |       |
|                         |                |            |            |       |
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FORM 18-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |            |               |
|-------------------------|---|----------------|-----|------------|---------------|
| R252                    |   | HEAD OF FAMILY |     | LOUISIANA  |               |
| COLOR                   | W | AGE            | 35  | BIRTHPLACE | Rushesky John |
| COUNTY                  |   | Calcasieu      |     | CITY       |               |
| OTHER MEMBERS OF FAMILY |   |                |     |            |               |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |               |
| 4 / companion           |   |                |     |            |               |
|                         |   |                |     |            |               |
|                         |   |                |     |            |               |
|                         |   |                |     |            |               |
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Form 16-636 (4-26-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| H-252                   |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| White                   | 23  | U.S.           |     | 144        | 14    |
| COUNTY                  |     | CITY           |     |            |       |
| West Carroll            |     | Oak Grove      |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| And 1 HK                |     |                |     |            |       |
| And 2 Bo                |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
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|                         |     |                |     |            |       |

FORM 16-436 (2-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |         |                |         |            |  |
|-------------------------|---------|----------------|---------|------------|--|
| 1925-2                  |         | HEAD OF FAMILY |         | LOUISIANA  |  |
| COLOR                   | W       | AGE            | 50      | BIRTHPLACE |  |
| COUNTY                  |         |                | Jackson | CITY       |  |
| OTHER MEMBERS OF FAMILY |         |                |         |            |  |
|                         | NAME    | RELATIONSHIP   | AGE     | BIRTHPLACE |  |
|                         | Martin  | W              | 39      | Japan      |  |
|                         | Joe     | S              | 15      |            |  |
|                         | James   | S              | 13      |            |  |
|                         | Irma    | D              | 11      |            |  |
|                         | Lillian | D              | 9       |            |  |
|                         | Osie    | D              | 2       |            |  |

FORM 16-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |        |            |  |
|-------------------------|-----|----------------|--------|------------|--|
| 7252                    |     | HEAD OF FAMILY |        | LOUISIANA  |  |
| Risinger John H.        |     | E.D.           |        | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |        |            |  |
| W                       | 60  | N. Car.        |        |            |  |
| COUNTY                  |     |                | CITY   |            |  |
| Lincoln                 |     |                | Ruston |            |  |
| OTHER MEMBERS OF FAMILY |     |                |        |            |  |
| NAME                    |     | RELATIONSHIP   | AGE    | BIRTHPLACE |  |
| H. A.                   |     | W              | 54     |            |  |
| Willie S                |     | S              | 28     |            |  |
| Evel Le                 |     | S              | 18     |            |  |
| Clarence                |     | S              | 14     |            |  |
|                         |     |                |        |            |  |
|                         |     |                |        |            |  |
|                         |     |                |        |            |  |
|                         |     |                |        |            |  |

FORM 18-636 (4-20-31)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |          |            |     |
|-------------------------|---|----------------|----------|------------|-----|
| R250                    |   | HEAD OF FAMILY |          | LOUISIANA  |     |
| COLOR                   | W | AGE            | 29       | E.D.       | 527 |
| BIRTHPLACE              |   | Tex            |          |            |     |
| COUNTY                  |   |                | CITY     |            |     |
| Calcasieu               |   |                | Jennings |            |     |
| OTHER MEMBERS OF FAMILY |   |                |          |            |     |
| NAME                    |   | RELATIONSHIP   | AGE      | BIRTHPLACE |     |
| Minnie A                |   | W              | 37       |            |     |
| Mary                    |   | D              | 16       | Ala        |     |
| Caroline                |   | D              | 14       | Ala        |     |
| Gertie                  |   | D              | 12       |            |     |
| Carl                    |   | D              | 7        | Ala        |     |
|                         |   |                |          |            |     |
|                         |   |                |          |            |     |

FORM 16-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |              |                |              |            |      |
|-------------------------|--------------|----------------|--------------|------------|------|
| R253                    |              | HEAD OF FAMILY |              | LOUISIANA  |      |
| COLOR                   | W            | AGE            | 31           | BIRTHPLACE | Miss |
| COUNTY                  |              |                | Natchitoches |            |      |
| CITY                    |              |                |              |            |      |
| OTHER MEMBERS OF FAMILY |              |                |              |            |      |
| NAME                    | RELATIONSHIP | AGE            | BIRTHPLACE   |            |      |
| Luthe                   | W            | 24             |              |            |      |
| Viola                   | D            | 6              |              |            |      |
| William                 | S            | 4              |              |            |      |
| Joseph B                | F            | 64             | Miss         |            |      |
| Joseph                  | M            | 74             | Do.          |            |      |
|                         |              |                |              |            |      |
|                         |              |                |              |            |      |

FORM 10-636 (6-26-67)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                   |     |            |       |
|-------------------------|-----|-------------------|-----|------------|-------|
| 19255                   |     | HEAD OF FAMILY    |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE        |     | E.D.       | SHEET |
| W                       | 49  | Tex               |     | 87         | 17    |
| COUNTY                  |     | Rapides           |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |     |                   |     |            |       |
| NAME                    |     | RELATION-<br>SHIP | AGE | BIRTHPLACE |       |
| Maimie                  |     | D                 | 20  |            |       |
| Jewell                  |     | D                 | 18  |            |       |
| Amanda                  |     | D                 | 16  |            |       |
| Cook William L          |     | DN                | 25  |            |       |
| Breece Ferdinand        |     | DN                | 25  |            |       |
|                         |     |                   |     |            |       |
|                         |     |                   |     |            |       |

Form 19-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |            |                  |
|-------------------------|---|----------------|-----|------------|------------------|
| R255                    |   | HEAD OF FAMILY |     | LOUISIANA  |                  |
| COLOR                   | W | AGE            | 31  | BIRTHPLACE | Richmond, John T |
| COUNTY                  |   | Lincoln        |     | CITY       |                  |
| OTHER MEMBERS OF FAMILY |   |                |     |            |                  |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |                  |
| Dora                    |   | W              | 29  |            |                  |
| Floy                    |   | D              | 3   |            |                  |
|                         |   |                |     |            |                  |
|                         |   |                |     |            |                  |
|                         |   |                |     |            |                  |
|                         |   |                |     |            |                  |
|                         |   |                |     |            |                  |
|                         |   |                |     |            |                  |

FORM 18-436 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |              |                |            |           |  |
|-------------------------|--------------|----------------|------------|-----------|--|
| R25                     |              | HEAD OF FAMILY |            | LOUISIANA |  |
| Kougean John J.         |              | E.O.           |            | SHEET     |  |
| COLOR                   | AGE          | BIRTHPLACE     |            |           |  |
| W                       | 37           |                |            |           |  |
| COUNTY                  |              |                | CITY       |           |  |
| Rapides                 |              |                |            |           |  |
| OTHER MEMBERS OF FAMILY |              |                |            |           |  |
| NAME                    | RELATIONSHIP | AGE            | BIRTHPLACE |           |  |
| Katie                   | W            | 29             |            |           |  |
| Echel                   | D            | 10             |            |           |  |
| Mustade                 | D            | 9              |            |           |  |
| Bessie                  | D            | 8              |            |           |  |
| Mattie                  | D            | 6              |            |           |  |
| Johnnie                 | D            | 5              |            |           |  |
| Mary                    | D            | 3              |            |           |  |

FORM 10-536 (4-20-31)

1930 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |                 |            |            |
|-------------------------|--|----------------|-----------------|------------|------------|
| R255                    |  | HEAD OF FAMILY |                 | LOUISIANA  |            |
| COLOR                   |  | AGE            | BIRTHPLACE      |            | E.O. SHEET |
| B                       |  | 45             | Richmond Johnie |            | 55 8       |
| COUNTY                  |  |                | Caddo           |            |            |
| CITY                    |  |                | Tulsa           |            |            |
| OTHER MEMBERS OF FAMILY |  |                |                 |            |            |
| NAME                    |  | RELATIONSHIP   | AGE             | BIRTHPLACE |            |
| Annie                   |  | W              | 43              | Tulsa      |            |
| Lukella                 |  | D              | 20              | "          |            |
| Howard                  |  | S              | 16              | "          |            |
| Johnie Jr.              |  | S              | 15              | "          |            |
| Jones                   |  | S              | 14              | "          |            |
| Willie                  |  | D              | 12              | "          |            |
| Bernie                  |  | S              | 9               | "          |            |

FORM 16-536 (4-20-51)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



## HEAD OF FAMILY - CONTINUED

LOUISIANA

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME   | RELATION-<br>SHIP | AGE   | BIRTHPLACE |
|--------|-------------------|-------|------------|
| Besthy | D                 | 7     | Texas      |
| Arthur | S                 | 5     | "          |
| Conley | S                 | 4     |            |
| Clake  | S                 | 2     |            |
| Susie  | D                 | 8 1/2 |            |
|        |                   |       |            |
|        |                   |       |            |
|        |                   |       |            |
|        |                   |       |            |
|        |                   |       |            |
|        |                   |       |            |

FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U. S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 16100-P61



|  |  |   | LOUISIANA |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |                                    |  |
|--|--|---|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|---|--|--|--|-------------------------------|---|--|--------------------------------|------------------------------------|--|
| R252   | NAME OF INDIVIDUAL                       |   | E.D.      | SHEET |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |                                    |  |
|  | Ragan Joe                                |   | 71        | 5     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |                                    |  |
| COLOR  | AGE                                      | BIRTHPLACE                                  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |                                    |  |
| 10   | 21                                       |   |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |                                    |  |
| COUNTY   |  |   | CITY      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |                                    |  |
| Orleans  |  |   |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |                                    |  |
| ENUMERATED WITH  |  |   |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |                                    |  |
| Immortal George  |  |   |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |                                    |  |
| RELATIONSHIP TO ABOVE  |  |   |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |                                    |  |
| <table border="0"> <tbody> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> Niece</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input checked="" type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> OTHER-REL</td> <td></td> </tr> </tbody> </table> |  |   |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> Niece | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input checked="" type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> OTHER-REL |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE             |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |                                    |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> Niece           | <input type="checkbox"/> NURSE              |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |                                    |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |                                    |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER             |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |                                    |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input checked="" type="checkbox"/> SERVANT |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |                                    |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)    |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |                                    |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |   |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |                                    |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> OTHER-REL       |   |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |                                    |  |

FORM 16-437 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCENS-DC 15100-P81

| R250                    |     | HEAD OF FAMILY |      | LOUISIANA  |  |
|-------------------------|-----|----------------|------|------------|--|
| COLOR                   | AGE | BIRTHPLACE     | E.D. | SHEET      |  |
| W                       | 27  |                | 5    | 19         |  |
| COUNTY Acadia           |     |                | CITY |            |  |
| OTHER MEMBERS OF FAMILY |     |                |      |            |  |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| Thomas                  |     | W              | 26   |            |  |
| Harris                  |     | S              | 7    |            |  |
| Cleveland               |     | S              | 6    |            |  |
| Willie                  |     | S              | 4    |            |  |
| Dora                    |     | D              | 2    |            |  |
| Lung                    |     | O              | 19/2 |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |

FORM 16-636 (4-26-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |           |                   |            |            |            |
|-------------------------|-----------|-------------------|------------|------------|------------|
| R 255                   |           | HEAD OF FAMILY    |            | LOUISIANA  |            |
| COLOR                   |           | AGE               | BIRTHPLACE |            | E.D. SHEET |
| 3                       |           | 40                |            |            | 125 15     |
| COUNTY                  |           |                   | CITY       |            |            |
| St. Martin              |           |                   |            |            |            |
| OTHER MEMBERS OF FAMILY |           |                   |            |            |            |
| NAME                    |           | RELATION-<br>SHIP | AGE        | BIRTHPLACE |            |
| 1                       | Josephine | W                 | 38         |            |            |
| Lee                     | William   | SS                | 14         |            |            |
| 1                       | Wanita    | SD                | 12         |            |            |
| 1                       | Louise    | SD                | 10         |            |            |
|                         |           |                   |            |            |            |
|                         |           |                   |            |            |            |
|                         |           |                   |            |            |            |
|                         |           |                   |            |            |            |

FORM 16-636 (4-26-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |                 |            |      |
|-------------------------|--|----------------|-----------------|------------|------|
| R255                    |  | HEAD OF FAMILY |                 | LOUISIANA  |      |
| COLOR                   |  | AGE            | BIRTHPLACE      |            | E.D. |
| W                       |  | 27             | Richmond Joseph |            | 75   |
| COUNTY                  |  | CITY           |                 | SHEET      |      |
|                         |  | Lincoln        |                 | 6          |      |
| OTHER MEMBERS OF FAMILY |  |                |                 |            |      |
| NAME                    |  | RELATIONSHIP   | AGE             | BIRTHPLACE |      |
| Mina                    |  | W              | 28              |            |      |
| Albert                  |  | S              | 5               |            |      |
| Verna                   |  | D              | 4               |            |      |
| Rossie                  |  | S              | 2               |            |      |
| 4 1 H W                 |  |                |                 |            |      |
|                         |  |                |                 |            |      |
|                         |  |                |                 |            |      |
|                         |  |                |                 |            |      |

FORM 16-636 (4-26-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |    |                |    |           |       |
|-------------------------|---|----------------|----|----------------|----|-----------|-------|
| R255                    |   | HEAD OF FAMILY |    | Bachman Joseph |    | LOUISIANA |       |
| COLOR                   | B | AGE            | 35 | BIRTHPLACE     | La | E.D.      | 10314 |
| COUNTY                  |   |                |    | Ouachita       |    | CITY      |       |
|                         |   |                |    | Monroe         |    |           |       |
| OTHER MEMBERS OF FAMILY |   |                |    |                |    |           |       |
| NAME                    |   |                |    | RELATIONSHIP   |    | AGE       |       |
| Maggie                  |   |                |    | W              |    | 26        |       |
|                         |   |                |    |                |    |           |       |
|                         |   |                |    |                |    |           |       |
|                         |   |                |    |                |    |           |       |
|                         |   |                |    |                |    |           |       |
|                         |   |                |    |                |    |           |       |
|                         |   |                |    |                |    |           |       |
|                         |   |                |    |                |    |           |       |

FORM 18-636 (4-20-81)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |         |                |      |            |       |
|-------------------------|---------|----------------|------|------------|-------|
| R250                    |         | HEAD OF FAMILY |      | LOUISIANA  |       |
| Reason                  |         | Joseph         |      | E.O.       | SHEET |
| COLOR                   | AGE     | BIRTHPLACE     |      |            |       |
| B                       | 26      |                |      |            |       |
| COUNTY                  | D. Mary |                | CITY |            |       |
| OTHER MEMBERS OF FAMILY |         |                |      |            |       |
| NAME                    |         | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Eva                     |         | W              | 22   |            |       |
| Mary Emma               |         | W              | 35   |            |       |
|                         |         |                |      |            |       |
|                         |         |                |      |            |       |
|                         |         |                |      |            |       |
|                         |         |                |      |            |       |
|                         |         |                |      |            |       |
|                         |         |                |      |            |       |

FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |     |                |     |            |  |
|-------------------------|-----|----------------|-----|------------|--|
| R250                    |     | HEAD OF FAMILY |     | LOUISIANA  |  |
| ROCHELLE JOSEPH         |     | E. D.          |     | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |     |            |  |
| 17m                     | 19  |                |     |            |  |
| COUNTY                  |     | CITY           |     |            |  |
| St. Martin              |     |                |     |            |  |
| OTHER MEMBERS OF FAMILY |     |                |     |            |  |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| Cecilia                 |     | W              | 52  |            |  |
| Therese                 |     | D              | 19  |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |

FORM 16-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R250                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| Leason                  |     | Joseph         |     | E.O.       | SHEET |
| COLOR                   | AGE | BIRTHPLACE     |     |            |       |
| MU                      | 55  |                |     |            |       |
| COUNTY                  |     | CITY           |     |            |       |
| St. Mary                |     | Franklin       |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Father                  |     | W              | 24  |            |       |
| Joseph H                |     | S              | 5   |            |       |
| Emily J                 |     | D              | 3   |            |       |
| Mabel L                 |     | S              | 1/2 |            |       |
| Hansdane, Anne L        |     | Hi             | 8   | Tex        |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R350                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
|                         |     | KAYNA JAMES    |     | E.D.       | SHEET |
| COLOR                   | AGE | BIRTHPLACE     |     |            |       |
| W                       | 80  | LA             |     |            |       |
| COUNTY                  |     | Jefferson      |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Living alone            |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
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Form 16-436 (4-22-51)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |           |                |    |                |     |            |          |
|-------------------------|-----------|----------------|----|----------------|-----|------------|----------|
| R250                    |           | HEAD OF FAMILY |    | Richey, Joseph |     | LOUISIANA  |          |
| COLOR                   | W         | AGE            | 29 | BIRTHPLACE     |     | 40         | SHEET 32 |
| COUNTY                  | Lafourche |                |    | CITY           |     |            |          |
| OTHER MEMBERS OF FAMILY |           |                |    |                |     |            |          |
| NAME                    |           |                |    | RELATIONSHIP   | AGE | BIRTHPLACE |          |
| Malvina                 |           |                |    | W              | 28  |            |          |
| Evel                    |           |                |    | D              | 6   |            |          |
|                         |           |                |    |                |     |            |          |
|                         |           |                |    |                |     |            |          |
|                         |           |                |    |                |     |            |          |
|                         |           |                |    |                |     |            |          |
|                         |           |                |    |                |     |            |          |
|                         |           |                |    |                |     |            |          |

FORM 18-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |       |            |  |
|-------------------------|-----|----------------|-------|------------|--|
| R 250                   |     | HEAD OF FAMILY |       | LOUISIANA  |  |
| ROSEN Joseph            |     | E.D.           |       | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |       |            |  |
| W                       | 23  |                |       |            |  |
| COUNTY                  |     |                | CITY  |            |  |
| Acadia                  |     |                |       |            |  |
| OTHER MEMBERS OF FAMILY |     |                |       |            |  |
| NAME                    |     | RELATIONSHIP   | AGE   | BIRTHPLACE |  |
| / Marie                 |     | W              | 25    |            |  |
| Emma                    |     | O              | 1 1/2 |            |  |
| Oganie                  |     | S              | 7 1/2 |            |  |
|                         |     |                |       |            |  |
|                         |     |                |       |            |  |
|                         |     |                |       |            |  |
|                         |     |                |       |            |  |
|                         |     |                |       |            |  |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |      |            |  |
|-------------------------|---|----------------|------|------------|--|
| R250                    |   | HEAD OF FAMILY |      | LOUISIANA  |  |
| Beagan, Joseph A.       |   | E.D.           |      | SHEET      |  |
| COLOR                   | W | AGE            | 29   | BIRTHPLACE |  |
| COUNTY                  |   |                | CITY |            |  |
| Bienville               |   |                |      |            |  |
| OTHER MEMBERS OF FAMILY |   |                |      |            |  |
| NAME                    |   | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| 1 Alice M.              |   | W              | 25   |            |  |
| Inez                    |   | D              | 5    |            |  |
| Garland E.              |   | D              | 2    |            |  |
|                         |   |                |      |            |  |
|                         |   |                |      |            |  |
|                         |   |                |      |            |  |
|                         |   |                |      |            |  |
|                         |   |                |      |            |  |

FORM 16-636 (4-22-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|   |  |  |            |             |  |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|------------|-------------|--|---------------------------------|---------------------------------|---------------------------------|-------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R252  | NAME OF INDIVIDUAL<br><i>Rejane Joseph B</i> |  | E.D.<br>82 | SHEET<br>12 |  |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>W</i>   | AGE<br>64                                    | BIRTHPLACE<br><i>Miss</i>                |            |             |  |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>Natchitoches</i>   |  | CITY                                     |            |             |  |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Rejane John M</i>   |  |  |            |             |  |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |            |             |  |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table><tbody><tr><td><input checked="" type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> INMATE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NICE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> |  |  |            |             | <input checked="" type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NICE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input checked="" type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW              | <input type="checkbox"/> INMATE          |            |             |  |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NICE                | <input type="checkbox"/> NURSE           |            |             |  |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW       | <input type="checkbox"/> PATIENT         |            |             |  |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW       | <input type="checkbox"/> ROOMER          |            |             |  |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW          | <input type="checkbox"/> SERVANT         |            |             |  |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW     | <input type="checkbox"/> OTHER (Specify) |            |             |  |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW      |  |            |             |  |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW       |  |            |             |  |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 16-537 (4-30-61)

1930 CENSUS INDEX - INDIVIDUAL

U. S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 1919-P-1

|                         |  |                |                  |            |            |
|-------------------------|--|----------------|------------------|------------|------------|
| R250                    |  | HEAD OF FAMILY |                  | LOUISIANA  |            |
| COLOR                   |  | AGE            | BIRTHPLACE       |            | E.D. SHEET |
| W                       |  | 25             | Regan, Joseph J. |            | 5 12       |
| COUNTY                  |  |                | CITY             |            |            |
| Acadia                  |  |                |                  |            |            |
| OTHER MEMBERS OF FAMILY |  |                |                  |            |            |
| NAME                    |  | RELATIONSHIP   | AGE              | BIRTHPLACE |            |
| / MABEL E.              |  | W              | 20               | MICHIGAN   |            |
| ROBERT E.               |  | S              | 2                |            |            |
|                         |  |                |                  |            |            |
|                         |  |                |                  |            |            |
|                         |  |                |                  |            |            |
|                         |  |                |                  |            |            |
|                         |  |                |                  |            |            |
|                         |  |                |                  |            |            |

FORM 10-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |         |                |         |            |                     |
|-------------------------|---------|----------------|---------|------------|---------------------|
| 4250                    |         | HEAD OF FAMILY |         | LOUISIANA  |                     |
| COLOR                   | W       | AGE            | 39      | BIRTHPLACE | Roussier, Joseph C. |
| COUNTY                  | Jackson | CITY           | Jackson | E.D.       | 55                  |
|                         |         |                |         | SHEET      | 2                   |
| OTHER MEMBERS OF FAMILY |         |                |         |            |                     |
| NAME                    |         | RELATIONSHIP   | AGE     | BIRTHPLACE |                     |
| Lillie                  |         | W              | 37      |            |                     |
| Darl C.                 |         | S              | 11      |            |                     |
| Mae                     |         | S              | 9       |            |                     |
|                         |         |                |         |            |                     |
|                         |         |                |         |            |                     |
|                         |         |                |         |            |                     |
|                         |         |                |         |            |                     |
|                         |         |                |         |            |                     |

FORM 10-636 (4-26-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |  |
|-------------------------|-----|----------------|-----|------------|--|
| R250                    |     | HEAD OF FAMILY |     | LOUISIANA  |  |
| E.D.                    |     | SHEET          |     |            |  |
| 55                      |     | 19             |     |            |  |
| COLOR                   | AGE | BIRTHPLACE     |     |            |  |
| B                       | 44  |                |     |            |  |
| COUNTY                  |     | CITY           |     |            |  |
|                         |     | Iberville      |     | Plaquemine |  |
| OTHER MEMBERS OF FAMILY |     |                |     |            |  |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| Hall James              |     | D              | 15  |            |  |
| 1 Lucinda               |     | D              | 24  |            |  |
| Jackson Elvin           |     | S              | 9   |            |  |
| 1 Mitchell              |     | S              | 8   |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |

FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |
|--|--|
| LOUISIANA  |  |
| P209   | NAME OF INDIVIDUAL<br>Roagen, Joshua   |
| E.D.<br>19   | SHEET<br>14  |
| COLOR<br>W   | AGE<br>25  |
| BIRTHPLACE<br>MO   |  |
| COUNTY<br>Clai borne   | CITY   |
| ENUMERATED WITH<br>Garling, Charles J  |  |
| RELATIONSHIP TO ABOVE  |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> Niece<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input checked="" type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> WIFE<br><input type="checkbox"/> HUSBAND<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify)   |  |

FORM 10-637 (4-20-31)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USC0000-DC 19100-P01

|  |     |   |  |   |  |      |       |
|--|-----|---|--|---|--|------|-------|
| R250   |     | NAME OF INDIVIDUAL  |  | Louisiana   |  | E.D. | SHEET |
| COLOR  | AGE | BIRTHPLACE  |  | 103   |  | 17   |       |
| Male   | 18  |   |  |   |  |      |       |
| COUNTY   |     |   |  | CITY  |  |      |       |
| EMIGRATED WITH   |     |   |  | Duchite   |  |      |       |
| RELATIONSHIP TO ABOVE  |     |   |  | Blawie Lucide   |  |      |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> MATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> PRISONER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify) |  | D    |       |

FORM 16-627 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 19100-P01

|   |     | LOUISIANA          |  |
|---|-----|--------------------|--|
| R253  |     | NAME OF INDIVIDUAL |  |
| Reginald, Juanita   |     | E.D.               |  |
| 56  |     | SHEET              |  |
| 4   |     |                    |  |
| COLOR   | AGE | BIRTHPLACE         |  |
| W   | 22  | Plaquemines        |  |
| COUNTY  |     | CITY               |  |
| ENUMERATED WITH   |     |                    |  |
| Baylis, Jimmy   |     |                    |  |
| RELATIONSHIP TO ABOVE   |     |                    |  |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> FATHER<br/> <input type="checkbox"/> MOTHER<br/> <input type="checkbox"/> GRANDFATHER<br/> <input type="checkbox"/> GRANDMOTHER<br/> <input type="checkbox"/> GRANDSON<br/> <input checked="" type="checkbox"/> GRANDDAUGHTER<br/> <input type="checkbox"/> AUNT<br/> <input type="checkbox"/> UNCLE </div> <div style="width: 30%;"> <input type="checkbox"/> NEPHEW<br/> <input type="checkbox"/> NIECE<br/> <input type="checkbox"/> FATHER-IN-LAW<br/> <input type="checkbox"/> MOTHER-IN-LAW<br/> <input type="checkbox"/> SON-IN-LAW<br/> <input type="checkbox"/> DAUGHTER-IN-LAW<br/> <input type="checkbox"/> BROTHER-IN-LAW<br/> <input type="checkbox"/> SISTER-IN-LAW </div> <div style="width: 30%;"> <input type="checkbox"/> INMATE<br/> <input type="checkbox"/> NURSE<br/> <input type="checkbox"/> PATIENT<br/> <input type="checkbox"/> ROOMER<br/> <input type="checkbox"/> SERVANT<br/> <input type="checkbox"/> OTHER (Specify) </div> </div> |     |                    |  |

FORM 10-537 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-PC 10129-P01

LOUISIANA

|   |   |  |                   |                   |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|---|--|-------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|--|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R255  | NAME OF INDIVIDUAL<br><i>Richmond Julia</i> |  | E.D.<br><i>27</i> | SHEET<br><i>1</i> |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>W</i>   | AGE<br><i>65</i>                            | BIRTHPLACE<br><i>SC</i>                  |                   |                   |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>Caddo</i>  |   | CITY                                     |                   |                   |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Richmond Walter</i>   |   |  |                   |                   |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |   |  |                   |                   |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input checked="" type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |   |  |                   |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input checked="" type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW             | <input type="checkbox"/> INMATE          |                   |                   |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE              | <input type="checkbox"/> NURSE           |                   |                   |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW      | <input type="checkbox"/> PATIENT         |                   |                   |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW      | <input type="checkbox"/> ROOMER          |                   |                   |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW         | <input type="checkbox"/> SERVANT         |                   |                   |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW    | <input type="checkbox"/> OTHER (Specify) |                   |                   |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW     |  |                   |                   |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW      |  |                   |                   |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 16-437 (2-20-31)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USC&amp;A-OC 18196-P-61

|                         |                | LOUISIANA  |            |
|-------------------------|----------------|------------|------------|
| HEAD OF FAMILY          |                | E.D.       | SHEET      |
| R 255                   | Rosamen, Julia | 71         | 9          |
| COLOR                   | AGE            | BIRTHPLACE |            |
| B                       | 52             |            |            |
| COUNTY                  | St. James      | CITY       |            |
| OTHER MEMBERS OF FAMILY |                |            |            |
| NAME                    | RELATIONSHIP   | AGE        | BIRTHPLACE |
| Mary Jane               | W              | 40         |            |
| Geason Rose             | SD             | 20         |            |
| Ansie                   | SD             | 17         |            |
| Amelia                  | SD             | 18         |            |
| Israel                  | SS             | 16         |            |
| William                 | SS             | 17         |            |
| Rosamen, Roseline       | D              | 6          |            |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|                           |   |              |                   |                    |
|---------------------------|---|--------------|-------------------|--------------------|
| R253                      | HEAD OF FAMILY<br><i>Rosine, Julian</i> |              | E.D.<br><i>25</i> | SHEET<br><i>13</i> |
| COLOR<br><i>B</i>         | AGE<br><i>39</i>                        | BIRTHPLACE   |                   |                    |
| COUNTY<br><i>St. Mary</i> |   | CITY         |                   |                    |
| OTHER MEMBERS OF FAMILY   |   |              |                   |                    |
| NAME                      |   | RELATIONSHIP | AGE               | BIRTHPLACE         |
| <i>Cecilia</i>            |   | <i>N</i>     | <i>21</i>         |                    |
| <i>Philip</i>             |   | <i>S</i>     | <i>6</i>          |                    |
| <i>Victoria</i>           |   | <i>D</i>     | <i>7 1/2</i>      |                    |
|                           |   |              |                   |                    |
|                           |   |              |                   |                    |
|                           |   |              |                   |                    |
|                           |   |              |                   |                    |
|                           |   |              |                   |                    |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



LOUISIANA

|                         |     |                |  |                  |     |            |       |
|-------------------------|-----|----------------|--|------------------|-----|------------|-------|
| K 256                   |     | HEAD OF FAMILY |  | Rosenner Juliana |     | E.O.       | SHEET |
| 26                      |     | 11             |  |                  |     |            |       |
| COLOR                   | AGE | BIRTHPLACE     |  |                  |     |            |       |
| W                       | 72  |                |  |                  |     |            |       |
| COUNTY                  |     |                |  | CITY             |     |            |       |
| Jefferson               |     |                |  |                  |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |  |                  |     |            |       |
| NAME                    |     |                |  | RELATIONSHIP     | AGE | BIRTHPLACE |       |
| / Julia                 |     |                |  | D                | 33  |            |       |
| / Frances               |     |                |  | D                | 25  |            |       |
|                         |     |                |  |                  |     |            |       |
|                         |     |                |  |                  |     |            |       |
|                         |     |                |  |                  |     |            |       |
|                         |     |                |  |                  |     |            |       |
|                         |     |                |  |                  |     |            |       |
|                         |     |                |  |                  |     |            |       |
|                         |     |                |  |                  |     |            |       |

FORM 16-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |                                     |  |   |  |                                  |
|--|-------------------------------------|--|---|--|----------------------------------|
| 19253                                  |                                     | NAME OF INDIVIDUAL<br><i>Rosenthal, Julius</i> |   | E.O.<br>83                                 | SHEET<br>3                       |
| COLOR<br><i>W</i>                      | AGE<br>18                           | BIRTHPLACE<br><i>NY</i>                        |   |  |                                  |
| COUNTY<br><i>Madison</i>               |                                     | CITY<br><i>Jackson</i>                         |   |  |                                  |
| ENUMERATED WITH<br><i>Monette, M E</i> |                                     |  |   |  |                                  |
| RELATIONSHIP TO ABOVE                  |                                     |  |   |  |                                  |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW     | <input type="checkbox"/> WIFE                  | <input type="checkbox"/> WIDOW          | <input type="checkbox"/> MURDER            | <input type="checkbox"/> PATIENT |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> Niece      | <input type="checkbox"/> FATHER-IN-LAW         | <input type="checkbox"/> MOTHER-IN-LAW  | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> SERVANT |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> DAUGHTER-IN-LAW       | <input type="checkbox"/> BROTHER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |                                  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> BROTHER    | <input type="checkbox"/> SISTER-IN-LAW         |   |  |                                  |
| <input type="checkbox"/> GRANDSON      |                                     |  |   |  |                                  |
| <input type="checkbox"/> GRANDDAUGHTER |                                     |  |   |  |                                  |
| <input type="checkbox"/> AUNT          |                                     |  |   |  |                                  |
| <input type="checkbox"/> UNCLE         |                                     |  |   |  |                                  |

FORM 16-57 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1925 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 19195-P01

LOUISIANA

|                         |                |              |      |            |
|-------------------------|----------------|--------------|------|------------|
| R250                    | HEAD OF FAMILY |              | E.O. | SHEET      |
|                         | Richard Julius |              | 125  | 2          |
| COLOR                   | AGE            | BIRTHPLACE   |      |            |
| B                       | 78             |              |      |            |
| COUNTY                  | St. Martin     | CITY         |      |            |
| OTHER MEMBERS OF FAMILY |                |              |      |            |
| NAME                    |                | RELATIONSHIP | AGE  | BIRTHPLACE |
| 1 Blatinne              |                | W            | 50   |            |
| Purnis Johnson          |                | SN           | 7    |            |
|                         |                |              |      |            |
|                         |                |              |      |            |
|                         |                |              |      |            |
|                         |                |              |      |            |
|                         |                |              |      |            |
|                         |                |              |      |            |

FORM 18-636 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|                         |                |              |                |            |      |       |
|-------------------------|----------------|--------------|----------------|------------|------|-------|
| R252                    | HEAD OF FAMILY |              | Rushing Julius |            | E.D. | SHEET |
| COLOR                   | AGE            | BIRTHPLACE   |                |            |      |       |
| W                       | 20             | Miss         |                |            |      |       |
| COUNTY                  |                |              | CITY           |            |      |       |
| St. Tammany             |                |              | Ramsay         |            |      |       |
| OTHER MEMBERS OF FAMILY |                |              |                |            |      |       |
| NAME                    |                | RELATIONSHIP | AGE            | BIRTHPLACE |      |       |
| 1 Emma                  |                | W            | 18             |            |      |       |
|                         |                |              |                |            |      |       |
|                         |                |              |                |            |      |       |
|                         |                |              |                |            |      |       |
|                         |                |              |                |            |      |       |
|                         |                |              |                |            |      |       |
|                         |                |              |                |            |      |       |
|                         |                |              |                |            |      |       |

FORM 16-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |           |   |  |   |             |
|--|-----------|---|--|---|-------------|
| R250   |           | NAME OF INDIVIDUAL<br>Rogan Kate  |  | E.D.<br>84  | SHEET<br>15 |
| COLOR<br>W   | AGE<br>24 | BIRTHPLACE<br>Miss  |  |   |             |
| COUNTY<br>Madison  |           | CITY  |  |   |             |
| ENUMERATED WITH<br>Rogan Lily L.   |           |   |  |   |             |
| RELATIONSHIP TO ABOVE  |           |   |  |   |             |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |           | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> IMMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br>Si |             |

Form 16-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 15100-P01

LOUISIANA

|                         |                |              |                 |            |
|-------------------------|----------------|--------------|-----------------|------------|
| R 252                   | HEAD OF FAMILY |              | E.D.            | SHEET      |
| Rockson                 | Kate           |              | 126             | 16         |
| COLOR                   | AGE            | BIRTHPLACE   |                 |            |
| Wm                      | 52             |              |                 |            |
| COUNTY                  | St. Martin     |              | St. Martinville |            |
| OTHER MEMBERS OF FAMILY |                |              |                 |            |
| NAME                    |                | RELATIONSHIP | AGE             | BIRTHPLACE |
| / Etha                  |                | D            | 28              |            |
| / Daisy                 |                | D            | 21              |            |
| and 1 yard Boy          |                |              |                 |            |
|                         |                |              |                 |            |
|                         |                |              |                 |            |
|                         |                |              |                 |            |
|                         |                |              |                 |            |
|                         |                |              |                 |            |

LOUISIANA

|  |   |   |           |             |
|--|---|---|-----------|-------------|
| R250                                   | NAME OF INDIVIDUAL<br><i>Regan, Katie</i> |   | E.O.<br>5 | SHEET<br>22 |
| COLOR<br><i>N</i>                      | AGE<br><i>19</i>                          | BIRTH PLACE   |           |             |
| COUNTY<br><i>Acadia</i>                |   | CITY  |           |             |
| ENUMERATED WITH<br><i>Regan, James</i> |   |   |           |             |
| RELATIONSHIP TO ABOVE                  |   |   |           |             |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW           | <input type="checkbox"/> NUNNATE                    |           |             |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NIECE            | <input type="checkbox"/> NURSE                      |           |             |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW    | <input type="checkbox"/> PATIENT                    |           |             |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW    | <input type="checkbox"/> ROOMER                     |           |             |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW       | <input type="checkbox"/> SERVANT                    |           |             |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW  | <input checked="" type="checkbox"/> OTHER (Specify) |           |             |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW   | <i>Si</i>   |           |             |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> BROTHER-IN-LAW   |   |           |             |

FORM 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P-61

LOUISIANA

|   |   |   |  |                    |                    |
|---|---|---|--|--------------------|--------------------|
| R250                                    |   | NAME OF INDIVIDUAL<br><i>Reason: Kattie</i> |  | E.O.<br><i>104</i> | SHEET<br><i>27</i> |
| COLOR<br><i>B</i>                       | AGE<br><i>37</i>                                  | BIRTHPLACE                                  |  |                    |                    |
| COUNTY<br><i>Iberville</i>              |   | CITY<br><i>Houma</i>                        |  |                    |                    |
| ENUMERATED WITH<br><i>Stavall Harry</i> |   |   |  |                    |                    |
| RELATIONSHIP TO ABOVE                   |   |   |  |                    |                    |
| <input type="checkbox"/> FATHER         | <input type="checkbox"/> NEPHEW                   | <input type="checkbox"/> WIFE               |  |                    |                    |
| <input type="checkbox"/> MOTHER         | <input type="checkbox"/> NIECE                    | <input type="checkbox"/> NURSE              |  |                    |                    |
| <input type="checkbox"/> GRANDFATHER    | <input type="checkbox"/> FATHER-IN-LAW            | <input type="checkbox"/> PATIENT            |  |                    |                    |
| <input type="checkbox"/> GRANDMOTHER    | <input type="checkbox"/> MOTHER-IN-LAW            | <input type="checkbox"/> ROOMER             |  |                    |                    |
| <input type="checkbox"/> GRANDSON       | <input type="checkbox"/> SON-IN-LAW               | <input type="checkbox"/> SERVANT            |  |                    |                    |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW          | <input type="checkbox"/> OTHER (Specify)    |  |                    |                    |
| <input type="checkbox"/> AUNT           | <input type="checkbox"/> BROTHER-IN-LAW           |   |  |                    |                    |
| <input type="checkbox"/> UNCLE          | <input checked="" type="checkbox"/> SISTER-IN-LAW |   |  |                    |                    |

Form 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMB-DC 16190-P61



|  |     |   |      |   |  |
|--|-----|---|------|---|--|
| R250   |     | NAME OF INDIVIDUAL  |      | LOUISIANA   |  |
| COLOR  | AGE | BIRTHPLACE  | E.D. | SHEET   |  |
| Ym   | 21  | Miss  | 132  | 4   |  |
| COUNTY   |     | CITY  |      |   |  |
| Washington   |     | Bogalusa  |      |   |  |
| EMIGRATED WITH   |     |   |      |   |  |
| Ball, H. C.  |     |   |      |   |  |
| RELATIONSHIP TO ABOVE  |     |   |      |   |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input checked="" type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |  |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18108-P01

L

| R 255                   |              | HEAD OF FAMILY |            | LOUISIANA |       |
|-------------------------|--------------|----------------|------------|-----------|-------|
| COLOR                   |              | AGE            | BIRTHPLACE | E.D.      | SHEET |
| W                       |              | 47             |            | 68        | 19    |
| COUNTY                  |              |                | Lincoln    | CITY      |       |
| OTHER MEMBERS OF FAMILY |              |                |            |           |       |
| NAME                    | RELATIONSHIP | AGE            | BIRTHPLACE |           |       |
| Sarah                   | W            | 49             |            |           |       |
| Alfred                  | S            | 20             |            |           |       |
| Mary                    | D            | 17             |            |           |       |
| Robert                  | S            | 16             |            |           |       |
| Louis                   | D            | 14             |            |           |       |
| Gerald                  | S            | 11             |            |           |       |
| Jason                   | S            | 8              |            |           |       |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME  | RELATIONSHIP | AGE | BIRTHPLACE |
|-------|--------------|-----|------------|
| 1 Ora | D            | 7   |            |
| Lucy  | D            | 5   |            |
| Lena  | D            | 2   |            |
|       |              |     |            |
|       |              |     |            |
|       |              |     |            |
|       |              |     |            |
|       |              |     |            |
|       |              |     |            |
|       |              |     |            |

FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 16198-P-61

| LOUISIANA               |                |            |            |
|-------------------------|----------------|------------|------------|
| 18252                   | HEAD OF FAMILY |            | E.O.       |
| COLOR                   | AGE            | BIRTHPLACE |            |
| B                       | 27             | Rapides    |            |
| CITY                    | Rapides        |            |            |
| OTHER MEMBERS OF FAMILY |                |            |            |
| NAME                    | RELATIONSHIP   | AGE        | BIRTHPLACE |
| Gottlieb                | W              | 18         |            |
| Lafayette               | S              | 18 1/2     |            |
| Rosefeldt               | S              | 4 1/2      |            |
|                         |                |            |            |
|                         |                |            |            |
|                         |                |            |            |
|                         |                |            |            |
|                         |                |            |            |
|                         |                |            |            |

FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|   |  |   |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |              |                                |  |  |
|---|--|---|------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--------------|--------------------------------|--|--|
| R255  | NAME OF INDIVIDUAL<br><i>Richard Laura</i> |   | E.D.<br><i>2</i> | SHEET<br><i>1</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |              |                                |  |  |
| COLOR<br><i>B</i>   | AGE<br><i>16</i>                           | BIRTHPLACE  |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |              |                                |  |  |
| COUNTY<br><i>Acadia</i>   |  | CITY<br><i>Rayne</i>                                |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |              |                                |  |  |
| ENUMERATED WITH<br><i>Elmore Edward</i>   |  |   |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |              |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |              |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>Woman</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |                  |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>Woman</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW            | <input type="checkbox"/> INMATE                     |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |              |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE             | <input type="checkbox"/> NURSE                      |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |              |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW     | <input type="checkbox"/> PATIENT                    |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |              |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW     | <input type="checkbox"/> ROOMER                     |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |              |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW        | <input type="checkbox"/> SERVANT                    |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |              |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW   | <input checked="" type="checkbox"/> OTHER (Specify) |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |              |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW    | <i>Woman</i>  |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |              |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW     |   |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |              |                                |  |  |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVID

USCOMM-DC 18199-P-1

LOUISIANA

|  |                    |   |      |   |                    |
|--|--------------------|---|------|---|--------------------|
| P-50   |                    | NAME OF INDIVIDUAL<br><i>Russian Larue</i>  |      | E.D.<br><i>24</i>   | SHEET<br><i>10</i> |
| COLOR<br><i>B</i>  | AGE<br><i>2/12</i> | BIRTHPLACE  |      |   |                    |
| COUNTY<br><i>Bienville</i>   |                    |   | CITY |   |                    |
| ENUMERATED WITH<br><i>Davis John</i>   |                    |   |      |   |                    |
| RELATIONSHIP TO ABOVE  |                    |   |      |   |                    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                    | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>B</i> |                    |

FORM 10-437 (4-29-31)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 1919-761

LOUISIANA

|  |  |   |  |        |          |
|--|--|---|--|--------|----------|
| R250                                   |  | NAME OF INDIVIDUAL<br>Russian Laura                 |  | E.D. 2 | SHEET 10 |
| COLOR<br>B                             | AGE<br>32                                | BIRTHPLACE  |  |        |          |
| COUNTY<br>Bienville                    |  | CITY  |  |        |          |
| ENUMERATED WITH<br>Maria John          |  |   |  |        |          |
| RELATIONSHIP TO ABOVE                  |  |   |  |        |          |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |  |        |          |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |  |        |          |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |        |          |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |        |          |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |        |          |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |        |          |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW  | Concubine   |  |        |          |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> MOTHER-IN-LAW   |   |  |        |          |

Form 10-437 (4-20-01)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18198-P61



| LOUISIANA               |   |           |            |
|-------------------------|---|-----------|------------|
| 8255                    | HEAD OF FAMILY <i>Richmond Lawrence</i> |           |            |
| E.D. 75                 | SHEET 8                                 |           |            |
| COLOR <i>W</i>          | AGE <i>31</i>                           |           |            |
| BIRTHPLACE <i>Ark</i>   |   |           |            |
| COUNTY <i>Lincoln</i>   | CITY                                    |           |            |
| OTHER MEMBERS OF FAMILY |   |           |            |
| NAME                    | RELATIONSHIP                            | AGE       | BIRTHPLACE |
| <i>Hattie</i>           | <i>W</i>                                | <i>22</i> |            |
| <i>Harvey</i>           | <i>S</i>                                | <i>3</i>  |            |
| <i>Herbert</i>          | <i>S</i>                                | <i>2</i>  |            |
| <i>Leonard</i>          | <i>S</i>                                | <i>1</i>  |            |
|                         |   |           |            |
|                         |   |           |            |
|                         |   |           |            |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|                         |                |              |                    |            |      |       |    |       |
|-------------------------|----------------|--------------|--------------------|------------|------|-------|----|-------|
| B252                    | HEAD OF FAMILY |              | ROSHANKI, Laurence | E.D.       | 21   | SHEET | 14 |       |
| COLOR                   | W              | AGE          | 40                 | BIRTHPLACE |      |       |    | Italy |
| COUNTY                  |                |              | Iberia             |            | CITY |       |    |       |
| OTHER MEMBERS OF FAMILY |                |              |                    |            |      |       |    |       |
|                         | NAME           | RELATIONSHIP | AGE                | BIRTHPLACE |      |       |    |       |
|                         | Rebecka        | W            | 37                 | Italy      |      |       |    |       |
|                         | Blair          | S            | 10                 | md         |      |       |    |       |
|                         | Katie          | D            | 7                  | md         |      |       |    |       |
|                         | Jess           | D            | 5                  | md         |      |       |    |       |
|                         | Steve          | S            | 2                  | md         |      |       |    |       |
|                         |                |              |                    |            |      |       |    |       |
|                         |                |              |                    |            |      |       |    |       |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|                            |  |                          |            |             |
|----------------------------|--|--------------------------|------------|-------------|
| R 250                      | HEAD OF FAMILY<br><i>Rogers, Lee O. H.</i> |                          | E.O.<br>38 | SHEET<br>29 |
| COLOR<br><i>W</i>          | AGE<br>60                                  | BIRTHPLACE               |            |             |
| COUNTY<br><i>Lafourche</i> |  | CITY<br><i>Thibodaux</i> |            |             |
| OTHER MEMBERS OF FAMILY    |  |                          |            |             |
| NAME                       |  | RELATIONSHIP             | AGE        | BIRTHPLACE  |
| <i>living alone</i>        |  |                          |            |             |
|                            |  |                          |            |             |
|                            |  |                          |            |             |
|                            |  |                          |            |             |
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FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|                         |                              |                    |             |             |
|-------------------------|------------------------------|--------------------|-------------|-------------|
| R250                    | HEAD OF FAMILY<br>Ransom Lee |                    | E.D.<br>127 | SHEET<br>11 |
| COLOR<br>W              | AGE<br>50                    | BIRTHPLACE<br>Ala. |             |             |
| COUNTY                  |                              | St. Martin         | CITY        |             |
| OTHER MEMBERS OF FAMILY |                              |                    |             |             |
| NAME                    |                              | RELATIONSHIP       | AGE         | BIRTHPLACE  |
| Living alone            |                              |                    |             |             |
|                         |                              |                    |             |             |
|                         |                              |                    |             |             |
|                         |                              |                    |             |             |
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|                         |                              |                    |             |             |

FORM 16-636 (4-29-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |   |  |                   |                    |
|--|---|--|-------------------|--------------------|
| R255                                   | NAME OF INDIVIDUAL<br><i>Richmond, Lela</i> |  | E.O.<br><i>54</i> | SHEET<br><i>14</i> |
| COLOR<br><i>M</i>                      | AGE<br><i>9 1/2</i>                         | BIRTHPLACE                                 |                   |                    |
| COUNTY<br><i>Jackson</i>               |   | CITY                                       |                   |                    |
| ENUMERATED WITH<br><i>Todd, Lucina</i> |   |  |                   |                    |
| RELATIONSHIP TO ABOVE                  |   |  |                   |                    |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW             | <input type="checkbox"/> INMATE            |                   |                    |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NIECE              | <input type="checkbox"/> NURSE             |                   |                    |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW      | <input type="checkbox"/> PATIENT           |                   |                    |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW      | <input checked="" type="checkbox"/> ROOMER |                   |                    |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW         | <input type="checkbox"/> SERVANT           |                   |                    |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW    | <input type="checkbox"/> OTHER (Specify)   |                   |                    |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW     |  |                   |                    |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW      |  |                   |                    |

FORM 10-437 (4-20-67)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 18199-P-1

LOUISIANA

|  |  |  |  |            |            |
|--|--|--|--|------------|------------|
| R252   |  | NAME OF INDIVIDUAL<br>Reginald Leno      |  | E.D.<br>56 | SHEET<br>4 |
| COLOR<br>W                                   | AGE<br>20                                | BIRTHPLACE                               |  |            |            |
| COUNTY<br>Plaquemines                        |  | CITY                                     |  |            |            |
| ENUMERATED WITH<br>Baylei, Jannay            |  |  |  |            |            |
| RELATIONSHIP TO ABOVE                        |  |  |  |            |            |
| <input type="checkbox"/> FATHER              | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> IMMATE          |  |            |            |
| <input type="checkbox"/> MOTHER              | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |  |            |            |
| <input type="checkbox"/> GRANDFATHER         | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |  |            |            |
| <input type="checkbox"/> GRANDMOTHER         | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |  |            |            |
| <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |  |            |            |
| <input type="checkbox"/> GRANDDAUGHTER       | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |  |            |            |
| <input type="checkbox"/> AUNT                | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |            |            |
| <input type="checkbox"/> UNCLE               | <input type="checkbox"/> SISTER-IN-LAW   |  |  |            |            |

FORM 10-637 (4-20-01)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1918 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P01

|                         |   |                |     |            |  |
|-------------------------|---|----------------|-----|------------|--|
| R952                    |   | HEAD OF FAMILY |     | LOUISIANA  |  |
| E.D.                    |   | SHEET          |     | 92 A       |  |
| COLOR                   | B | AGE            | 21  | BIRTHPLACE |  |
| COUNTY                  |   | Natchitoches   |     | CITY       |  |
| OTHER MEMBERS OF FAMILY |   |                |     |            |  |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| 3 P.                    |   |                |     |            |  |
|                         |   |                |     |            |  |
|                         |   |                |     |            |  |
|                         |   |                |     |            |  |
|                         |   |                |     |            |  |
|                         |   |                |     |            |  |
|                         |   |                |     |            |  |
|                         |   |                |     |            |  |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |   |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|---|--|---|--|-----------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| R252  |  | NAME OF INDIVIDUAL                                  |  | LOUISIANA |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| Rushing Leasing   |  | E.D.  |  | SHEET     |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR   | AGE                                      | BIRTHPLACE  |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| B   | 9  |   |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY  |  | CITY  |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| Richland  |  | Delhi   |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |   |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| Flood Ella  |  |   |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |           |  | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

Form 10-637 14-29-611

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 16100-P61



|   |  |  |  |                   |                   |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|--|-------------------|-------------------|---------------------------------|---------------------------------|-------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R 253   |  | NAME OF INDIVIDUAL<br><i>Rachind Leon</i>  |  | LOUISIANA         |                   |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>W</i>   | AGE<br><i>45</i>                         | BIRTHPLACE<br><i>Russian</i>               |  | E.D.<br><i>97</i> | SHEET<br><i>1</i> |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY  |  | CITY<br><i>Morehouse</i>                   |  |                   |                   |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Seligman James</i>  |  | <i>Barista</i>                             |  |                   |                   |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |  |                   |                   |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIFE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> WORKER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |                   |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIFE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> WORKER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIFE              |  |                   |                   |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE             |  |                   |                   |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |  |                   |                   |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> WORKER |  |                   |                   |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |  |                   |                   |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |  |                   |                   |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |                   |                   |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |  |                   |                   |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 18-637 (4-20-61)

1910 CENSUS INDEX - INDIV

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |            |
|-------------------------|--|----------------|------------|------------|------------|
| R 250                   |  | HEAD OF FAMILY |            | Louisiana  |            |
| COLOR                   |  | AGE            | BIRTHPLACE |            | E.D. SHEET |
| W                       |  | 56             |            |            | 88 19      |
| COUNTY                  |  |                | CITY       |            |            |
| Natchitoches            |  |                |            |            |            |
| OTHER MEMBERS OF FAMILY |  |                |            |            |            |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |            |
| Flestinie               |  | W              | 22         |            |            |
| Margret                 |  | D              | 16         |            |            |
| Julia                   |  | D              | 15         |            |            |
| Lelia                   |  | D              | 12         |            |            |
| Leon B.                 |  | S              | 10         |            |            |
| Leon Jr.                |  | S              | 3          |            |            |
| Oswell                  |  | S              | 1 1/2      |            |            |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |              |            |            |
|-------------------------|--|----------------|--------------|------------|------------|
| 8250                    |  | HEAD OF FAMILY |              | LOUISIANA  |            |
| COLOR                   |  | AGE            | BIRTHPLACE   |            | E.D. SHEET |
| W                       |  | 22             | Richer, Leon |            | 90 33      |
| COUNTY                  |  |                | CITY         |            |            |
| Leflore                 |  |                |              |            |            |
| OTHER MEMBERS OF FAMILY |  |                |              |            |            |
| NAME                    |  | RELATIONSHIP   | AGE          | BIRTHPLACE |            |
| / Corlie                |  | W              | 19           |            |            |
| / Annie                 |  | D              | 2            |            |            |
|                         |  |                |              |            |            |
|                         |  |                |              |            |            |
|                         |  |                |              |            |            |
|                         |  |                |              |            |            |
|                         |  |                |              |            |            |
|                         |  |                |              |            |            |
|                         |  |                |              |            |            |

FORM 16-436 (4-30-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |  |              |  |            |  |
|-------------------------|--|----------------|--|--------------|--|------------|--|
| 2250                    |  | HEAD OF FAMILY |  | Stachon Leon |  | LOUISIANA  |  |
| COLORED                 |  | AGE            |  | BIRTHPLACE   |  | E.O. SHEET |  |
| Mw                      |  | 24             |  |              |  | 18 10      |  |
| COUNTY                  |  |                |  | Iberia       |  | CITY       |  |
|                         |  |                |  |              |  | New Iberia |  |
| OTHER MEMBERS OF FAMILY |  |                |  |              |  |            |  |
| NAME                    |  | RELATIONSHIP   |  | AGE          |  | BIRTHPLACE |  |
| Rosalia                 |  | w              |  | 27           |  |            |  |
| Anthony                 |  | h              |  | 37           |  |            |  |
| Septima                 |  | h              |  | 23           |  |            |  |
|                         |  |                |  |              |  |            |  |
|                         |  |                |  |              |  |            |  |
|                         |  |                |  |              |  |            |  |
|                         |  |                |  |              |  |            |  |
|                         |  |                |  |              |  |            |  |

FORM 10-636 (2-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |   |   |    |  |       |
|---|---|---|----|--|-------|
| R250  |   | NAME OF INDIVIDUAL  |    | LOUISIANA  |       |
| Rochon  |   | Leonsale  |    | E.O.   | SHEET |
| COLOR   | B | AGE   | 70 | 126  | 22    |
| BIRTHPLACE  |   |   |    |  |       |
| COUNTY  |   | St. Martin  |    |  |       |
| CITY  |   | Martinsville  |    |  |       |
| ENJOINED WITH   |   | Malbrough Zorini  |    |  |       |
| RELATIONSHIP TO ABOVE   |   |   |    |  |       |
| <input type="checkbox"/> FATHER<br><input checked="" type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |   | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |    | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |       |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 16100-P01

|   |  |  |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
|---|--|--|------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|--|--|--------------------------------|--|--|
|   |  | LOUISIANA                                |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| R255  | NAME OF INDIVIDUAL<br>Richard Level                |  | E.O.<br>24 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| COLOR<br>B  | AGE<br>19  | BIRTHPLACE                               |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| COUNTY<br>Avoyelles   |  | CITY                                     |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| ENUMERATED WITH<br>William Marcel   |  |  |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input checked="" type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |            | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input checked="" type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW                    | <input type="checkbox"/> INMATE          |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE                     | <input type="checkbox"/> NURSE           |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW             | <input type="checkbox"/> PATIENT         |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW             | <input type="checkbox"/> ROOMER          |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW                | <input type="checkbox"/> SERVANT         |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW           | <input type="checkbox"/> OTHER (Specify) |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input checked="" type="checkbox"/> BROTHER-IN-LAW |  |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW             |  |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |

FORM 16-437 (4-30-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 16109-P01

|   |   |   |          |   |    |
|---|---|---|----------|---|----|
| R 250   |   | NAME OF INDIVIDUAL  |          | LOUISIANA   |    |
| COLOR   | B | AGE   | 59       | E.D.  | 52 |
|   |   | BIRTHPLACE  | SHEET 15 |   |    |
| COUNTY  |   | CITY  |          |   |    |
| ENUMERATED WITH   |   | Beyene, John  |          |   |    |
| RELATIONSHIP TO ABOVE   |   |   |          |   |    |
| <input type="checkbox"/> FATHER<br><input checked="" type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |   | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |          | <input type="checkbox"/> ROOMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |    |

FORM 16-637 (10-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMB-DC 15100-P01

|                         |   |                |     |            |           |
|-------------------------|---|----------------|-----|------------|-----------|
| R 252                   |   | HEAD OF FAMILY |     | LOUISIANA  |           |
| COLOR                   | B | AGE            | 23  | BIRTHPLACE | Morehouse |
| COUNTY                  |   | CITY           |     |            |           |
| OTHER MEMBERS OF FAMILY |   |                |     |            |           |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |           |
| 1 Martha                |   | M              | 55  | Ala        |           |
| Winster, Nettie         |   | N              | 15  |            |           |
| Philip, Clayton         |   | H              | 50  | Ala        |           |
|                         |   |                |     |            |           |
|                         |   |                |     |            |           |
|                         |   |                |     |            |           |
|                         |   |                |     |            |           |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |   |                |       |            |    |
|-------------------------|---|----------------|-------|------------|----|
| R 253                   |   | HEAD OF FAMILY |       | LOUISIANA  |    |
| COLOR                   | W | AGE            | 35    | E.D.       | 83 |
|                         |   | BIRTHPLACE     | Lewis |            |    |
| COUNTY                  |   | Rapides        |       | CITY       |    |
| OTHER MEMBERS OF FAMILY |   |                |       |            |    |
| NAME                    |   | RELATIONSHIP   | AGE   | BIRTHPLACE |    |
| Gertie                  |   | W              | 28    |            |    |
| Harold                  |   | S              | 7     |            |    |
| Leslie                  |   | S              | 5     |            |    |
| Edmond                  |   | S              | 3     |            |    |
| Inez                    |   | D              | 12    |            |    |
|                         |   |                |       |            |    |
|                         |   |                |       |            |    |

FORM 16-636 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |   |  |  |           |       |
|--|---|--|--|-----------|-------|
| 1925                                   |   | NAME OF INDIVIDUAL                       |  | LOUISIANA |       |
| COLOR                                  | AGE                                       | BIRTHPLACE                               |  | E.O.      | SHEET |
| B                                      | 29  | Iberville                                |  | 40        | 13    |
| COUNTY                                 |   | CITY                                     |  |           |       |
| ENUMERATED WITH                        |   | Reasons, Grace                           |  |           |       |
| RELATIONSHIP TO ABOVE                  |   |  |  |           |       |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW           | <input type="checkbox"/> INMATE          |  |           |       |
| <input type="checkbox"/> MOTHER        | <input checked="" type="checkbox"/> NIECE | <input type="checkbox"/> NURSE           |  |           |       |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW    | <input type="checkbox"/> PATIENT         |  |           |       |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW    | <input type="checkbox"/> ROOMER          |  |           |       |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW       | <input type="checkbox"/> SERVANT         |  |           |       |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW  | <input type="checkbox"/> OTHER (Specify) |  |           |       |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW   |  |  |           |       |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> MISTRESS-IN-LAW  |  |  |           |       |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOPED-DC 1910-631

|                         |              |            |            |
|-------------------------|--------------|------------|------------|
| HEAD OF FAMILY          |              | LOUISIANA  |            |
| COLOR                   | AGE          | BIRTHPLACE | E.D. SHEET |
| W                       | 50           | Miss       | 14 7       |
| COUNTY                  |              | CITY       |            |
| Ouachita                |              |            |            |
| OTHER MEMBERS OF FAMILY |              |            |            |
| NAME                    | RELATIONSHIP | AGE        | BIRTHPLACE |
| 1 Robert L              | S            | 28         |            |
| Goff, Jennie            | Hi           | 4          |            |
| 2 Bo                    |              |            |            |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |

FORM 15-636 (4-20-61)  
1916 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |   |   |   |  |         |
|---|---|---|---|--|---------|
| R250  |   | NAME OF INDIVIDUAL  |   | LOUISIANA  |         |
| COLOR   | W | AGE   | 4 | BIRTHPLACE   | E.O. 51 |
| COUNTY  |   | Franklin  |   | CITY   |         |
| ENUMERATED WITH   |   |   |   |  |         |
| Clinger James K P   |   |   |   |  |         |
| RELATIONSHIP TO ABOVE   |   |   |   |  |         |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input checked="" type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |   | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |   | <input type="checkbox"/> IMMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |         |

FORM 18-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOWM-DC 16196-961

|                       |           |  |    |            |           |
|-----------------------|-----------|--|----|------------|-----------|
| R252                  |           | NAME OF INDIVIDUAL   |    | LOUISIANA  |           |
| COLOR                 | W         | AGE  | 26 | BIRTHPLACE | E.O. 7017 |
| COUNTY                | Lafayette | CITY   |    | Lafayette  |           |
| ENUMERATED WITH       |           | Bagnal, Annie  |    |            |           |
| RELATIONSHIP TO ABOVE |           | <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER<br/> <input type="checkbox"/> MOTHER<br/> <input type="checkbox"/> GRANDFATHER<br/> <input type="checkbox"/> GRANDMOTHER<br/> <input type="checkbox"/> GRANDSON<br/> <input type="checkbox"/> GRANDDAUGHTER<br/> <input type="checkbox"/> AUNT<br/> <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW<br/> <input type="checkbox"/> NIECE<br/> <input type="checkbox"/> FATHER-IN-LAW<br/> <input type="checkbox"/> MOTHER-IN-LAW<br/> <input type="checkbox"/> SON-IN-LAW<br/> <input type="checkbox"/> DAUGHTER-IN-LAW<br/> <input type="checkbox"/> BROTHER-IN-LAW<br/> <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> WIDOW<br/> <input type="checkbox"/> NUN<br/> <input type="checkbox"/> PATIENT<br/> <input type="checkbox"/> ROOMER<br/> <input type="checkbox"/> SERVANT<br/> <input checked="" type="checkbox"/> OTHER (Specify) </div> </div> |    |            |           |

FORM 10-627 (4-30-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R252                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| W                       | 38  | Miss           |     | 82         | 13    |
| COUNTY                  |     | CITY           |     |            |       |
| Natchitoches            |     |                |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Martha                  |     | W              | 34  | Miss       |       |
| Ellie                   |     | D              | 14  |            |       |
| Pearline                |     | D              | 11  |            |       |
| Velia                   |     | D              | 8   |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |   |                        |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
|--|--|---|------------------------|--------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|-----------|--------------------------------|--|--|
| R-252  |  | NAME OF INDIVIDUAL<br><i>Rushing Linda</i>          |                        | LOUISIANA          |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| COLOR<br><i>W</i>  | AGE<br><i>17</i>                         | BIRTHPLACE  |                        | E.O.<br><i>136</i> | SHEET<br><i>7</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| COUNTY   |  |   | CITY<br><i>Bernise</i> |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| ENUMERATED WITH<br><i>Union</i>  |  |   |                        |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| RELATIONSHIP TO ABOVE<br><i>Aunts William W</i>  |  |   |                        |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>SD</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |                        |                    |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>SD</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |                        |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |                        |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |                        |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |                        |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |                        |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |                        |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  | <i>SD</i>   |                        |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |   |                        |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |

FORM 16-437 (4-30-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18102-P61

|                         |     |                |     |            |  |
|-------------------------|-----|----------------|-----|------------|--|
| R255                    |     | HEAD OF FAMILY |     | LOUISIANA  |  |
| RICHMOND LINDSAY        |     | E.O.           |     | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |     |            |  |
| MA                      | 27  |                |     |            |  |
| COUNTY                  |     | Acadia         |     | CITY       |  |
|                         |     | Acadia         |     | Rayne      |  |
| OTHER MEMBERS OF FAMILY |     |                |     |            |  |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| RICHMOND OLIVIA         |     | W              | 26  |            |  |
| / EFFRE                 |     | D              | 8   |            |  |
| / MATILDA               |     | D              | 6   |            |  |
| CLEVE                   |     | S              | 3   |            |  |
| SULLIVAN, ODEA          |     | N              | 17  |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |

FORM 16-536 (4-29-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| K253                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| mul                     | 51  |                |     | 39         | 18    |
| COUNTY                  |     | CITY           |     |            |       |
| Calcasieu               |     |                |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Mandy                   |     | W              |     |            |       |
| Wesley                  |     | S              |     |            |       |
| Shyla                   |     | S              |     |            |       |
| Lalona                  |     | D              |     |            |       |
| Georgia                 |     | D              |     |            |       |
| Jeff                    |     | Sch.           | 8   |            |       |
| Mela                    |     | Sch.           | 3   |            |       |

FORM 16-436 (4-20-01)

1916 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |     |   |  |   |       |
|--|-----|---|--|---|-------|
| R252   |     | NAME OF INDIVIDUAL  |  | LOUISIANA   |       |
| COLOR  | AGE | BIRTHPLACE  |  | E.O.  | SHEET |
| B  | 28  |   |  | 113   | 28    |
| COUNTY   |     | CITY  |  |   |       |
|  |     | Richland  |  | Delhi   |       |
| ENumerated WITH  |     |   |  |   |       |
| Jennison well  |     |   |  |   |       |
| RELATIONSHIP TO ABOVE  |     |   |  |   |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br>HK |       |

Form 16-637 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 1910-P61

|                         |                |                |     |            |               |
|-------------------------|----------------|----------------|-----|------------|---------------|
| H 253                   |                | HEAD OF FAMILY |     | LOUISIANA  |               |
| COLOR                   | W              | AGE            | 64  | BIRTHPLACE | Rismaden Liza |
| COUNTY                  |                | Calcasieu      |     | CITY       |               |
| OTHER MEMBERS OF FAMILY |                |                |     |            |               |
|                         | NAME           | RELATIONSHIP   | AGE | BIRTHPLACE |               |
|                         | White Mary Ann | D              | 34  |            |               |
|                         | Lidney         | G              | 12  |            |               |
|                         | Cecil          | G              | 10  |            |               |
|                         | Thomas         | G              | 9   |            |               |
|                         | Margaret       | G              | 5   |            |               |
|                         | Julius         | G              | 4   |            |               |
|                         | John           | S              | 36  |            |               |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |                    |            |           |       |
|--|--|--------------------|------------|-----------|-------|
| 250  |  | NAME OF INDIVIDUAL |            | LOUISIANA |       |
| COLOR  |  | AGE                | BIRTHPLACE | E.D.      | SHEET |
| B  |  | 22                 |            |           | 11    |
| COUNTRY  |  |                    | CITY       |           |       |
| Enumerated with  |  |                    |            |           |       |
| Relationship to above  |  |                    |            |           |       |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> FATHER<br/> <input type="checkbox"/> MOTHER<br/> <input type="checkbox"/> GRANDFATHER<br/> <input type="checkbox"/> GRANDMOTHER<br/> <input type="checkbox"/> GRANDSON<br/> <input type="checkbox"/> GRANDDAUGHTER<br/> <input type="checkbox"/> AUNT<br/> <input type="checkbox"/> UNCLE </div> <div style="width: 30%;"> <input type="checkbox"/> NEPHEW<br/> <input type="checkbox"/> NIECE<br/> <input type="checkbox"/> FATHER-IN-LAW<br/> <input type="checkbox"/> MOTHER-IN-LAW<br/> <input type="checkbox"/> SON-IN-LAW<br/> <input type="checkbox"/> DAUGHTER-IN-LAW<br/> <input type="checkbox"/> BROTHER-IN-LAW<br/> <input type="checkbox"/> SISTER-IN-LAW </div> <div style="width: 30%;"> <input type="checkbox"/> IMMATE<br/> <input type="checkbox"/> NURSE<br/> <input type="checkbox"/> PATIENT<br/> <input type="checkbox"/> ROOMER<br/> <input type="checkbox"/> SERVANT<br/> <input type="checkbox"/> OTHER (Specify) </div> </div> |  |                    |            |           |       |

Form 16-437 (4-22-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 16166-P61

|  |  |  |  |           |  |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|--|-----------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R252   |  | NAME OF INDIVIDUAL                       |  | LOUISIANA |  |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Kushig Lizzie  |  | E.O. 27                                  |  | SHEET 25  |  |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR  | AGE                                      | BIRTHPLACE                               |  |           |  |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| B  | 14                                       | Caddo                                    |  |           |  |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY   |  | CITY                                     |  |           |  |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH  |  |  |  |           |  |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Jenkins Wm   |  |  |  |           |  |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |  |           |  |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input checked="" type="checkbox"/> WIFE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |           |  | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input checked="" type="checkbox"/> WIFE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |  |           |  |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input checked="" type="checkbox"/> WIFE | <input type="checkbox"/> NURSE           |  |           |  |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |  |           |  |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |  |           |  |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |  |           |  |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |  |           |  |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |           |  |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |  |           |  |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVI

USCOM-DC 18100-P01

|  |  |   |                  |           |       |
|--|--|---|------------------|-----------|-------|
| P250                                   |  | NAME OF INDIVIDUAL                                  |                  | LOUISIANA |       |
| COLOR                                  | AGE                                      | BIRTHPLACE  |                  | S.D.      | SHEET |
| mu                                     | 22                                       | Liggett   |                  | 20        | 13    |
| COUNTY                                 |  |   | CITY             |           |       |
| ENUMERATED WITH                        |  |   | Baton Rouge      |           |       |
| RELATIONSHIP TO ABOVE                  |  |   | Williams Isidore |           |       |
| East Baton Rouge                       |  |   |                  |           |       |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |                  |           |       |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |                  |           |       |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |                  |           |       |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |                  |           |       |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |                  |           |       |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |                  |           |       |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW  |   |                  |           |       |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW   |   |                  |           |       |

FORM 19-627 (4-29-61)

1919 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 1919-P-61

|  |     |                    |  |           |       |
|--|-----|--------------------|--|-----------|-------|
| R255   |     | NAME OF INDIVIDUAL |  | LOUISIANA |       |
| COLOR  | AGE | BIRTHPLACE         |  | E.D.      | SHEET |
| 13   | 10  |                    |  | 123       | 8     |
| COUNTY   |     | CITY               |  |           |       |
| Winn   |     | Winnfield          |  |           |       |
| ENUMERATED WITH  |     |                    |  |           |       |
| Bush Addison   |     |                    |  |           |       |
| RELATIONSHIP TO ABOVE  |     |                    |  |           |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE<br><input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input checked="" type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW<br><input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |     |                    |  |           |       |

FORM 16-517 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |                    |  |            |  |  |  |       |  |
|--|--|--------------------|--|------------|--|--|--|-------|--|
| R253   |  | NAME OF INDIVIDUAL |  | LOUISIANA  |  | E.D.   |  | SHEET |  |
| COLOR  |  | AGE                |  | BIRTHPLACE |  | 86   |  | 6     |  |
| B  |  | 23                 |  | St. Mary   |  | CITY   |  |       |  |
| ENUMERATED WITH  |  |                    |  |            |  |  |  |       |  |
| Rosenet, Marcelle  |  |                    |  |            |  |  |  |       |  |
| RELATIONSHIP TO ABOVE  |  |                    |  |            |  |  |  |       |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  |                    | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input checked="" type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |            |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |  |       |  |

FORM 10-637 (4-23-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|  |   |  |   |  |                   |
|--|---|--|---|--|-------------------|
| R255   |   | NAME OF INDIVIDUAL   |   | LOUISIANA  |                   |
| COLOR  | B | AGE  | 5 | BIRTHPLACE   | Richmond, Lorenzo |
| COUNTY   |   | Caddo  |   | CITY   | Ref.              |
| ENUMERATED WITH  |   | Wallace, Melvin  |   |  |                   |
| RELATIONSHIP TO ABOVE  |   |  |   |  |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |   | <input checked="" type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |   | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                   |

Form 18-637 (4-29-67)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| R253   |  | NAME OF INDIVIDUAL   |  | LOUISIANA  |  |
| COLOR  |  | AGE  |  | E.D.   |  |
| B  |  | 55   |  | 123  |  |
| BIRTHPLACE   |  | COUNTY   |  | SHEET  |  |
| Winn   |  | CITY   |  | 20   |  |
| Winn   |  | Wainfield  |  |  |  |
| ENUMERATED WITH  |  | Williams, Ed R   |  |  |  |
| RELATIONSHIP TO ABOVE  |  |  |  |  |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input checked="" type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> MISTRESS-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |  |

Form 19-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |  |
|-------------------------|-----|----------------|-----|------------|--|
| 1925                    |     | HEAD OF FAMILY |     | LOUISIANA  |  |
| Rizzan Louis            |     | E.O.           |     | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |     |            |  |
| B                       | 32  |                |     |            |  |
| COUNTY                  |     | Teterebonne    |     | CITY       |  |
| OTHER MEMBERS OF FAMILY |     |                |     |            |  |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| Victorine               |     | W              | 32  |            |  |
| Allen                   |     | S              | 12  |            |  |
| Laurie                  |     | S              | 10  |            |  |
| Milton Adams            |     | U              | 65  |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |

Form 18-636 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |      |            |       |
|-------------------------|-----|----------------|------|------------|-------|
| 7250                    |     | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |      | E.D.       | SHEET |
|                         | 36  | Pizan Louis    |      | 59         | 7     |
| COUNTY                  |     |                | CITY |            |       |
| La Salle                |     |                |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Dorinda                 |     | 4              | 36   |            |       |
| Johnny                  |     | 5              | 12   |            |       |
| Della                   |     | B              | 20   |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |

FORM 16-436 (4-30-31)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |      |            |  |
|-------------------------|--|----------------|------|------------|--|
| R258                    |  | HEAD OF FAMILY |      | LOUISIANA  |  |
| COLOR                   |  | AGE            |      | S.D.       |  |
| W                       |  | 38             |      | 40         |  |
|                         |  | BIRTHPLACE     |      | 17         |  |
| COUNTY                  |  |                | CITY |            |  |
| Lafourche               |  |                |      |            |  |
| OTHER MEMBERS OF FAMILY |  |                |      |            |  |
| NAME                    |  | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| Marceline               |  | W              | 36   |            |  |
| Albert                  |  | S              | 20   |            |  |
| Rosa                    |  | D              | 4    |            |  |
| Adam                    |  | S              | 8    |            |  |
| Eve                     |  | D              | 9    |            |  |
| Nora                    |  | D              | 2    |            |  |
|                         |  |                |      |            |  |

FORM 18-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |              |                |            |           |       |
|-------------------------|--------------|----------------|------------|-----------|-------|
| R250                    |              | HEAD OF FAMILY |            | LOUISIANA |       |
| COLOR                   | AGE          | BIRTHPLACE     |            | E.D.      | SHEET |
| White                   | 33           |                |            | 93        | 23    |
| COUNTY                  |              |                | CITY       |           |       |
| St. Mary                |              |                | Patterson  |           |       |
| OTHER MEMBERS OF FAMILY |              |                |            |           |       |
| NAME                    | RELATIONSHIP | AGE            | BIRTHPLACE |           |       |
| Luscia                  | W            | 24             |            |           |       |
| Mary                    | D            | 1/2            |            |           |       |
|                         |              |                |            |           |       |
|                         |              |                |            |           |       |
|                         |              |                |            |           |       |
|                         |              |                |            |           |       |
|                         |              |                |            |           |       |
|                         |              |                |            |           |       |
|                         |              |                |            |           |       |

FORM 18-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                |              |           |            |
|-------------------------|----------------|--------------|-----------|------------|
| R253                    | HEAD OF FAMILY |              | LOUISIANA |            |
| COLOR                   | AGE            | BIRTHPLACE   |           | E.O. SHEET |
| W                       | 58             | Germany      |           | 98 1       |
| COUNTY                  | St. Tammany    |              | CITY      |            |
|                         |                | St. Louis    |           |            |
| OTHER MEMBERS OF FAMILY |                |              |           |            |
| NAME                    |                | RELATIONSHIP | AGE       | BIRTHPLACE |
| Bernette                |                | W            | 46        |            |
| Heligman J              |                | S            | 21        |            |
| Pearl                   |                | S            | 19        |            |
| Kusan                   |                | S            | 17        |            |
| Jacob                   |                | S            | 14        |            |
| Eugene                  |                | S            | 7         |            |
| Eugene                  |                | S            | 5         |            |

FORM 16-536 (4-26-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |  |
|-------------------------|-----|----------------|-----|------------|--|
| 253                     |     | HEAD OF FAMILY |     | Louisiana  |  |
| Richard Louis           |     | E.D.           |     | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |     |            |  |
| W                       | 61  | France         |     |            |  |
| COUNTY                  |     | CITY           |     |            |  |
| Avoyelles               |     |                |     |            |  |
| OTHER MEMBERS OF FAMILY |     |                |     |            |  |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| Laura                   |     | w              | 49  |            |  |
| Paul                    |     | s              | 20  |            |  |
| Alfred                  |     | s              | 19  |            |  |
| Harry                   |     | s              | 17  |            |  |
| Marie                   |     | d              | 15  |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |

FORM 16-636 (4-22-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



LOUISIANA

|   |  |  |            |             |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|------------|-------------|---------------------------------|---------------------------------|-------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|--|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R252  | NAME OF INDIVIDUAL<br>Rogan, Louis R     |  | E.O.<br>38 | SHEET<br>25 |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br>W  | AGE<br>4                                 | BIRTHPLACE                               |            |             |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br>Lafourche   |  | CITY<br>Thibodaux                        |            |             |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br>Roth, C. Herbert   |  |  |            |             |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |            |             |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIFE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |            |             | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIFE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIFE            |            |             |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |            |             |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |            |             |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |            |             |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |            |             |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |            |             |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |            |             |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |            |             |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-637 (4-29-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P01

| LOUISIANA  |  |  |                |                 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
|--|--|--|----------------|-----------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|---|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R250   | NAME OF INDIVIDUAL <i>Richou, Louise</i> |  | E.D. <i>39</i> | SHEET <i>72</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| COLOR <i>W</i>   | AGE <i>18 1/2</i>                        | BIRTHPLACE                               |                |                 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| COUNTY   |  | CITY                                     |                |                 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH <i>Lafourche</i>   |  |  |                |                 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE <i>Gichet, Felibert</i>  |  |  |                |                 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> INMATE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input checked="" type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> |  |  |                |                 | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |                |                 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |                |                 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |                |                 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |                |                 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |                |                 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |                |                 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |                |                 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |                |                 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |

FORM 10-437 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |     |   |  |   |       |
|--|-----|---|--|---|-------|
| 2255   |     | NAME OF INDIVIDUAL  |  | LOUISIANA   |       |
| COLOR  | AGE | BIRTHPLACE  |  | E.O.  | SHEET |
| B  | 15  | Richmond, Louisiana   |  | 54  | 14    |
| COUNTY   |     | Cade  |  | CITY  |       |
| ENUMERATED WITH  |     |   |  |   |       |
| Jibben, Hayes  |     |   |  |   |       |
| RELATIONSHIP TO ABOVE  |     |   |  |   |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> IMMIGRATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br>Step-Daughter |       |

FORM 16-437 (2-22-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |       |            |  |
|-------------------------|-----|----------------|-------|------------|--|
| B256                    |     | HEAD OF FAMILY |       | LOUISIANA  |  |
| Rignier, Lavinia        |     | E.D.           |       | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |       |            |  |
| B                       | 30  |                |       | 23 25      |  |
| COUNTY                  |     | CITY           |       |            |  |
| Avoyelles               |     |                |       |            |  |
| OTHER MEMBERS OF FAMILY |     |                |       |            |  |
| NAME                    |     | RELATIONSHIP   | AGE   | BIRTHPLACE |  |
| Lucinda                 |     | W              | 25    |            |  |
| Arthur                  |     | S              | 7     |            |  |
| Hendricka               |     | S              | 6     |            |  |
| Madeleine               |     | D              | 4     |            |  |
| David                   |     | S              | 2     |            |  |
| Tomila                  |     | S              | 1 1/2 |            |  |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                |              |           |            |
|-------------------------|----------------|--------------|-----------|------------|
| R255                    | HEAD OF FAMILY |              | LOUISIANA |            |
| COLOR                   | AGE            | BIRTHPLACE   |           | E.O. SHEET |
| 73                      | 60             | Richard Lucy |           | 111 13     |
| COUNTY                  | St. Landry     |              | CITY      |            |
| OTHER MEMBERS OF FAMILY |                |              |           |            |
| NAME                    |                | RELATIONSHIP | AGE       | BIRTHPLACE |
| More Dave               |                | GS           | 10        |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |

FORM 16-636 (4-20-61)

1918 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

| HEAD OF FAMILY          |              | LOUISIANA      |            |       |
|-------------------------|--------------|----------------|------------|-------|
| COLOR                   | AGE          | BIRTHPLACE     | S.O.       | SHEET |
| B                       | 60           | Richmond, Lucy | 111        | 13    |
| COUNTY                  |              | St. Landry     | CITY       |       |
| OTHER MEMBERS OF FAMILY |              |                |            |       |
| NAME                    | RELATIONSHIP | AGE            | BIRTHPLACE |       |
| Mose, Jane              | GS           | 10             |            |       |
|                         |              |                |            |       |
|                         |              |                |            |       |
|                         |              |                |            |       |
|                         |              |                |            |       |
|                         |              |                |            |       |
|                         |              |                |            |       |
|                         |              |                |            |       |
|                         |              |                |            |       |
|                         |              |                |            |       |

FORM 16-636 (4-20-27)  
1910 CENSUS INDEX - FAMILYU.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |  |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |          |                                |  |  |
|--|--|--|--|-------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|----------|--------------------------------|--|--|
| R 250  |  | NAME OF INDIVIDUAL<br><i>Ragan Lucy</i>  |  | LOUISIANA         |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |          |                                |  |  |
| COLOR<br><i>w</i>  | AGE<br><i>38</i>                         | BIRTHPLACE                               |  | E.D.<br><i>69</i> | SHEET<br><i>5</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |          |                                |  |  |
| COUNTY   |  | CITY<br><i>Lincoln Ruston</i>            |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |          |                                |  |  |
| ENUMERATED WITH<br><i>Ragan Hozier</i>   |  |  |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |          |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |          |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>c</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |                   |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>c</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |          |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |          |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |          |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |          |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |          |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |          |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  | <i>c</i>                                 |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |          |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |          |                                |  |  |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 10100-P01

| NAME OF INDIVIDUAL                                |  |  | LOUISIANA |          |
|---|--|--|-----------|----------|
| <i>R 250 Russin Luella</i>                        |  |  | E.O.      | SHEET    |
| COLOR<br><i>B</i>                                 | AGE<br><i>22</i>                         | BIRTHPLACE                               | <i>3</i>  | <i>7</i> |
| COUNTY  | <i>Ascension</i>                         |  | CITY      |          |
| ENUMERATED WITH<br><i>Preston Anna</i>            |  |  |           |          |
| RELATIONSHIP TO ABOVE                             |  |  |           |          |
| <input type="checkbox"/> FATHER                   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDOW           |           |          |
| <input type="checkbox"/> MOTHER                   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |           |          |
| <input type="checkbox"/> GRANDFATHER              | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |           |          |
| <input type="checkbox"/> GRANDMOTHER              | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |           |          |
| <input type="checkbox"/> GRANDSON                 | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |           |          |
| <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |           |          |
| <input type="checkbox"/> AUNT                     | <input type="checkbox"/> BROTHER-IN-LAW  |  |           |          |
| <input type="checkbox"/> UNCLE                    | <input type="checkbox"/> SISTER-IN-LAW   |  |           |          |

FORM 16-637 (4-25-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |   |                |     |            |              |
|-------------------------|---|----------------|-----|------------|--------------|
| 8252                    |   | HEAD OF FAMILY |     | LOUISIANA  |              |
| COLOR                   | W | AGE            | 44  | BIRTHPLACE | Riggins M.P. |
| COUNTY                  |   | Otai borne     |     | CITY       | Haynesville  |
| OTHER MEMBERS OF FAMILY |   |                |     |            |              |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |              |
| J. G.                   |   | W              | 42  | Ark        |              |
| John                    |   | S              | 23  | Ark        |              |
| M. O.                   |   | S              | 20  | Ark        |              |
| Aster                   |   | D              | 17  | Ark        |              |
| Clara                   |   | S              | 13  | Ark        |              |
| Ray                     |   | S              | 7   | Ark        |              |
| Sunshine                |   | D              | 4   | Ark        |              |

FORM 16-636 (4-26-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |            |            |
|-------------------------|---|----------------|-----|------------|------------|
| R250                    |   | HEAD OF FAMILY |     | LOUISIANA  |            |
| COLOR                   | B | AGE            | 32  | BIRTHPLACE | Bayou, Nac |
| COUNTY                  |   | West Feliciana |     | CITY       |            |
| OTHER MEMBERS OF FAMILY |   |                |     |            |            |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |            |
| Amelia                  |   | W              | 25  |            |            |
| Percy                   |   | A              | 4   |            |            |
| Ann                     |   | A              | 3   |            |            |
| Nina                    |   | A              | 8   |            |            |
| Julia                   |   | A              | 1/2 |            |            |
|                         |   |                |     |            |            |
|                         |   |                |     |            |            |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                |                           |            |            |
|-------------------------|----------------|---------------------------|------------|------------|
| R 252                   | HEAD OF FAMILY |                           | LOUISIANA  |            |
| COLOR<br>CB             | AGE<br>31      | BIRTHPLACE<br>ushing mark |            | E.D.<br>10 |
| COUNTY                  |                | SHEET<br>13               |            |            |
| Bienville               |                | CITY                      |            |            |
| OTHER MEMBERS OF FAMILY |                |                           |            |            |
| NAME                    | RELATIONSHIP   | AGE                       | BIRTHPLACE |            |
| Margaret                | wf             | 25                        |            |            |
| Bertha May              | d              | 12                        |            |            |
| Annie                   | d              | 10                        |            |            |
| Lou                     | d              | 8                         |            |            |
| Agnes                   | d              | 6                         |            |            |
| Ruth                    | d              | 4                         |            |            |
| Mattie                  | d              | 2                         |            |            |

FORM 10-636 (4-26-31)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |   |  |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|---|--|------------|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|---|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R250  |   | NAME OF INDIVIDUAL                       |            | LOUISIANA |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR   |   | AGE                                      | BIRTHPLACE | E.D.      | SHEET |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| B   |   | 60                                       |            | 90        | 14    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY  |   |  | CITY       |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| St. Mary  |   |  | Franklin   |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH   |   |  |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Lebay, Estelle  |   |  |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |   |  |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input checked="" type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |   |  |            |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input checked="" type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW                   | <input type="checkbox"/> INMATE          |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE                    | <input type="checkbox"/> NURSE           |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW            | <input type="checkbox"/> PATIENT         |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input checked="" type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER          |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW               | <input type="checkbox"/> SERVANT         |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW          | <input type="checkbox"/> OTHER (Specify) |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW           |  |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW            |  |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 70-637 (4-20-67)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 1910-P-1

|   |                  |   |  |  |                    |
|---|------------------|---|--|--|--------------------|
| R255  |                  | NAME OF INDIVIDUAL<br><i>Richmond, Mahaley</i>  |  | LOUISIANA  |                    |
| COLOR<br><i>B</i>   | AGE<br><i>84</i> | BIRTHPLACE  |  | E.D.<br><i>54</i>  | SHEET<br><i>31</i> |
| COUNTY<br><i>JACKSON</i>  |                  | CITY  |  |  |                    |
| ENUMERATED WITH<br><i>Richmond, James C</i>   |                  |   |  |  |                    |
| RELATIONSHIP TO ABOVE   |                  |   |  |  |                    |
| <input type="checkbox"/> FATHER<br><input checked="" type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                    |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |                  |   |  |                   |                    |
|---|------------------|---|--|-------------------|--------------------|
| 19252   |                  | NAME OF INDIVIDUAL<br><i>Cushion Melvin</i> |  | LOUISIANA         |                    |
| COLOR<br><i>W</i>   | AGE<br><i>38</i> | BIRTHPLACE                                  |  | E.O.<br><i>82</i> | SHEET<br><i>13</i> |
| COUNTY  |                  |   | CITY   |                   |                    |
| ENUMERATED WITH<br><i>Natchitoches</i>  |                  |   |  |                   |                    |
| RELATIONSHIP TO ABOVE<br><i>Warren, Lizzie</i>  |                  |   |  |                   |                    |
| <input type="checkbox"/> FATHER<br><input checked="" type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  |   | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> WIFE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |                   |                    |
|   |                  |   | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify)   |                   |                    |

FORM 18-627 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                |               |            |      |
|-------------------------|----------------|---------------|------------|------|
| R252                    | HEAD OF FAMILY |               | LOUISIANA  |      |
| COLOR                   | AGE            | BIRTHPLACE    |            | E.D. |
| B                       | 47             | Rushing Mandy |            | 3    |
| COUNTY                  |                | SHEET         |            |      |
| Bienville               |                | 11            |            |      |
| CITY                    |                | Libland       |            |      |
| OTHER MEMBERS OF FAMILY |                |               |            |      |
| NAME                    | RELATIONSHIP   | AGE           | BIRTHPLACE |      |
| Ferry                   | S              | 25            |            |      |
| Watson                  | S              | 20            |            |      |
| Bennie B                | D              | 17            |            |      |
| Primus                  | S              | 16            |            |      |
| Kapeline                | D              | 14            |            |      |
| Lanky                   | D              | 7             |            |      |
| Dusty John              | 28             | 5             |            |      |

FORM 10-536 (2-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |      |            |  |
|-------------------------|-----|----------------|------|------------|--|
| 2253                    |     | HEAD OF FAMILY |      | LOUISIANA  |  |
| ROSENIT, MARCELLA       |     | E.D.           |      | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |      |            |  |
| Wm                      | 58  |                |      |            |  |
| COUNTY                  |     |                | CITY |            |  |
| OTHER MEMBERS OF FAMILY |     |                |      |            |  |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| Segura, Eddie           |     | SL             | 48   |            |  |
| Maud                    |     | D              | 26   |            |  |
| Rosenit, Leon           |     | S              | 23   |            |  |
| Edward                  |     | S              | 21   |            |  |
| Louise                  |     | DL             | 23   |            |  |
| Agnes                   |     | D              | 17   |            |  |
| Segura, Marcella        |     | 9D             | 3    |            |  |



|   |     |   |      |  |  |
|---|-----|---|------|--|--|
| R252  |     | NAME OF INDIVIDUAL  |      | LOUISIANA  |  |
| Kassara Margret   |     | E.D.  |      | SHEET  |  |
| COLOR   | AGE | BIRTHPLACE  |      |  |  |
| B   | 78  |   |      |  |  |
| COUNTY  |     |   | CITY |  |  |
| East Carroll  |     |   |      |  |  |
| ENUMERATED WITH   |     |   |      |  |  |
| Messhaw Wesley  |     |   |      |  |  |
| RELATIONSHIP TO ABOVE   |     |   |      |  |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input checked="" type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |  |

FORM 10-637 (4-30-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 1910-P-81

|   |     |   |  |  |  |
|---|-----|---|--|--|--|
| R250  |     | NAME OF INDIVIDUAL  |  | LOUISIANA  |  |
| ROCKEN MARGERY  |     | E.D.  |  | SHEET  |  |
| COLOR   | AGE | BIRTHPLACE  |  |  |  |
| MW  | 1   |   |  |  |  |
| COUNTY  |     | CITY  |  |  |  |
| IBERIA  |     | NEW ORLEANS   |  |  |  |
| ENUMERATED WITH   |     |   |  |  |  |
| ROCKEN FRANK  |     |   |  |  |  |
| RELATIONSHIP TO ABOVE   |     |   |  |  |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input checked="" type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |  |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |            |         |
|-------------------------|---|----------------|-----|------------|---------|
| R252                    |   | HEAD OF FAMILY |     | LOUISIANA  |         |
| COLOR                   | W | AGE            | 50  | BIRTHPLACE | E.O. 56 |
| COUNTY                  |   | Iberville      |     | CITY       |         |
|                         |   |                |     | Plaquemine |         |
| OTHER MEMBERS OF FAMILY |   |                |     |            |         |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |         |
| Paul                    |   | S              | 29  |            |         |
| Victore                 |   | S              | 25  |            |         |
| Charlie                 |   | S              | 20  |            |         |
| Emma                    |   | D              | 23  |            |         |
|                         |   |                |     |            |         |
|                         |   |                |     |            |         |
|                         |   |                |     |            |         |
|                         |   |                |     |            |         |

|                         |            |                 |             |            |       |
|-------------------------|------------|-----------------|-------------|------------|-------|
| R255                    |            | HEAD OF FAMILY  |             | LOUISIANA  |       |
| COLOR                   | AGE        | BIRTHPLACE      |             | E.D.       | SHEET |
| mw                      | 61         | Rosemond, Maria |             | 117        | 7     |
| COUNTY                  | St. Landry |                 | CITY        |            |       |
|                         |            |                 | Vill Platte |            |       |
| OTHER MEMBERS OF FAMILY |            |                 |             |            |       |
| NAME                    |            | RELATIONSHIP    | AGE         | BIRTHPLACE |       |
| 1 Uncle                 |            | S               | 25          |            |       |
|                         |            |                 |             |            |       |
|                         |            |                 |             |            |       |
|                         |            |                 |             |            |       |
|                         |            |                 |             |            |       |
|                         |            |                 |             |            |       |
|                         |            |                 |             |            |       |
|                         |            |                 |             |            |       |
|                         |            |                 |             |            |       |

FORM 16-436 (4-20-07)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |  |                                |           |                   |                   |                                 |                                 |                                |  |                                |                                   |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|--------------------------------|-----------|-------------------|-------------------|---------------------------------|---------------------------------|--------------------------------|--|--------------------------------|-----------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R 252   |  | NAME OF INDIVIDUAL<br><i>Ruckins Maria</i> |                                | LOUISIANA | E.D.<br><i>41</i> | SHEET<br><i>7</i> |                                 |                                 |                                |  |                                |                                   |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>B</i>   | AGE<br><i>84</i>                         | BIRTHPLACE<br><i>Va</i>                    |                                |           |                   |                   |                                 |                                 |                                |  |                                |                                   |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>West Carroll</i>   |  |  | CITY<br><i>Lake Providence</i> |           |                   |                   |                                 |                                 |                                |  |                                |                                   |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Armstrong Lillian</i>   |  |  |                                |           |                   |                   |                                 |                                 |                                |  |                                |                                   |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |                                |           |                   |                   |                                 |                                 |                                |  |                                |                                   |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDOW</td> </tr> <tr> <td><input checked="" type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> DAUGHTER</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PAYMENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |                                |           |                   |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | <input checked="" type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> DAUGHTER | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PAYMENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDOW             |                                |           |                   |                   |                                 |                                 |                                |  |                                |                                   |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> DAUGHTER          |                                |           |                   |                   |                                 |                                 |                                |  |                                |                                   |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PAYMENT           |                                |           |                   |                   |                                 |                                 |                                |  |                                |                                   |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER            |                                |           |                   |                   |                                 |                                 |                                |  |                                |                                   |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |                                |           |                   |                   |                                 |                                 |                                |  |                                |                                   |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |                                |           |                   |                   |                                 |                                 |                                |  |                                |                                   |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |                                |           |                   |                   |                                 |                                 |                                |  |                                |                                   |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |                                |           |                   |                   |                                 |                                 |                                |  |                                |                                   |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 18-437 (4-10-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 1910-P81

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| K 250                   |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| M.W.                    | 62  |                |     | 79         | 2     |
| COUNTY                  |     | CITY           |     |            |       |
| Natchitoches            |     |                |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Living Alone            |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 16-536 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|   |  |   |  |                   |                    |
|---|--|---|--|-------------------|--------------------|
| R250  |  | NAME OF INDIVIDUAL<br><i>August Marie</i>           |  | E.D.<br><i>20</i> | SHEET<br><i>15</i> |
| COLOR<br><i>Mr.</i>                         | AGE<br><i>25</i>                         | BIRTH PLACE   |  |                   |                    |
| COUNTY<br><i>East Baton Rouge</i>           |  | CITY<br><i>Baton Rouge</i>                          |  |                   |                    |
| ENUMERATED WITH<br><i>Williams Isabelle</i> |  |   |  |                   |                    |
| RELATIONSHIP TO ABOVE                       |  |   |  |                   |                    |
| <input type="checkbox"/> FATHER             | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> IMMIGRANT                  |  |                   |                    |
| <input type="checkbox"/> MOTHER             | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |  |                   |                    |
| <input type="checkbox"/> GRANDFATHER        | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |                   |                    |
| <input type="checkbox"/> GRANDMOTHER        | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |                   |                    |
| <input type="checkbox"/> GRANDSON           | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |                   |                    |
| <input type="checkbox"/> GRANDDAUGHTER      | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |                   |                    |
| <input type="checkbox"/> AUNT               | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |                   |                    |
| <input type="checkbox"/> UNCLE              | <input type="checkbox"/> MISTRESS-IN-LAW |   |  |                   |                    |

FORM 10-437 (4-30-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18198-P61

|                         |     |                   |       |            |       |
|-------------------------|-----|-------------------|-------|------------|-------|
| R 250                   |     | HEAD OF FAMILY    |       | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE        |       | E.D.       | SHEET |
| W                       | 24  |                   |       | 20         | 12    |
| COUNTY                  |     | CITY              |       |            |       |
| Avoyelles               |     |                   |       |            |       |
| OTHER MEMBERS OF FAMILY |     |                   |       |            |       |
| NAME                    |     | RELATION-<br>SHIP | AGE   | BIRTHPLACE |       |
| Louise                  |     | W                 | 20    |            |       |
| Lillian                 |     | S                 | 1 1/2 |            |       |
|                         |     |                   |       |            |       |
|                         |     |                   |       |            |       |
|                         |     |                   |       |            |       |
|                         |     |                   |       |            |       |
|                         |     |                   |       |            |       |
|                         |     |                   |       |            |       |
|                         |     |                   |       |            |       |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |     |                   |       |            |  |
|-------------------------|-----|-------------------|-------|------------|--|
| R253                    |     | HEAD OF FAMILY    |       | LOUISIANA  |  |
| Kymaileen Marlin        |     | E.O.              |       | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE        |       |            |  |
| mu                      | 25  |                   |       |            |  |
| COUNTY                  |     | Calcasieu         |       | CITY       |  |
| OTHER MEMBERS OF FAMILY |     |                   |       |            |  |
| NAME                    |     | RELATION-<br>SHIP | AGE   | BIRTHPLACE |  |
| Pauline                 |     | W                 | 24    |            |  |
| L. V.                   |     | S                 | 14    |            |  |
| Alma                    |     | D                 | 7 1/2 |            |  |
| Paul Ora                |     | C                 | 10    |            |  |
|                         |     |                   |       |            |  |
|                         |     |                   |       |            |  |
|                         |     |                   |       |            |  |
|                         |     |                   |       |            |  |

FORM 16-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                                |            |                           |            |                   |              |
|--------------------------------|------------|---------------------------|------------|-------------------|--------------|
| <b>R 252</b>                   |            | <b>HEAD OF FAMILY</b>     |            | <b>LOUISIANA</b>  |              |
| <b>COLOR</b>                   | <b>AGE</b> | <b>BIRTHPLACE</b>         |            | <b>E.D.</b>       | <b>SHEET</b> |
| <i>Mu</i>                      | <i>30</i>  | <i>Kiskadee, Marshall</i> |            | <i>1</i>          | <i>21</i>    |
| <b>COUNTY</b>                  |            | <b>CITY</b>               |            |                   |              |
| <i>Bienville</i>               |            |                           |            |                   |              |
| <b>OTHER MEMBERS OF FAMILY</b> |            |                           |            |                   |              |
| <b>NAME</b>                    |            | <b>RELATIONSHIP</b>       | <b>AGE</b> | <b>BIRTHPLACE</b> |              |
| <i>Dietha</i>                  |            | <i>W</i>                  | <i>28</i>  |                   |              |
| <i>Blanchet</i>                |            | <i>D</i>                  | <i>1</i>   |                   |              |
| <i>Robert</i>                  |            | <i>D</i>                  | <i>2</i>   |                   |              |
|                                |            |                           |            |                   |              |
|                                |            |                           |            |                   |              |
|                                |            |                           |            |                   |              |
|                                |            |                           |            |                   |              |
|                                |            |                           |            |                   |              |

FORM 10-636 (4-20-67)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |                 |  |           |   |
|-------------------------|---|----------------|-----|-----------------|--|-----------|---|
| B252                    |   | HEAD OF FAMILY |     | Rushing Marshal |  | LOUISIANA |   |
| COLOR                   | B | AGE            | 36  | BIRTHPLACE      |  | E.D.      | 5 |
| COUNTY                  |   |                |     | Bienville       |  |           |   |
|                         |   |                |     | CITY Bienville  |  |           |   |
| OTHER MEMBERS OF FAMILY |   |                |     |                 |  |           |   |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE      |  |           |   |
| Jas L                   |   | w              | 32  |                 |  |           |   |
| Willie                  |   | S              | 7   |                 |  |           |   |
| Posey                   |   | S              | 6   |                 |  |           |   |
| Sam                     |   | S              | 5   |                 |  |           |   |
| Cottonhead Hattie       |   | N              | 5   |                 |  |           |   |
| L                       |   | Ni             | 3   |                 |  |           |   |
| 4 5 Bradesa             |   |                |     |                 |  |           |   |

FORM 10-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |  |                |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
|--|--|--|----------------|-----------|-------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|---|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 2255   |  | INDIVIDUAL                               |                | LOUISIANA |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| NAME   |  | RICHMOND MARTIN                          |                | E.O.      | SHEET |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| COLOR  | AGE                                      | BIRTHPLACE                               |                | 88        | 10    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| B  | 15                                       |  |                |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| COUNTY   |  |  | CITY           |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH  |  |  |                |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  | Parker, Jeanne |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDOW</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |                |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDOW           |                |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |                |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |                |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |                |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |                |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |                |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |                |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |                |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |

FORM 10-437 (4-22-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

UNCOMM-DC 10103-P01

|  |  |  |                  |           |       |
|--|--|--|------------------|-----------|-------|
| R255                                   |  | NAME OF INDIVIDUAL                       |                  | LOUISIANA |       |
| COLOR                                  |  | AGE                                      | BIRTH PLACE      | E.O.      | SHEET |
| B                                      |  | 21                                       | Richmond, Martha | 98        | 4     |
| COUNTY                                 |  |  | CITY             |           |       |
| St. Mary                               |  |  |                  |           |       |
| ENUMERATED WITH                        |  |  |                  |           |       |
| Polydore, June                         |  |  |                  |           |       |
| RELATIONSHIP TO ABOVE                  |  |  |                  |           |       |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHER          | <input type="checkbox"/> INMATE          |                  |           |       |
| <input type="checkbox"/> MOTHER        | <input checked="" type="checkbox"/> WIFE | <input type="checkbox"/> NURSE           |                  |           |       |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |                  |           |       |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |                  |           |       |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |                  |           |       |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |                  |           |       |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW  |  |                  |           |       |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW   |  |                  |           |       |

FORM 10-627 (4-28-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |  |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
|---|--|--|--|-----------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|---|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R 250   |  | NAME OF INDIVIDUAL                       |  | LOUISIANA |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| LICKEN, Martha  |  | E.D.                                     |  | SHEET     |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| COLOR   | AGE                                      | BIRTHPLACE                               |  | 50 B      |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| B   | 9  |  |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| COUNTY  | Plaquemine CITY                          |  |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |  |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| Thorn, Charles  |  |  |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |           |  | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |

Form 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |            |                  |
|-------------------------|---|----------------|-----|------------|------------------|
| R255                    |   | HEAD OF FAMILY |     | LOUISIANA  |                  |
| COLOR                   | W | AGE            | 45  | BIRTHPLACE | Richmond, Martha |
| COUNTY                  |   | La Salle       |     | CITY       |                  |
| OTHER MEMBERS OF FAMILY |   |                |     |            |                  |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |                  |
| / Roger                 |   | S              | 10  |            |                  |
| Thomas                  |   | S              | 12  |            |                  |
|                         |   |                |     |            |                  |
|                         |   |                |     |            |                  |
|                         |   |                |     |            |                  |
|                         |   |                |     |            |                  |
|                         |   |                |     |            |                  |
|                         |   |                |     |            |                  |

FORM 15-436 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |   |  |    |            |               |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
|---|---|--|----|------------|---------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|---|--|
| R255  |   | NAME OF INDIVIDUAL                       |    | LOUISIANA  |               |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| COLOR   | 81  | AGE                                      | 16 | BIRTHPLACE | Lickman, Mary |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| COUNTY  |   | Bienville                                |    | CITY       |               |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| ENUMERATED WITH   |   |  |    |            |               |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| Williams, Charles   |   |  |    |            |               |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| RELATIONSHIP TO ABOVE   |   |  |    |            |               |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input checked="" type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |   |  |    |            |               | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input checked="" type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW                   | <input type="checkbox"/> INMATE          |    |            |               |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE                    | <input type="checkbox"/> NURSE           |    |            |               |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW            | <input type="checkbox"/> PATIENT         |    |            |               |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW            | <input type="checkbox"/> ROOMER          |    |            |               |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW               | <input type="checkbox"/> SERVANT         |    |            |               |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW          | <input type="checkbox"/> OTHER (Specify) |    |            |               |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW           |  |    |            |               |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <input type="checkbox"/> UNCLE  | <input checked="" type="checkbox"/> SISTER-IN-LAW |  |    |            |               |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USC&A-DC 18100-P01



|  |  |   |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
|--|--|---|--|-------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|-----------|--------------------------------|--|--|
| R-52   |  | NAME OF INDIVIDUAL<br><i>Rushing Mary</i>           |  | E.O.<br><i>49</i> | SHEET<br><i>7</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| COLOR<br><i>W</i>  | AGE<br><i>42</i>                         | BIRTHPLACE<br><i>Miss</i>                           |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| COUNTY<br><i>Franklin</i>  |  | CITY  |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| ENUMERATED WITH<br><i>Cupit, William</i>   |  |   |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>Si</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |                   |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>Si</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  | <i>Si</i>   |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |   |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |

Form 19-637 (4-30-61)

1919 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |     |   |  |  |       |
|--|-----|---|--|--|-------|
| R250   |     | NAME OF INDIVIDUAL  |  | LOUISIANA  |       |
|  |     | Rosa, Mary  |  | E.D.   | SHEET |
| COLOR  | AGE | BIRTHPLACE  |  |  |       |
| B  | 27  |   |  |  |       |
| COUNTY   |     | CITY  |  |  |       |
|  |     | St. Mary  |  | Morgan City  |       |
| ENUMERATED WITH  |     |   |  |  |       |
| McClure, Sylvia  |     |   |  |  |       |
| RELATIONSHIP TO ABOVE  |     |   |  |  |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input checked="" type="checkbox"/> NEPHEW<br><input checked="" type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |       |

FORM 16-627 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

|  |  |  |            |           |       |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|------------|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R250   |  | NAME OF INDIVIDUAL                       |            | LOUISIANA |       |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR  |  | AGE                                      | BIRTHPLACE | E.D.      | SHEET |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| mu   |  | 16                                       |            | 99        | 15    |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY   |  |  | CITY       |           |       |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| St. Mary   |  |  | Berwick    |           |       |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH  |  |  |            |           |       |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Darcy, Henry   |  |  |            |           |       |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |            |           |       |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input checked="" type="checkbox"/> WIFE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |            |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input checked="" type="checkbox"/> WIFE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |            |           |       |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input checked="" type="checkbox"/> WIFE | <input type="checkbox"/> NURSE           |            |           |       |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |            |           |       |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |            |           |       |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |            |           |       |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |            |           |       |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |            |           |       |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |            |           |       |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 18-637 (4-28-61)

1918 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 18188-P61

|  |                  |   |      |   |                    |
|--|------------------|---|------|---|--------------------|
| R250   |                  | NAME OF INDIVIDUAL<br><i>Regan Mary</i>   |      | LOUISIANA   |                    |
| COLOR<br><i>W</i>  | AGE<br><i>19</i> | BIRTHPLACE  |      | E.D.<br><i>5</i>  | SHEET<br><i>19</i> |
| COUNTY<br><i>Acadia</i>  |                  |   | CITY |   |                    |
| ENUMERATED WITH<br><i>Stafford William</i>   |                  |   |      |   |                    |
| RELATIONSHIP TO ABOVE  |                  |   |      |   |                    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>0</i> |                    |

FORM 18-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                 |                |           |
|-----------------|----------------|-----------|
| <i>Stafford</i> | HEAD OF FAMILY | LOUISIANA |
|-----------------|----------------|-----------|

USCOM-DC 18100-P61

|                         |     |                |  |           |  |            |  |       |  |
|-------------------------|-----|----------------|--|-----------|--|------------|--|-------|--|
| 2255                    |     | HEAD OF FAMILY |  | Louisiana |  | E.O.       |  | SHEET |  |
| COLOR                   | AGE | BIRTHPLACE     |  | 85        |  | 12         |  |       |  |
| B                       | 42  |                |  |           |  |            |  |       |  |
| COUNTY                  |     | Natchitoches   |  | CITY      |  |            |  |       |  |
| OTHER MEMBERS OF FAMILY |     |                |  |           |  |            |  |       |  |
| NAME                    |     | RELATIONSHIP   |  | AGE       |  | BIRTHPLACE |  |       |  |
| Richard                 |     | S              |  | 15        |  |            |  |       |  |
| Hattie                  |     | S              |  | 12        |  |            |  |       |  |
| Caroline                |     | D              |  | 7         |  |            |  |       |  |
| Smith                   |     | S              |  | 5         |  |            |  |       |  |
| Ben                     |     | S              |  | 9/12      |  |            |  |       |  |
| 1 Bo                    |     |                |  |           |  |            |  |       |  |

FORM 10-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                |            |            |       |
|-------------------------|----------------|------------|------------|-------|
| R256                    | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   | AGE            | BIRTHPLACE | E.O.       | SHEET |
| B                       | 55             |            | 125        | 20    |
| COUNTY                  |                | CITY       |            |       |
| St. Martin              |                |            |            |       |
| OTHER MEMBERS OF FAMILY |                |            |            |       |
| NAME                    | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Leclat Henry Sr         | S-L            | 49         |            |       |
| Young Ella              | D              | 41         |            |       |
| Young Jr                | GS             | 12         |            |       |
| Wesland                 | GS             | 8          |            |       |
| Lewis                   | GS             | 7          |            |       |
| Long                    | GS             | 6          |            |       |
|                         |                |            |            |       |
|                         |                |            |            |       |

FORM 16-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |        |                |      |             |                |
|-------------------------|--------|----------------|------|-------------|----------------|
| P252                    |        | HEAD OF FAMILY |      | LOUISIANA   |                |
| COLOR                   | W      | AGE            | 44   | BIRTHPLACE  | Lushing, Maine |
| COUNTY                  | Vernon |                | CITY | Rousesville |                |
| OTHER MEMBERS OF FAMILY |        |                |      |             |                |
| NAME                    |        | RELATIONSHIP   | AGE  | BIRTHPLACE  |                |
| Minnie                  |        | W              | 32   |             |                |
| William B.              |        | S              | 14   |             |                |
| Allen P.                |        | S              | 13   |             |                |
| Audrey May              |        | D              | 10   |             |                |
| Richard A.              |        | S              | 7    |             |                |
| Thomas M.               |        | S              | 5    |             |                |
| Mae                     |        | D              | 3    |             |                |

FORM 18-428 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS





|                         |     |                |      |            |       |
|-------------------------|-----|----------------|------|------------|-------|
| R 350                   |     | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |      | E.D.       | SHEET |
| White                   | 45  |                |      | 121        | 28    |
| COUNTY                  |     |                | CITY |            |       |
| Tensas                  |     |                |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| 1 Alma                  |     | D              | 15   |            |       |
| Rucker, Ephraim         |     | Bo             | 37   |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |

FORM 16-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R250                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.O.       | SHEET |
| White                   | 36  |                |     | 66         | 15    |
| COUNTY                  |     | St. James      |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Shaskey John            |     | son            | 50  | S.C.       |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 16-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |     |   |  |   |  |
|--|-----|---|--|---|--|
| R250   |     | NAME OF INDIVIDUAL  |  | LOUISIANA   |  |
| Rockon Matile  |     | E.O.  |  | SHEET   |  |
| COLOR  | AGE | BIRTHPLACE  |  | 36 34   |  |
| mu   | 21  |   |  |   |  |
| COUNTY   |     | LaCassien   |  | CITY Lake Charles   |  |
| ENUMERATED WITH  |     | Rockon Gilbert  |  |   |  |
| RELATIONSHIP TO ABOVE  |     |   |  |   |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify) |  |
|  |     | <div style="text-align: right;"> <i>Li</i> </div>   |  |   |  |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 16100-701

|  |  |   |  |                    |                    |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |              |                                |  |  |
|--|--|---|--|--------------------|--------------------|---------------------------------|---------------------------------|----------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--------------|--------------------------------|--|--|
| P252   |  | NAME OF INDIVIDUAL<br><i>Rushing Mathie</i>         |  | LOUISIANA          |                    |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |              |                                |  |  |
| COLOR<br><i>W</i>  | AGE<br><i>8</i>                          | BIRTHPLACE<br><i>La</i>                             |  | R.D.<br><i>133</i> | SHEET<br><i>10</i> |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |              |                                |  |  |
| COUNTY<br><i>Winn</i>  |  | CITY  |  |                    |                    |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |              |                                |  |  |
| ENUMERATED WITH<br><i>Rushing Menziger L</i>   |  |   |  |                    |                    |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |              |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   |  |                    |                    |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |              |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> BOARDER</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>H. Si</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |                    |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> BOARDER | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>H. Si</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> BOARDER                    |  |                    |                    |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |              |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |  |                    |                    |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |              |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |                    |                    |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |              |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |                    |                    |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |              |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |                    |                    |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |              |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |                    |                    |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |              |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  | <i>H. Si</i>  |  |                    |                    |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |              |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |   |  |                    |                    |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |              |                                |  |  |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |   |   |    |   |              |
|---|---|---|----|---|--------------|
| R2.50   |   | NAME OF INDIVIDUAL  |    | LOUISIANA   |              |
| COLOR   | W | AGE   | 55 | BIRTHPLACE  | Rogan Mattie |
|   |   |   |    | E.D.  | 84           |
|   |   |   |    | SHEET   | 15           |
| COUNTY  |   | Madison   |    | CITY  |              |
| ENUMERATED WITH   |   | Rogan Lily L.   |    |   |              |
| RELATIONSHIP TO ABOVE   |   |   |    |   |              |
| <input type="checkbox"/> FATHER<br><input checked="" type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |   | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |    | <input type="checkbox"/> WIDWIFE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |              |

FORM 18-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |   |  |    |            |         |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
|---|---|--|----|------------|---------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|---|--|-------------------------------|---|--|--------------------------------|--|--|
| R253  |   | NAME OF INDIVIDUAL                       |    | LOUISIANA  |         |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| COLOR   | B   | AGE                                      | 19 | BIRTHPLACE | E.O. 39 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| COUNTY  |   | Calcasieu                                |    | CITY       |         |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| ENUMERATED WITH   |   |  |    |            |         |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |   |  |    |            |         |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input checked="" type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |   |  |    |            |         | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input checked="" type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW                     | <input type="checkbox"/> INMATE          |    |            |         |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE                      | <input type="checkbox"/> NURSE           |    |            |         |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW              | <input type="checkbox"/> PATIENT         |    |            |         |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW              | <input type="checkbox"/> ROOMER          |    |            |         |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW                 | <input type="checkbox"/> SERVANT         |    |            |         |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input checked="" type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |    |            |         |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW             |  |    |            |         |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW              |  |    |            |         |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |            |
|-------------------------|--|----------------|------------|------------|------------|
| 9252                    |  | HEAD OF FAMILY |            | LOUISIANA  |            |
| COLOR                   |  | AGE            | BIRTHPLACE |            | E.D. SHEET |
| W                       |  | 30             | Ruse       |            | 27 10      |
| COUNTY                  |  |                | CITY       |            |            |
| Jefferson               |  |                |            |            |            |
| OTHER MEMBERS OF FAMILY |  |                |            |            |            |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |            |
| / Sadie                 |  | W              | 29         | East. Tex  |            |
| Mary                    |  | D              | 4          |            |            |
| Abraham                 |  | S              | 1 1/2      |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |

FORM 10-430 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |            |                    |
|-------------------------|---|----------------|-----|------------|--------------------|
| R 253                   |   | HEAD OF FAMILY |     | LOUISIANA  |                    |
| COLOR                   | W | AGE            | 30  | BIRTHPLACE | Rosenthal, Maurice |
| COUNTY                  |   | Calcasieu      |     | CITY       | Lake Charles       |
| OTHER MEMBERS OF FAMILY |   |                |     |            |                    |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |                    |
| 1 Relief                |   | W              | 26  | Mexico     |                    |
|                         |   |                |     |            |                    |
|                         |   |                |     |            |                    |
|                         |   |                |     |            |                    |
|                         |   |                |     |            |                    |
|                         |   |                |     |            |                    |
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|                         |   |                |     |            |                    |

FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |   |                |      |            |      |
|-------------------------|---|----------------|------|------------|------|
| R252                    |   | HEAD OF FAMILY |      | LOUISIANA  |      |
| COLOR                   | W | AGE            | 29   | BIRTHPLACE | Miss |
| COUNTY                  |   |                | CITY |            |      |
| OTHER MEMBERS OF FAMILY |   |                |      |            |      |
| NAME                    |   | RELATIONSHIP   | AGE  | BIRTHPLACE |      |
| Annie                   |   | W              | 19   |            |      |
| Cortez                  |   | S              | 3    |            |      |
| J. M.                   |   | S              | 1    |            |      |
| Margaret                |   | S              | 12   |            |      |
| Mollie                  |   | H. Si          | 8    | Tex        |      |
|                         |   |                |      |            |      |
|                         |   |                |      |            |      |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |  |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|--|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R 250  |  | NAME OF INDIVIDUAL<br><i>Regina Monica</i> |  | LOUISIANA         |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>B</i>  | AGE<br><i>38</i>                         | BIRTHPLACE<br><i>Ind</i>                   |  | E.D.<br><i>70</i> | SHEET<br><i>37</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>Lafayette</i>   |  | CITY<br><i>Lafayette</i>                   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Regina, Mathis</i>   |  |  |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |                   |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE            |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE             |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER            |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 16-437 (4-22-61)

1916 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18169-P-1

|                         |     |                |      |            |  |
|-------------------------|-----|----------------|------|------------|--|
| R252                    |     | HEAD OF FAMILY |      | LOUISIANA  |  |
| COLOR                   | AGE | BIRTHPLACE     | E.D. | SHEET      |  |
| W                       | 36  | Miss           | 60   | 5          |  |
| COUNTY                  |     | CITY           |      |            |  |
| Iberville               |     |                |      |            |  |
| OTHER MEMBERS OF FAMILY |     |                |      |            |  |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| Georgia                 |     | W              | 32   | Miss       |  |
| Stella                  |     | D              | 15   |            |  |
| Walter                  |     | S              | 14   |            |  |
| Thelma                  |     | D              | 13   |            |  |
| Otto                    |     | S              | 9    |            |  |
| Rosa                    |     | S              | 8    |            |  |
| Vernon                  |     | S              | 7    |            |  |

FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

HEAD OF FAMILY - CONTINUE

LOUISIANA

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME    | RELATION-<br>SHIP | AGE | BIRTHPLACE |
|---------|-------------------|-----|------------|
| Artisia | D                 | 5   |            |
| William | S                 | 4   |            |
| George  | S                 | 2   |            |
|         |                   |     |            |
|         |                   |     |            |
|         |                   |     |            |
|         |                   |     |            |
|         |                   |     |            |
|         |                   |     |            |
|         |                   |     |            |
|         |                   |     |            |
|         |                   |     |            |

FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-OF 1910-P61

|                         |   |                |     |            |           |
|-------------------------|---|----------------|-----|------------|-----------|
| R251                    |   | HEAD OF FAMILY |     | LOUISIANA  |           |
| COLOR                   | W | AGE            | 49  | BIRTHPLACE | Russia    |
| COUNTY                  |   | Lafayette      |     | CITY       | Lafayette |
| OTHER MEMBERS OF FAMILY |   |                |     |            |           |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |           |
| Dora                    |   | W              | 44  |            |           |
| Hilda                   |   | D              | 13  |            |           |
| Nathan                  |   | S              | 11  |            |           |
| Rose                    |   | D              | 7   |            |           |
| Lol B                   |   | S              | 3   |            |           |
| Kaufman, Deborah        |   | Hi             | 15  |            |           |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R250                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| B                       | 29  | Lafourche      |     | 44         | 12    |
| COUNTY                  |     | CITY           |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Rose                    |     | w              | 27  |            |       |
| Joe                     |     | s              | 11  |            |       |
| Eldora                  |     | d              | 13  |            |       |
| Mose Jr.                |     | s              | 8   |            |       |
| Jack                    |     | s              | 7   |            |       |
| Wesley                  |     | s              | 4   |            |       |
| Mamuel                  |     | s              | 3   |            |       |

FORM 16-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |                |              |           |            |
|-------------------------|----------------|--------------|-----------|------------|
| R255                    | HEAD OF FAMILY |              | LOUISIANA |            |
| COLOR                   | AGE            | BIRTHPLACE   |           | E.D.       |
| Mt                      | 27             |              |           | /          |
| COUNTY                  | Acadia         |              | CITY      |            |
|                         |                |              | Rayne     |            |
| OTHER MEMBERS OF FAMILY |                |              |           |            |
| NAME                    |                | RELATIONSHIP | AGE       | BIRTHPLACE |
| / LAMPA                 |                | W            | 32        |            |
| HARRISON                |                | S            | 7         |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |   |                |     |            |                |
|-------------------------|---|----------------|-----|------------|----------------|
| R50                     |   | HEAD OF FAMILY |     | LOUISIANA  |                |
| COLOR                   | B | AGE            | 50  | BIRTHPLACE | Regina, Mother |
| COUNTY                  |   | Lafayette      |     | CITY       | Lafayette      |
| OTHER MEMBERS OF FAMILY |   |                |     |            |                |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |                |
| Angela                  |   | S.             | 43  | Ala        |                |
| Monica                  |   | S.             | 35  | Ind        |                |
| Imelda                  |   | S.             | 32  | Ohio       |                |
| Celeste                 |   | S.             | 29  |            |                |
|                         |   |                |     |            |                |
|                         |   |                |     |            |                |
|                         |   |                |     |            |                |

FORM 16-436 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|  |  |  |      |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|------|--------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R252   |  | NAME OF INDIVIDUAL<br><i>Risinger, Nancy</i> |      | LOUISIANA          |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>W</i>  | AGE<br><i>76</i>                         | BIRTHPLACE<br><i>Ala</i>                     |      | E.D.<br><i>133</i> | SHEET<br><i>9</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>Union</i>   |  |  | CITY |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Agden, Minnie</i>  |  |  |      |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |      |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> ORGATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> SIBLING</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |      |                    |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> ORGATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> SIBLING | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> ORGATE              |      |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE               |      |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT             |      |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> SIBLING  |      |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT             |      |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)     |      |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |      |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |      |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 16100-P01

|                         |   |                |          |            |      |
|-------------------------|---|----------------|----------|------------|------|
| R252                    |   | HEAD OF FAMILY |          | LOUISIANA  |      |
| COLOR                   | W | AGE            | 40       | BIRTHPLACE | Miss |
| COUNTY                  |   |                | Franklin | CITY       |      |
| OTHER MEMBERS OF FAMILY |   |                |          |            |      |
| NAME                    |   | RELATIONSHIP   | AGE      | BIRTHPLACE |      |
| Ruby                    |   | W              | 29       | Miss       |      |
| Lumpkin                 |   | L              | 12       | Miss       |      |
| Ivy                     |   | 10             | 10       | Miss       |      |
| Mary                    |   | 4              | 8        | Miss       |      |
| Bessie                  |   | 0              | 3        | Miss       |      |
|                         |   |                |          |            |      |
|                         |   |                |          |            |      |

FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |  |  |           |       |
|--|--|--|--|-----------|-------|
| R250                                   |  | NAME OF INDIVIDUAL                       |  | LOUISIANA |       |
| COLOR                                  | AGE  | BIRTHPLACE                               |  | E.O.      | SHEET |
| W                                      | 16   | Rousselle, Ned                           |  | 138       | 20    |
| COUNTY                                 |  | CITY                                     |  |           |       |
| Union                                  |  |  |  |           |       |
| ENUMERATED WITH                        |  |  |  |           |       |
| Parker, Will J.                        |  |  |  |           |       |
| RELATIONSHIP TO ABOVE                  |  |  |  |           |       |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW                    | <input type="checkbox"/> HIMSELF         |  |           |       |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> Niece                     | <input type="checkbox"/> MURDER          |  |           |       |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW             | <input type="checkbox"/> PATIENT         |  |           |       |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW             | <input type="checkbox"/> ROOMER          |  |           |       |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW                | <input type="checkbox"/> SERVANT         |  |           |       |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW           | <input type="checkbox"/> OTHER (Specify) |  |           |       |
| <input type="checkbox"/> AUNT          | <input checked="" type="checkbox"/> BROTHER-IN-LAW |  |  |           |       |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW             |  |  |           |       |

FORM 10-527 (4-20-51)

1930 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 1919-P81

|  |     |   |  |  |       |
|--|-----|---|--|--|-------|
| R253   |     | NAME OF INDIVIDUAL  |  | LOUISIANA  |       |
| COLOR  | AGE | BIRTHPLACE  |  | E.D.   | SHEET |
| W  | 35  |   |  | 42   | 9     |
| COUNTY   |     | CITY  |  |  |       |
| Calcasieu  |     |   |  |  |       |
| ENUMERATED WITH  |     |   |  |  |       |
| Conley, John   |     |   |  |  |       |
| RELATIONSHIP TO ABOVE  |     |   |  |  |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> WEAVER<br><input type="checkbox"/> MURDER<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify) |       |
|  |     |   |  | Boarder  |       |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |                |            |       |
|-------------------------|---|----------------|----------------|------------|-------|
| 7250<br>8250            |   | HEAD OF FAMILY |                | LOUISIANA  |       |
| COLOR                   | W | AGE            | 63             | BIRTHPLACE | Meine |
| COUNTY                  |   |                | East Feliciana |            |       |
| CITY                    |   |                |                |            |       |
| OTHER MEMBERS OF FAMILY |   |                |                |            |       |
| NAME                    |   | RELATIONSHIP   | AGE            | BIRTHPLACE |       |
| Sarah E.                |   | W              | 63             |            |       |
| Mary A.                 |   | D              | 31             |            |       |
| James Mary R.           |   | S-L            | 70             |            |       |
| 1 Evelyn                |   | S-L            | 65             |            |       |
|                         |   |                |                |            |       |
|                         |   |                |                |            |       |
|                         |   |                |                |            |       |
|                         |   |                |                |            |       |

FORM 16-626 (4-26-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |            |               |
|-------------------------|---|----------------|-----|------------|---------------|
| R250                    |   | HEAD OF FAMILY |     | LOUISIANA  |               |
| COLOR                   | W | AGE            | 38  | BIRTHPLACE | Riches, Miles |
| COUNTY                  |   | Lafourche      |     | CITY       |               |
| OTHER MEMBERS OF FAMILY |   |                |     |            |               |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |               |
|                         |   | Antoinette     | W   | 21         |               |
|                         |   | Clovia         | S   | 4          |               |
|                         |   | Arcelon        | S   | 2          |               |
|                         |   |                |     |            |               |
|                         |   |                |     |            |               |
|                         |   |                |     |            |               |
|                         |   |                |     |            |               |

Form 18-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |     |                |       |            |       |
|-------------------------|-----|----------------|-------|------------|-------|
| R255                    |     | HEAD OF FAMILY |       | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |       | E.D.       | SHEET |
| W                       | 28  |                |       | 62         | 5     |
| COUNTY                  |     |                | CITY  |            |       |
| La Salle                |     |                |       |            |       |
| OTHER MEMBERS OF FAMILY |     |                |       |            |       |
| NAME                    |     | RELATIONSHIP   | AGE   | BIRTHPLACE |       |
| Mary A.                 |     | W              | 19    |            |       |
| Lisay                   |     | S              | 5 1/2 |            |       |
|                         |     |                |       |            |       |
|                         |     |                |       |            |       |
|                         |     |                |       |            |       |
|                         |     |                |       |            |       |
|                         |     |                |       |            |       |
|                         |     |                |       |            |       |
|                         |     |                |       |            |       |

FORM 10-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |     |            |       |
|-------------------------|--|----------------|-----|------------|-------|
| R250                    |  | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   |  | AGE            |     | E.D.       | SHEET |
| B                       |  | 30             |     | 101        | 11    |
| BIRTHPLACE              |  |                |     |            |       |
| COUNTY                  |  |                |     | CITY       |       |
| Red River               |  |                |     |            |       |
| OTHER MEMBERS OF FAMILY |  |                |     |            |       |
| NAME                    |  | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Agnie                   |  | W              | 30  |            |       |
| Flora                   |  | D              | 10  |            |       |
| Watay                   |  | S              | 8   |            |       |
| Doudray                 |  | S              | 5   |            |       |
|                         |  |                |     |            |       |
|                         |  |                |     |            |       |
|                         |  |                |     |            |       |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                    |     |            |       |
|-------------------------|-----|--------------------|-----|------------|-------|
| R255                    |     | HEAD OF FAMILY     |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE         |     | S.D.       | SHEET |
| 2                       | 36  | Richmond, Nebraska |     | 114        | 34    |
| COUNTY                  |     | CITY               |     |            |       |
| Richmond                |     |                    |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                    |     |            |       |
| NAME                    |     | RELATIONSHIP       | AGE | BIRTHPLACE |       |
| 1 Alice                 |     | W                  | 34  | Ark        |       |
| Lagon Francis           |     | SD                 | 19  |            |       |
|                         |     |                    |     |            |       |
|                         |     |                    |     |            |       |
|                         |     |                    |     |            |       |
|                         |     |                    |     |            |       |
|                         |     |                    |     |            |       |
|                         |     |                    |     |            |       |

FORM 16-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |      |            |       |
|-------------------------|-----|----------------|------|------------|-------|
| R252                    |     | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |      | E.D.       | SHEET |
| W                       | 52  | Miss           |      | 69         | 6     |
| COUNTY                  |     |                | CITY |            |       |
| Livingston              |     |                |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Hathorne                |     | H              | 44   |            |       |
| Christy                 |     | S              | 21   |            |       |
| Nelson Jr               |     | S              | 15   |            |       |
| Margaret                |     | D              | 12   |            |       |
| John                    |     | D              | 18   |            |       |
| Lester                  |     | S              | 6    |            |       |
| Bertie                  |     | D              | 2    |            |       |
| May                     |     | DL             | 15   |            |       |

FORM 16-636 (4-29-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |   |  |                |                 |
|--|---|--|----------------|-----------------|
| 2253   |   | NAME OF INDIVIDUAL - <i>Rigmaiden mola</i>   |                | LOUISIANA       |
| COLOR <i>B</i>   | AGE <i>3</i>  | BIRTHPLACE   | E.D. <i>39</i> | SHEET <i>18</i> |
| COUNTY <i>Calcasieu</i>  |   | CITY   |                |                 |
| ENUMERATED WITH <i>Rigmaiden Lisk</i>  |   |  |                |                 |
| RELATIONSHIP TO ABOVE  |   |  |                |                 |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> IMMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>g. cl.</i> |                |                 |

FORM 16-637 (4-22-61)

1970 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 16100-P01

|                         |   |                |                                 |            |      |
|-------------------------|---|----------------|---------------------------------|------------|------|
| B252                    |   | HEAD OF FAMILY |                                 | LOUISIANA  |      |
| COLOR                   | B | AGE            | 25                              | BIRTHPLACE | 82 9 |
| COUNTY                  |   |                | Natchitoches                    | CITY       |      |
| OTHER MEMBERS OF FAMILY |   |                |                                 |            |      |
| NAME                    |   | RELATIONSHIP   | AGE                             | BIRTHPLACE |      |
| Felician                |   | W              | 14                              |            |      |
| Maggie                  |   | D              | 1 <sup>10</sup> / <sub>12</sub> |            |      |
| Scrader, Arina          |   | AL             | 41                              |            |      |
|                         |   |                |                                 |            |      |
|                         |   |                |                                 |            |      |
|                         |   |                |                                 |            |      |
|                         |   |                |                                 |            |      |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |             |            |       |
|-------------------------|-----|----------------|-------------|------------|-------|
| R250                    |     | HEAD OF FAMILY |             | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |             | E.D.       | SHEET |
| W                       | 44  |                |             | 93         | 3     |
| COUNTY                  |     |                | CITY        |            |       |
| Morehouse               |     |                | New Orleans |            |       |
| OTHER MEMBERS OF FAMILY |     |                |             |            |       |
| NAME                    |     | RELATIONSHIP   | AGE         | BIRTHPLACE |       |
| Beverly                 |     | S              | 24          |            |       |
| Willard                 |     | D              | 16          |            |       |
| Vallette                |     | D              | 12          |            |       |
|                         |     |                |             |            |       |
|                         |     |                |             |            |       |
|                         |     |                |             |            |       |
|                         |     |                |             |            |       |

FORM 16-636 (4-22-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R252                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.O.       | SHEET |
| W                       |  | 23             |            | 82         | 13    |
| COUNTY                  |  |                | CITY       |            |       |
| Natchitoches            |  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Madeline                |  | W              | 23         |            |       |
| Robert B                |  | S              | 2/12       |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

Form 16-636 (4-25-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|   |  |  |  |           |           |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|--|-----------|-----------|------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|--|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R 250   |  | NAME OF INDIVIDUAL<br><i>Ravasson, Nicholas J.</i> |  | LOUISIANA | E.D.<br>2 | SHEET<br>4 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>W</i>   | AGE<br>22                                | BIRTHPLACE   |  |           |           |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY  |  | <i>Jefferson</i>                                   |  | CITY      |           |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Landing, Joseph B.</i>  |  |  |  |           |           |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |  |           |           |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |           |           |            | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                    |  |           |           |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                     |  |           |           |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                   |  |           |           |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                    |  |           |           |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                   |  |           |           |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)           |  |           |           |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |           |           |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |  |           |           |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 16-637 (4-30-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 1910S-P61

|  |  |   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
|--|--|---|--|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|-----------|--------------------------------|--|--|
| R250   |  | NAME OF INDIVIDUAL<br><i>Kassone Nellie</i>         |  | LOUISIANA         |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| COLOR<br><i>W</i>  | AGE<br><i>21</i>                         | BIRTHPLACE  |  | E.D.<br><i>12</i> | SHEET<br><i>19</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| COUNTY<br><i>Liberty</i>   |  | CITY  |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| ENUMERATED WITH<br><i>Brussard Desire</i>  |  |   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>el</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |                   |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>el</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  | <i>el</i>   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |

FORM 16-537 (4-20-61)

1919 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |      |              |      |           |    |
|-------------------------|---|----------------|------|--------------|------|-----------|----|
| R252                    |   | HEAD OF FAMILY |      | Rushing Nora |      | LOUISIANA |    |
| COLOR                   | W | AGE            | 28   | BIRTHPLACE   | Miss | E.D.      | 70 |
| COUNTY                  |   | Livingston     |      | CITY         |      | SHEET 2   |    |
| OTHER MEMBERS OF FAMILY |   |                |      |              |      |           |    |
| NAME                    |   | RELATIONSHIP   | AGE  | BIRTHPLACE   |      |           |    |
| Nancy                   |   | W              | 21   | Miss         |      |           |    |
| Nettie                  |   | D              | 3    |              |      |           |    |
| Lewis                   |   | S              | 3/12 |              |      |           |    |
|                         |   |                |      |              |      |           |    |
|                         |   |                |      |              |      |           |    |
|                         |   |                |      |              |      |           |    |
|                         |   |                |      |              |      |           |    |
|                         |   |                |      |              |      |           |    |

FORM 18-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |   |      |           |   |
|--|--|---|------|-----------|---|
| 1220                                   |  | NAME OF INDIVIDUAL                                  |      | LOUISIANA |   |
| Rasson, Norman C                       |  | E.O.  |      | SHEET     |   |
| COLOR                                  | AGE                                      | BIRTHPLACE  |      | 84        | 4 |
| (w)                                    | 7 1/2                                    | Ill.  |      |           |   |
| COUNTY                                 | Pointe Coupee                            |   | CITY |           |   |
|  |  | New Roads   |      |           |   |
| REGISTERED WITH                        |  |   |      |           |   |
| Tillman, Arthur P                      |  |   |      |           |   |
| RELATIONSHIP TO ABOVE                  |  |   |      |           |   |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |      |           |   |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NICE            | <input type="checkbox"/> NURSE                      |      |           |   |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |      |           |   |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |      |           |   |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |      |           |   |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |      |           |   |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW  |   |      |           |   |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW   |   |      |           |   |
|  |  | S   |      |           |   |

FORM 10-637 (4-25-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18100-P61

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R 252                   |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.O.       | SHEET |
| W                       | 21  | Tangipahoa     |     |            |       |
| COUNTY                  |     |                |     |            |       |
| CITY                    |     |                |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| John                    |     | 1.1            | 12  |            |       |
| Mary                    |     |                |     |            |       |
| Elizabeth               |     |                |     |            |       |
| L. L. May               |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |      |            |  |
|-------------------------|-----|----------------|------|------------|--|
| R253                    |     | HEAD OF FAMILY |      | LOUISIANA  |  |
| Kipmaiden O. L.         |     | E.O.           |      | 39         |  |
| COLOR                   | AGE | BIRTHPLACE     |      | SHEET      |  |
| Wm                      | 39  |                |      | 19         |  |
| COUNTY                  |     | Calcasieu      |      | CITY       |  |
| OTHER MEMBERS OF FAMILY |     |                |      |            |  |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| 1 Bertha                |     | W              | 19   |            |  |
| Maryville               |     | D              | 5/10 |            |  |
| Thomas Bertha           |     | M              | 7    |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |

FORM 16-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |  |
|-------------------------|-----|----------------|-----|------------|--|
| R 250                   |     | HEAD OF FAMILY |     | LOUISIANA  |  |
| Bawean O M              |     | E.O.           |     | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |     |            |  |
| W                       | 23  | Ark            |     |            |  |
| COUNTY                  |     | Caldwell       |     | CITY       |  |
| OTHER MEMBERS OF FAMILY |     |                |     |            |  |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| Pauline                 |     | W              | 18  | Ark        |  |
| Harris                  |     | S              | 22  |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |

FORM 16-636 (4-20-31)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                |              |            |            |
|-------------------------|----------------|--------------|------------|------------|
| R250                    | HEAD OF FAMILY |              | LOUISIANA  |            |
| COLOR                   | W              | AGE          | BIRTHPLACE |            |
|                         | 30             |              |            |            |
| COUNTY                  | St. Landry     |              | CITY       |            |
|                         |                |              |            |            |
| OTHER MEMBERS OF FAMILY |                |              |            |            |
|                         | NAME           | RELATIONSHIP | AGE        | BIRTHPLACE |
| /                       | Alvina         | W            | 28         |            |
| /                       | Nathan         | S            | 8          |            |
| /                       | Lee            | S            | 6          |            |
|                         |                |              |            |            |
|                         |                |              |            |            |
|                         |                |              |            |            |
|                         |                |              |            |            |
|                         |                |              |            |            |

FORM 18-436 (6-20-07)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



| R255                    |              | HEAD OF FAMILY |            | LOUISIANA |       |
|-------------------------|--------------|----------------|------------|-----------|-------|
| COLOR                   | AGE          | BIRTHPLACE     |            | E.D.      | SHEET |
| B                       | 48           | Rosauro Octave |            | 125       | 8     |
| COUNTY                  |              | St. Martin     |            | CITY      |       |
| OTHER MEMBERS OF FAMILY |              |                |            |           |       |
| NAME                    | RELATIONSHIP | AGE            | BIRTHPLACE |           |       |
| Felicia                 | W            | 46             |            |           |       |
| Paul                    | S            | 21             |            |           |       |
| Albert                  | S            | 20             |            |           |       |
| Antoine                 | S            | 17             |            |           |       |
| Dupre                   | S            | 15             |            |           |       |
| Willie                  | S            | 14             |            |           |       |
| Aida                    | D            | 10             |            |           |       |

FORM 10-436 (4-26-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

| HEAD OF FAMILY - CONTINUED |              | LOUISIANA   |            |
|----------------------------|--------------|-------------|------------|
|                            |              | CARD 2 OF 2 |            |
| OTHER MEMBERS OF FAMILY    |              |             |            |
| NAME                       | RELATIONSHIP | AGE         | BIRTHPLACE |
| Eola                       | 12           | 8           |            |
| Virginia                   | 5            | 5           |            |
| Felicie                    | 12           | 2           |            |
|                            |              |             |            |
|                            |              |             |            |
|                            |              |             |            |
|                            |              |             |            |
|                            |              |             |            |
|                            |              |             |            |
|                            |              |             |            |

FORM 10-436a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18100-P01

|   |  |   |      |  |                |
|---|--|---|------|--|----------------|
| R-253<br>COLOR <b>W</b>   |  | NAME OF INDIVIDUAL<br><b>Legend, Adely</b>  |      | LOUISIANA<br>S.D. <b>56</b>  | SHEET <b>4</b> |
| AGE <b>12</b>   |  | BIRTHPLACE  |      |  |                |
| COUNTY  |  |   | CITY |  |                |
| ENUMERATED WITH <b>Piquemires</b>   |  |   |      |  |                |
| RELATIONSHIP TO ABOVE <b>Baylin, Sammy</b>  |  |   |      |  |                |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input checked="" type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                |

Form 16-437 (4-29-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 15199-P01

|                                |                       |                   |                   |              |
|--------------------------------|-----------------------|-------------------|-------------------|--------------|
| <b>R 250</b>                   | <b>HEAD OF FAMILY</b> |                   | <b>LOUISIANA</b>  |              |
| <b>COLOR</b>                   | <b>AGE</b>            | <b>BIRTHPLACE</b> | <b>E.O.</b>       | <b>SHEET</b> |
| <b>W</b>                       | <b>24</b>             |                   | <b>85</b>         | <b>19</b>    |
| <b>COUNTY</b>                  |                       | <b>CITY</b>       |                   |              |
| <b>Natchitoches</b>            |                       |                   |                   |              |
| <b>OTHER MEMBERS OF FAMILY</b> |                       |                   |                   |              |
| <b>NAME</b>                    | <b>RELATIONSHIP</b>   | <b>AGE</b>        | <b>BIRTHPLACE</b> |              |
| <b>Elly</b>                    | <b>W</b>              | <b>22</b>         |                   |              |
| <b>Archie</b>                  | <b>D</b>              | <b>2</b>          |                   |              |
|                                |                       |                   |                   |              |
|                                |                       |                   |                   |              |
|                                |                       |                   |                   |              |
|                                |                       |                   |                   |              |
|                                |                       |                   |                   |              |
|                                |                       |                   |                   |              |

FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |     |  |  |  |  |
|--|-----|--|--|--|--|
| R252   |     | NAME OF INDIVIDUAL   |  | LOUISIANA  |  |
| Rushing, Ollie   |     | R.D.   |  | SHEET  |  |
| COLOR  | AGE | BIRTHPLACE   |  |  |  |
| B  | 19  |  |  |  |  |
| COUNTY   |     | CITY   |  |  |  |
|  |     | Bienville  |  |  |  |
| ENUMERATED WITH  |     | Rushing, Jackson   |  |  |  |
| RELATIONSHIP TO ABOVE  |     |  |  |  |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input checked="" type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |  |

FORM 16-437 (4-22-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMB-DC 1910-P-61

| HEAD OF FAMILY          |              |                | LOUISIANA  |       |
|-------------------------|--------------|----------------|------------|-------|
| COLOR                   | AGE          | BIRTHPLACE     | E.D.       | SHEET |
| R252<br>B               | 24           | Rushing, Ollie | 11         | 13    |
| COUNTY                  |              | Bienville      | CITY       |       |
| OTHER MEMBERS OF FAMILY |              |                |            |       |
| NAME                    | RELATIONSHIP | AGE            | BIRTHPLACE |       |
| Dola                    | W            | 19             |            |       |
| Lina                    | D            | 6              |            |       |
| Lila                    | D            | 5              |            |       |
| C. L.                   | S            | 3              |            |       |
| Mary D.                 | D            | 1              |            |       |
|                         |              |                |            |       |
|                         |              |                |            |       |

FORM 10-436 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |   |  |      |  |       |
|--|---|--|------|--|-------|
| 1223   |   | NAME OF INDIVIDUAL   |      | LOUISIANA  |       |
| Roginal, Amelia Mae  |   | E.D.   |      | SHEET  |       |
| COLOR  | W | AGE  | 76   | BIRTHPLACE   | 56 22 |
| COUNTY   |   |  | CITY |  |       |
| Plaquemines  |   |  |      |  |       |
| EMIGRATED WITH   |   |  |      |  |       |
| Boudreaux, Victor  |   |  |      |  |       |
| RELATIONSHIP TO ABOVE  |   |  |      |  |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |   | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input checked="" type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |       |

FORM 10-437 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 10160-P41

| R250  |  | NAME OF INDIVIDUAL                                  |  | LOUISIANA |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|---|--|---|--|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| COLOR   | AGE                                      | BIRTHPLACE  |  | E.D.      | SHEET |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| mm  | 6  |   |  | 97        | 23    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY  |  | CITY  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|   |  | St. Mary  |  | Morgan    |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| Cole, Thomas  |  |   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 19100-P61



|  |  |   |                            |           |                 |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |          |                                |  |  |
|--|--|---|----------------------------|-----------|-----------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|----------|--------------------------------|--|--|
| R250   |  | NAME OF INDIVIDUAL<br><i>Crupen Oscar</i> |                            | LOUISIANA | ED<br><i>20</i> | SHEET<br><i>13</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |          |                                |  |  |
| COLOR<br><i>Blk</i>  | AGE<br><i>4</i>                          | BIRTH PLACE                               |                            |           |                 |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |          |                                |  |  |
| COUNTY<br><i>East Baton Rouge</i>  |  |   | CITY<br><i>Baton Rouge</i> |           |                 |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |          |                                |  |  |
| ENUMERATED WITH<br><i>William D. D'Amico</i>   |  |   |                            |           |                 |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |          |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   |                            |           |                 |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |          |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>5</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |                            |           |                 |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>5</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE           |                            |           |                 |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |          |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE            |                            |           |                 |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |          |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT          |                            |           |                 |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |          |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER           |                            |           |                 |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |          |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT          |                            |           |                 |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |          |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)  |                            |           |                 |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |          |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  | <i>5</i>                                  |                            |           |                 |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |          |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |   |                            |           |                 |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |          |                                |  |  |

FORM 10-637 (4-30-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |                |            |      |
|-------------------------|--|----------------|----------------|------------|------|
| R254                    |  | HEAD OF FAMILY |                | LOUISIANA  |      |
| COLOR                   |  | AGE            | BIRTHPLACE     |            | E.O. |
| 3                       |  | 23             | Rosinal, Oscar |            | 118  |
| COUNTY                  |  | CITY           |                | SHEET      |      |
| St. Landry              |  |                |                | 20         |      |
| OTHER MEMBERS OF FAMILY |  |                |                |            |      |
| NAME                    |  | RELATIONSHIP   | AGE            | BIRTHPLACE |      |
| — Alice                 |  | w              | 8              |            |      |
|                         |  |                |                |            |      |
|                         |  |                |                |            |      |
|                         |  |                |                |            |      |
|                         |  |                |                |            |      |
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|                         |  |                |                |            |      |
|                         |  |                |                |            |      |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |  |
|-------------------------|-----|----------------|-----|------------|--|
| R255                    |     | HEAD OF FAMILY |     | LOUISIANA  |  |
| Richmond Oscar          |     | E.D.           |     | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |     |            |  |
| Wm                      | 40  |                |     |            |  |
| COUNTY                  |     | Bionville      |     | CITY       |  |
| OTHER MEMBERS OF FAMILY |     |                |     |            |  |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| 1 Annie                 |     | W              | 42  |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
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|                         |     |                |     |            |  |

|   |  |                           |   |           |       |
|---|--|---------------------------|---|-----------|-------|
| 1256  |  | NAME OF HEAD OF HOUSEHOLD |   | LOUISIANA |       |
| COLOR   |  | AGE                       | BIRTHPLACE  | E.D.      | SHEET |
| B   |  | 3                         | Quachita  | 107       | ✓     |
| COUNTY  |  |                           | CITY  |           |       |
| ENUMERATED WITH   |  |                           | Calson Jr.  |           |       |
| RELATIONSHIP TO ABOVE   |  |                           |   |           |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input checked="" type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  |                           | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |           |       |
|   |  |                           | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify)  |           |       |

FORM 10-637 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18125-P01

|                         |     |                |     |            |  |
|-------------------------|-----|----------------|-----|------------|--|
| R 252                   |     | HEAD OF FAMILY |     | LOUISIANA  |  |
| PUSHING, Oscar O.       |     | E.D.           |     | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |     |            |  |
| W                       | 35  |                |     |            |  |
| COUNTY                  |     | CITY           |     |            |  |
| Bienville               |     | Lafayette      |     |            |  |
| OTHER MEMBERS OF FAMILY |     |                |     |            |  |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| Rosa E.                 |     | W              | 34  |            |  |
| Emory E.                |     | S              | 8   |            |  |
| Estelle H.              |     | D              | 6   |            |  |
| Susan L.                |     | D              | 3   |            |  |
| Bates, Delutha          |     | Aunt           | 67  |            |  |
| Simmons, Bernard        |     | Bo             | 52  | Ala        |  |
| Donell, John B.         |     | SS             | 13  |            |  |

FORM 16-536 (4-22-61)

1970 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME      | RELATIONSHIP | AGE | BIRTHPLACE |
|-----------|--------------|-----|------------|
| 1 Etta C. | SD           | 10  |            |
|           |              |     |            |
|           |              |     |            |
|           |              |     |            |
|           |              |     |            |
|           |              |     |            |
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|           |              |     |            |

FORM 10-436a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 1810B-P61

|  |     |  |  |  |       |
|--|-----|--|--|--|-------|
| R250   |     | NAME OF INDIVIDUAL   |  | LOUISIANA  |       |
|  |     | Reason Adams   |  | E.O.   | SHEET |
| COLOR  | AGE | BIRTHPLACE   |  |  |       |
| W  | 21  |  |  |  | 28    |
| COUNTY   |     | Avoynelle  |  | CITY   |       |
| ENUMERATED WITH  |     |  |  |  |       |
| Bordelone Alade M  |     |  |  |  |       |
| RELATIONSHIP TO ABOVE  |     |  |  |  |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input checked="" type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |       |

Form 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 1918-P-1

|                         |         |                |      |            |       |
|-------------------------|---------|----------------|------|------------|-------|
| R 252                   |         | HEAD OF FAMILY |      | LOUISIANA  |       |
| Pasanauk, P. P.         |         | E.O.           |      | 88         |       |
| COLOR                   | W       | AGE            | 35   | BIRTHPLACE | Texas |
| COUNTY                  | Rapides |                | CITY |            |       |
| OTHER MEMBERS OF FAMILY |         |                |      |            |       |
| NAME                    |         | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Della C.                |         | W              | 23   |            |       |
| Mary                    |         | D              | 5    |            |       |
| J. G.                   |         | D              | 3    |            |       |
| A. B.                   |         | S              | 1    |            |       |
| 1 B                     |         |                |      |            |       |
| 1 Hk                    |         |                |      |            |       |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |                  |              |           |            |
|-------------------------|------------------|--------------|-----------|------------|
| R255                    | HEAD OF FAMILY   |              | LOUISIANA |            |
|                         | Richmond, Pamela |              | E.O.      | SHEET      |
| COLOR<br>B              | AGE<br>60        | BIRTHPLACE   |           |            |
| COUNTY                  |                  | St. Martin   | CITY      |            |
| OTHER MEMBERS OF FAMILY |                  |              |           |            |
| NAME                    |                  | RELATIONSHIP | AGE       | BIRTHPLACE |
| Adrian                  |                  | S            | 23        |            |
| Joe                     |                  | S            | 17        |            |
| Pamlin                  |                  | S            | 15        |            |
| Lupard                  |                  | S            | 9         |            |
|                         |                  |              |           |            |
|                         |                  |              |           |            |
|                         |                  |              |           |            |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |     |  |  |  |       |
|--|-----|--|--|--|-------|
| R250   |     | NAME OF INDIVIDUAL   |  | LOUISIANA  |       |
| COLOR  | AGE | BIRTHPLACE   |  | E.O.   | SHEET |
| B  | 36  |  |  | 104  | 27    |
| COUNTY   |     | Terrebonne   |  | CITY   |       |
|  |     |  |  | Houma  |       |
| ENUMERATED WITH  |     |  |  |  |       |
| Stovall Harry  |     |  |  |  |       |
| RELATIONSHIP TO ABOVE  |     |  |  |  |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input checked="" type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |       |

FORM 10-627 (4-28-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 15105-P01

|                         |     |                |      |            |  |
|-------------------------|-----|----------------|------|------------|--|
| R250                    |     | HEAD OF FAMILY |      | LOUISIANA  |  |
| Regan, Patrick          |     | E.O.           |      | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |      |            |  |
| W                       | 27  |                |      |            |  |
| COUNTY                  |     |                | CITY |            |  |
| Acadia                  |     |                |      |            |  |
| OTHER MEMBERS OF FAMILY |     |                |      |            |  |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| / AMELIA                |     | W              | 25   |            |  |
| MAARL                   |     | O              | 4    |            |  |
| MAMIE                   |     | O              | 2    |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |

FORM 16-636 (4-20-61)

1916 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |                   |  |
|-------------------------|-----|----------------|-----|-------------------|--|
| R355                    |     | HEAD OF FAMILY |     | LOUISIANA         |  |
| Rosemond Paul           |     | E.O.           |     | SHEET             |  |
| COLOR                   | AGE | BIRTHPLACE     |     |                   |  |
| B                       | 46  |                |     |                   |  |
| COUNTY                  |     | St. Martin     |     | CITY Martinsville |  |
| OTHER MEMBERS OF FAMILY |     |                |     |                   |  |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE        |  |
| 1 Gabrielle             |     | w              | 41  |                   |  |
|                         |     |                |     |                   |  |
|                         |     |                |     |                   |  |
|                         |     |                |     |                   |  |
|                         |     |                |     |                   |  |
|                         |     |                |     |                   |  |
|                         |     |                |     |                   |  |
|                         |     |                |     |                   |  |

Form 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |   |  |      |                  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|---|--|------|------------------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|---|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R252   |   | NAME OF INDIVIDUAL<br><i>Virginia, Pauline</i> |      | LOUISIANA        |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>A</i>  | AGE<br><i>64</i>                                  | BIRTH PLACE                                    |      | E.D. 39 SHEET 20 |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>East Carroll</i>  |   |  | CITY |                  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Russell, Samuel</i>  |   |  |      |                  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |   |  |      |                  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDOW</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input checked="" type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |   |  |      |                  | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input checked="" type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW                   | <input type="checkbox"/> WIDOW                 |      |                  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE                    | <input type="checkbox"/> NURSE                 |      |                  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW            | <input type="checkbox"/> PATIENT               |      |                  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input checked="" type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER                |      |                  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW               | <input type="checkbox"/> SERVANT               |      |                  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW          | <input type="checkbox"/> OTHER (Specify)       |      |                  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW           |  |      |                  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW            |  |      |                  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 16-437 (4-22-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 16100-P01

|                         |   |                |    |                 |  |            |   |
|-------------------------|---|----------------|----|-----------------|--|------------|---|
| R25                     |   | HEAD OF FAMILY |    | ROCKYNSKY PAYNE |  | LOUISIANA  |   |
| COLOR                   | B | AGE            | 25 | BIRTHPLACE      |  | E.O.       | 5 |
| COUNTY                  |   | Bienville      |    | CITY            |  | Bienville  |   |
| OTHER MEMBERS OF FAMILY |   |                |    |                 |  |            |   |
| NAME                    |   | RELATIONSHIP   |    | AGE             |  | BIRTHPLACE |   |
| 1 Altha                 |   | w              |    | 19              |  |            |   |
|                         |   |                |    |                 |  |            |   |
|                         |   |                |    |                 |  |            |   |
|                         |   |                |    |                 |  |            |   |
|                         |   |                |    |                 |  |            |   |
|                         |   |                |    |                 |  |            |   |
|                         |   |                |    |                 |  |            |   |
|                         |   |                |    |                 |  |            |   |
|                         |   |                |    |                 |  |            |   |

FORM 10-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |   |   |  |                   |                    |                                 |                                 |                                |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|---|---|--|-------------------|--------------------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|---|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R 256  |   | NAME OF INDIVIDUAL<br><i>Knights, Peter</i> |  | E.D.<br><i>91</i> | SHEET<br><i>17</i> |                                 |                                 |                                |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>B</i>  | AGE<br><i>7</i>                           | BIRTHPLACE                                  |  |                   |                    |                                 |                                 |                                |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>Natchitoches</i>  |   | CITY  |  |                   |                    |                                 |                                 |                                |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Johnson, Susan</i>   |   |   |  |                   |                    |                                 |                                 |                                |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |   |   |  |                   |                    |                                 |                                 |                                |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDOW</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input checked="" type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |   |   |  |                   |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | <input type="checkbox"/> MOTHER | <input checked="" type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW           | <input type="checkbox"/> WIDOW              |  |                   |                    |                                 |                                 |                                |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input checked="" type="checkbox"/> NIECE | <input type="checkbox"/> NURSE              |  |                   |                    |                                 |                                 |                                |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW    | <input type="checkbox"/> PATIENT            |  |                   |                    |                                 |                                 |                                |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW    | <input type="checkbox"/> ROOMER             |  |                   |                    |                                 |                                 |                                |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW       | <input type="checkbox"/> SERVANT            |  |                   |                    |                                 |                                 |                                |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW  | <input type="checkbox"/> OTHER (Specify)    |  |                   |                    |                                 |                                 |                                |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW   |   |  |                   |                    |                                 |                                 |                                |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW    |   |  |                   |                    |                                 |                                 |                                |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 16-637 (2-22-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 16102-P61

|                              |   |                             |                               |               |
|------------------------------|---|-----------------------------|-------------------------------|---------------|
| A 251                        | HEAD OF FAMILY<br><i>Reynolds Pater</i> |                             | LOUISIANA<br>S.D. 98 SHEET 21 |               |
| COLOR<br><i>W</i>            | AGE<br><i>53</i>                        | BIRTHPLACE<br><i>France</i> |                               |               |
| COUNTY<br><i>St. Tammany</i> |   | CITY                        |                               |               |
| OTHER MEMBERS OF FAMILY      |   |                             |                               |               |
| NAME                         |   | RELATIONSHIP                | AGE                           | BIRTHPLACE    |
| <i>Marguerite</i>            |   | <i>W</i>                    | <i>48</i>                     | <i>France</i> |
| <i>Reynolds</i>              |   | <i>D</i>                    | <i>1</i>                      |               |
| <i>James</i>                 |   | <i>S</i>                    | <i>8</i>                      |               |
| <i>John</i>                  |   | <i>S</i>                    | <i>6</i>                      |               |
| <i>Serena Antoinette</i>     |   | <i>SD</i>                   | <i>27</i>                     | <i>La</i>     |
| <i>James</i>                 |   | <i>SD</i>                   | <i>21</i>                     | <i>La</i>     |
| <i>Louis</i>                 |   | <i>SD</i>                   | <i>19</i>                     | <i>La</i>     |

FORM 13-636 (4-20-11)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS





|                         |                   |              |            |      |
|-------------------------|-------------------|--------------|------------|------|
| R253                    | HEAD OF FAMILY    |              | LOUISIANA  |      |
| COLOR                   | AGE               | BIRTHPLACE   |            | E.D. |
| W                       | 37                |              |            | 130  |
| COUNTY                  |                   | CITY         |            |      |
| St. Martin              |                   | Broom Bridge |            |      |
| OTHER MEMBERS OF FAMILY |                   |              |            |      |
| NAME                    | RELATION-<br>SHIP | AGE          | BIRTHPLACE |      |
| Gracious                | W                 | 31           |            |      |
| Madge                   | D                 | 11           |            |      |
| Mary                    | D                 | 9            |            |      |
| Grace                   | D                 | 7            |            |      |
| Wesley                  | S                 | 6            |            |      |
|                         |                   |              |            |      |
|                         |                   |              |            |      |

FORM 10-626 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |  |
|-------------------------|-----|----------------|-----|------------|--|
| R250                    |     | HEAD OF FAMILY |     | LOUISIANA  |  |
| Rougeau, Philip         |     | E.O.           |     | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |     |            |  |
| B                       | 30  | U.S.           |     |            |  |
| COUNTY                  |     | St. Landry     |     | CITY       |  |
| OTHER MEMBERS OF FAMILY |     |                |     |            |  |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| Elsa                    |     | W              | 23  |            |  |
| Lucile                  |     | D              | 15  |            |  |
| Annette                 |     | D              | 14  |            |  |
| Robert                  |     | S              | 7   |            |  |
| Lestie                  |     | D              | 5   |            |  |
| Japhas                  |     | S              | 9   |            |  |

FORM 10-436 (4-20-07)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |   |  |  |       |
|---|--|---|--|--|-------|
| R252  |  | NAME OF INDIVIDUAL  |  | LOUISIANA  |       |
| COLOR   |  | AGE   |  | E.D.   | SHEET |
| B   |  | 20  |  | 113  | 23    |
| COUNTY  |  | Bridgman  |  | CITY   |       |
| ENUMERATED WITH   |  |   |  |  |       |
| M <sup>c</sup> Pherson Penzetta   |  |   |  |  |       |
| RELATIONSHIP TO ABOVE   |  |   |  |  |       |
| <input checked="" type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |       |

FORM 16-437 (4-26-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCENS-DC 1910-P61

|   |  |  |  |                  |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
|---|--|--|--|------------------|------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|---|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R250  |  | NAME OF INDIVIDUAL<br><i>Rochon, Philomene</i> |  | LOUISIANA        | E.O. | SHEET |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| COLOR   | AGE                                      | BIRTHPLACE                                     |  |                  | 72   | 1     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <i>Gu.</i>  | 49                                       | <i>Lafayette</i>                               |  |                  |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| COUNTRY   |  | CITY   |  | <i>Broussard</i> |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Le Blanc, Joseph H.</i>   |  |  |  |                  |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |  |                  |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input checked="" type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |                  |      |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input checked="" type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                |  |                  |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                 |  |                  |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT               |  |                  |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                |  |                  |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input checked="" type="checkbox"/> SERVANT    |  |                  |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)       |  |                  |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |                  |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |  |                  |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |

FORM 10-437 (4-20-31)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| A 250                   |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| W                       | 59  |                |     | 20         | 12    |
| COUNTY                  |     | CITY           |     |            |       |
| Avoyelles               |     |                |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Anzada                  |     | W              | 47  |            |       |
| Dora                    |     | L              | 17  |            |       |
| Ester B                 |     | L              | 15  |            |       |
| Annie                   |     | L              | 19  |            |       |
| Daisy                   |     | L              | 13  |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 10-636 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R250                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.O.       | SHEET |
| B                       | 25  | Rejean Pierre  |     | 67         | 10    |
| COUNTY                  |     | CITY           |     |            |       |
| Lafayette               |     |                |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| 1 Charlotte             |     | W              | 16  |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 18-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |      |            |       |
|-------------------------|--|----------------|------|------------|-------|
| R2 50                   |  | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR                   |  | AGE            |      | E.O.       | SHEET |
| W                       |  | 52             |      | 82         | 3     |
| BIRTHPLACE              |  |                |      |            |       |
| COUNTY                  |  |                | CITY |            |       |
| Pointe Coupee           |  |                |      |            |       |
| OTHER MEMBERS OF FAMILY |  |                |      |            |       |
| NAME                    |  | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Marie B                 |  | W              | 52   |            |       |
| Joseph V                |  | S              | 25   |            |       |
| Agnes                   |  | D              | 22   |            |       |
| Isidore B               |  | S              | 23   |            |       |
| Adelle                  |  | D              | 18   |            |       |
| Selma                   |  | G.D.           | 6    |            |       |
| 1 Roger                 |  | G.D.           | 4    |            |       |

FORM 16-536 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R250                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| W                       | 70  | Raggs, Polly   |     | 146        | 19    |
| COUNTY                  |     | Vernon         |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| "Living Alone"          |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |   |                    |   |            |               |
|--|---|--------------------|---|------------|---------------|
| 1250   |   | NAME OF INDIVIDUAL |   | LOUISIANA  |               |
| COLOR  | B | AGE                | 3 | BIRTHPLACE | Russian Pally |
| COUNTY   |   | Bienville          |   | CITY       |               |
| ENUMERATED WITH  |   |                    |   |            |               |
| RELATIONSHIP TO ABOVE  |   |                    |   |            |               |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> FATHER<br/> <input type="checkbox"/> MOTHER<br/> <input type="checkbox"/> GRANDFATHER<br/> <input type="checkbox"/> GRANDMOTHER<br/> <input type="checkbox"/> GRANDSON<br/> <input type="checkbox"/> GRANDDAUGHTER<br/> <input type="checkbox"/> AUNT<br/> <input type="checkbox"/> UNCLE </div> <div style="width: 30%;"> <input type="checkbox"/> NEPHEW<br/> <input type="checkbox"/> NIECE<br/> <input type="checkbox"/> FATHER-IN-LAW<br/> <input type="checkbox"/> MOTHER-IN-LAW<br/> <input type="checkbox"/> SON-IN-LAW<br/> <input type="checkbox"/> DAUGHTER-IN-LAW<br/> <input type="checkbox"/> BROTHER-IN-LAW<br/> <input type="checkbox"/> SISTER-IN-LAW </div> <div style="width: 30%;"> <input type="checkbox"/> NEGRATE<br/> <input type="checkbox"/> NURSE<br/> <input type="checkbox"/> PATIENT<br/> <input type="checkbox"/> ROOMER<br/> <input type="checkbox"/> SERVANT<br/> <input checked="" type="checkbox"/> OTHER (Specify)<br/> <div style="text-align: center;">P</div> </div> </div> |   |                    |   |            |               |

FORM 18-637 (4-28-61)

1918 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18108-P81

|                         |     |                |     |            |  |
|-------------------------|-----|----------------|-----|------------|--|
| R 252                   |     | HEAD OF FAMILY |     | LOUISIANA  |  |
| Rusting, Quinn          |     | E.O.           |     | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |     |            |  |
| Yma                     | 25  |                |     |            |  |
| COUNTY                  |     | Natchitoches   |     | CITY       |  |
| OTHER MEMBERS OF FAMILY |     |                |     |            |  |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| "4 Cms"                 |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |

FORM 16-436 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |                 |            |            |
|-------------------------|--|----------------|-----------------|------------|------------|
| R255                    |  | HEAD OF FAMILY |                 | LOUISIANA  |            |
| COLOR                   |  | AGE            | BIRTHPLACE      |            | E.D. SHEET |
| W                       |  | 18             | Richmond Bachel |            | 82 2       |
| COUNTY                  |  |                | CITY            |            |            |
| Rapides                 |  |                |                 |            |            |
| OTHER MEMBERS OF FAMILY |  |                |                 |            |            |
| NAME                    |  | RELATIONSHIP   | AGE             | BIRTHPLACE |            |
| 1 John W                |  | 8              | 7/12            |            |            |
|                         |  |                |                 |            |            |
|                         |  |                |                 |            |            |
|                         |  |                |                 |            |            |
|                         |  |                |                 |            |            |
|                         |  |                |                 |            |            |
|                         |  |                |                 |            |            |
|                         |  |                |                 |            |            |

FORM 16-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |   |   |    |   |  |
|---|---|---|----|---|--|
| LOUISIANA   |   | E.D.  |    | SHEET   |  |
| R250  |   | NAME OF INDIVIDUAL  |    | Rosa, Rachel  |  |
| COLOR   | B | AGE   | 59 | BIRTHPLACE  |  |
| COUNTY  |   | St. Mary  |    | CITY  |  |
| ENUMERATED WITH   |   | m. Clue, Sylvia   |    |   |  |
| RELATIONSHIP TO ABOVE   |   |   |    |   |  |
| <input checked="" type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |   | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |    | <input type="checkbox"/> IMMIGRANT<br><input type="checkbox"/> NUN<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |  |

FORM 10-437 (4-20-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-PC 18100-740

|  |           |   |      |   |       |
|--|-----------|---|------|---|-------|
| R250   |           | NAME OF INDIVIDUAL  |      | LOUISIANA   |       |
| R250   |           | Ruskin, Rae   |      | E.O.  | SHEET |
| COLOR  | W         | AGE   | 33   | BIRTHPLACE  | Del   |
| COUNTY   | Calcasieu |   | CITY |   |       |
| ENUMERATED WITH  |           | Jennings  |      |   |       |
| RELATIONSHIP TO ABOVE  |           | Kistner, Harry A  |      |   |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |           | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify) |       |

Form 10-437 (4-20-51)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

|  |  |                    |  |           |  |
|--|--|--------------------|--|-----------|--|
| R255   |  | NAME OF INDIVIDUAL |  | LOUISIANA |  |
| COLOR  |  | AGE                |  | E.D.      |  |
| B  |  | 19                 |  | 48        |  |
| BIRTHPLACE   |  | CITY               |  | SHEET     |  |
| COUNTY   |  | Calcasieu          |  | 8         |  |
| ENUMERATED WITH  |  |                    |  |           |  |
| Gable Wm   |  |                    |  |           |  |
| RELATIONSHIP TO ABOVE  |  |                    |  |           |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE<br><input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW<br><input type="checkbox"/> IMMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br>ho |  |                    |  |           |  |

FORM 18-637 (4-26-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| R250   |  | NAME OF INDIVIDUAL  |  | LOUISIANA   |  |
| COLOR  |  | AGE   |  | S.D.  |  |
| 3me  |  | 8   |  | 97  |  |
| BIRTHPLACE   |  | COUNTY  |  | SHEET   |  |
|  |  | St. Mary  |  | 23  |  |
| CITY   |  | Morgan  |  |   |  |
| ENUMERATED WITH  |  | Cole, Thomas  |  |   |  |
| RELATIONSHIP TO ABOVE  |  |   |  |   |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHER<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify) |  |
|  |  |   |  | J. Ch.  |  |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMB-DC 1616-P-61



|                         |                |                       |           |            |
|-------------------------|----------------|-----------------------|-----------|------------|
| R252                    | HEAD OF FAMILY |                       | LOUISIANA |            |
| COLOR<br>H              | AGE<br>57      | BIRTHPLACE<br>Germany |           | E.D.<br>91 |
| COUNTY<br>St. Mary      |                | CITY                  |           |            |
| OTHER MEMBERS OF FAMILY |                |                       |           |            |
| NAME                    |                | RELATIONSHIP          | AGE       | BIRTHPLACE |
| Margaret                |                | H                     | 49        | Germany    |
| Maggie                  |                | D                     | 18        |            |
| Katie                   |                | D                     | 16        |            |
| Rasmus Jr.              |                | S                     | 14        |            |
| Hyllie                  |                | S                     | 12        |            |
| Christie                |                | S                     | 10        |            |
| Frederick               |                | S                     | 8         |            |

FORM 10-436 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FORM 10-436c (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R250                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.O.       | SHEET |
| Mr                      | 55  |                |     | 124        | 2     |
| COUNTY                  |     | CITY           |     |            |       |
| St. Martin              |     |                |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Francis                 |     | W              | 56  |            |       |
| Abraham                 |     | S              | 23  |            |       |
| Laurie                  |     | S              | 18  |            |       |
| Antoinette              |     | D              | 20  |            |       |
| Gabrielle               |     | D              | 16  |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 19-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |     |  |      |  |  |
|--|-----|--|------|--|--|
| D 255  |     | NAME OF INDIVIDUAL   |      | LOUISIANA  |  |
| COLOR  | AGE | BIRTHPLACE   | E.D. | SHEET  |  |
| W  | 22  | Calcasieu  | 28   | 7  |  |
| COUNTY   |     | CITY   |      |  |  |
|  |     | Texas  |      |  |  |
| ENUMERATED WITH  |     |  |      |  |  |
| Montanville Joseph   |     |  |      |  |  |
| RELATIONSHIP TO ABOVE  |     |  |      |  |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input checked="" type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> IMMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |  |

FORM 10-437 (4-20-61)

1930 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18100-P01

|                         |   |                |           |            |                  |
|-------------------------|---|----------------|-----------|------------|------------------|
| R250                    |   | HEAD OF FAMILY |           | LOUISIANA  |                  |
| COLOR                   | W | AGE            | 56        | BIRTHPLACE | Beason, Redick S |
| E.D.                    |   | 6              |           | SHEET 2    |                  |
| COUNTY                  |   |                | Bienville |            | CITY             |
| OTHER MEMBERS OF FAMILY |   |                |           |            |                  |
| NAME                    |   | RELATIONSHIP   | AGE       | BIRTHPLACE |                  |
| Sallie S.               |   | W              | 58        | Ala.       |                  |
| Allie S.                |   | N              | 20        |            |                  |
| James R.                |   | S              | 18        |            |                  |
|                         |   |                |           |            |                  |
|                         |   |                |           |            |                  |
|                         |   |                |           |            |                  |
|                         |   |                |           |            |                  |
|                         |   |                |           |            |                  |

FORM 18-436 (4-22-61)

1918 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R253                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| W                       |  | 68.            | Iller.     | 80         | 15    |
| COUNTY                  |  |                | CITY       |            |       |
| Rapides                 |  |                | Alexandria |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Christine               |  | D              | 40         |            |       |
| Ber                     |  | S              | 37         |            |       |
| Gilbert                 |  | S              | 25         |            |       |
| 10 Bo                   |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 16-634 (4-26-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |     |   |      |   |  |
|--|-----|---|------|---|--|
| R252   |     | NAME OF INDIVIDUAL  |      | LOUISIANA   |  |
| COLOR  | AGE | BIRTHPLACE  | E.D. | SHEET   |  |
| mm   | 45  |   | 5    | 5   |  |
| COUNTY   |     | CITY  |      |   |  |
|  |     | Bienville   |      | Bienville   |  |
| ENUMERATED WITH  |     | Rushing Marshal   |      |   |  |
| RELATIONSHIP TO ABOVE  |     |   |      |   |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NEECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify)<br>Bonds |  |

FORM 16-637 (4-22-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18123-P01

|  |  |   |  |           |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
|--|--|---|--|-----------|--------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|--|-------------------------------------|----------------------------------|---|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R250   |  | NAME OF INDIVIDUAL<br><i>Beggin Rencia E.</i> |  | LOUISIANA | E.D.<br><i>104</i> | SHEET<br><i>13</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>W</i>  | AGE<br><i>18</i>                         | BIRTHPLACE                                    |  |           |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>Sabine</i>  |  | CITY  |  |           |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Beggin Dock</i>  |  |   |  |           |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   |  |           |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |           |                    |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE               |  |           |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                |  |           |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT              |  |           |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER               |  |           |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT              |  |           |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)      |  |           |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |           |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |   |  |           |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |   |  |  |                               |   |  |                                |  |  |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 19100-P01



|                         |                |            |            |       |
|-------------------------|----------------|------------|------------|-------|
| R 250                   | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   | AGE            | BIRTHPLACE | E.O.       | SHEET |
| W                       | 40             | Rene       | 47         | 23    |
| COUNTY                  |                | CITY       |            |       |
| Lafourche               |                |            |            |       |
| OTHER MEMBERS OF FAMILY |                |            |            |       |
| NAME                    | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Josephine               | W              | 40         |            |       |
| Henry                   | S              | 18         |            |       |
| Mad                     | S              | 16         |            |       |
| Maxim                   | S              | 14         |            |       |
| Armand                  | S              | 11         |            |       |
| Romaine                 | S              | 7          |            |       |
| Fernand                 | S              | 6          |            |       |

FORM 10-436 (4-20-61)

1919 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

HEAD OF FAMILY - CONTINUED

LOUISIANA

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME           | RELATION-<br>SHIP | AGE       | BIRTHPLACE |
|----------------|-------------------|-----------|------------|
| <i>Thelma</i>  | <i>D</i>          | <i>5</i>  |            |
| <i>Melton</i>  | <i>S</i>          | <i>2</i>  |            |
| <i>Edward</i>  | <i>S</i>          | <i>1</i>  |            |
| <i>Opaline</i> | <i>M</i>          | <i>65</i> |            |
|                |                   |           |            |
|                |                   |           |            |
|                |                   |           |            |
|                |                   |           |            |
|                |                   |           |            |
|                |                   |           |            |
|                |                   |           |            |

FORM 18-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 18198-P81

|                                |            |                          |            |                   |              |
|--------------------------------|------------|--------------------------|------------|-------------------|--------------|
| <b>R282</b>                    |            | <b>HEAD OF FAMILY</b>    |            | <b>LOUISIANA</b>  |              |
|                                |            | <i>Kasimirus Richard</i> |            | <b>E.D.</b>       | <b>SHEET</b> |
| <b>COLOR</b>                   | <b>AGE</b> | <b>BIRTHPLACE</b>        |            | <b>92</b>         | <b>2</b>     |
| <i>W</i>                       | <i>22</i>  | <i>Denmark</i>           |            |                   |              |
| <b>COUNTY</b>                  |            | <b>St. Mary</b>          |            | <b>CITY</b>       |              |
| <b>OTHER MEMBERS OF FAMILY</b> |            |                          |            |                   |              |
| <b>NAME</b>                    |            | <b>RELATIONSHIP</b>      | <b>AGE</b> | <b>BIRTHPLACE</b> |              |
| <i>Living alone</i>            |            |                          |            |                   |              |
|                                |            |                          |            |                   |              |
|                                |            |                          |            |                   |              |
|                                |            |                          |            |                   |              |
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|                                |            |                          |            |                   |              |
|                                |            |                          |            |                   |              |

FORM 16-436 (6-20-01)  
 1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R255                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| B                       | 30  |                |     | 72         | 8     |
| COUNTY                  |     | CITY           |     |            |       |
| St. James               |     |                |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Mary                    |     | W              | 25  |            |       |
| Madd                    |     | D              | 7   |            |       |
| Sadie                   |     | D              | 6   |            |       |
| Richard                 |     | S              | 5   |            |       |
| Louise                  |     | D              | 4   |            |       |
| Beaula                  |     | D              | 3   |            |       |
| Olga                    |     | D              | 8   |            |       |

FORM 10-436 (4-20-31)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |                  |    |           |    |
|-------------------------|---|----------------|-----|------------------|----|-----------|----|
| R255                    |   | HEAD OF FAMILY |     | Richmond Richard |    | LOUISIANA |    |
| COLOR                   | W | AGE            | 68  | BIRTHPLACE       | SC | E.D.      | 75 |
| COUNTY                  |   | Lincoln        |     | CITY             |    | SHEET 17  |    |
| OTHER MEMBERS OF FAMILY |   |                |     |                  |    |           |    |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE       |    |           |    |
| Nancy                   |   | W              | 69  | Ga               |    |           |    |
| Lindsey Emily           |   | Da             | 26  | Ga               |    |           |    |
|                         |   |                |     |                  |    |           |    |
|                         |   |                |     |                  |    |           |    |
|                         |   |                |     |                  |    |           |    |
|                         |   |                |     |                  |    |           |    |
|                         |   |                |     |                  |    |           |    |
|                         |   |                |     |                  |    |           |    |

FORM 16-636 (10-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |    |                                |  |  |
|---|--|---|--|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|----|--------------------------------|--|--|
| H-252   |  | NAME OF INDIVIDUAL                                  |  | LOUISIANA |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |    |                                |  |  |
| COLOR   | AGE                                      | BIRTHPLACE  |  | E.D.      | SHEET |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |    |                                |  |  |
| W   | 23                                       |   |  | 136       | 7     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |    |                                |  |  |
| COUNTY  |  | CITY  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |    |                                |  |  |
| Union   |  | Bernice   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |    |                                |  |  |
| ENUMERATED WITH   |  |   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |    |                                |  |  |
| Annie William W   |  |   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |    |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |    |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td>SS</td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | SS | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |    |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |    |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |    |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |    |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |    |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |    |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  | SS  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |    |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |    |                                |  |  |

FORM 10-437 (4-20-31)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-PC 18100-P01

|                         |                |              |           |            |
|-------------------------|----------------|--------------|-----------|------------|
| R253                    | HEAD OF FAMILY |              | LOUISIANA |            |
| COLOR                   | AGE            | BIRTHPLACE   |           | E.D. SHEET |
| mu                      | 19             |              |           | 39 18      |
| COUNTY                  | Calcasieu      |              | CITY      |            |
| OTHER MEMBERS OF FAMILY |                |              |           |            |
| NAME                    |                | RELATIONSHIP | AGE       | BIRTHPLACE |
| 1 Ada                   |                | W            | 19        |            |
| 41 Boarder              |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |              |            |       |
|-------------------------|--|----------------|--------------|------------|-------|
| R 255                   |  | HEAD OF FAMILY |              | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE   | E.D.       | SHEET |
| Mn                      |  | 99             | S. Lafayette | 70         | 39    |
| COUNTY                  |  |                | CITY         |            |       |
|                         |  |                | Lafayette    |            |       |
| OTHER MEMBERS OF FAMILY |  |                |              |            |       |
| NAME                    |  | RELATIONSHIP   | AGE          | BIRTHPLACE |       |
| / Cecilia               |  | W              | 90           |            |       |
|                         |  |                |              |            |       |
|                         |  |                |              |            |       |
|                         |  |                |              |            |       |
|                         |  |                |              |            |       |
|                         |  |                |              |            |       |
|                         |  |                |              |            |       |
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FORM 18-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |   |                |     |            |                  |
|-------------------------|---|----------------|-----|------------|------------------|
| R255                    |   | HEAD OF FAMILY |     | LOUISIANA  |                  |
| COLOR                   | W | AGE            | 37  | BIRTHPLACE | Rickmans, Robert |
| COUNTY                  |   | La Salle       |     | CITY       |                  |
| OTHER MEMBERS OF FAMILY |   |                |     |            |                  |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |                  |
| Pais                    |   | W              | 24  |            |                  |
| Harris                  |   | S              | 9   |            |                  |
| Clifford                |   | S              | 7   |            |                  |
| Nancy                   |   | S              | 4   |            |                  |
|                         |   |                |     |            |                  |
|                         |   |                |     |            |                  |
|                         |   |                |     |            |                  |

FORM 16-436 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |          |            |       |
|-------------------------|--|----------------|----------|------------|-------|
| R255                    |  | HEAD OF FAMILY |          | LOUISIANA  |       |
| COLOR                   |  | AGE            |          | E.D.       | SHEET |
| M                       |  | 25             |          | 114        | 11    |
|                         |  | BIRTHPLACE     |          |            |       |
| COUNTY                  |  |                | CITY     |            |       |
| Richland                |  |                | Rayville |            |       |
| OTHER MEMBERS OF FAMILY |  |                |          |            |       |
| NAME                    |  | RELATIONSHIP   | AGE      | BIRTHPLACE |       |
| 1 Minnie                |  | W              | 29       |            |       |
|                         |  |                |          |            |       |
|                         |  |                |          |            |       |
|                         |  |                |          |            |       |
|                         |  |                |          |            |       |
|                         |  |                |          |            |       |
|                         |  |                |          |            |       |
|                         |  |                |          |            |       |
|                         |  |                |          |            |       |

FORM 16-636 (4-30-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                      |  |                |      |            |  |
|----------------------|--|----------------|------|------------|--|
| 8251                 |  | HEAD OF FAMILY |      | LOUISIANA  |  |
| COLOR                |  | AGE            |      | E.C. SHEET |  |
| u                    |  | 40             |      | 82 37      |  |
| BIRTHPLACE           |  | Cal.           |      |            |  |
| COUNTY               |  |                | CITY |            |  |
| St. John the Baptist |  |                |      |            |  |
| MEMBERS OF FAMILY    |  |                |      |            |  |
| NAME                 |  | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| Alice                |  | u              | 40   | Mich.      |  |
| Harry                |  | S              | 11   | Wis.       |  |
| Margaret             |  | D              | 10   | Ill.       |  |
| Lena                 |  | D              | 7    | Mich.      |  |
| Hebe                 |  | D              | 5    |            |  |
|                      |  |                |      |            |  |
|                      |  |                |      |            |  |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |  |              |  |      |  |            |  |
|-------------------------|--|----------------|--|--------------|--|------|--|------------|--|
| R 255                   |  | HEAD OF FAMILY |  | Louisiana    |  | E.D. |  | SHEET      |  |
| COLOR                   |  | AGE            |  | BIRTHPLACE   |  | 75   |  | 9          |  |
| W                       |  | 39             |  |              |  |      |  |            |  |
| COUNTY                  |  |                |  | Lincoln      |  | CITY |  |            |  |
| OTHER MEMBERS OF FAMILY |  |                |  |              |  |      |  |            |  |
| NAME                    |  |                |  | RELATIONSHIP |  | AGE  |  | BIRTHPLACE |  |
| Nova                    |  |                |  | W            |  | 33   |  |            |  |
| Jimmie                  |  |                |  | D            |  | 11   |  |            |  |
| Eva                     |  |                |  | D            |  | 7    |  |            |  |
|                         |  |                |  |              |  |      |  |            |  |
|                         |  |                |  |              |  |      |  |            |  |
|                         |  |                |  |              |  |      |  |            |  |
|                         |  |                |  |              |  |      |  |            |  |
|                         |  |                |  |              |  |      |  |            |  |

FORM 16-636 (4-26-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |      |            |       |
|-------------------------|---|----------------|------|------------|-------|
| K252                    |   | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR                   | W | AGE            | 48   | BIRTHPLACE | 82 18 |
| COUNTY                  |   |                | CITY |            |       |
| Natchitoches            |   |                |      |            |       |
| OTHER MEMBERS OF FAMILY |   |                |      |            |       |
| NAME                    |   | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Barthony                |   | W              | 48   | Ala        |       |
| William F               |   | S              | 17   |            |       |
| Marjorie Clifford       |   | W              | 10   |            |       |
| Maudie                  |   | W              | 7    |            |       |
|                         |   |                |      |            |       |
|                         |   |                |      |            |       |
|                         |   |                |      |            |       |
|                         |   |                |      |            |       |

FORM 16-436 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                |              |           |            |
|-------------------------|----------------|--------------|-----------|------------|
| R250                    | HEAD OF FAMILY |              | LOUISIANA |            |
| COLOR                   | AGE            | BIRTHPLACE   | E.D.      | SHEET      |
| B                       | 65             |              | 83        | 1          |
| COUNTY                  |                | CITY         |           |            |
| Natchitoches            |                |              |           |            |
| OTHER MEMBERS OF FAMILY |                |              |           |            |
| NAME                    |                | RELATIONSHIP | AGE       | BIRTHPLACE |
| / Zella                 |                | D            | 17        |            |
| / Alberta               |                | D            | 14        |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |

FORM 16-636 (4-26-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |     |   |  |   |  |
|--|-----|---|--|---|--|
| R251   |     | NAME OF INDIVIDUAL  |  | LOUISIANA   |  |
| Bassett Bass   |     | E.O.  |  | SHEET   |  |
| COLOR  | AGE | BIRTHPLACE  |  |   |  |
| Wm   | 42  |   |  |   |  |
| COUNTY   |     | CITY  |  |   |  |
| East Baton Rouge   |     | Baton Rouge   |  |   |  |
| ENUMERATED WITH  |     |   |  |   |  |
| Liggins Hester   |     |   |  |   |  |
| RELATIONSHIP TO ABOVE  |     |   |  |   |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br>sh |  |

FORM 10-437 (4-22-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-OC 18108-P61

|                         |                | LOUISIANA  |            |
|-------------------------|----------------|------------|------------|
| P 250                   | HEAD OF FAMILY |            | E.D. SHEET |
|                         | Lusk, Sam      |            | 123 5      |
| COLOR                   | AGE            | BIRTHPLACE |            |
| B                       | 36             | Miss       |            |
| COUNTY                  | CITY           |            |            |
| TORRES                  |                |            |            |
| OTHER MEMBERS OF FAMILY |                |            |            |
| NAME                    | RELATIONSHIP   | AGE        | BIRTHPLACE |
| "Living Alone"          |                |            |            |
|                         |                |            |            |
|                         |                |            |            |
|                         |                |            |            |
|                         |                |            |            |
|                         |                |            |            |
|                         |                |            |            |
|                         |                |            |            |
|                         |                |            |            |



|  |  |   |                            |   |             |
|--|--|---|----------------------------|---|-------------|
| R 25   |  | NAME OF INDIVIDUAL<br>Rezine, Rosa  |                            | LOUISIANA   |             |
| COLOR<br>B   |  | AGE<br>11   | BIRTHPLACE<br>Natchitoches | S.D.<br>79  | SHEET<br>12 |
| COUNTY   |  |   | CITY                       |   |             |
| ENUMERATED WITH<br>Garris, Anderson  |  |   |                            |   |             |
| RELATIONSHIP TO ABOVE  |  |   |                            |   |             |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |                            | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br>SD |             |

FORM 16-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 1910-P61

LOUISIANA

|  |  |   |  |            |             |
|--|--|---|--|------------|-------------|
| A253   |  | NAME OF INDIVIDUAL<br><i>Rosenthal, Rosalie</i>     |  | E.D.<br>36 | SHEET<br>43 |
| COLOR<br><i>W</i>  | AGE<br>18                                | BIRTHPLACE  |  |            |             |
| COUNTY<br><i>Calcasieu</i>                                       |  | CITY<br><i>Lake Charles</i>                         |  |            |             |
| ENUMERATED WITH<br><i>Rosenthal, Henryette</i>                   |  |   |  |            |             |
| RELATIONSHIP TO ABOVE<br><i>Probably wife to Rosenthal, Sam.</i> |  |   |  |            |             |
| <input type="checkbox"/> FATHER                                  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |  |            |             |
| <input type="checkbox"/> MOTHER                                  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> MURDER                     |  |            |             |
| <input type="checkbox"/> GRANDFATHER                             | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |            |             |
| <input type="checkbox"/> GRANDMOTHER                             | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |            |             |
| <input type="checkbox"/> GRANDSON                                | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |            |             |
| <input type="checkbox"/> GRANDDAUGHTER                           | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |            |             |
| <input type="checkbox"/> AUNT                                    | <input type="checkbox"/> BROTHER-IN-LAW  | <i>W.</i>   |  |            |             |
| <input type="checkbox"/> UNCLE                                   | <input type="checkbox"/> SISTER-IN-LAW   |   |  |            |             |

FORM 19-437 (4-20-01)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1919 CENSUS INDEX - INDIVIDUAL

|                         |  |                |      |            |          |
|-------------------------|--|----------------|------|------------|----------|
| R250                    |  | HEAD OF FAMILY |      | LOUISIANA  |          |
| COLOR B                 |  | NAME Rose Rose |      | E.O. 56    | SHEET 12 |
| AGE 50                  |  | BIRTHPLACE     |      |            |          |
| COUNTY Caddo            |  |                | CITY |            |          |
| OTHER MEMBERS OF FAMILY |  |                |      |            |          |
| NAME                    |  | RELATIONSHIP   | AGE  | BIRTHPLACE |          |
| Carrie                  |  | L              | 20   |            |          |
| Clenton                 |  | A              | 17   |            |          |
| Maggie                  |  | L              | 13   |            |          |
| Clifford                |  | L              | 9    |            |          |
|                         |  |                |      |            |          |
|                         |  |                |      |            |          |
|                         |  |                |      |            |          |
|                         |  |                |      |            |          |

FORM 16-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|   |  |  |                    |                   |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|--------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| K256  | NAME OF INDIVIDUAL<br><i>Rasmeyer Rose</i> |  | E.O.<br><i>103</i> | SHEET<br><i>9</i> |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>W</i>   | AGE<br><i>74</i>                           | BIRTHPLACE<br><i>Germany</i>             |                    |                   |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>Orleans</i>  |  | CITY<br><i>Monroe</i>                    |                    |                   |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Malikayser Jas.</i>   |  |  |                    |                   |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |                    |                   |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input checked="" type="checkbox"/> NIECE</td> <td><input type="checkbox"/> BURDE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PAYMENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |                    |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input checked="" type="checkbox"/> NIECE | <input type="checkbox"/> BURDE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PAYMENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW            | <input type="checkbox"/> INMATE          |                    |                   |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input checked="" type="checkbox"/> NIECE  | <input type="checkbox"/> BURDE           |                    |                   |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW     | <input type="checkbox"/> PAYMENT         |                    |                   |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW     | <input type="checkbox"/> ROOMER          |                    |                   |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW        | <input type="checkbox"/> SERVANT         |                    |                   |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW   | <input type="checkbox"/> OTHER (Specify) |                    |                   |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW    |  |                    |                   |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW     |  |                    |                   |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-437 (4-29-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 18199-P61

LOUISIANA

|   |  |   |             |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|---|-------------|-------------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R250  | NAME OF INDIVIDUAL<br>Rochon Rosemond    |   | E.D.<br>126 | SHEET<br>22 |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br>B  | AGE<br>60                                | BIRTHPLACE                                  |             |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br>St. Martin  | CITY<br>St. Martinville                  |   |             |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br>Baptiste Michel  |  |   |             |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |             |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDOW</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> Niece</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> BROTHER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |             |             | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | <input type="checkbox"/> MOTHER | <input type="checkbox"/> Niece | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> BROTHER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDOW              |             |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> Niece           | <input type="checkbox"/> NURSE              |             |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT            |             |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> BROTHER |             |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT            |             |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)    |             |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |             |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |             |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1930 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18108-P81

LOUISIANA

|   |   |  |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
|---|---|--|--|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|---|--|-------------------------------|---|--|--------------------------------|--|--|
| R 255   |   | NAME OF INDIVIDUAL<br><i>Richman, Rosie L.</i> |  | E.D.<br><i>76</i> | SHEET<br><i>15</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| COLOR<br><i>B</i>   | AGE<br><i>23</i>                                    | BIRTHPLACE                                     |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| COUNTY<br><i>De Soto</i>  |   | CITY   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Richman, Ben</i>  |   |  |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |   |  |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input checked="" type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |   |  |  |                   |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input checked="" type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW                     | <input type="checkbox"/> INMATE                |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE                      | <input type="checkbox"/> NURSE                 |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW              | <input type="checkbox"/> PATIENT               |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW              | <input type="checkbox"/> ROOMER                |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW                 | <input type="checkbox"/> SERVANT               |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input checked="" type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)       |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW             |  |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW              |  |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |

FORM 18-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| R254   |  | NAME OF INDIVIDUAL<br><i>Reynolds, Rufus</i>  |  | LOUISIANA   |  |
| COLOR<br><i>W</i>  |  | AGE<br><i>13</i>  |  | BIRTHPLACE  |  |
| COUNTY<br><i>Calcasieu</i>   |  | CITY<br><i>Lake Charles</i>   |  |   |  |
| ENUMERATED WITH<br><i>Thistle, Lucy</i>  |  |   |  |   |  |
| RELATIONSHIP TO ABOVE  |  |   |  |   |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>L</i> |  |

FORM 10-637 (4-30-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 1919-P01

|                         |   |                |    |               |     |            |       |
|-------------------------|---|----------------|----|---------------|-----|------------|-------|
| R252                    |   | HEAD OF FAMILY |    | Rushing Rufus |     | LOUISIANA  |       |
| COLOR                   | W | AGE            | 30 | BIRTHPLACE    |     | E.D.       | SHEET |
|                         |   |                |    |               |     | 105        | 12    |
| COUNTY                  |   |                |    | Orzechita     |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |   |                |    |               |     |            |       |
| NAME                    |   |                |    | RELATIONSHIP  | AGE | BIRTHPLACE |       |
| Hattie                  |   |                |    | W             | 21  |            |       |
| Norman                  |   |                |    | S             | 2   |            |       |
| Warren                  |   |                |    | F             | 56  | Miss.      |       |
|                         |   |                |    |               |     |            |       |
|                         |   |                |    |               |     |            |       |
|                         |   |                |    |               |     |            |       |
|                         |   |                |    |               |     |            |       |

FORM 19-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



LOUISIANA

|   |   |  |            |             |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|---|--|------------|-------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R255  | NAME OF INDIVIDUAL<br><i>Rosmarie Russell</i> |  | E.D.<br>71 | SHEET<br>29 |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| SEX<br><i>mu</i>  | AGE<br>7                                      | BIRTHPLACE                               |            |             |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>St. James</i>  |   | CITY                                     |            |             |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Therese Sandys</i>  |   |  |            |             |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |   |  |            |             |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input checked="" type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |   |  |            |             | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input checked="" type="checkbox"/> UNCLE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW               | <input type="checkbox"/> INMATE          |            |             |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input checked="" type="checkbox"/> UNCLE     | <input type="checkbox"/> NURSE           |            |             |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW        | <input type="checkbox"/> PATIENT         |            |             |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW        | <input type="checkbox"/> ROOMER          |            |             |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW           | <input type="checkbox"/> SERVANT         |            |             |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW      | <input type="checkbox"/> OTHER (Specify) |            |             |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW       |  |            |             |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW        |  |            |             |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-437 (4-22-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCENS-DC 16100-P01

|  |                  |   |  |   |                    |
|--|------------------|---|--|---|--------------------|
| R 35.  |                  | NAME OF INDIVIDUAL<br><i>Rugone, Ruth</i>   |  | E.D.<br><i>78</i>   | SHEET<br><i>12</i> |
| COLOR<br><i>W</i>  | AGE<br><i>12</i> | BIRTH PLACE   |  |   |                    |
| COUNTY<br><i>Napides</i>   |                  | CITY<br><i>Alexandria</i>   |  |   |                    |
| ENUMERATED WITH<br><i>Shultz, William</i>  |                  |   |  |   |                    |
| RELATIONSHIP TO ABOVE  |                  |   |  |   |                    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>Ado</i> |                    |

FORM 16-637 (4-30-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

|                         |   |                |    |           |            |
|-------------------------|---|----------------|----|-----------|------------|
| R250                    |   | HEAD OF FAMILY |    | LOUISIANA |            |
| P250                    |   | Resgan, S m.   |    | E.D.      | SHEET      |
| COLOR                   | W | AGE            | 26 | 123       | 30         |
|                         |   | BIRTHPLACE     |    |           |            |
|                         |   | Ky.            |    |           |            |
| COUNTY                  |   | Winn           |    | CITY      |            |
|                         |   |                |    | Winfield  |            |
| OTHER MEMBERS OF FAMILY |   |                |    |           |            |
| NAME                    |   | RELATIONSHIP   |    | AGE       | BIRTHPLACE |
| living alone            |   |                |    |           |            |
|                         |   |                |    |           |            |
|                         |   |                |    |           |            |
|                         |   |                |    |           |            |
|                         |   |                |    |           |            |
|                         |   |                |    |           |            |
|                         |   |                |    |           |            |
|                         |   |                |    |           |            |
|                         |   |                |    |           |            |

FORM 16-636 (4-29-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |               |           |            |
|-------------------------|--|----------------|---------------|-----------|------------|
| R250                    |  | HEAD OF FAMILY |               | LOUISIANA |            |
| COLOR                   |  | AGE            | BIRTHPLACE    | E.O.      | SHEET      |
| W                       |  | 53             | Regneau Sabia | 13        | 3          |
| COUNTY                  |  |                | CITY          |           |            |
| Avoyers                 |  |                |               |           |            |
| OTHER MEMBERS OF FAMILY |  |                |               |           |            |
| NAME                    |  |                | RELATIONSHIP  | AGE       | BIRTHPLACE |
| Cena                    |  |                | D             | 14        |            |
| Stus                    |  |                | S             | 10        |            |
| Kichay Kenidy           |  |                | F             | 79        |            |
|                         |  |                |               |           |            |
|                         |  |                |               |           |            |
|                         |  |                |               |           |            |
|                         |  |                |               |           |            |
|                         |  |                |               |           |            |

FORM 16-636 (4-30-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

| LOUISIANA               |   | E.D.           |             | SHEET       |       |
|-------------------------|---|----------------|-------------|-------------|-------|
| 250                     |   | HEAD OF FAMILY |             | Racine Lane |       |
| COLOR                   | W | AGE            | 49          | BIRTHPLACE  | Italy |
| COUNTY                  |   |                | Rapides     |             |       |
|                         |   |                | CITY        |             |       |
|                         |   |                | Cheneyville |             |       |
| OTHER MEMBERS OF FAMILY |   |                |             |             |       |
| NAME                    |   | RELATIONSHIP   | AGE         | BIRTHPLACE  |       |
| Mary                    |   | W              | 36          | Italy       |       |
| John                    |   | D              | 3           |             |       |
|                         |   |                |             |             |       |
|                         |   |                |             |             |       |
|                         |   |                |             |             |       |
|                         |   |                |             |             |       |
|                         |   |                |             |             |       |
|                         |   |                |             |             |       |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |   | LOUISIANA |       |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|---|--|---|-----------|-------|---------------------------------|---------------------------------|----------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| P550  | NAME OF INDIVIDUAL                       |   | E.D.      | SHEET |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|   | Russeau Sam                              |   | 2 2+      | 10    |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR   | AGE                                      | BIRTHPLACE  |           |       |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| B   | 2  |   |           |       |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY  |  | CITY  |           |       |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| Bienville   |  |   |           |       |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |   |           |       |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| Daria John  |  |   |           |       |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |           |       |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tbody> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDWIFE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </tbody> </table> |  |   |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDWIFE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDWIFE                    |           |       |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |           |       |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |           |       |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |           |       |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |           |       |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |           |       |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |           |       |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |           |       |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| S   |  |   |           |       |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 18-537 (4-20-51)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1930 CENSUS INDEX - INDIVIDUAL

USCIB-DC 1930-P-1

|                         |     |                |     |                 |  |
|-------------------------|-----|----------------|-----|-----------------|--|
| R253                    |     | HEAD OF FAMILY |     | LOUISIANA       |  |
| Resenthal Sam           |     | E.D.           |     | SHEET           |  |
| COLOR                   | AGE | BIRTHPLACE     |     |                 |  |
| W                       | 38  |                |     |                 |  |
| COUNTY                  |     | West Feliciana |     | CITY            |  |
|                         |     |                |     | St Francisville |  |
| OTHER MEMBERS OF FAMILY |     |                |     |                 |  |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE      |  |
| 1 Adolph                |     | 13             | 22  |                 |  |
|                         |     |                |     |                 |  |
|                         |     |                |     |                 |  |
|                         |     |                |     |                 |  |
|                         |     |                |     |                 |  |
|                         |     |                |     |                 |  |
|                         |     |                |     |                 |  |
|                         |     |                |     |                 |  |
|                         |     |                |     |                 |  |

FORM 16-636 (4-20-67)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |      |            |  |
|-------------------------|-----|----------------|------|------------|--|
| R 252                   |     | HEAD OF FAMILY |      | LOUISIANA  |  |
| Rushing, Samuel         |     | E.D.           |      | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |      |            |  |
| Mu                      | 75  |                |      |            |  |
| COUNTY                  |     |                | CITY |            |  |
| Bienville               |     |                |      |            |  |
| OTHER MEMBERS OF FAMILY |     |                |      |            |  |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| Vernon                  |     | W              | 65   |            |  |
| Larkin                  |     | S              | 22   |            |  |
| Hattie                  |     | DL             | 15   |            |  |
| Annie                   |     | D              | 15   |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |

Form 10-436 (4-30-31)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |  |                |                   |            |       |
|-------------------------|--|----------------|-------------------|------------|-------|
| R 252                   |  | HEAD OF FAMILY |                   | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE        | E.D.       | SHEET |
| W                       |  | 76             | France            | 38         | 13    |
| COUNTY                  |  |                | CITY              |            |       |
| Calcasieu               |  |                | Lake Charles City |            |       |
| OTHER MEMBERS OF FAMILY |  |                |                   |            |       |
| NAME                    |  | RELATIONSHIP   | AGE               | BIRTHPLACE |       |
| / Albertina             |  | W              | 66                | Missouri   |       |
|                         |  |                |                   |            |       |
|                         |  |                |                   |            |       |
|                         |  |                |                   |            |       |
|                         |  |                |                   |            |       |
|                         |  |                |                   |            |       |
|                         |  |                |                   |            |       |
|                         |  |                |                   |            |       |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |      |            |  |
|-------------------------|---|----------------|------|------------|--|
| R250                    |   | HEAD OF FAMILY |      | LOUISIANA  |  |
| Reagan, Samuel W        |   | E.O.           |      | SHEET      |  |
| COLOR                   | W | AGE            | 31   | BIRTHPLACE |  |
| COUNTY                  |   |                | CITY |            |  |
| Frank.                  |   |                |      |            |  |
| OTHER MEMBERS OF FAMILY |   |                |      |            |  |
| NAME                    |   | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| Bessie L                |   | W              | 26   |            |  |
| James W                 |   | S              | 8    |            |  |
| John H                  |   | S              | 5    |            |  |
| Mary M                  |   | D              | 2    |            |  |
| Heath, Anne L           |   | C              | 26   |            |  |
|                         |   |                |      |            |  |
|                         |   |                |      |            |  |

|                         |  |                |              |                  |            |           |  |
|-------------------------|--|----------------|--------------|------------------|------------|-----------|--|
| R252                    |  | HEAD OF FAMILY |              | Rockingham Landy |            | LOUISIANA |  |
| COLOR                   |  | AGE            | BIRTHPLACE   |                  | E.D.       | SHEET     |  |
| mu                      |  | 26             |              |                  | 29         | 5         |  |
| COUNTY                  |  |                | Caddo        | CITY             |            |           |  |
| OTHER MEMBERS OF FAMILY |  |                |              |                  |            |           |  |
| NAME                    |  |                | RELATIONSHIP | AGE              | BIRTHPLACE |           |  |
| — Annie                 |  |                | w            | 24               |            |           |  |
|                         |  |                |              |                  |            |           |  |
|                         |  |                |              |                  |            |           |  |
|                         |  |                |              |                  |            |           |  |
|                         |  |                |              |                  |            |           |  |
|                         |  |                |              |                  |            |           |  |
|                         |  |                |              |                  |            |           |  |
|                         |  |                |              |                  |            |           |  |

FORM 16-436 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|   |                  |   |  |  |                    |
|---|------------------|---|--|--|--------------------|
| R252  |                  | NAME OF INDIVIDUAL<br><i>Regione, Sarah</i>   |  | E.D.<br><i>82</i>  | SHEET<br><i>12</i> |
| COLOR<br><i>W</i>   | AGE<br><i>74</i> | BIRTHPLACE<br><i>La.</i>  |  |  |                    |
| COUNTY<br><i>Natchitoches</i>   |                  | CITY  |  |  |                    |
| ENUMERATED WITH<br><i>Regione John M</i>  |                  |   |  |  |                    |
| RELATIONSHIP TO ABOVE   |                  |   |  |  |                    |
| <input type="checkbox"/> FATHER<br><input checked="" type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> WIDOW<br><input type="checkbox"/> MURDER<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                    |

FORM 16-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U. S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

V13COMB-OC 1818P-P81

| LOUISIANA  |   |  |             |
|--|---|--|-------------|
| R250   | NAME OF INDIVIDUAL<br>Rochon Sarah  |  | E.O.<br>126 |
| COLOR<br>B   | AGE<br>17   | BIRTHPLACE   | SHEET<br>22 |
| COUNTY<br>St. Martin   | CITY<br>St. Martinville   |  |             |
| ENUMERATED WITH<br>Baptiste Michel   |   |  |             |
| RELATIONSHIP TO ABOVE  |   |  |             |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br>C |             |

FORM 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1970 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18108-P01

|   |  |   |               |                                 |                                 |                                |                                 |                                |                               |                                      |  |                                 |                                      |  |                                  |                                   |                                     |                                 |  |  |                                  |                               |   |   |                                |  |             |
|---|--|---|---------------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------|-------------------------------|--------------------------------------|--|---------------------------------|--------------------------------------|--|----------------------------------|-----------------------------------|-------------------------------------|---------------------------------|--|--|----------------------------------|-------------------------------|---|---|--------------------------------|--|-------------|
| R 252   |  | LOUISIANA   |               |                                 |                                 |                                |                                 |                                |                               |                                      |  |                                 |                                      |  |                                  |                                   |                                     |                                 |  |  |                                  |                               |   |   |                                |  |             |
|   |  | NAME OF INDIVIDUAL                                  | Rushing Sarah |                                 |                                 |                                |                                 |                                |                               |                                      |  |                                 |                                      |  |                                  |                                   |                                     |                                 |  |  |                                  |                               |   |   |                                |  |             |
| COLOR   | B  | AGE   | 33            |                                 |                                 |                                |                                 |                                |                               |                                      |  |                                 |                                      |  |                                  |                                   |                                     |                                 |  |  |                                  |                               |   |   |                                |  |             |
| BIRTH PLACE   |  | E.O.  | 86            |                                 |                                 |                                |                                 |                                |                               |                                      |  |                                 |                                      |  |                                  |                                   |                                     |                                 |  |  |                                  |                               |   |   |                                |  |             |
| COUNTY  |  | SHEET   |               |                                 |                                 |                                |                                 |                                |                               |                                      |  |                                 |                                      |  |                                  |                                   |                                     |                                 |  |  |                                  |                               |   |   |                                |  |             |
| CITY  |  | 7   |               |                                 |                                 |                                |                                 |                                |                               |                                      |  |                                 |                                      |  |                                  |                                   |                                     |                                 |  |  |                                  |                               |   |   |                                |  |             |
| ENUMERATED WITH <del>John</del> Johnson   |  |   |               |                                 |                                 |                                |                                 |                                |                               |                                      |  |                                 |                                      |  |                                  |                                   |                                     |                                 |  |  |                                  |                               |   |   |                                |  |             |
| RELATIONSHIP TO ABOVE   |  |   |               |                                 |                                 |                                |                                 |                                |                               |                                      |  |                                 |                                      |  |                                  |                                   |                                     |                                 |  |  |                                  |                               |   |   |                                |  |             |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> UNCLE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> Niece</td> <td><input type="checkbox"/> WIFE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> MURDER</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td><u>Cook</u></td> </tr> </table> |  |   |               | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> UNCLE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> Niece | <input type="checkbox"/> WIFE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> MURDER | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW | <u>Cook</u> |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> UNCLE                      |               |                                 |                                 |                                |                                 |                                |                               |                                      |  |                                 |                                      |  |                                  |                                   |                                     |                                 |  |  |                                  |                               |   |   |                                |  |             |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> Niece           | <input type="checkbox"/> WIFE                       |               |                                 |                                 |                                |                                 |                                |                               |                                      |  |                                 |                                      |  |                                  |                                   |                                     |                                 |  |  |                                  |                               |   |   |                                |  |             |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> MURDER                     |               |                                 |                                 |                                |                                 |                                |                               |                                      |  |                                 |                                      |  |                                  |                                   |                                     |                                 |  |  |                                  |                               |   |   |                                |  |             |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |               |                                 |                                 |                                |                                 |                                |                               |                                      |  |                                 |                                      |  |                                  |                                   |                                     |                                 |  |  |                                  |                               |   |   |                                |  |             |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> ROOMER                     |               |                                 |                                 |                                |                                 |                                |                               |                                      |  |                                 |                                      |  |                                  |                                   |                                     |                                 |  |  |                                  |                               |   |   |                                |  |             |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> SERVANT                    |               |                                 |                                 |                                |                                 |                                |                               |                                      |  |                                 |                                      |  |                                  |                                   |                                     |                                 |  |  |                                  |                               |   |   |                                |  |             |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  | <input checked="" type="checkbox"/> OTHER (Specify) |               |                                 |                                 |                                |                                 |                                |                               |                                      |  |                                 |                                      |  |                                  |                                   |                                     |                                 |  |  |                                  |                               |   |   |                                |  |             |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   | <u>Cook</u>   |               |                                 |                                 |                                |                                 |                                |                               |                                      |  |                                 |                                      |  |                                  |                                   |                                     |                                 |  |  |                                  |                               |   |   |                                |  |             |

FORM 18-637 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |         |                |     |            |       |
|-------------------------|---------|----------------|-----|------------|-------|
| 1252                    |         | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | W       | AGE            | 47  | BIRTHPLACE | Tenn  |
| COUNTY                  | Madison |                |     | CITY       | Trigo |
| OTHER MEMBERS OF FAMILY |         |                |     |            |       |
| NAME                    |         | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Hester                  |         | Wife           | 25  | Tenn       |       |
| Lula                    |         | D              | 21  |            |       |
| Grady                   |         | S              | 18  |            |       |
| Hona                    |         | D              | 15  |            |       |
| May                     |         | S              | 13  |            |       |
|                         |         |                |     |            |       |
|                         |         |                |     |            |       |

FORM 16-436 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |  |   |                        |             |            |                                 |                                 |                                |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|---|------------------------|-------------|------------|---------------------------------|---------------------------------|--------------------------------|--|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R252   |  | NAME OF INDIVIDUAL<br><i>Rushing Lattie</i> |                        | E.O.<br>136 | SHEET<br>1 |                                 |                                 |                                |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>W</i>  | AGE<br><i>78</i>                         | BIRTHPLACE                                  |                        |             |            |                                 |                                 |                                |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>Union</i>   |  |   | CITY<br><i>Berwick</i> |             |            |                                 |                                 |                                |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Brooks Johnson</i>   |  |   |                        |             |            |                                 |                                 |                                |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   |                        |             |            |                                 |                                 |                                |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDOW</td> </tr> <tr> <td><input checked="" type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |                        |             |            | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | <input checked="" type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDOW              |                        |             |            |                                 |                                 |                                |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE              |                        |             |            |                                 |                                 |                                |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT            |                        |             |            |                                 |                                 |                                |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER             |                        |             |            |                                 |                                 |                                |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT            |                        |             |            |                                 |                                 |                                |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)    |                        |             |            |                                 |                                 |                                |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |   |                        |             |            |                                 |                                 |                                |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |   |                        |             |            |                                 |                                 |                                |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-437 10-10-511

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P01



LOUISIANA

|  |   |   |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |               |                                |  |  |
|--|---|---|------------|------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|---------------|--------------------------------|--|--|
| R252   | NAME OF INDIVIDUAL<br><i>Ludine Savanna</i> |   | E.D.<br>96 | SHEET<br>6 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |               |                                |  |  |
| COLOR<br><i>B</i>  | AGE<br><i>16</i>                            | BIRTHPLACE  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |               |                                |  |  |
| COUNTY   |   | CITY  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |               |                                |  |  |
| Morehouse  |   |   |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |               |                                |  |  |
| ENUMERATED WITH<br><i>Miller Lidian</i>  |   |   |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |               |                                |  |  |
| RELATIONSHIP TO ABOVE  |   |   |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |               |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> IMMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>friend</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |   |   |            |            | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> IMMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>friend</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW             | <input type="checkbox"/> IMMATE                     |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |               |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE              | <input type="checkbox"/> NURSE                      |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |               |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW      | <input type="checkbox"/> PATIENT                    |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |               |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW      | <input type="checkbox"/> ROOMER                     |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |               |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW         | <input type="checkbox"/> SERVANT                    |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |               |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW    | <input checked="" type="checkbox"/> OTHER (Specify) |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |               |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW     | <i>friend</i>                                       |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |               |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW      |   |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |               |                                |  |  |

FORM 10-437 (4-29-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18108-P61

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R352                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.O.       | SHEET |
| B                       | 27  |                |     | 68         | 4     |
| COUNTY                  |     | CITY           |     |            |       |
| Do Soto                 |     |                |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Annie                   |     | W              | 28  |            |       |
| E. J.                   |     | S              | 3   |            |       |
| Annie M                 |     | D              | 2   |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 16-636 (4-26-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |  |                           |           |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|---------------------------|-----------|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R250   |  | NAME OF INDIVIDUAL<br><i>Rockon Septimie</i> |                           | LOUISIANA | E.O.<br><i>18</i> | SHEET<br><i>10</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>MW</i>   | AGE<br><i>23</i>                         | BIRTHPLACE                                   |                           |           |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY   |  |  | CITY<br><i>New Iberia</i> |           |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Rockon Leon</i>  |  |  |                           |           |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |                           |           |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> BROTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |                           |           |                   |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> BROTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE              |                           |           |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE               |                           |           |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT             |                           |           |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER              |                           |           |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT             |                           |           |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> BROTHER (Specify)   |                           |           |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |                           |           |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |                           |           |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 18-437 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 18100-P01

| HEAD OF FAMILY          |              | LOUISIANA        |            |
|-------------------------|--------------|------------------|------------|
| COLOR                   | AGE          | BIRTHPLACE       | SHEET      |
| R255<br>B               | 50           | Richman, Seymour | 97 35      |
| COUNTY                  | Morehouse    |                  | CITY       |
| OTHER MEMBERS OF FAMILY |              |                  |            |
| NAME                    | RELATIONSHIP | AGE              | BIRTHPLACE |
| Marahalia               | W            | 41               |            |
| Lucy                    | D            | 19               |            |
| Jessie                  | D            | 17               |            |
| Michael                 | D            | 15               |            |
| Esa                     | S            | 14               |            |
| David                   | S            | 12               |            |
| William                 | S            | 8                |            |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |     |                |      |            |       |
|-------------------------|-----|----------------|------|------------|-------|
| R 252                   |     | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |      | E.D.       | SHEET |
| mm                      | 44  |                |      | 82         | 18    |
| COUNTY                  |     |                | CITY |            |       |
| Natchitoches            |     |                |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Mary                    |     | W              | 41   |            |       |
| Walter                  |     | S              | 17   |            |       |
| Samuel                  |     | S              | 14   |            |       |
| Spencer                 |     | S              | 12   |            |       |
| Mariah                  |     | D              | 10   |            |       |
| Orange                  |     | S              | 8    |            |       |
| Vivian                  |     | D              | 5    |            |       |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX, FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|  |                          |   |  |  |                    |
|--|--------------------------|---|--|--|--------------------|
| R 255  |                          | NAME OF INDIVIDUAL<br><i>Richmond, Lilac</i>  |  | E.D.<br><i>70</i>  | SHEET<br><i>32</i> |
| COLOR<br><i>B</i>  | AGE<br><i>15</i>         | BIRTHPLACE  |  |  |                    |
| COUNTY<br><i>Lafayette</i>   | CITY<br><i>Lafayette</i> |   |  |  |                    |
| ENUMERATED WITH<br><i>Morton, Saml</i>   |                          |   |  |  |                    |
| RELATIONSHIP TO ABOVE  |                          |   |  |  |                    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                          | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> BOARDER<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify)<br><i>ad-S</i> |                    |

FORM 18-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL



|  |  |   |  |           |                  |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |                      |                                |  |  |
|--|--|---|--|-----------|------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|-------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|----------------------|--------------------------------|--|--|
| R252   |  | NAME OF INDIVIDUAL<br><i>Racinski Joseph</i>                  |  | LOUISIANA | E.D.<br><i>3</i> | SHEET<br><i>20</i> |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |                      |                                |  |  |
| COLOR<br><i>W</i>  | AGE<br><i>23</i>                         | BIRTHPLACE<br><i>Germany</i>                                  |  |           |                  |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |                      |                                |  |  |
| COUNTY<br><i>Acadia</i>  |  | CITY<br><i>Germany</i>  |  |           |                  |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |                      |                                |  |  |
| ENUMERATED WITH  |  |   |  |           |                  |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |                      |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   |  |           |                  |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |                      |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NICE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> BROTHER (<i>Spouse</i>)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i><u>Joseph</u></i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |           |                  |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NICE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> BROTHER ( <i>Spouse</i> ) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i><u>Joseph</u></i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                               |  |           |                  |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |                      |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NICE            | <input type="checkbox"/> NURSE                                |  |           |                  |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |                      |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                              |  |           |                  |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |                      |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                               |  |           |                  |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |                      |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                              |  |           |                  |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |                      |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> BROTHER ( <i>Spouse</i> ) |  |           |                  |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |                      |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  | <i><u>Joseph</u></i>  |  |           |                  |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |                      |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |   |  |           |                  |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |                      |                                |  |  |

FORM 15-437 (4-30-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMB-DC 15199-P61

|   |  |  |  |      |       |                                 |                                 |                                |  |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|--|------|-------|---------------------------------|---------------------------------|--------------------------------|--|-------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 1252  |  | NAME OF INDIVIDUAL                       |  | E.O. | SHEET |                                 |                                 |                                |  |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|   |  | Riggins, Leta                            |  | 86   | 8     |                                 |                                 |                                |  |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR   | AGE                                      | BIRTHPLACE                               |  |      |       |                                 |                                 |                                |  |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| B   | 67                                       |  |  |      |       |                                 |                                 |                                |  |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY  |  | CITY                                     |  |      |       |                                 |                                 |                                |  |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|   |  | Rapides                                  |  |      |       |                                 |                                 |                                |  |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |  |  |      |       |                                 |                                 |                                |  |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Hampson, Leta   |  |  |  |      |       |                                 |                                 |                                |  |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |  |      |       |                                 |                                 |                                |  |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WHITE</td> </tr> <tr> <td><input checked="" type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> WIFE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |      |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WHITE | <input checked="" type="checkbox"/> MOTHER | <input type="checkbox"/> WIFE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WHITE           |  |      |       |                                 |                                 |                                |  |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> MOTHER  | <input type="checkbox"/> WIFE            | <input type="checkbox"/> NURSE           |  |      |       |                                 |                                 |                                |  |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |  |      |       |                                 |                                 |                                |  |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |  |      |       |                                 |                                 |                                |  |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |  |      |       |                                 |                                 |                                |  |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |  |      |       |                                 |                                 |                                |  |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |      |       |                                 |                                 |                                |  |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |  |      |       |                                 |                                 |                                |  |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

|  |           |   |  |  |  |
|--|-----------|---|--|--|--|
| R255   |           | NAME OF INDIVIDUAL<br>Richmond, Stacy   |  | LOUISIANA  |  |
| E.D.   |           | SHEET   |  |  |  |
| COLOR<br>B   | AGE<br>44 | BIRTHPLACE  |  |  |  |
| COUNTY<br>Franklin   |           | CITY  |  |  |  |
| ENUMERATED WITH<br>Riley, Sneltha  |           |   |  |  |  |
| RELATIONSHIP TO ABOVE  |           |   |  |  |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |           | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> BOARDER<br><input type="checkbox"/> HUSBAND<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |  |

FORM 18-537 (4-30-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-PC 18100-P01

|  |   |  |    |              |  |           |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
|--|---|--|----|--------------|--|-----------|--|---------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|---|--|
| R250   |   | NAME OF INDIVIDUAL                       |    | Kosko Stella |  | LOUISIANA |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| COLOR  | Blk   | AGE                                      | 15 | BIRTHPLACE   |  |           |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| COUNTY   | St. Mary  |  |    | CITY         |  |           |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| ENumerated WITH  |   |  |    |              |  |           |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| Charles Gabriel  |   |  |    |              |  |           |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| RELATIONSHIP TO ABOVE  |   |  |    |              |  |           |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDOW</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> Niece</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input checked="" type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |   |  |    |              |  |           |  | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | <input type="checkbox"/> MOTHER | <input type="checkbox"/> Niece | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input checked="" type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW                   | <input type="checkbox"/> WIDOW           |    |              |  |           |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> Niece                    | <input type="checkbox"/> NURSE           |    |              |  |           |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW            | <input type="checkbox"/> PATIENT         |    |              |  |           |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW            | <input type="checkbox"/> ROOMER          |    |              |  |           |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW               | <input type="checkbox"/> SERVANT         |    |              |  |           |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW          | <input type="checkbox"/> OTHER (Specify) |    |              |  |           |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW           |  |    |              |  |           |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <input type="checkbox"/> UNCLE   | <input checked="" type="checkbox"/> SISTER-IN-LAW |  |    |              |  |           |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 19100-P01

|  |  |   |            |   |       |
|--|--|---|------------|---|-------|
| R250   |  | NAME OF INDIVIDUAL  |            | LOUISIANA   |       |
| COLOR  |  | AGE   | BIRTHPLACE | E.D.  | SHEET |
| B  |  | 7   |            | 16  | 1     |
| COUNTY   |  |   | CITY       |   |       |
| Iberia   |  |   |            |   |       |
| ENUMERATED WITH  |  |   |            |   |       |
| Cognate, Barbara   |  |   |            |   |       |
| RELATIONSHIP TO ABOVE  |  |   |            |   |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |            | <input type="checkbox"/> IMMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify)<br>L |       |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |       |                |     |            |  |
|-------------------------|-------|----------------|-----|------------|--|
| R250                    |       | HEAD OF FAMILY |     | LOUISIANA  |  |
| Rogers Stone            |       | E.O.           |     | SHEET      |  |
| COLOR                   | AGE   | BIRTHPLACE     |     |            |  |
| W                       | 49    |                |     |            |  |
| COUNTY                  | Union | CITY           |     |            |  |
| OTHER MEMBERS OF FAMILY |       |                |     |            |  |
| NAME                    |       | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| Clentine                |       | W              | 39  |            |  |
| Minor                   |       | S              | 20  |            |  |
| Florence                |       | D              | 17  |            |  |
| Rosa                    |       | D              | 16  |            |  |
| Eddie                   |       | D              | 14  |            |  |
| Lillian                 |       | S              | 13  |            |  |
| Kessell                 |       | S              | 12  |            |  |

Form 10-436 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

## HEAD OF FAMILY - CONTINUED

LOUISIANA

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME    | RELATIONSHIP | AGE   | BIRTHPLACE |
|---------|--------------|-------|------------|
| Earline | D            | 10    |            |
| Charles | D            | 9     |            |
| William | S            | 7     |            |
| Ottis   | S            | 5     |            |
| Fannie  | S            | 4     |            |
| Donnie  | S            | 1 1/2 |            |
| Resmit  | S            | 3 1/2 |            |
|         |              |       |            |
|         |              |       |            |

FORM 16-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U. S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 15198-P61

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| R254   |  | NAME OF INDIVIDUAL  |  | LOUISIANA  |  |
| COLOR  |  | AGE   |  | E.D.   |  |
| B  |  | 26  |  | 77   |  |
| BIRTHPLACE   |  | CITY  |  | SHEET  |  |
| COUNTY   |  | Rapides   |  | 9  |  |
| ENUMERATED WITH  |  |   |  |  |  |
| Secrist, John R.   |  |   |  |  |  |
| RELATIONSHIP TO ABOVE  |  |   |  |  |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify)<br>Emp. |  |

FORM 10-437 (4-20-01)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMBAT 10100-P01



LOUISIANA

|  |           |   |  |  |              |
|--|-----------|---|--|--|--------------|
| R253   |           | NAME OF INDIVIDUAL<br><i>Regeant, Luzey</i>   |  | E.D.<br>87   | SHEET<br>14B |
| COLOR<br><i>Dark</i>   | AGE<br>17 | BIRTHPLACE  |  |  |              |
| COUNTY<br><i>Rapides</i>   |           | CITY  |  |  |              |
| ENUMERATED WITH<br><i>Regeant, Valsey</i>  |           |   |  |  |              |
| RELATIONSHIP TO ABOVE  |           |   |  |  |              |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |           | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>B.C.</i> |              |

FORM 18-627 (4-20-67)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

LOUISIANA

|  |  |  |            |            |
|--|--|--|------------|------------|
| R250                                   | NAME OF INDIVIDUAL<br>Person Sylvia      |  | E.O.<br>53 | SHEET<br>8 |
| COLOR<br>B                             | AGE<br>19                                | BIRTHPLACE                                 |            |            |
| COUNTY<br>Calcasieu                    |  | CITY<br>Jennings, Louisiana                |            |            |
| ENUMERATED WITH<br>Benson, Clarence    |  |  |            |            |
| RELATIONSHIP TO ABOVE                  |  |  |            |            |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE            |            |            |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE             |            |            |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |            |            |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER |            |            |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |            |            |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |            |            |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW  |  |            |            |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW   |  |            |            |

FORM 16-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 19100-P01

LOUISIANA

|  |  |  |      |        |          |
|--|--|--|------|--------|----------|
| R 255                                  |  | NAME OF INDIVIDUAL <i>Lickman, Talmedy</i> |      | E.D. 1 | SHEET 25 |
| COLOR <i>Bl</i>                        | AGE 15   | BIRTHPLACE                                 |      |        |          |
| COUNTY <i>Bionville</i>                |  |  | CITY |        |          |
| ENUMERATED WITH <i>Williams, James</i> |  |  |      |        |          |
| RELATIONSHIP TO ABOVE                  |  |  |      |        |          |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW                    | <input type="checkbox"/> INMATE            |      |        |          |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NIECE                     | <input type="checkbox"/> NURSE             |      |        |          |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW             | <input type="checkbox"/> PATIENT           |      |        |          |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW             | <input type="checkbox"/> ROOMER            |      |        |          |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW                | <input type="checkbox"/> SERVANT           |      |        |          |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW           | <input type="checkbox"/> OTHER (Specify)   |      |        |          |
| <input type="checkbox"/> AUNT          | <input checked="" type="checkbox"/> BROTHER-IN-LAW |  |      |        |          |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW             |  |      |        |          |

FORM 18-637 (4-28-67)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

|                         |  |                |  |              |     |            |       |
|-------------------------|--|----------------|--|--------------|-----|------------|-------|
| R255                    |  | HEAD OF FAMILY |  | Louisiana    |     | E.O.       | SHEET |
| COLOR                   |  | AGE            |  | BIRTHPLACE   |     | 148        | 30    |
| W                       |  | 28             |  |              |     |            |       |
| COUNTY                  |  |                |  | CITY         |     |            |       |
| Vernon                  |  |                |  | Pasciata     |     |            |       |
| OTHER MEMBERS OF FAMILY |  |                |  |              |     |            |       |
| NAME                    |  |                |  | RELATIONSHIP | AGE | BIRTHPLACE |       |
| Reathie                 |  |                |  | W            | 24  |            |       |
| William M.              |  |                |  | S            | 6   |            |       |
| Charles                 |  |                |  | S            | 3   |            |       |
| Silbert                 |  |                |  | S            | 1   |            |       |
|                         |  |                |  |              |     |            |       |
|                         |  |                |  |              |     |            |       |
|                         |  |                |  |              |     |            |       |

FORM 16-636 (4-26-81)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                  |         |            |       |
|-------------------------|---|------------------|---------|------------|-------|
| R253                    |   | HEAD OF FAMILY   |         | LOUISIANA  |       |
|                         |   | Rosenbush Taylor |         | E.D.       | SHEET |
| COLOR                   | B | AGE              | 26      | 92         | 9     |
|                         |   | BIRTHPLACE       |         |            |       |
| COUNTY                  |   |                  | Rapides | CITY       |       |
| OTHER MEMBERS OF FAMILY |   |                  |         |            |       |
| NAME                    |   | RELATIONSHIP     | AGE     | BIRTHPLACE |       |
| / Lelia                 |   | W                | 20      |            |       |
| / Hankie                |   | D                | 1       |            |       |
| Taylor                  |   | S                | 4 1/2   |            |       |
|                         |   |                  |         |            |       |
|                         |   |                  |         |            |       |
|                         |   |                  |         |            |       |
|                         |   |                  |         |            |       |
|                         |   |                  |         |            |       |

FORM 10-636 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |           |                |     |            |       |
|-------------------------|-----------|----------------|-----|------------|-------|
| R250                    |           | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE       | BIRTHPLACE     |     | E.D.       | SHEET |
| B                       | 38        |                |     | 67         | 10    |
| COUNTY                  |           | CITY           |     |            |       |
| Lafayette               |           |                |     |            |       |
| OTHER MEMBERS OF FAMILY |           |                |     |            |       |
| NAME                    |           | RELATIONSHIP   | AGE | BIRTHPLACE |       |
|                         | Alice     | W              | 39  |            |       |
|                         | Adolphina | D              | 9   |            |       |
|                         | Kalita    | D              | 8   |            |       |
|                         | Yvana     | D              | 7   |            |       |
|                         | Antoine   | S              | 5   |            |       |
|                         | Julia     | D              | 1   |            |       |

FORM 19-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |  |  |    |               |             |      |       |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|----|---------------|-------------|------|-------|---------------------------------|---------------------------------|---------------------------------|--|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| P250   |  | NAME OF INDIVIDUAL                       |    | Reagan, Tempa |             | E.O. | SHEET |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR  | W  | AGE                                      | 70 | BIRTHPLACE    | Ala         | 106  | 15    |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY   | Ouachita                                 |  |    | CITY          | West Monroe |      |       |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH  |  |  |    |               |             |      |       |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Reagan, Thomas A.  |  |  |    |               |             |      |       |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |    |               |             |      |       |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> INMATE</td></tr><tr><td><input checked="" type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> |  |  |    |               |             |      |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input checked="" type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |    |               |             |      |       |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |    |               |             |      |       |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |    |               |             |      |       |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |    |               |             |      |       |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |    |               |             |      |       |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |    |               |             |      |       |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |    |               |             |      |       |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |    |               |             |      |       |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 18-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18188-P61

|  |  |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|--|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R 255  |  | NAME OF INDIVIDUAL                       |  | LOUISIANA |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|  |  | Richard, Thenia                          |  | E.O.      | SHEET |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR  | AGE  | BIRTHPLACE                               |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Bl   | 20   |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY   |  | City                                     |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Bienville  |  |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH  |  |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Williams, James  |  |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> IMMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input checked="" type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> IMMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input checked="" type="checkbox"/> BROTHER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW                    | <input type="checkbox"/> IMMATE          |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE                     | <input type="checkbox"/> NURSE           |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW             | <input type="checkbox"/> PATIENT         |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW             | <input type="checkbox"/> ROOMER          |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW                | <input type="checkbox"/> SERVANT         |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW           | <input type="checkbox"/> OTHER (Specify) |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW            |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input checked="" type="checkbox"/> BROTHER-IN-LAW |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-637 (4-30-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 15100-P01



|                         |  |                |            |                  |      |           |  |
|-------------------------|--|----------------|------------|------------------|------|-----------|--|
| R250                    |  | HEAD OF FAMILY |            | Richer, Theodore |      | LOUISIANA |  |
| COLOR                   |  | AGE            | BIRTHPLACE |                  | E.D. | SHEET     |  |
| W                       |  | 30             |            |                  | 40   | 32        |  |
| COUNTY                  |  |                |            | CITY             |      |           |  |
| Lafourche               |  |                |            |                  |      |           |  |
| OTHER MEMBERS OF FAMILY |  |                |            |                  |      |           |  |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE       |      |           |  |
| Justilia                |  | W              | 26         |                  |      |           |  |
| Justilia                |  | S              | 2          |                  |      |           |  |
| Joan                    |  | S              | 12         |                  |      |           |  |
| Julia                   |  | D              | 7          |                  |      |           |  |
| Melie                   |  | D              | 5          |                  |      |           |  |
| Lynan                   |  | D              | 3          |                  |      |           |  |
|                         |  |                |            |                  |      |           |  |

FORM 10-436 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |                |            |            |
|-------------------------|--|----------------|----------------|------------|------------|
| R250                    |  | HEAD OF FAMILY |                | LOUISIANA  |            |
| COLOR                   |  | AGE            | BIRTHPLACE     |            | E.D. SHEET |
| W                       |  | 25             | Richau, Thedon |            | 46 33      |
| COUNTY                  |  |                | CITY           |            |            |
| Lafourche               |  |                |                |            |            |
| OTHER MEMBERS OF FAMILY |  |                |                |            |            |
| NAME                    |  | RELATIONSHIP   | AGE            | BIRTHPLACE |            |
| 1 Lucy                  |  | W              | 17             |            |            |
|                         |  |                |                |            |            |
|                         |  |                |                |            |            |
|                         |  |                |                |            |            |
|                         |  |                |                |            |            |
|                         |  |                |                |            |            |
|                         |  |                |                |            |            |
|                         |  |                |                |            |            |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |      |            |       |
|-------------------------|-----|----------------|------|------------|-------|
| R250                    |     | HEAD OF FAMILY |      | LOUISIANA  |       |
|                         |     | Petan Thomas   |      | E.D.       | SHEET |
| COLOR                   | AGE | BIRTHPLACE     |      |            |       |
| W                       | 51  |                |      |            |       |
| COUNTY                  |     |                | CITY |            |       |
| Acadia                  |     |                |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Elizabeth               |     | W              | 48   |            |       |
| Thomas Jr.              |     | S              | 21   |            |       |
| Alice A.                |     | D              | 16   |            |       |
| Maggie                  |     | D              | 9    |            |       |
| Nellie                  |     | D              | 6    |            |       |
| George L.               |     | S              | 3    |            |       |
|                         |     |                |      |            |       |

FORM 16-636 (2-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

| HEAD OF FAMILY          |              | LOUISIANA      |            |
|-------------------------|--------------|----------------|------------|
| COLOR                   | AGE          | BIRTHPLACE     | SHEET      |
| R250                    | 42           | W              | 25 19      |
| COUNTY                  |              | CITY           |            |
| Jefferson               |              | Mc Donoghville |            |
| OTHER MEMBERS OF FAMILY |              |                |            |
| NAME                    | RELATIONSHIP | AGE            | BIRTHPLACE |
| William                 | W            | 49             |            |
| Henry                   | S            | 21             |            |
| Mamie                   | D            | 20             |            |
| Viola                   | D            | 16             |            |
| Margaret                | D            | 10             |            |
| Irma                    | D            | 7              |            |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |  |
|-------------------------|-----|----------------|-----|------------|--|
| R 250                   |     | HEAD OF FAMILY |     | LOUISIANA  |  |
| Rouseau Thomas          |     | E.D.           |     | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |     |            |  |
| W                       | 36  |                |     |            |  |
| COUNTY                  |     | CITY           |     |            |  |
| Rapides                 |     | Boyer          |     |            |  |
| OTHER MEMBERS OF FAMILY |     |                |     |            |  |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| 1 Clara                 |     | W              | 38  |            |  |
| Hebert M. Mary          |     | S.D.           | 17  |            |  |
| 1 J. Frank              |     | S.D.           | 15  |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|   |  |   |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
|---|--|---|------------|-------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|-----------|--------------------------------|--|--|
| 1250  | NAME OF INDIVIDUAL<br><i>Resgan Thomas</i> |   | E.O.<br>99 | SHEET<br>13 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| COLOR<br><i>W</i>   | AGE<br><i>50</i>                           | BIRTHPLACE  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| COUNTY<br><i>Rapides</i>  |  | CITY  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| ENUMERATED WITH<br><i>Coe Edwin</i>   |  |   |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> INMATE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input checked="" type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td><i>HK</i></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> |  |   |            |             | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>HK</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW            | <input type="checkbox"/> INMATE                     |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE             | <input type="checkbox"/> NURSE                      |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW     | <input type="checkbox"/> PATIENT                    |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW     | <input type="checkbox"/> ROOMER                     |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW        | <input type="checkbox"/> SERVANT                    |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW   | <input checked="" type="checkbox"/> OTHER (Specify) |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW    | <i>HK</i>   |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW     |   |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |

FORM 10-637 (4-29-51)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18180-P01

|  |  |  |            |   |                           |
|--|--|--|------------|---|---------------------------|
| R250   |  | NAME OF INDIVIDUAL<br><i>Rodhouse Thomas</i>   |            | LOUISIANA   |                           |
| COLOR<br><i>M</i>  |  | AGE<br><i>28</i>   | BIRTHPLACE |   | E.D. SHEET<br><i>93 8</i> |
| COUNTY<br><i>Natchitoches</i>  |  |  | CITY       |   |                           |
| ENUMERATED WITH<br><i>Robinson William</i>   |  |  |            |   |                           |
| RELATIONSHIP TO ABOVE  |  |  |            |   |                           |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NICE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |            | <input type="checkbox"/> IMMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                           |

FORM 19-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1916 CENSUS INDEX - INDIVIDUAL

|                                      |  |                |      |            |       |
|--------------------------------------|--|----------------|------|------------|-------|
| R250                                 |  | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR                                |  | AGE            |      | E.D.       | SHEET |
| W                                    |  | 52             |      | 98         | 2     |
| BIRTHPLACE                           |  |                |      |            |       |
| COUNTY                               |  |                | CITY |            |       |
| RELATIONS<br>OTHER MEMBERS OF FAMILY |  |                |      |            |       |
| NAME                                 |  | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Lives alone                          |  |                |      |            |       |
|                                      |  |                |      |            |       |
|                                      |  |                |      |            |       |
|                                      |  |                |      |            |       |
|                                      |  |                |      |            |       |
|                                      |  |                |      |            |       |
|                                      |  |                |      |            |       |
|                                      |  |                |      |            |       |
|                                      |  |                |      |            |       |

FORM 10-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R 258                   |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| W                       |  | 54             | Calcasieu  | 43         | 10    |
| COUNTY                  |  |                | CITY       |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Susana A.               |  | W              | 53         |            |       |
| Alfred                  |  | S              | 14         |            |       |
| Ralph                   |  | S              | 14         |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |  |              |  |         |  |            |  |
|-------------------------|--|----------------|--|--------------|--|---------|--|------------|--|
| R253                    |  | HEAD OF FAMILY |  | LOUISIANA    |  | E.D. 39 |  | SHEET 21   |  |
| COLOR                   |  | AGE            |  | BIRTHPLACE   |  |         |  |            |  |
| W                       |  | 38             |  |              |  |         |  |            |  |
| COUNTY                  |  |                |  | Calcasieu    |  | CITY    |  |            |  |
| OTHER MEMBERS OF FAMILY |  |                |  |              |  |         |  |            |  |
| NAME                    |  |                |  | RELATIONSHIP |  | AGE     |  | BIRTHPLACE |  |
| Malesa                  |  |                |  | W            |  | 25      |  |            |  |
| Middy                   |  |                |  | D            |  | 7       |  |            |  |
| Rotha                   |  |                |  | D            |  | 6       |  |            |  |
| April                   |  |                |  | D            |  | 5       |  |            |  |
| Arthur                  |  |                |  | S            |  | 2       |  |            |  |
| Perkins Cecelia         |  |                |  | Ni           |  | 12      |  |            |  |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |                  |   |  |  |                    |
|--|------------------|---|--|--|--------------------|
| R255   |                  | NAME OF INDIVIDUAL<br><i>Richard Thomas</i>   |  | E.D.<br><i>68</i>  | SHEET<br><i>10</i> |
| COLOR<br><i>W</i>  | AGE<br><i>35</i> | BIRTHPLACE<br><i>Kentucky</i>   |  |  |                    |
| COUNTY<br><i>La Salle</i>  |                  | CITY<br><i>Jarvis</i>   |  |  |                    |
| ENUMERATED WITH<br><i>Mr. J. F. Thomas</i>   |                  |   |  |  |                    |
| RELATIONSHIP TO ABOVE  |                  |   |  |  |                    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> TENANT<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify)<br><hr/> |                    |

FORM 16-437 (6-22-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18160-P01

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R251                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| w                       |  | 42             |            | 70         | 14    |
| COUNTY                  |  |                | CITY       |            |       |
| Lincoln                 |  |                | Ruston     |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| 1 Thomas B              |  | 5              | 12         |            |       |
| 2 Mary                  |  |                |            |            |       |
| 3 Helen                 |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

| HEAD OF FAMILY          |              | LOUISIANA  |            |
|-------------------------|--------------|------------|------------|
| COLOR                   | AGE          | BIRTHPLACE | SHEET      |
| B250                    | 45           | Thames C   | 51 28      |
| W                       |              |            |            |
| COUNTY                  | Franklin     | CITY       |            |
| OTHER MEMBERS OF FAMILY |              |            |            |
| NAME                    | RELATIONSHIP | AGE        | BIRTHPLACE |
| Carrie C                | W            | 36         | Tex        |
| Ellie E                 | D            | 13         | Tex        |
| Acene W                 | S            | 11         | Tex        |
| Rabe M                  | D            | 9          | Tex        |
| James C                 | S            | 6          | Tex        |
| Estelle J               | D            | 4          | Tex        |
| Passey J                | D            | 1          |            |

FORM 16-436 (4-22-21)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

4 1 hired man

LOUISIANA

|  |  |  |            |            |                                 |  |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|------------|------------|---------------------------------|--|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R250   | NAME OF INDIVIDUAL<br>Reagan, Thomas C.    |  | E.D.<br>50 | SHEET<br>1 |                                 |  |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br>W   | AGE<br>16                                  | BIRTHPLACE<br>Tex                        |            |            |                                 |  |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br>Franklin   |  | CITY<br>Franklin                         |            |            |                                 |  |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br>Reagan, Edward C.   |  |  |            |            |                                 |  |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |            |            |                                 |  |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input checked="" type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> INMATE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> |  |  |            |            | <input type="checkbox"/> FATHER | <input checked="" type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input checked="" type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE          |            |            |                                 |  |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE             | <input type="checkbox"/> NURSE           |            |            |                                 |  |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW     | <input type="checkbox"/> PATIENT         |            |            |                                 |  |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW     | <input type="checkbox"/> ROOMER          |            |            |                                 |  |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW        | <input type="checkbox"/> SERVANT         |            |            |                                 |  |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW   | <input type="checkbox"/> OTHER (Specify) |            |            |                                 |  |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW    |  |            |            |                                 |  |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW     |  |            |            |                                 |  |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 1910-101

| R250                    |              | HEAD OF FAMILY |            | LOUISIANA     |  |
|-------------------------|--------------|----------------|------------|---------------|--|
| COLOR                   | AGE          | BIRTHPLACE     | E.D.       | SHEET         |  |
| W                       | 37           | Miss           | 191        | 19            |  |
| COUNTY                  |              | Washington     |            | CITY Bogalusa |  |
| OTHER MEMBERS OF FAMILY |              |                |            |               |  |
| NAME                    | RELATIONSHIP | AGE            | BIRTHPLACE |               |  |
| Margie Jo               | W            | 30             | Miss       |               |  |
| Wilder M                | D            | 9              |            |               |  |
| Ellen L                 | D            | 4              | Miss       |               |  |
| and 1 Se                |              |                |            |               |  |
| and 3 Bo                |              |                |            |               |  |

FORM 16-436 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

| HEAD OF FAMILY          |                 | LOUISIANA        |            |
|-------------------------|-----------------|------------------|------------|
| 1250                    | Reagan Thomas A | E.D. 106         | SHEET 15   |
| COLOR W                 | AGE 46          | BIRTHPLACE Miss  |            |
| COUNTY Ouachita         |                 | CITY West Monroe |            |
| OTHER MEMBERS OF FAMILY |                 |                  |            |
| NAME                    | RELATIONSHIP    | AGE              | BIRTHPLACE |
| Lula                    | W               | 40               | Miss       |
| Fred                    | S               | 18               |            |
| Myrtle                  | D               | 16               |            |
| Tempa                   | D               | 14               |            |
| Minnie                  | D               | 13               |            |
| Tempa                   | M               | 70               | Ala        |



LOUISIANA

|   |  |  |  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |                                      |  |
|---|--|--|--|------------|------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--------------------------------------|--|
| R250  |  | NAME OF INDIVIDUAL<br>Reison, Thomas A     |  | E.D.<br>95 | SHEET<br>1 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |                                      |  |
| COLOR<br>W  | AGE<br>50                                | BIRTHPLACE                                 |  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |                                      |  |
| COUNTY<br>Red River   |  | CITY                                       |  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |                                      |  |
| ENUMERATED WITH<br>Elliott, Martha C  |  |  |  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |                                      |  |
| RELATIONSHIP TO ABOVE   |  |  |  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |                                      |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> WIFE-IN-LAW</td> <td></td> </tr> </table> |  |  |  |            |            | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> WIFE-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE            |  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |                                      |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE             |  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |                                      |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |                                      |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER |  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |                                      |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |                                      |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |                                      |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |                                      |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> WIFE-IN-LAW     |  |  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |                                      |  |

FORM 16-437 (4-26-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 1910-P-61

|                         |     |                |     |            |  |
|-------------------------|-----|----------------|-----|------------|--|
| R250                    |     | HEAD OF FAMILY |     | LOUISIANA  |  |
| Rausome Thomas W.       |     | E.D.           |     | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |     |            |  |
| W                       | 50  | La.            |     |            |  |
| COUNTY                  |     | CITY           |     |            |  |
| Pointe Coupee           |     | Morgana        |     |            |  |
| OTHER MEMBERS OF FAMILY |     |                |     |            |  |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| Mary                    |     | W              | 34  |            |  |
| Ida                     |     | D              | 11  |            |  |
| Norma A.                |     | D              | 9   |            |  |
| Horace                  |     | S              | 7   |            |  |
| Emerson                 |     | S              | 5   |            |  |
| Paul                    |     | S              | 4   |            |  |
| Elihu                   |     | S              | 2   |            |  |

FORM 16-636 (4-26-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME    | RELATIONSHIP | AGE | BIRTHPLACE |
|---------|--------------|-----|------------|
| 1 Clyde | S            | 1   |            |
|         |              |     |            |
|         |              |     |            |
|         |              |     |            |
|         |              |     |            |
|         |              |     |            |
|         |              |     |            |
|         |              |     |            |
|         |              |     |            |
|         |              |     |            |
|         |              |     |            |

FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-OF 16100-P61

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R 250                   |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| R                       | 43  |                |     | 59         | 3     |
| COUNTY                  |     | Iberville      |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Francis                 |     | W              | 35  |            |       |
| Clarence                |     | S              | 5   |            |       |
| Nathan                  |     | S              | 3   |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 18-636 (4-20-31)

1910 CENSUS INDEX - FAMILY

 U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

| LOUISIANA  |  |   |                 |            |     |       |   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|--|--|---|-----------------|------------|-----|-------|---|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| R 252  | NAME OF INDIVIDUAL                       |   | Rosena Thornton | E.D.       | 127 | SHEET | 1 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR  | B  | AGE   | 15              | BIRTHPLACE |     |       |   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY   |  |   |                 | CITY       |     |       |   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| JONES  |  |   |                 |            |     |       |   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH  |  |   |                 |            |     |       |   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| HALL, HURRAY   |  |   |                 |            |     |       |   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   |                 |            |     |       |   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
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| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |                 |            |     |       |   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |                 |            |     |       |   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |                 |            |     |       |   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |                 |            |     |       |   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |                 |            |     |       |   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |                 |            |     |       |   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |   |                 |            |     |       |   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |   |                 |            |     |       |   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| SS   |  |   |                 |            |     |       |   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 10-437 10-29-311

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 10100-001

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R250                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.O.       | SHEET |
| W                       |  | 42             | IOWA       | 5          | 12    |
| COUNTY                  |  |                | CITY       |            |       |
| Acadia                  |  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Julie Ann               |  | W              | 43         |            |       |
| Emmie                   |  | D              | 16         |            |       |
| Daniel                  |  | S              | 14         |            |       |
| Julie Ann               |  | D              | 11         |            |       |
| Lillie F.               |  | D              | 6          |            |       |
| Timothy A.              |  | S              | 5          |            |       |
| Walter W.               |  | S              | 1          |            |       |

FORM 10-636 (4-20-67)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |        |                   |      |            |       |
|-------------------------|--------|-------------------|------|------------|-------|
| R 252                   |        | HEAD OF FAMILY    |      | LOUISIANA  |       |
| COLOR                   |        | AGE               |      | E.O.       | SHEET |
| B                       |        | 37                |      | 4          | 1     |
| BIRTHPLACE              |        |                   |      |            |       |
| COUNTY                  |        |                   | CITY |            |       |
| Shreveport              |        |                   |      |            |       |
| OTHER MEMBERS OF FAMILY |        |                   |      |            |       |
|                         | NAME   | RELATION-<br>SHIP | AGE  | BIRTHPLACE |       |
|                         | Mattie | W                 | 33   |            |       |
|                         | Ray    | S                 | 10   |            |       |
|                         | Salix  | D                 | 8    |            |       |
|                         | Arthur | S                 | 4    |            |       |
|                         | Mattie | D                 | 2    |            |       |
|                         | Harvey | S                 | 8/12 |            |       |

Form 16-636 (6-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|   |   |  |                    |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|---|--|--------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|-------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R 253   | NAME OF INDIVIDUAL<br><i>Richardson Tom</i> |  | E.D.<br><i>129</i> | SHEET<br><i>1</i> |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>W</i>   | AGE<br><i>22</i>                            | BIRTHPLACE<br><i>Ark.</i>                |                    |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>IA. 100</i>  |   | CITY<br><i>Atlanta</i>                   |                    |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Borris Green B</i>  |   |  |                    |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |   |  |                    |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHER</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |   |  |                    |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHER | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHER             | <input type="checkbox"/> INMATE          |                    |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NECE               | <input type="checkbox"/> NURSE           |                    |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW      | <input type="checkbox"/> PATIENT         |                    |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW      | <input type="checkbox"/> ROOMER          |                    |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW         | <input type="checkbox"/> SERVANT         |                    |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW    | <input type="checkbox"/> OTHER (Specify) |                    |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW     |  |                    |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW      |  |                    |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 16-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMB-DC 1910-P61



LOUISIANA

|  |  |   |      |                    |                    |
|--|--|---|------|--------------------|--------------------|
| R250                                   |  | NAME OF INDIVIDUAL<br><i>Roussau Trum</i>           |      | E.O.<br><i>121</i> | SHEET<br><i>39</i> |
| COLOR<br><i>B</i>                      | AGE<br><i>15</i>                         | BIRTHPLACE  |      |                    |                    |
| COUNTY<br><i>St. Landry</i>            |  |   | CITY |                    |                    |
| ENUMERATED WITH<br><i>Green Liza</i>   |  |   |      |                    |                    |
| RELATIONSHIP TO ABOVE                  |  |   |      |                    |                    |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |      |                    |                    |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |      |                    |                    |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |      |                    |                    |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |      |                    |                    |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |      |                    |                    |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |      |                    |                    |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW  | <i>grandchild</i>                                   |      |                    |                    |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW   |   |      |                    |                    |

FORM 19-437 (4-29-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1919 CENSUS INDEX - INDIVID

USCENS-DC 1919-P61

| LOUISIANA  |  |  |            |
|--|--|--|------------|
| 2253   | NAME OF INDIVIDUAL<br>Regard, Ulysses  |  | E.O.<br>56 |
| COLOR<br>W   | AGE<br>43  | BIRTHPLACE   | SHEET<br>4 |
| COUNTY<br>Plaquemines  |  | CITY   |            |
| ENUMERATED WITH<br>Baylin, James   |  |  |            |
| RELATIONSHIP TO ABOVE  |  |  |            |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input checked="" type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |            |

FORM 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P61

LOUISIANA

|  |  |  |            |            |
|--|--|--|------------|------------|
| R253   | NAME OF INDIVIDUAL<br>Regard, Ulysses jr |  | E.O.<br>56 | SHEET<br>4 |
| COLOR<br>W                                   | AGE<br>9                                 | BIRTHPLACE                               |            |            |
| COUNTY<br>Plaquemine                         | CITY                                     |  |            |            |
| ENUMERATED WITH<br>Bayli, Jimmy              |  |  |            |            |
| RELATIONSHIP TO ABOVE                        |  |  |            |            |
| <input type="checkbox"/> FATHER              | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |            |            |
| <input type="checkbox"/> MOTHER              | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |            |            |
| <input type="checkbox"/> GRANDFATHER         | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |            |            |
| <input type="checkbox"/> GRANDMOTHER         | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |            |            |
| <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |            |            |
| <input type="checkbox"/> GRANDDAUGHTER       | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |            |            |
| <input type="checkbox"/> AUNT                | <input type="checkbox"/> BROTHER-IN-LAW  |  |            |            |
| <input type="checkbox"/> UNCLE               | <input type="checkbox"/> SISTER-IN-LAW   |  |            |            |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USC0000-PC 15100-P01

LOUISIANA

|  |                  |   |  |   |                    |
|--|------------------|---|--|---|--------------------|
| R350   |                  | NAME OF INDIVIDUAL<br><i>Rogers Victor</i>  |  | E.O.<br><i>20</i>   | SHEET<br><i>15</i> |
| COLOR<br><i>brn</i>  | AGE<br><i>19</i> | BIRTHPLACE  |  |   |                    |
| COUNTY   |                  | CITY<br><i>E. Baton Rouge</i>   |  | <i>Baton Rouge</i>  |                    |
| ENUMERATED WITH<br><i>William Isibelle</i>   |                  |   |  |   |                    |
| RELATIONSHIP TO ABOVE  |                  |   |  |   |                    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>S</i> |                    |

FORM 18-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |                     |   |  |  |                    |
|---|---------------------|---|--|--|--------------------|
| K 252   |                     | NAME OF INDIVIDUAL<br><i>Riggins Victoria</i>   |  | LOUISIANA  |                    |
| COLOR<br><i>B</i>   | AGE<br><i>1 3/4</i> | DATE OF BIRTH<br><i>1910</i>  |  | E.D.<br><i>85</i>  | SHEET<br><i>12</i> |
| COUNTY<br><i>Jefferson</i>  |                     | CITY<br><i>Shreveport</i>   |  |  |                    |
| ENUMERATED WITH<br><i>Riggins Wiley</i>   |                     |   |  |  |                    |
| RELATIONSHIP TO ABOVE   |                     |   |  |  |                    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input checked="" type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                    |

FORM 10-437 (4-20-31)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18108-P01

|  |  |                    |            |           |       |
|--|--|--------------------|------------|-----------|-------|
| R250   |  | NAME OF INDIVIDUAL |            | LOUISIANA |       |
| COLOR  |  | AGE                | BIRTHPLACE | E.D.      | SHEET |
| M  |  | 4                  |            | 125       | 15    |
| COUNTY   |  |                    | CITY       |           |       |
| ST. Martin   |  |                    |            |           |       |
| ENUMERATED WITH  |  |                    |            |           |       |
| RELATIONSHIP TO ABOVE  |  |                    |            |           |       |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER<br/> <input type="checkbox"/> MOTHER<br/> <input type="checkbox"/> GRANDFATHER<br/> <input type="checkbox"/> GRANDMOTHER<br/> <input type="checkbox"/> GRANDSON<br/> <input type="checkbox"/> GRANDDAUGHTER<br/> <input type="checkbox"/> AUNT<br/> <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW<br/> <input type="checkbox"/> Niece<br/> <input type="checkbox"/> FATHER-IN-LAW<br/> <input type="checkbox"/> MOTHER-IN-LAW<br/> <input type="checkbox"/> SON-IN-LAW<br/> <input type="checkbox"/> DAUGHTER-IN-LAW<br/> <input type="checkbox"/> BROTHER-IN-LAW<br/> <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> BOARDER<br/> <input type="checkbox"/> ROOMER<br/> <input type="checkbox"/> SERVANT<br/> <input checked="" type="checkbox"/> OTHER (Specify)<br/> <div style="border-bottom: 1px solid black; width: 100px; margin-top: 5px;"></div> </div> </div> |  |                    |            |           |       |

FORM 18-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |     |   |  |  |       |
|---|-----|---|--|--|-------|
| R250  |     | NAME OF INDIVIDUAL  |  | LOUISIANA  |       |
| COLOR   | AGE | BIRTHPLACE  |  | E.D.   | SHEET |
| B   | 78  | Rose Virginia   |  | 24   | 10    |
| COUNTY  |     | CITY  |  |  |       |
|   |     |   |  |  |       |
| ENUMERATED WITH   |     |   |  |  |       |
| Mack Harrison   |     |   |  |  |       |
| RELATIONSHIP TO ABOVE   |     |   |  |  |       |
| <input type="checkbox"/> FATHER<br><input checked="" type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |       |

FORM 18-627 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |  |  |           |       |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|--|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R250   |  | NAME OF INDIVIDUAL                       |  | LOUISIANA |       |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR  | AGE                                      | BIRTHPLACE                               |  | E.D.      | SHEET |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| W  | 15                                       | Louisiana, Virginia                      |  | 103       | 21    |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY   |  | CITY                                     |  |           |       |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Terrebonne   |  |  |  |           |       |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH  |  |  |  |           |       |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Band, Helen  |  |  |  |           |       |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |  |           |       |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input checked="" type="checkbox"/> WIFE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input checked="" type="checkbox"/> WIFE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |  |           |       |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input checked="" type="checkbox"/> WIFE | <input type="checkbox"/> NURSE           |  |           |       |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |  |           |       |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |  |           |       |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |  |           |       |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |  |           |       |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |           |       |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |  |           |       |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 18-637 (4-28-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-OC 18100-P01



|  |   |   |    |  |  |
|--|---|---|----|--|--|
| P258   |   | NAME OF INDIVIDUAL  |    | LOUISIANA  |  |
| RICHARD, Vivian  |   | E.O. 7  |    | SHEET 1  |  |
| COLOR  | W | AGE   | 20 | BIRTHPLACE   |  |
| COUNTY   |   | Assumption  |    | CITY   |  |
| ENUMERATED WITH  |   | Napoleonville   |    |  |  |
| RELATIONSHIP TO ABOVE  |   | Philodora, Agatha   |    |  |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |   | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |    | <input type="checkbox"/> IMMIGRANT<br><input type="checkbox"/> NUN<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify)<br>B |  |

FORM 10-637 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |            |
|-------------------------|--|----------------|------------|------------|------------|
| R 253                   |  | HEAD OF FAMILY |            | LOUISIANA  |            |
| COLOR                   |  | AGE            | BIRTHPLACE |            | E.D. SHEET |
| Mu                      |  | 50             |            |            | 87 14B     |
| COUNTY                  |  |                | CITY       |            |            |
| Rapides                 |  |                |            |            |            |
| OTHER MEMBERS OF FAMILY |  |                |            |            |            |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |            |
| Snyder                  |  | W              | 56         |            |            |
| Snyder                  |  | B.C.I          | 17         |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |

FORM 10-636 (4-20-61)

1916 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |           |                |     |            |             |
|-------------------------|-----------|----------------|-----|------------|-------------|
| 9350                    |           | HEAD OF FAMILY |     | LOUISIANA  |             |
| COLOR                   | W         | AGE            | 56  | BIRTHPLACE | Bayou W. G. |
| COUNTY                  |           | Natchitoches   |     | CITY       |             |
| OTHER MEMBERS OF FAMILY |           |                |     |            |             |
|                         | NAME      | RELATIONSHIP   | AGE | BIRTHPLACE |             |
|                         | Gertrude  | D              | 26  |            |             |
|                         | Harsh     | D              | 20  |            |             |
|                         | Allen     | S              | 18  |            |             |
|                         | Lee Early | D              | 14  |            |             |
|                         | Effie     | D              | 7   |            |             |
|                         |           |                |     |            |             |
|                         |           |                |     |            |             |

Form 16-436 (4-20-31)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |    |                |     |            |                  |
|-------------------------|----|----------------|-----|------------|------------------|
| R250                    |    | HEAD OF FAMILY |     | LOUISIANA  |                  |
| COLOR                   | W. | AGE            | 16  | BIRTHPLACE | Rager, W. A. Jr. |
| COUNTY                  |    | Natchitoches   |     | CITY       | Natchitoches     |
| OTHER MEMBERS OF FAMILY |    |                |     |            |                  |
| NAME                    |    | RELATIONSHIP   | AGE | BIRTHPLACE |                  |
| + 1 to                  |    |                |     |            |                  |
|                         |    |                |     |            |                  |
|                         |    |                |     |            |                  |
|                         |    |                |     |            |                  |
|                         |    |                |     |            |                  |
|                         |    |                |     |            |                  |
|                         |    |                |     |            |                  |
|                         |    |                |     |            |                  |
|                         |    |                |     |            |                  |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R 255                   |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.O.       | SHEET |
| W                       |  | 31             |            | 148        | 18    |
| COUNTY                  |  |                | CITY       |            |       |
| Vernon                  |  |                | Roubine    |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| A M                     |  | W              | 41         | Miss       |       |
| Lillian                 |  | D              | 16         |            |       |
| David Lee               |  | S              | 11         |            |       |
| Charles H.              |  | S              | 8          |            |       |
| Henry H.                |  | S              | 5          |            |       |
| Elizabeth M             |  | D              | 2          |            |       |
|                         |  |                |            |            |       |

FORM 10-636 (4-30-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |   |  |       |
|--|---|--|-------|
| R252   |   | LOUISIANA  |       |
| NAME OF INDIVIDUAL   |   | E.D.   | SHEET |
| R. Eugene Wallace J.   |   | 114  | 31    |
| COLOR  | AGE   | BIRTHPLACE   |       |
| W  | 21  | Miss   |       |
| COUNTY   |   | CITY   |       |
| Tangipahoa   |   |  |       |
| ENUMERATED WITH  |   |  |       |
| Slaughter, John J.   |   |  |       |
| RELATIONSHIP TO ABOVE  |   |  |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> WIDOW<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |       |

Form 10-637 (4-30-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 18106-P01

|                         |             |                |           |            |    |
|-------------------------|-------------|----------------|-----------|------------|----|
| R250                    |             | HEAD OF FAMILY |           | LOUISIANA  |    |
| COLOR                   | B           | AGE            | 39        | BIRTHPLACE | La |
| COUNTY                  |             |                | Calcasieu | CITY       |    |
| OTHER MEMBERS OF FAMILY |             |                |           |            |    |
|                         | NAME        | RELATIONSHIP   | AGE       | BIRTHPLACE |    |
|                         | Ada         | W              | 97        | N.C.       |    |
|                         | Wetzel      | S              | 9         | La         |    |
|                         | Oliver      | D              | 7         | La         |    |
|                         | William     | D              | 6         | La         |    |
|                         | Burley L    | N              | 3         | La         |    |
|                         | Ada         | D              | 1         |            |    |
|                         | Howard Paul | N              | 16        | La         |    |

FORM 16-636 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |    |                |  |            |     |
|-------------------------|---|----------------|----|----------------|--|------------|-----|
| R250                    |   | HEAD OF FAMILY |    | ROCHON, Walter |  | LOUISIANA  |     |
| COLOR                   | B | AGE            | 27 | BIRTHPLACE     |  | S.D.       | 144 |
|                         |   |                |    |                |  | SHEET      | 7   |
| COUNTY                  |   |                |    | Vernon         |  | CITY       |     |
|                         |   |                |    |                |  | Leesville  |     |
| OTHER MEMBERS OF FAMILY |   |                |    |                |  |            |     |
| NAME                    |   |                |    | RELATIONSHIP   |  | AGE        |     |
|                         |   |                |    |                |  | BIRTHPLACE |     |
| Brown, Lussie           |   |                |    | HK             |  | 24         |     |
| Hastings, E             |   |                |    | S              |  | 5          |     |
| Andrew                  |   |                |    | S              |  | 3          |     |
|                         |   |                |    |                |  |            |     |
|                         |   |                |    |                |  |            |     |
|                         |   |                |    |                |  |            |     |
|                         |   |                |    |                |  |            |     |
|                         |   |                |    |                |  |            |     |

Form 16-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|  |  |   |      |           |            |             |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
|--|--|---|------|-----------|------------|-------------|---------------------------------|---------------------------------|----------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|----------|--------------------------------|--|--|
| R255   |  | NAME OF INDIVIDUAL<br><i>Rochman Walter</i>         |      | LOUISIANA | E.D.<br>92 | SHEET<br>17 |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| COLOR<br><i>B</i>  | AGE<br>21                                | BIRTHPLACE  |      |           |            |             |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| COUNTY<br><i>St. Mary</i>  |  |   | CITY |           |            |             |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| ENUMERATED WITH<br><i>Rochman Alex</i>   |  |   |      |           |            |             |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   |      |           |            |             |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDWIFE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>B</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |      |           |            |             | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDWIFE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>B</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDWIFE                    |      |           |            |             |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |      |           |            |             |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |      |           |            |             |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |      |           |            |             |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |      |           |            |             |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |      |           |            |             |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  | <i>B</i>  |      |           |            |             |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |   |      |           |            |             |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |

FORM 10-437 (4-25-51)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P61

|                         |       |                |      |                |       |
|-------------------------|-------|----------------|------|----------------|-------|
| R255                    |       | HEAD OF FAMILY |      | LOUISIANA      |       |
| RICHMOND                |       | WALTER         |      | E.O.           | SHEET |
| COLOR                   | B     | AGE            | 39   | BIRTHPLACE Tex |       |
| COUNTY                  | Caddo |                | CITY |                |       |
| OTHER MEMBERS OF FAMILY |       |                |      |                |       |
| NAME                    |       | RELATIONSHIP   | AGE  | BIRTHPLACE     |       |
| / Nellie                |       | W              | 35   |                |       |
| / Feta                  |       | S              | 3    |                |       |
| / Julia                 |       | mo.            | 65   | S.C.           |       |
| / Ford Clem             |       | A.S.           | 3    |                |       |
|                         |       |                |      |                |       |
|                         |       |                |      |                |       |
|                         |       |                |      |                |       |

FORM 16-436 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |  |  |           |  |      |  |       |  |  |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|--|-----------|--|------|--|-------|--|--|---------------------------------|---------------------------------|---------------------------------|-------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R252   |  | NAME OF INDIVIDUAL                       |  | LOUISIANA |  | E.D. |  | SHEET |  |  |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| W  |  | 56                                       |  | Missouri  |  | 195  |  | 12    |  |  |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY   |  | Ouachita                                 |  | CITY      |  |      |  |       |  |  |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH  |  |  |  |           |  |      |  |       |  |  |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |  |           |  |      |  |       |  |  |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input checked="" type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> WIFE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |           |  |      |  |       |  | <input checked="" type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> WIFE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input checked="" type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |  |           |  |      |  |       |  |  |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> WIFE            | <input type="checkbox"/> NURSE           |  |           |  |      |  |       |  |  |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |  |           |  |      |  |       |  |  |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |  |           |  |      |  |       |  |  |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |  |           |  |      |  |       |  |  |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |  |           |  |      |  |       |  |  |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |           |  |      |  |       |  |  |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |  |           |  |      |  |       |  |  |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 18-437 (4-22-31)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18159-P61

|  |  |  |             |           |            |                                 |  |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|-------------|-----------|------------|---------------------------------|--|---------------------------------|---------------------------------|-------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R250   |  | NAME OF INDIVIDUAL                       |             | LOUISIANA |            |                                 |  |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR  |  | AGE                                      | BIRTHPLACE  |           | E.D. SHEET |                                 |  |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| 8  |  | 16                                       | Ransom Wash |           | 70 14      |                                 |  |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY   |  |  | CITY        |           |            |                                 |  |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Do Sole  |  |  |             |           |            |                                 |  |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH  |  |  |             |           |            |                                 |  |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Lewis Jessie   |  |  |             |           |            |                                 |  |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |             |           |            |                                 |  |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input checked="" type="checkbox"/> WEPHER</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NICE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |             |           |            | <input type="checkbox"/> FATHER | <input checked="" type="checkbox"/> WEPHER | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NICE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input checked="" type="checkbox"/> WEPHER | <input type="checkbox"/> INMATE          |             |           |            |                                 |  |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NICE              | <input type="checkbox"/> NURSE           |             |           |            |                                 |  |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW     | <input type="checkbox"/> PATIENT         |             |           |            |                                 |  |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW     | <input type="checkbox"/> ROOMER          |             |           |            |                                 |  |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW        | <input type="checkbox"/> SERVANT         |             |           |            |                                 |  |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW   | <input type="checkbox"/> OTHER (Specify) |             |           |            |                                 |  |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW    |  |             |           |            |                                 |  |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW     |  |             |           |            |                                 |  |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVI

USCOMM-DC 18100-P61

|                                  |               |  |  |                                |
|----------------------------------|---------------|--|--|--------------------------------|
| R253                             |               | NAME OF INDIVIDUAL - <i>Rasmussen Wesley</i>   |  | LOUISIANA                      |
| COLOR <i>B</i>                   | AGE <i>10</i> | BIRTHPLACE   |  | E.D. <i>39</i> SHEET <i>18</i> |
| COUNTY                           |               | CITY   |  |                                |
| ENUMERATED WITH <i>Calcasieu</i> |               |  |  |                                |
| RELATIONSHIP TO ABOVE            |               | <div> <div> <input type="checkbox"/> FATHER<br/> <input type="checkbox"/> MOTHER<br/> <input type="checkbox"/> GRANDFATHER<br/> <input type="checkbox"/> GRANDMOTHER<br/> <input type="checkbox"/> GRANDSON<br/> <input type="checkbox"/> GRANDDAUGHTER<br/> <input type="checkbox"/> AUNT<br/> <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW<br/> <input type="checkbox"/> NIECE<br/> <input type="checkbox"/> FATHER-IN-LAW<br/> <input type="checkbox"/> MOTHER-IN-LAW<br/> <input type="checkbox"/> SON-IN-LAW<br/> <input type="checkbox"/> DAUGHTER-IN-LAW<br/> <input type="checkbox"/> BROTHER-IN-LAW<br/> <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> WIDOW<br/> <input type="checkbox"/> NURSE<br/> <input type="checkbox"/> PATIENT<br/> <input type="checkbox"/> ROOMER<br/> <input type="checkbox"/> SERVANT<br/> <input checked="" type="checkbox"/> OTHER (Specify) <i>G. C.</i> </div> </div> |  |                                |

FORM 16-637 (4-22-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18106-P61

| HEAD OF FAMILY          |                   | LOUISIANA  |            |
|-------------------------|-------------------|------------|------------|
| E.D.                    | SHEET             |            |            |
| R252                    | Crushing Wesley J | 2          | 1          |
| COLOR<br>W              | AGE<br>30         | BIRTHPLACE |            |
| COUNTY                  |                   | CITY       |            |
| OTHER MEMBERS OF FAMILY |                   |            |            |
| NAME                    | RELATIONSHIP      | AGE        | BIRTHPLACE |
| 1 Laura                 | W                 | 17         |            |
|                         |                   |            |            |
|                         |                   |            |            |
|                         |                   |            |            |
|                         |                   |            |            |
|                         |                   |            |            |
|                         |                   |            |            |
|                         |                   |            |            |
|                         |                   |            |            |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|   |  |  |  |                   |                   |                                 |                                 |                                    |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|--|-------------------|-------------------|---------------------------------|---------------------------------|------------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R252  |  | NAME OF INDIVIDUAL<br><i>Pushing Head</i>  |  | E.O.<br><i>59</i> | SHEET<br><i>9</i> |                                 |                                 |                                    |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>W</i>   | AGE<br><i>29</i>                         | BIRTHPLACE<br><i>La</i>                    |  |                   |                   |                                 |                                 |                                    |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>La Salle</i>   |  | CITY                                       |  |                   |                   |                                 |                                 |                                    |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Miss John</i>   |  |  |  |                   |                   |                                 |                                 |                                    |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |  |                   |                   |                                 |                                 |                                    |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> IMMIGRANT</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input checked="" type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> |  |  |  |                   |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> IMMIGRANT | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> IMMIGRANT         |  |                   |                   |                                 |                                 |                                    |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE             |  |                   |                   |                                 |                                 |                                    |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |  |                   |                   |                                 |                                 |                                    |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER |  |                   |                   |                                 |                                 |                                    |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |  |                   |                   |                                 |                                 |                                    |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |  |                   |                   |                                 |                                 |                                    |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |                   |                   |                                 |                                 |                                    |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |  |                   |                   |                                 |                                 |                                    |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 16-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18198-P-1

|                         |     |                |     |            |  |
|-------------------------|-----|----------------|-----|------------|--|
| 19250                   |     | HEAD OF FAMILY |     | LOUISIANA  |  |
| Kausch, West            |     | E.O.           |     | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |     |            |  |
| B                       | 30  |                |     |            |  |
| COUNTY                  |     | TONGES         |     | CITY       |  |
|                         |     |                |     | Morgan     |  |
| OTHER MEMBERS OF FAMILY |     |                |     |            |  |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| Living alone            |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |

FORM 16-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |  |                |               |           |            |      |       |
|-------------------------|--|----------------|---------------|-----------|------------|------|-------|
| R252                    |  | HEAD OF FAMILY |               | LOUISIANA |            | E.D. | SHEET |
| B                       |  | 55             | Riggins Wiley |           |            |      |       |
| COLOR                   |  | AGE            | BIRTHPLACE    |           |            |      |       |
| COUNTY                  |  |                | Rapides       |           | CITY       |      |       |
| OTHER MEMBERS OF FAMILY |  |                |               |           |            |      |       |
| NAME                    |  |                | RELATIONSHIP  | AGE       | BIRTHPLACE |      |       |
| Joe                     |  |                | S             | 19        |            |      |       |
| Renee                   |  |                | D             | 19        |            |      |       |
| Victoria                |  |                | G D           | 1 3/4     |            |      |       |
|                         |  |                |               |           |            |      |       |
|                         |  |                |               |           |            |      |       |
|                         |  |                |               |           |            |      |       |
|                         |  |                |               |           |            |      |       |

FORM 18-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |   |
|--|---|
| LOUISIANA  |   |
| R250   | NAME OF INDIVIDUAL<br><i>Richard Wilford</i>  |
| E.D.<br>76   | SHEET<br>14   |
| AGE<br>19  | BIRTHPLACE  |
| CITY<br><i>St. James</i>   | CITY  |
| EMIGRATED WITH<br><i>Narcine Octane</i>  |   |
| RELATIONSHIP TO ABOVE  |   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> WIFE<br><input type="checkbox"/> HUSBAND<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify)  |   |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

1000000-DC 10100-001

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R250                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.O.       | SHEET |
| W                       |  | 35             | Miss.      | 133        | 16    |
| COUNTY                  |  |                | CITY       |            |       |
| Washington              |  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Lula                    |  | W              | 32         |            |       |
| Lucy                    |  | D              | 12         |            |       |
| Stella                  |  | D              | 10         |            |       |
| Bessie                  |  | D              | 8          |            |       |
| Daisy                   |  | D              | 7          |            |       |
| Amy                     |  | D              | 5          |            |       |
| Cotie                   |  | S              | 1          |            |       |

FORM 19-536 (4-30-07)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R252                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| W                       |  | 33             | La.        | 118        | 16    |
| COUNTY                  |  |                | CITY       |            |       |
| Richland                |  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Francis                 |  | W              | 35         |            |       |
| Angleton Mary J         |  | M              | 74         |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |                    |  |           |  |
|---|--|--------------------|--|-----------|--|
| R255  |  | NAME OF INDIVIDUAL |  | LOUISIANA |  |
| RICHMOND  |  | RICHMOND, Hill     |  | T.O. 109  |  |
| AGE   |  | BIRTHPLACE         |  | SHEET 18  |  |
| COUNTY  |  | Sabin              |  | CITY      |  |
| ENUMERATED WITH   |  |                    |  |           |  |
| RELATIONSHIP TO ABOVE   |  |                    |  |           |  |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> FATHER<br/> <input type="checkbox"/> MOTHER<br/> <input type="checkbox"/> GRANDFATHER<br/> <input type="checkbox"/> GRANDMOTHER<br/> <input checked="" type="checkbox"/> GRANDSON<br/> <input type="checkbox"/> GRANDDAUGHTER<br/> <input type="checkbox"/> AUNT<br/> <input type="checkbox"/> UNCLE </div> <div style="width: 30%;"> <input type="checkbox"/> NEPHEW<br/> <input type="checkbox"/> NIECE<br/> <input type="checkbox"/> FATHER-IN-LAW<br/> <input type="checkbox"/> MOTHER-IN-LAW<br/> <input type="checkbox"/> SON-IN-LAW<br/> <input type="checkbox"/> DAUGHTER-IN-LAW<br/> <input type="checkbox"/> BROTHER-IN-LAW<br/> <input type="checkbox"/> SISTER-IN-LAW </div> <div style="width: 30%;"> <input type="checkbox"/> INMATE<br/> <input type="checkbox"/> NURSE<br/> <input type="checkbox"/> PATIENT<br/> <input type="checkbox"/> ROOMER<br/> <input type="checkbox"/> SERVANT<br/> <input type="checkbox"/> OTHER (Specify) </div> </div> |  |                    |  |           |  |

FORM 16-637 (4-25-61)

1970 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

UNCOM-DC 16100-P61

LOUISIANA

|  |  |  |  |                    |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|--|--------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|-------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R250   |  | NAME OF INDIVIDUAL<br><i>Rogin Will</i>    |  | E.D.<br><i>131</i> | SHEET<br><i>9</i> |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>B</i>  | AGE<br><i>22</i>                         | BIRTHPLACE<br><i>Idaho</i>                 |  |                    |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>Washington</i>  |  | CITY<br><i>Bogalusa</i>                    |  |                    |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| EMERATED WITH<br><i>Williams Joe</i>   |  |  |  |                    |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |  |                    |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NICE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> WINTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |                    |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NICE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> WINTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE            |  |                    |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NICE            | <input type="checkbox"/> NURSE             |  |                    |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |  |                    |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER |  |                    |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |  |                    |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |  |                    |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |                    |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> WINTER-IN-LAW   |  |  |                    |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 16-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCIB-PS 11112-PS1

|                         |  |                |  |                  |  |           |  |            |  |       |  |
|-------------------------|--|----------------|--|------------------|--|-----------|--|------------|--|-------|--|
| 17252                   |  | HEAD OF FAMILY |  | Kushing, William |  | LOUISIANA |  | E. B.      |  | SHEET |  |
| COLOR                   |  | AGE            |  | BIRTHPLACE       |  |           |  |            |  |       |  |
| W                       |  | 39             |  |                  |  |           |  |            |  |       |  |
| COUNTY                  |  |                |  |                  |  | CITY      |  |            |  |       |  |
| OTHER MEMBERS OF FAMILY |  |                |  |                  |  |           |  |            |  |       |  |
| NAME                    |  |                |  | RELATIONSHIP     |  | AGE       |  | BIRTHPLACE |  |       |  |
| Plincy                  |  |                |  | W                |  | 19        |  |            |  |       |  |
| William D               |  |                |  | S                |  | 2         |  |            |  |       |  |
| Clarence                |  |                |  | S                |  | 1         |  |            |  |       |  |
|                         |  |                |  |                  |  |           |  |            |  |       |  |
|                         |  |                |  |                  |  |           |  |            |  |       |  |
|                         |  |                |  |                  |  |           |  |            |  |       |  |
|                         |  |                |  |                  |  |           |  |            |  |       |  |
|                         |  |                |  |                  |  |           |  |            |  |       |  |

FORM 16-426 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |   |   |            |
|--|---|---|------------|
|  |   | LOUISIANA   |            |
| R252   | NAME OF INDIVIDUAL<br>Basmussen Wm  |   | E.D.<br>48 |
| COLOR<br>W   | AGE<br>13   | BIRTHPLACE  |            |
| COUNTY<br>Calcasieu  | CITY  |   |            |
| ENUMERATED WITH<br>Walker George L.  |   |   |            |
| RELATIONSHIP TO ABOVE  |   |   |            |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br>none |            |

FORM 18-437 (4-22-31)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1918 CENSUS INDEX - INDIVIDUAL

USC6884-DC 1918-761



|                         |  |                |             |            |            |
|-------------------------|--|----------------|-------------|------------|------------|
| R252                    |  | HEAD OF FAMILY |             | LOUISIANA  |            |
| COLOR                   |  | AGE            | BIRTHPLACE  |            | E.D. SHEET |
| B                       |  | 25             | Rajons, Wm. |            | 60 22      |
| COUNTY                  |  |                | CITY        |            |            |
| Grant                   |  |                |             |            |            |
| OTHER MEMBERS OF FAMILY |  |                |             |            |            |
| NAME                    |  | RELATIONSHIP   | AGE         | BIRTHPLACE |            |
| Nettie                  |  | W              | 20          |            |            |
| Essie                   |  | D              | 4 1/2       |            |            |
| Emma                    |  | Si             | 24          |            |            |
|                         |  |                |             |            |            |
|                         |  |                |             |            |            |
|                         |  |                |             |            |            |
|                         |  |                |             |            |            |
|                         |  |                |             |            |            |

FORM 16-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

| HEAD OF FAMILY          |                | LOUISIANA      |                |
|-------------------------|----------------|----------------|----------------|
| COLOR                   | AGE            | BIRTHPLACE     | SHEET          |
| P250                    | HEAD OF FAMILY | HEAD OF FAMILY | HEAD OF FAMILY |
| W                       | 63             | Miss.          | 146 22         |
| COUNTY                  | Vernon         | CITY           |                |
| OTHER MEMBERS OF FAMILY |                |                |                |
| NAME                    | RELATIONSHIP   | AGE            | BIRTHPLACE     |
| Mary J. Lewis           | W              | 54             | Cal.           |
| Carl D.                 | S              | 18             |                |
| John W.                 | S              | 21             |                |
| Clara Douglas           | S              | 23             |                |
| Robert Lewis            | D              | 16             |                |
| Richard Lewis           | S              | 13             |                |

| HEAD OF FAMILY          |              | LOUISIANA  |            |
|-------------------------|--------------|------------|------------|
| COLOR                   | AGE          | BIRTHPLACE | E.O. SHEET |
| W                       | 52           | Sweden     | 30 1       |
| COUNTY                  |              | CITY       |            |
| Calcasieu               |              | Kinder     |            |
| OTHER MEMBERS OF FAMILY |              |            |            |
| NAME                    | RELATIONSHIP | AGE        | BIRTHPLACE |
| Annie E.                | W            | 42         | Iowa       |
| Mattie W.               | S            | 18         |            |
| Clifford L.             | S            | 15         |            |
| Joseph C.               | S            | 10         |            |
| Ellie F.                | D            | 8          |            |
| Fred                    | S            | 3          |            |
| Engberg, Carl           | Bo           | 22         | Sweden     |

FORM 16-436 (4-20-37)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

| R 252                   |              | HEAD OF FAMILY |              | LOUISIANA |       |
|-------------------------|--------------|----------------|--------------|-----------|-------|
| COLOR                   |              | AGE            | BIRTHPLACE   | E.D.      | SHEET |
| M                       |              | 49             |              | 93        | 8     |
| COUNTY                  |              |                | Natchitoches | CITY      |       |
| OTHER MEMBERS OF FAMILY |              |                |              |           |       |
| NAME                    | RELATIONSHIP | AGE            | BIRTHPLACE   |           |       |
| Celestine               | W            | 42             |              |           |       |
| Rosa                    | D            | 23             |              |           |       |
| James                   | S            | 26             |              |           |       |
| Vessie                  | D            | 14             |              |           |       |
| Theresa                 | D            | 13             |              |           |       |
| Lillian                 | D            | 12             |              |           |       |
| Mary                    | D            | 9              |              |           |       |

FORM 16-625 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME      | RELATIONSHIP | AGE | BIRTHPLACE |
|-----------|--------------|-----|------------|
| William   | S            | 8   |            |
| Celestine | D            | 7   |            |
| Harvey    | S            | 3   |            |
| Bo        |              |     |            |
|           |              |     |            |
|           |              |     |            |
|           |              |     |            |
|           |              |     |            |
|           |              |     |            |
|           |              |     |            |
|           |              |     |            |

FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18109-P01

LOUISIANA

|                         |                                     |              |            |             |
|-------------------------|-------------------------------------|--------------|------------|-------------|
| R253                    | HEAD OF FAMILY<br>Rosenthal William |              | E.D.<br>92 | SHEET<br>10 |
| COLOR<br>B              | AGE<br>50                           | BIRTHPLACE   |            |             |
| COUNTY<br>Rapides       |                                     | CITY         |            |             |
| OTHER MEMBERS OF FAMILY |                                     |              |            |             |
| NAME                    |                                     | RELATIONSHIP | AGE        | BIRTHPLACE  |
| Nettie                  |                                     | W            | 43         |             |
| Ignace                  |                                     | S            | 21         |             |
| Simmy                   |                                     | D            | 20         |             |
| Maurice                 |                                     | D            | 18         |             |
| Lola                    |                                     | D            | 15         |             |
| Annie                   |                                     | D            | 14         |             |
| Jane                    |                                     | D            | 12         |             |

FORM 16-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME    | RELATION-<br>SHIP | AGE | BIRTHPLACE |
|---------|-------------------|-----|------------|
| David   | S                 | 10  |            |
| Harriet | D                 | 6   |            |
| Bessie  | D                 | 3   |            |
|         |                   |     |            |
|         |                   |     |            |
|         |                   |     |            |
|         |                   |     |            |
|         |                   |     |            |
|         |                   |     |            |
|         |                   |     |            |

FORM 16-436a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMB-DC 15108-P61

| R253                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
|-------------------------|--|----------------|------------|------------|-------|
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| B                       |  | 38             |            | 78         | 21    |
| COUNTY                  |  |                | Rapides    | CITY       |       |
|                         |  |                |            | Alexandria |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Ilda                    |  | H              | 25         |            |       |
| Carmelina               |  | S              | 9/12       |            |       |
| Bird, William           |  | N              | 12         |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 16-436 (4-26-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



LOUISIANA

|                         |                  |              |       |            |
|-------------------------|------------------|--------------|-------|------------|
| R252                    | HEAD OF FAMILY   |              | E.D.  | SHEET      |
|                         | Cushing, William |              | 82    | 9          |
| COLOR                   | AGE              | BIRTHPLACE   |       |            |
| B                       | 28               |              |       |            |
| COUNTY                  |                  | Natchitoches | CITY  |            |
| OTHER MEMBERS OF FAMILY |                  |              |       |            |
| NAME                    |                  | RELATIONSHIP | AGE   | BIRTHPLACE |
| Rosie                   |                  | W            | 25    |            |
| Omer                    |                  | D            | 9     |            |
| Irene                   |                  | S            | 8     |            |
| Rania                   |                  | D            | 5     |            |
| Lora                    |                  | D            | 4     |            |
| Edgar                   |                  | S            | 2     |            |
| Elsie                   |                  | S            | 1 1/2 |            |

| HEAD OF FAMILY          |              | LOUISIANA  |            |
|-------------------------|--------------|------------|------------|
| COLOR                   | AGE          | BIRTHPLACE | E.D. SHEET |
| R255                    | 43           | Miss.      | 149 12     |
| COUNTY                  |              | CITY       |            |
| Vernon                  |              |            |            |
| OTHER MEMBERS OF FAMILY |              |            |            |
| NAME                    | RELATIONSHIP | AGE        | BIRTHPLACE |
| Louise                  | W            | 41         |            |
| James J.                | S            | 15         |            |
| Alfred                  | S            | 13         |            |
| James M.                | D            | 12         |            |
| Nathaniel J.            | S            | 9          |            |
| Ruthy B.                | D            | 7          |            |
| James M.                | D            | 2          |            |

Form 10-636 (4-26-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|                         |                |              |                         |            |      |       |
|-------------------------|----------------|--------------|-------------------------|------------|------|-------|
| R250                    | HEAD OF FAMILY |              | Reason W <sup>m</sup> H |            | E.D. | SHEET |
|                         |                |              |                         |            | 114  | 23    |
| COLOR                   | AGE            | BIRTHPLACE   |                         |            |      |       |
| W                       | 59             |              |                         |            |      |       |
| COUNTY                  |                | Richland     |                         | CITY       |      |       |
| OTHER MEMBERS OF FAMILY |                |              |                         |            |      |       |
| NAME                    |                | RELATIONSHIP | AGE                     | BIRTHPLACE |      |       |
| 1 Witter                |                | W            | 25                      | Ark        |      |       |
| Rhaton Agnes B          |                | SD           | 6                       | I          |      |       |
|                         |                |              |                         |            |      |       |
|                         |                |              |                         |            |      |       |
|                         |                |              |                         |            |      |       |
|                         |                |              |                         |            |      |       |
|                         |                |              |                         |            |      |       |
|                         |                |              |                         |            |      |       |

FORM 16-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|                         |     |                |  |              |     |            |  |
|-------------------------|-----|----------------|--|--------------|-----|------------|--|
| R252                    |     | HEAD OF FAMILY |  | E.O.         |     | SHEET      |  |
| Cushing, William J      |     | 82             |  | 11           |     |            |  |
| COLOR                   | AGE | BIRTHPLACE     |  |              |     |            |  |
| W                       | 54  |                |  |              |     |            |  |
| COUNTY                  |     |                |  | CITY         |     |            |  |
| Natchitoches            |     |                |  |              |     |            |  |
| OTHER MEMBERS OF FAMILY |     |                |  |              |     |            |  |
| NAME                    |     |                |  | RELATIONSHIP | AGE | BIRTHPLACE |  |
| Lula                    |     |                |  | W            | 48  |            |  |
| Vallie                  |     |                |  | D            | 22  |            |  |
| Minnie                  |     |                |  | D            | 20  |            |  |
| Ranie                   |     |                |  | D            | 19  |            |  |
| Beatrice                |     |                |  | S            | 16  |            |  |
| Ruth                    |     |                |  | D            | 14  |            |  |
| Gertrude                |     |                |  | D            | 12  |            |  |

FORM 16-536 (4-22-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME      | RELATIONSHIP | AGE | BIRTHPLACE |
|-----------|--------------|-----|------------|
| 1 Mozelle | D            | 6   |            |
|           |              |     |            |
|           |              |     |            |
|           |              |     |            |
|           |              |     |            |
|           |              |     |            |
|           |              |     |            |
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|           |              |     |            |
|           |              |     |            |
|           |              |     |            |

FORM 10-436a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 16100-P61

LOUISIANA

|  |  |  |             |             |
|--|--|--|-------------|-------------|
| R252                                   | NAME OF INDIVIDUAL<br>Rushing, William M       |  | E.O.<br>108 | SHEET<br>16 |
| COLOR<br>W                             | AGE<br>38                                      | BIRTHPLACE                               |             |             |
| COUNTY<br>St Landry                    |  | CITY                                     |             |             |
| ENUMERATED WITH<br>Oden, Elvira A.     |  |  |             |             |
| RELATIONSHIP TO ABOVE                  |  |  |             |             |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW                | <input type="checkbox"/> WIDWIFE         |             |             |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NIECE                 | <input type="checkbox"/> NURSE           |             |             |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW         | <input type="checkbox"/> PATIENT         |             |             |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW         | <input type="checkbox"/> ROOMER          |             |             |
| <input type="checkbox"/> GRANDSON      | <input checked="" type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT         |             |             |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW       | <input type="checkbox"/> OTHER (Specify) |             |             |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW        |  |             |             |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW         |  |             |             |

FORM 16-517 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMB-DC 18106-P61

LOUISIANA

|  |           |   |  |   |             |
|--|-----------|---|--|---|-------------|
| R256   |           | NAME OF INDIVIDUAL<br>Rockeyman, William  |  | E.O.<br>149   | SHEET<br>21 |
| COLOR<br>B   | AGE<br>40 | BIRTHPLACE<br>Hart<br>Vernon  |  |   |             |
| COUNTY   |           | CITY<br>Fullerton   |  |   |             |
| ENumerated WITH<br>Wyatt, Shubert  |           |   |  |   |             |
| RELATIONSHIP TO ABOVE  |           |   |  |   |             |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |           | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> IMMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) _____ |             |

FORM 16-637 (4-26-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P81

LOUISIANA

|                         |  |                |  |                   |  |      |  |            |  |
|-------------------------|--|----------------|--|-------------------|--|------|--|------------|--|
| R255                    |  | HEAD OF FAMILY |  | Richard William S |  | E.O. |  | SHEET      |  |
| 35                      |  | 35             |  | 8                 |  |      |  |            |  |
| COLOR                   |  | AGE            |  | BIRTHPLACE        |  |      |  |            |  |
| B                       |  | 38             |  |                   |  |      |  |            |  |
| COUNTY                  |  |                |  | Jefferson         |  | CITY |  |            |  |
| OTHER MEMBERS OF FAMILY |  |                |  |                   |  |      |  |            |  |
| NAME                    |  |                |  | RELATIONSHIP      |  | AGE  |  | BIRTHPLACE |  |
| L. Sophia               |  |                |  | w                 |  | 33   |  |            |  |
|                         |  |                |  |                   |  |      |  |            |  |
|                         |  |                |  |                   |  |      |  |            |  |
|                         |  |                |  |                   |  |      |  |            |  |
|                         |  |                |  |                   |  |      |  |            |  |
|                         |  |                |  |                   |  |      |  |            |  |
|                         |  |                |  |                   |  |      |  |            |  |
|                         |  |                |  |                   |  |      |  |            |  |
|                         |  |                |  |                   |  |      |  |            |  |

FORM 16-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



LOUISIANA

|  |  |   |                   |                   |
|--|--|---|-------------------|-------------------|
| <b>R250</b>                            | NAME OF INDIVIDUAL<br><i>Rein Miller</i> |   | E.O.<br><i>44</i> | SHEET<br><i>1</i> |
| COLOR<br><i>B</i>                      | AGE<br><i>3</i>                          | BIRTHPLACE  |                   |                   |
| COUNTY<br><i>East Carroll</i>          | CITY                                     |   |                   |                   |
| ENUMERATED WITH<br><i>Brown, Louis</i> |  |   |                   |                   |
| RELATIONSHIP TO ABOVE                  |  |   |                   |                   |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDOW                      |                   |                   |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |                   |                   |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |                   |                   |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |                   |                   |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |                   |                   |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |                   |                   |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW  | <i>3-5</i>  |                   |                   |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> WINTER-IN-LAW   |   |                   |                   |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 1910-P61

LOUISIANA

|                         |     |                |     |            |  |       |  |
|-------------------------|-----|----------------|-----|------------|--|-------|--|
| R258                    |     | HEAD OF FAMILY |     | E.O.       |  | SHEET |  |
| Rismarson, Willie       |     |                |     | 130        |  | 4     |  |
| COLOR                   | AGE | BIRTHPLACE     |     |            |  |       |  |
| B                       | 43  |                |     |            |  |       |  |
| COUNTY                  |     |                |     | CITY       |  |       |  |
| Tensas                  |     |                |     |            |  |       |  |
| OTHER MEMBERS OF FAMILY |     |                |     |            |  |       |  |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |  |       |  |
| Eliza                   |     | W              | 26  |            |  |       |  |
| Bertrio                 |     | D              | 18  |            |  |       |  |
| Martha                  |     | D              | 16  |            |  |       |  |
| Pearl                   |     | D              | 14  |            |  |       |  |
| Himfred                 |     | S              | 12  |            |  |       |  |
| Matiline                |     | D              | 6   |            |  |       |  |
| Edwin                   |     | S              | 4   |            |  |       |  |

FORM 16-536 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME     | RELATIONSHIP | AGE   | BIRTHPLACE |
|----------|--------------|-------|------------|
| 1 John   | S            | 2     |            |
| Thaddeus | S            | 11/12 |            |
|          |              |       |            |
|          |              |       |            |
|          |              |       |            |
|          |              |       |            |
|          |              |       |            |
|          |              |       |            |
|          |              |       |            |
|          |              |       |            |
|          |              |       |            |

FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18198-P61

LOUISIANA

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R250                    |     | HEAD OF FAMILY |     | E.D.       | SHEET |
| Rosen, Willie           |     |                |     | 56         | 2     |
| COLOR                   | AGE | BIRTHPLACE     |     |            |       |
| B                       | 30  |                |     |            |       |
| COUNTY                  |     | TOWNSHIP       |     |            |       |
| Iberville               |     | Flaquemine     |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| 1. Ellis                |     | H              | 29  |            |       |
| Adeline                 |     | D              | 3   |            |       |
| Ellis, Alexander        |     | S              | 57  | Ga         |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|                         |                |              |      |            |       |  |
|-------------------------|----------------|--------------|------|------------|-------|--|
| 8252                    | HEAD OF FAMILY |              | E.D. |            | SHEET |  |
|                         | Rising, Willie |              | 76   |            | 10    |  |
| COLOR                   | AGE            | BIRTHPLACE   |      |            |       |  |
| B                       | 41             | Miss         |      |            |       |  |
| COUNTY                  |                |              | CITY |            |       |  |
| Pointe Coupee           |                |              |      |            |       |  |
| OTHER MEMBERS OF FAMILY |                |              |      |            |       |  |
| NAME                    |                | RELATIONSHIP | AGE  | BIRTHPLACE |       |  |
| Mary                    |                | W            | 40   |            |       |  |
| Leon                    |                | S            | 17   |            |       |  |
| Lucy                    |                | S            | 15   |            |       |  |
| Eliza                   |                | S            | 12   |            |       |  |
|                         |                |              |      |            |       |  |
|                         |                |              |      |            |       |  |
|                         |                |              |      |            |       |  |
|                         |                |              |      |            |       |  |

LOUISIANA

|                         |        |                 |         |            |
|-------------------------|--------|-----------------|---------|------------|
| R250 Rowson, Willie A   |        | HEAD OF FAMILY  | E.D. 32 | SHEET 9    |
| COLOR A                 | AGE 46 | BIRTHPLACE Ohio |         |            |
| COUNTY Calcasieu        |        | CITY Jennings   |         |            |
| OTHER MEMBERS OF FAMILY |        |                 |         |            |
| NAME                    |        | RELATIONSHIP    | AGE     | BIRTHPLACE |
| Egizs                   |        | M               | 74      | Ohio       |
| Labe                    |        | B               | 45      | Ohio       |
|                         |        |                 |         |            |
|                         |        |                 |         |            |
|                         |        |                 |         |            |
|                         |        |                 |         |            |
|                         |        |                 |         |            |
|                         |        |                 |         |            |

FORM 16-634 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|                          |                                      |                        |                 |                |
|--------------------------|--------------------------------------|------------------------|-----------------|----------------|
| R 250                    | HEAD OF FAMILY <i>Reger Willie R</i> |                        | E.D. <i>129</i> | SHEET <i>7</i> |
| COLOR <i>W</i>           | AGE <i>43</i>                        | BIRTHPLACE <i>Miss</i> |                 |                |
| COUNTY <i>Washington</i> |                                      | CITY                   |                 |                |
| OTHER MEMBERS OF FAMILY  |                                      |                        |                 |                |
| NAME                     |                                      | RELATIONSHIP           | AGE             | BIRTHPLACE     |
| <i>Ella</i>              |                                      | <i>W</i>               | <i>37</i>       | <i>Miss</i>    |
| <i>Albert</i>            |                                      | <i>S</i>               | <i>18</i>       | <i> </i>       |
| <i>Sarah Jane</i>        |                                      | <i>D</i>               | <i>16</i>       | <i> </i>       |
| <i>Russell</i>           |                                      | <i>S</i>               | <i>13</i>       |                |
| <i>May</i>               |                                      | <i>D</i>               | <i>11</i>       |                |
| <i>Paul</i>              |                                      | <i>D</i>               | <i>7</i>        |                |
| <i>Cliff</i>             |                                      | <i>S</i>               | <i>4</i>        |                |

FORM 16-636 (4-29-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME     | RELATION-<br>SHIP | AGE   | BIRTHPLACE |
|----------|-------------------|-------|------------|
| 1 Hubert | S                 | 8 1/2 |            |
|          |                   |       |            |
|          |                   |       |            |
|          |                   |       |            |
|          |                   |       |            |
|          |                   |       |            |
|          |                   |       |            |
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FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 16199-709



LOUISIANA

|                         |                                    |                   |            |            |
|-------------------------|------------------------------------|-------------------|------------|------------|
| R250                    | HEAD OF FAMILY<br>Reason, Walter R |                   | E.D.<br>94 | SHEET<br>9 |
| COLOR<br>M              | AGE<br>33                          | BIRTHPLACE        |            |            |
| COUNTY<br>St. Mary      |                                    | CITY              |            |            |
| OTHER MEMBERS OF FAMILY |                                    |                   |            |            |
| NAME                    |                                    | RELATION-<br>SHIP | AGE        | BIRTHPLACE |
| 1 Anne                  |                                    | W                 | 9          |            |
|                         |                                    |                   |            |            |
|                         |                                    |                   |            |            |
|                         |                                    |                   |            |            |
|                         |                                    |                   |            |            |
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|                         |                                    |                   |            |            |

FORM 16-536 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|   |          |   |  |  |            |
|---|----------|---|--|--|------------|
| R253  |          | NAME OF INDIVIDUAL<br>Regard, William   |  | E.D.<br>56   | SHEET<br>4 |
| COLOR<br>W  | AGE<br>7 | BIRTHPLACE  |  |  |            |
| COUNTY  |          | Plaquemine CITY   |  |  |            |
| ENUMERATED WITH<br>Baylin, Jimmy  |          |   |  |  |            |
| RELATIONSHIP TO ABOVE   |          |   |  |  |            |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input checked="" type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |          | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |            |

FORM 10-537 (4-22-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-PC 15105-P61

LOUISIANA

|  |                  |  |  |  |                   |
|--|------------------|--|--|--|-------------------|
| R250   |                  | NAME OF INDIVIDUAL<br><i>Rooshina Winfield</i>   |  | E.O.<br><i>78</i>  | SHEET<br><i>8</i> |
| COLOR<br><i>W</i>  | AGE<br><i>19</i> | BIRTHPLACE   |  |  |                   |
| COUNTY<br><i>Natchitoches</i>  |                  | CITY   |  |  |                   |
| ENUMERATED WITH<br><i>Thomas James</i>   |                  |  |  |  |                   |
| RELATIONSHIP TO ABOVE  |                  |  |  |  |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input checked="" type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) _____ |                   |

FORM 16-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P61

|  |  |  | LOUISIANA |            |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|-----------|------------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R250   | NAME OF INDIVIDUAL                       |  | Rocken X  | E.D. 104 6 |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR  | AGE                                      | BIRTHPLACE                                 |           |            |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| W  | 26                                       | U.S.                                       |           |            |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY   | St Tammany                               | CITY Slidell                               |           |            |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH  |  |  |           |            |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Jones Frank  |  |  |           |            |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |           |            |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDOW</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |           |            | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDOW             |           |            |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE             |           |            |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |           |            |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER |           |            |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |           |            |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |           |            |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |           |            |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |           |            |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

Form 10-537 (4-20-01)

1900 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18190-P01

LOUISIANA

|                         |   |                |     |               |  |       |       |
|-------------------------|---|----------------|-----|---------------|--|-------|-------|
| R250                    |   | HEAD OF FAMILY |     | Riches gelide |  | E.O.  | SHEET |
| COLOR                   | W | AGE            | 81  | BIRTHPLACE    |  | 40 22 |       |
| COUNTY                  |   | Lafourche      |     | CITY          |  |       |       |
| OTHER MEMBERS OF FAMILY |   |                |     |               |  |       |       |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE    |  |       |       |
| Dase Antoin             |   | W              | 35  |               |  |       |       |
|                         |   |                |     |               |  |       |       |
|                         |   |                |     |               |  |       |       |
|                         |   |                |     |               |  |       |       |
|                         |   |                |     |               |  |       |       |
|                         |   |                |     |               |  |       |       |
|                         |   |                |     |               |  |       |       |
|                         |   |                |     |               |  |       |       |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |  |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |              |                                |  |  |
|--|--|--|------------|-------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--------------|--------------------------------|--|--|
| R252   | NAME OF INDIVIDUAL<br><i>Rushing Zelia</i> |  | E.D.<br>33 | SHEET<br>13 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |              |                                |  |  |
| COLOR<br><i>W</i>  | AGE<br><i>29</i>                           | BIRTHPLACE                                       |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |              |                                |  |  |
| COUNTY<br><i>Cade</i>  |  | CITY<br><i>Blanchard</i>                         |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |              |                                |  |  |
| ENUMERATED WITH<br><i>Zaneisy Samuel</i>   |  |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |              |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |              |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> <i>Lawyer (Specify)</i></td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>Lodge</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |            |             | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> <i>Lawyer (Specify)</i> | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>Lodge</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW            | <input type="checkbox"/> INMATE                  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |              |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE             | <input type="checkbox"/> NURSE                   |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |              |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW     | <input type="checkbox"/> PATIENT                 |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |              |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW     | <input type="checkbox"/> ROOMER                  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |              |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW        | <input type="checkbox"/> SERVANT                 |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |              |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW   | <input type="checkbox"/> <i>Lawyer (Specify)</i> |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |              |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW    | <i>Lodge</i>                                     |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |              |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW     |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |              |                                |  |  |

FORM 16-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 15100-P01

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R250                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| B                       |  | 54             |            | 59         | 29    |
| COUNTY                  |  |                | CITY       |            |       |
| Iberville               |  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Josephine               |  | W              | 49         |            |       |
| Arthur                  |  | S              | 26         |            |       |
| Thomas                  |  | S              | 18         |            |       |
| Sara Ann DuBois         |  | S-S            | 28         |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R 260                   |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| W                       | 28  |                |     | 68         | 4     |
| COUNTY                  |     | CITY           |     |            |       |
| Lincoln                 |     |                |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| 1 Daisy                 |     | W              | 25  |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
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|                         |     |                |     |            |       |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|       |  |                |  |           |  |
|-------|--|----------------|--|-----------|--|
| R 260 |  | HEAD OF FAMILY |  | LOUISIANA |  |
|-------|--|----------------|--|-----------|--|



|                         |   |                |    |              |     |            |                  |
|-------------------------|---|----------------|----|--------------|-----|------------|------------------|
| R260                    |   | HEAD OF FAMILY |    | Riser A. J.  |     | LOUISIANA  |                  |
| COLOR                   | W | AGE            | 33 | BIRTHPLACE   |     |            | E.D. 68 SHEET 12 |
| COUNTY                  |   | Lincoln        |    | CITY         |     |            |                  |
| OTHER MEMBERS OF FAMILY |   |                |    |              |     |            |                  |
| NAME                    |   |                |    | RELATIONSHIP | AGE | BIRTHPLACE |                  |
| 1 J. J. J. J.           |   |                |    | W            | 37  |            |                  |
|                         |   |                |    |              |     |            |                  |
|                         |   |                |    |              |     |            |                  |
|                         |   |                |    |              |     |            |                  |
|                         |   |                |    |              |     |            |                  |
|                         |   |                |    |              |     |            |                  |
|                         |   |                |    |              |     |            |                  |
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Form 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|      |                |
|------|----------------|
| R260 | HEAD OF FAMILY |
|------|----------------|

|                         |   |                |     |            |      |
|-------------------------|---|----------------|-----|------------|------|
| A260                    |   | HEAD OF FAMILY |     | LOUISIANA  |      |
| COLOR                   | W | AGE            | 39  | BIRTHPLACE | Abel |
| COUNTY                  |   | SL. MISS       |     | CITY       |      |
| OTHER MEMBERS OF FAMILY |   |                |     |            |      |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |      |
| Mithole                 |   | W              | 39  |            |      |
| Octavia                 |   | D              | 17  |            |      |
| Aitra                   |   | S              | 15  |            |      |
| Cora                    |   | D              | 13  |            |      |
| Arthur                  |   | S              | 11  |            |      |
| Whitney                 |   | S              | 8   |            |      |
| Lucia                   |   | D              | 5   |            |      |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

| HEAD OF FAMILY - CONTINUED |                   | LOUISIANA |             |
|----------------------------|-------------------|-----------|-------------|
| OTHER MEMBERS OF FAMILY    |                   |           | CARD 2 OF 2 |
| NAME                       | RELATION-<br>SHIP | AGE       | BIRTHPLACE  |
| / Raoul                    | S                 | 3         |             |
| Cyrus                      | S                 | 4         |             |
| Bergeron, Edward           | S-L               | 12        |             |
| / Annette                  | D                 | 23        |             |
|                            |                   | 18        |             |
|                            |                   |           |             |
|                            |                   |           |             |
|                            |                   |           |             |
|                            |                   |           |             |
|                            |                   |           |             |
|                            |                   |           |             |
|                            |                   |           |             |

FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 1910-P01

|                         |            |                |      |            |     |
|-------------------------|------------|----------------|------|------------|-----|
| R260                    |            | HEAD OF FAMILY |      | LOUISIANA  |     |
| COLOR                   | W          | AGE            | 25   | E.D.       | 121 |
|                         |            | BIRTHPLACE     |      | SHEET      | 29  |
| COUNTY                  | St. Landry |                | CITY |            |     |
| OTHER MEMBERS OF FAMILY |            |                |      |            |     |
| NAME                    |            | RELATIONSHIP   | AGE  | BIRTHPLACE |     |
| 1 Alice                 |            | W              | 25   |            |     |
|                         |            |                |      |            |     |
|                         |            |                |      |            |     |
|                         |            |                |      |            |     |
|                         |            |                |      |            |     |
|                         |            |                |      |            |     |
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|                         |            |                |      |            |     |

FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                |                    |             |            |
|-------------------------|----------------|--------------------|-------------|------------|
| R260                    | HEAD OF FAMILY |                    | LOUISIANA   |            |
| COLOR<br>W              | AGE<br>24      | NAME<br>Roger Adam |             | E.D.<br>47 |
| COUNTY                  | BIRTHPLACE     |                    | SHEET<br>10 |            |
| Lafourche               |                | CITY               |             |            |
| OTHER MEMBERS OF FAMILY |                |                    |             |            |
| NAME                    |                | RELATIONSHIP       | AGE         | BIRTHPLACE |
| / Oatle                 |                | W                  | 25          |            |
| Hoe                     |                | A                  | 2           |            |
|                         |                |                    |             |            |
|                         |                |                    |             |            |
|                         |                |                    |             |            |
|                         |                |                    |             |            |
|                         |                |                    |             |            |
|                         |                |                    |             |            |

FORM 16-636 (4-30-07)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |            |  |           |    |
|-------------------------|---|----------------|-----|------------|--|-----------|----|
| R 260                   |   | HEAD OF FAMILY |     | Piser Adam |  | LOUISIANA |    |
| COLOR                   | W | AGE            | 31  | BIRTHPLACE |  | E.D.      | 68 |
|                         |   |                |     |            |  | SHEET     | 11 |
| COUNTY                  |   |                |     | Lincoln    |  | CITY      |    |
| OTHER MEMBERS OF FAMILY |   |                |     |            |  |           |    |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |  |           |    |
| Nannie                  |   | W              | 25  |            |  |           |    |
| Master                  |   | S              | 6   |            |  |           |    |
| Hill                    |   | S              | 5   |            |  |           |    |
| Paul                    |   | S              | 1   |            |  |           |    |
|                         |   |                |     |            |  |           |    |
|                         |   |                |     |            |  |           |    |
|                         |   |                |     |            |  |           |    |
|                         |   |                |     |            |  |           |    |

FORM 19-434 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|       |  |                |  |            |  |           |  |
|-------|--|----------------|--|------------|--|-----------|--|
| R 260 |  | HEAD OF FAMILY |  | Piser Adam |  | LOUISIANA |  |
|-------|--|----------------|--|------------|--|-----------|--|

|                         |   |                |     |            |  |
|-------------------------|---|----------------|-----|------------|--|
| R260                    |   | HEAD OF FAMILY |     | LOUISIANA  |  |
| COLOR                   | W | AGE            | 46  | BIRTHPLACE |  |
| COUNTY                  |   | St. Mary       |     | CITY       |  |
| OTHER MEMBERS OF FAMILY |   |                |     |            |  |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| Camilia                 |   | W              | 45  |            |  |
| Clothilda               |   | D              | 21  |            |  |
| Hazel                   |   | S              | 18  |            |  |
| Paul                    |   | S              | 15  |            |  |
| Claude                  |   | S              | 13  |            |  |
| Carmel                  |   | S              | 10  |            |  |
| Elma                    |   | D              | 7   |            |  |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                            |  |           |
|----------------------------|--|-----------|
| HEAD OF FAMILY - CONTINUED |  | LOUISIANA |
|----------------------------|--|-----------|

LOUISIANA

CARD 2 OF 2

**OTHER MEMBERS OF FAMILY**

[illegible]

FORM 10-436a (4-20-61)

1916 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 18100-P01



|                         |                   |            |            |            |
|-------------------------|-------------------|------------|------------|------------|
| R 260                   | HEAD OF FAMILY    |            | LOUISIANA  |            |
| COLOR                   | AGE               | BIRTHPLACE |            | E.D. SHEET |
| W                       | 33                |            |            | 73         |
| COUNTY                  |                   | CITY       |            |            |
| Lincoln                 |                   |            |            |            |
| OTHER MEMBERS OF FAMILY |                   |            |            |            |
| NAME                    | RELATION-<br>SHIP | AGE        | BIRTHPLACE |            |
| Shirley C               | W                 | 33         |            |            |
| James                   | S                 | 5          |            |            |
| Robert A                | S                 | 1 1/2      |            |            |
|                         |                   |            |            |            |
|                         |                   |            |            |            |
|                         |                   |            |            |            |
|                         |                   |            |            |            |
|                         |                   |            |            |            |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|      |                |
|------|----------------|
| R 23 | HEAD OF FAMILY |
|------|----------------|

LOUISIANA

|                         |   |                |               |            |      |
|-------------------------|---|----------------|---------------|------------|------|
| R20                     |   | HEAD OF FAMILY |               | LOUISIANA  |      |
| COLOR                   | W | AGE            | 56            | BIRTHPLACE | add. |
| E.D.                    |   | 88             |               | SHEET 2    |      |
| COUNTY                  |   |                |               |            |      |
| St. Mary                |   |                | CITY Franklin |            |      |
| OTHER MEMBERS OF FAMILY |   |                |               |            |      |
| NAME                    |   | RELATIONSHIP   | AGE           | BIRTHPLACE |      |
| Marion                  |   | W              | 55            |            |      |
| Belle                   |   | D              | 27            |            |      |
| Claude                  |   | S              | 22            |            |      |
|                         |   |                |               |            |      |
|                         |   |                |               |            |      |
|                         |   |                |               |            |      |
|                         |   |                |               |            |      |
|                         |   |                |               |            |      |
|                         |   |                |               |            |      |
|                         |   |                |               |            |      |

FORM 18-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                 |     |            |       |
|-------------------------|-----|-----------------|-----|------------|-------|
| R-260                   |     | HEAD OF FAMILY  |     | LOUISIANA  |       |
| COLOR                   | AGE | NAME            |     | E.D.       | SHEET |
| B                       | 28  | Rucker, Adeline |     | 133        | 3     |
| COUNTY                  |     | CITY            |     |            |       |
| Union                   |     | Junction City   |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                 |     |            |       |
| NAME                    |     | RELATIONSHIP    | AGE | BIRTHPLACE |       |
| And 1 Bo.               |     |                 |     |            |       |
|                         |     |                 |     |            |       |
|                         |     |                 |     |            |       |
|                         |     |                 |     |            |       |
|                         |     |                 |     |            |       |
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|                         |     |                 |     |            |       |
|                         |     |                 |     |            |       |

FORM 16-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |            |       |
|-------------------------|---|----------------|-----|------------|-------|
| R 260                   |   | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | W | AGE            | 20  | BIRTHPLACE | 73 17 |
| COUNTY                  |   | Lafayette      |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |   |                |     |            |       |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| 1 / Angela              |   | W              | 20  |            |       |
| Kidness                 |   | S              | 1   |            |       |
|                         |   |                |     |            |       |
|                         |   |                |     |            |       |
|                         |   |                |     |            |       |
|                         |   |                |     |            |       |
|                         |   |                |     |            |       |
|                         |   |                |     |            |       |

FORM 18-436 (4-20-31)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |            |
|-------------------------|--|----------------|------------|------------|------------|
| R 260                   |  | HEAD OF FAMILY |            | LOUISIANA  |            |
| COLOR                   |  | AGE            | BIRTHPLACE |            | E.O. SHEET |
| W                       |  | 69             |            |            | 38 37      |
| COUNTY                  |  |                | CITY       |            |            |
| Lafourche               |  |                | Thibodaux  |            |            |
| OTHER MEMBERS OF FAMILY |  |                |            |            |            |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |            |
| Octavia S               |  | W              | 60         |            |            |
| Randolph H              |  | S              | 38         |            |            |
| Walter V                |  | S              | 32         |            |            |
| Charles L.              |  | S              | 23         |            |            |
| Henry C.                |  | S              | 21         |            |            |
| Baye Arcida M           |  | S.D.           | 6          |            |            |

FORM 16-536 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |      |            |       |
|-------------------------|-----|----------------|------|------------|-------|
| R260                    |     | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |      | E.O.       | SHEET |
| W                       | 29  |                |      | 37         | 18    |
| COUNTY                  |     |                | CITY |            |       |
| Lafourche               |     |                |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Ava                     |     | W              | 24   |            |       |
| Ida                     |     | D              | 7    |            |       |
| Sinion                  |     | S              | 5    |            |       |
| Albert                  |     | S              | 3    |            |       |
| Lester                  |     | S              | 1    |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |

FORM 18-436 (10-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R 260                   |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| W                       | 45  |                |     | 48         | 28    |
| COUNTY                  |     | Lafourche      |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Moses                   |     | W              | 40  |            |       |
| Selma                   |     | D              | 19  |            |       |
| Lucia                   |     | D              | 15  |            |       |
| Edna                    |     | D              | 18  |            |       |
| Lucille                 |     | D              | 17  |            |       |
| Ella                    |     | D              | 14  |            |       |
| Louise                  |     | D              | 11  |            |       |

FORM 16-626 (4-20-51)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

## HEAD OF FAMILY - CONTINUED

LOUISIANA

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME             | RELATIONSHIP | AGE       | BIRTHPLACE |
|------------------|--------------|-----------|------------|
| <i>Lynellia</i>  | <i>D</i>     | <i>5</i>  |            |
| <i>Albert Jr</i> | <i>S</i>     | <i>13</i> |            |
| <i>Edgar</i>     | <i>S</i>     | <i>7</i>  |            |
|                  |              |           |            |
|                  |              |           |            |
|                  |              |           |            |
|                  |              |           |            |
|                  |              |           |            |
|                  |              |           |            |
|                  |              |           |            |

FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U. S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-707 10100-003



|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R260                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.O.       | SHEET |
| W                       | 52  |                |     | 18         | 17    |
| COUNTY                  |     | CITY           |     |            |       |
| Iberia                  |     | New Iberia     |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Gilda                   |     | w              | 52  |            |       |
| Linda                   |     | d              | 25  |            |       |
| Carfait                 |     | p-l            | 27  |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 18-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                 |      |            |       |
|-------------------------|-----|-----------------|------|------------|-------|
| R 260                   |     | HEAD OF FAMILY  |      | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE      |      | E.D.       | SHEET |
| W                       | 30  | Roger Alexandre |      | 73         | 20    |
| COUNTY                  |     |                 | CITY |            |       |
| Lafayette               |     |                 |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                 |      |            |       |
| NAME                    |     | RELATIONSHIP    | AGE  | BIRTHPLACE |       |
| Tharue                  |     | W               | 28   |            |       |
| Elidie                  |     | D               | 14   |            |       |
| Lodise                  |     | D               | 13   |            |       |
| Lucile                  |     | D               | 10   |            |       |
| Despense                |     | S               | 7    |            |       |
| Rosemond                |     | S               | 5    |            |       |

FORM 10-420 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |    |   |   |   |                |
|--|----|---|---|---|----------------|
| R260   |    | NAME OF INDIVIDUAL  |   | LOUISIANA   |                |
| COLOR  | mc | AGE   | 6 | BIRTHPLACE  | Russker, Alice |
| COUNTY   |    | Caddo   |   | CITY  |                |
| ENUMERATED WITH  |    |   |   |   |                |
| Stanley, Pack  |    |   |   |   |                |
| RELATIONSHIP TO ABOVE  |    |   |   |   |                |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |    | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |   | <input type="checkbox"/> INMATE<br><input type="checkbox"/> PRISONER<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                |
|  |    |   |   | Lo  |                |

FORM 16-637 (4-29-61)

1960 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 1960-P61

|                         |     |                |      |            |       |
|-------------------------|-----|----------------|------|------------|-------|
| R260                    |     | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |      | E.D.       | SHEET |
| W                       | 56  |                |      | 40         | 22    |
| COUNTY                  |     |                | CITY |            |       |
| Lafourche               |     |                |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| 1 Rosa                  |     | S              | 18   |            |       |
| Delaine Justile         |     | C              | 45   |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |

FORM 18-436 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R 260                   |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.O.       | SHEET |
| W                       | 23  |                |     | 73         | 16    |
| COUNTY                  |     | Lafayette      |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Rita                    |     | W              | 20  |            |       |
| Marie                   |     | 15             | 2   |            |       |
| Laurena                 |     | 15             | 1/4 |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 18-636 (4-30-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                   |     |            |       |
|-------------------------|-----|-------------------|-----|------------|-------|
| P. 260                  |     | HEAD OF FAMILY    |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE        |     | E.D.       | SHEET |
| W                       | 60  | Roger, Alphaona   |     | 73         | 18    |
| COUNTY                  |     | CITY              |     |            |       |
| Lafayette               |     |                   |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                   |     |            |       |
| NAME                    |     | RELATION-<br>SHIP | AGE | BIRTHPLACE |       |
| Sharon                  |     | W                 | 58  |            |       |
| Shawrice                |     | S                 | 28  |            |       |
| Henry                   |     | S                 | 20  |            |       |
| Dugan, Marie            |     | D                 | 24  |            |       |
| Donlori                 |     | Gr                | 5   |            |       |
| Clasmar                 |     | Gr                | 3   |            |       |
| Killie                  |     | Gr                | 2   |            |       |

FORM 16-636 (4-26-61)

1960 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |      |            |       |
|-------------------------|--|----------------|------|------------|-------|
| R260                    |  | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR                   |  | AGE            |      | E.D.       | SHEET |
| W                       |  | 60             |      | 37         | 18    |
|                         |  | BIRTHPLACE     |      |            |       |
| COUNTY                  |  |                | CITY |            |       |
| Lafourche               |  |                |      |            |       |
| OTHER MEMBERS OF FAMILY |  |                |      |            |       |
| NAME                    |  | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| 1 Victorine             |  | W              | 60   |            |       |
| Ella                    |  | D              | 17   |            |       |
|                         |  |                |      |            |       |
|                         |  |                |      |            |       |
|                         |  |                |      |            |       |
|                         |  |                |      |            |       |
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|                         |  |                |      |            |       |

FORM 19-636 (4-22-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |            |    |
|-------------------------|---|----------------|-----|------------|----|
| R260                    |   | HEAD OF FAMILY |     | LOUISIANA  |    |
| COLOR                   | B | AGE            | 32  | E.D.       | 47 |
|                         |   | BIRTHPLACE     |     | SHEET      | 8  |
| COUNTY                  |   | Franklin       |     | CITY       |    |
| OTHER MEMBERS OF FAMILY |   |                |     |            |    |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |    |
| Anna                    |   | W              | 31  |            |    |
| Sallie                  |   | D              | 8   |            |    |
| Dora                    |   | D              | 6   |            |    |
|                         |   |                |     |            |    |
|                         |   |                |     |            |    |
|                         |   |                |     |            |    |
|                         |   |                |     |            |    |
|                         |   |                |     |            |    |

FORM 10-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R 260                   |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| 18                      | 70  |                |     | 77         | 8     |
| COUNTY                  |     | CITY           |     |            |       |
| Lincoln                 |     |                |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| 1 Peter                 |     | 5              | 16  |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

Form 16-636 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                                   |  |                     |                          |                           |
|-----------------------------------|--|---------------------|--------------------------|---------------------------|
| <b>R 260</b>                      | <b>HEAD OF FAMILY</b><br><i>Roger Liniaffe</i> |                     | <b>LOUISIANA</b>         |                           |
| <b>COLOR</b><br><i>W</i>          | <b>AGE</b><br><i>33</i>                        | <b>BIRTHPLACE</b>   | <b>E.O.</b><br><i>48</i> | <b>SHEET</b><br><i>10</i> |
| <b>COUNTY</b><br><i>Lafourche</i> |  | <b>CITY</b>         |                          |                           |
| <b>OTHER MEMBERS OF FAMILY</b>    |  |                     |                          |                           |
| <b>NAME</b>                       |  | <b>RELATIONSHIP</b> | <b>AGE</b>               | <b>BIRTHPLACE</b>         |
| <i>1 Elvia</i>                    |  | <i>W</i>            | <i>27</i>                |                           |
|                                   |  |                     |                          |                           |
|                                   |  |                     |                          |                           |
|                                   |  |                     |                          |                           |
|                                   |  |                     |                          |                           |
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|                                   |  |                     |                          |                           |
|                                   |  |                     |                          |                           |

FORM 19-426 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |   |  |            |
|---|---|--|------------|
| NAME OF INDIVIDUAL  |   | LOUISIANA  |            |
| R26d  | Kogler  | Ann  |            |
| COLOR   | AGE   | BIRTHPLACE   | E.O. SHEET |
| W   | 48  |  | 40 21      |
| COUNTY  |   | CITY   |            |
| ENUMERATED WITH   |   | Pass Louincy   |            |
| RELATIONSHIP TO ABOVE   |   |  |            |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input checked="" type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> IMMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |            |

Form 10-627 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCIB-DC 13160-F61

|                         |   |                |     |            |  |
|-------------------------|---|----------------|-----|------------|--|
| 9260                    |   | HEAD OF FAMILY |     | LOUISIANA  |  |
| ROGER ARTHUR            |   | E.O.           |     | SHEET      |  |
| COLOR                   | W | AGE            | 42  | BIRTHPLACE |  |
| COUNTY                  |   | Iberia         |     | CITY       |  |
| OTHER MEMBERS OF FAMILY |   |                |     |            |  |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| Lena                    |   | W              | 39  |            |  |
| Lloyd                   |   | S              | 15  |            |  |
| Paul                    |   | S              | 13  |            |  |
| Leon                    |   | S              | 11  |            |  |
|                         |   |                |     |            |  |
|                         |   |                |     |            |  |
|                         |   |                |     |            |  |
|                         |   |                |     |            |  |

FORM 18-536 (4-20-31)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |      |            |       |
|-------------------------|-----|----------------|------|------------|-------|
| R-260                   |     | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR                   | AGE | NAME           |      | E.D.       | SHEET |
| B                       | 36  | Rucker, Asa    |      | 20         | 9     |
| BIRTHPLACE              |     |                |      |            |       |
| COUNTY                  |     |                | CITY |            |       |
| Avoyelles               |     |                |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| 1 Olse                  |     | W              | 25   |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |

FORM 70-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |            |              |
|-------------------------|---|----------------|-----|------------|--------------|
| R 260                   |   | HEAD OF FAMILY |     | LOUISIANA  |              |
| COLOR                   | W | AGE            | 73  | BIRTHPLACE | Roger August |
| COUNTY                  |   | Lafayette      |     | CITY       |              |
| OTHER MEMBERS OF FAMILY |   |                |     |            |              |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |              |
| 1. Joseph               |   | W              | 63  |            |              |
| Caine, Elia             |   | Ad             | 10  |            |              |
| Garner, Eracie          |   | Ad             | 9   |            |              |
|                         |   |                |     |            |              |
|                         |   |                |     |            |              |
|                         |   |                |     |            |              |
|                         |   |                |     |            |              |
|                         |   |                |     |            |              |

FORM 18-636 (4-30-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |  |
|-------------------------|-----|----------------|-----|------------|--|
| K260                    |     | HEAD OF FAMILY |     | LOUISIANA  |  |
| Hogers August           |     | E.D.           |     | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |     |            |  |
| W                       | 53  |                |     |            |  |
| COUNTY                  |     | CITY           |     |            |  |
| Iberia                  |     | New Iberia     |     |            |  |
| OTHER MEMBERS OF FAMILY |     |                |     |            |  |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| Josephine               |     | w              | 58  |            |  |
| William                 |     | s              | 31  |            |  |
| Lidia                   |     | d              | 24  |            |  |
| Lidia                   |     | s              | 21  |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |

FORM 16-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |  |           |  |
|-------------------------|--|----------------|--|-----------|--|
| R260                    |  | HEAD OF FAMILY |  | LOUISIANA |  |
| COLOR                   |  | AGE            |  | E.D.      |  |
| W                       |  | 36             |  | 4         |  |
| BIRTHPLACE              |  | Trancee        |  | SHEET     |  |
| COUNTY                  |  | Acadia         |  | CITY      |  |
| Acadia                  |  | Church Point   |  |           |  |
| OTHER MEMBERS OF FAMILY |  |                |  |           |  |
| NAME                    |  | RELATIONSHIP   |  | AGE       |  |
| Laundry Mary            |  | Wife           |  | 44        |  |
| Clement Peter           |  | se             |  | 28        |  |
| James Joseph            |  | se             |  | 8.5       |  |
|                         |  |                |  |           |  |
|                         |  |                |  |           |  |
|                         |  |                |  |           |  |
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FORM 18-426 (4-20-31)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |   |                |     |            |               |
|-------------------------|---|----------------|-----|------------|---------------|
| R260                    |   | HEAD OF FAMILY |     | LOUISIANA  |               |
| COLOR                   | a | AGE            | 25  | BIRTHPLACE | Ragin Aurelia |
| COUNTY                  |   | Vermillion     |     | CITY       |               |
| OTHER MEMBERS OF FAMILY |   |                |     |            |               |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |               |
| Hilly                   |   | S              | 2   |            |               |
|                         |   |                |     |            |               |
|                         |   |                |     |            |               |
|                         |   |                |     |            |               |
|                         |   |                |     |            |               |
|                         |   |                |     |            |               |
|                         |   |                |     |            |               |
|                         |   |                |     |            |               |
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FORM 16-436 (4-20-31)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |   |   |  |                                |
|--|---|---|--|--------------------------------|
| R260   |   | NAME OF INDIVIDUAL <i>Rucker, Babe</i>  |  | LOUISIANA                      |
| COLOR <i>B</i>   | AGE <i>19</i>   | BIRTHPLACE  |  | S.D. <i>87</i> SHEET <i>20</i> |
| COUNTY   |   | CITY  |  |                                |
|  |   | <i>Madison</i>  |  |                                |
| ENUMERATED WITH <i>Rucker, Norris</i>  |   |   |  |                                |
| RELATIONSHIP TO ABOVE  |   |   |  |                                |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> NEGRO<br><input type="checkbox"/> WHITE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) <i>Si</i> |  |                                |

FORM 10-437 (4-28-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18100-P61

|   |     |   |  |   |       |
|---|-----|---|--|---|-------|
| R260  |     | NAME OF INDIVIDUAL  |  | LOUISIANA   |       |
|   |     | Rossier Baron   |  | E.D.  | SHEET |
| COLOR   | AGE | BIRTHPLACE  |  |   |       |
| B   | 17  |   |  |   |       |
| COUNTY  |     | Rod River   |  | CITY  |       |
| ENUMERATED WITH   |     | Grosjean Callie   |  |   |       |
| RELATIONSHIP TO ABOVE   |     |   |  |   |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input checked="" type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> WIFE<br><input type="checkbox"/> MURDER<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |       |

FORM 18-617 (4-29-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18199-P81

|  |  |  |                        |  |                            |
|--|--|--|------------------------|--|----------------------------|
| R260   |  | NAME OF INDIVIDUAL<br><i>Rickard Basil L.</i>  |                        | LOUISIANA  |                            |
| COLOR<br><i>W</i>  |  | AGE<br><i>27</i>   | BIRTHPLACE             |  | E.O. SHEET<br><i>102 7</i> |
| COUNTY   |  |  | CITY                   |  |                            |
|  |  |  | <i>Quachita Monroe</i> |  |                            |
| ENUMERATED WITH<br><i>Gray Cora</i>  |  |  |                        |  |                            |
| RELATIONSHIP TO ABOVE  |  |  |                        |  |                            |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> WIFE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |                        | <input type="checkbox"/> WIDOW<br><input type="checkbox"/> NUNCE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> <del>BROTHER</del><br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                            |

FORM 10-637 (4-22-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |   |  |                   |                   |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |            |                                |  |  |
|---|--|---|--|-------------------|-------------------|---------------------------------|---------------------------------|-------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|------------|--------------------------------|--|--|
| R260  |  | NAME OF INDIVIDUAL<br><i>Richard Bell</i>           |  | LOUISIANA         |                   |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |            |                                |  |  |
| COLOR<br><i>W</i>   | AGE<br><i>43</i>                         | BIRTHPLACE  |  | E.D.<br><i>82</i> | SHEET<br><i>1</i> |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |            |                                |  |  |
| COUNTY<br><i>St. John the Baptist</i>   |  | CITY  |  |                   |                   |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |            |                                |  |  |
| ENUMERATED WITH<br><i>S. Roche Hypolite</i>   |  |   |  |                   |                   |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |            |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |  |                   |                   |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |            |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIFE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>adP</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |                   |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIFE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>adP</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIFE                       |  |                   |                   |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |            |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |  |                   |                   |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |            |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |                   |                   |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |            |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |                   |                   |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |            |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |                   |                   |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |            |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |                   |                   |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |            |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  | <i>adP</i>  |  |                   |                   |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |            |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |  |                   |                   |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |            |                                |  |  |

FORM 16-437 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 13198-P61

|  |                  |   |  |   |                   |
|--|------------------|---|--|---|-------------------|
| R-260  |                  | NAME OF INDIVIDUAL<br><i>Roger Bella</i>  |  | E.D.<br><i>105</i>  | SHEET<br><i>6</i> |
| COLOR<br><i>W</i>  | AGE<br><i>18</i> | BIRTHPLACE  |  |   |                   |
| COUNTY<br><i>St. Landry</i>  |                  | CITY  |  |   |                   |
| ENUMERATED WITH<br><i>Traneaux, Joseph</i>   |                  |   |  |   |                   |
| RELATIONSHIP TO ABOVE  |                  |   |  |   |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>D</i> |                   |

FORM 16-537 (4-28-61)

1910 CENSUS INDEX - INDIVIDUAL

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |                   |            |  |
|-------------------------|---|----------------|-------------------|------------|--|
| R260                    |   | HEAD OF FAMILY |                   | LOUISIANA  |  |
| Kieger, Ben H           |   | E.D.           |                   | SHEET      |  |
| COLOR                   | W | AGE            | 36                | 5          |  |
| BIRTHPLACE              |   |                |                   |            |  |
| COUNTY                  |   | Calcasieu      | CITY Lake Charles |            |  |
| OTHER MEMBERS OF FAMILY |   |                |                   |            |  |
| NAME                    |   | RELATIONSHIP   | AGE               | BIRTHPLACE |  |
| 1 Helma                 |   | W              | 42                |            |  |
|                         |   |                |                   |            |  |
|                         |   |                |                   |            |  |
|                         |   |                |                   |            |  |
|                         |   |                |                   |            |  |
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FORM 18-536 (6-29-31)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                |  |           |  |
|----------------|--|-----------|--|
| HEAD OF FAMILY |  | LOUISIANA |  |
|----------------|--|-----------|--|

|                         |   |                |      |            |  |
|-------------------------|---|----------------|------|------------|--|
| R261                    |   | HEAD OF FAMILY |      | LOUISIANA  |  |
| Resarroux, Benjamin     |   | E.D.           |      | SHEET      |  |
| COLOR                   | B | AGE            | 3    | BIRTHPLACE |  |
| COUNTY                  |   |                | CITY |            |  |
| Assumption              |   |                |      |            |  |
| OTHER MEMBERS OF FAMILY |   |                |      |            |  |
| NAME                    |   | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| 1 Victoria              |   | W              | 27   |            |  |
|                         |   |                |      |            |  |
|                         |   |                |      |            |  |
|                         |   |                |      |            |  |
|                         |   |                |      |            |  |
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FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |                  |                |     |            |  |
|-------------------------|------------------|----------------|-----|------------|--|
| A 260                   |                  | HEAD OF FAMILY |     | LOUISIANA  |  |
| Rosa Berry              |                  | E.D.           |     | SHEET      |  |
| COLOR                   | AGE              | BIRTHPLACE     |     | 35 9       |  |
| B                       | 40               |                |     |            |  |
| COUNTY                  | East Baton Rouge | CITY           |     |            |  |
| OTHER MEMBERS OF FAMILY |                  |                |     |            |  |
| NAME                    |                  | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| Matilda                 |                  | W              | 40  |            |  |
| Lepha                   |                  | D              | 22  |            |  |
| Perry                   |                  | S              | 18  |            |  |
| Milly                   |                  | D              | 8   |            |  |
| Heater                  |                  | D              | 4   |            |  |
| Grant                   |                  | S              | 2   |            |  |
|                         |                  |                |     |            |  |

Form 10-436 (4-30-31)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |   |                   |
|--|--|---|-------------------|
|  |  | LOUISIANA   |                   |
| NAME OF INDIVIDUAL<br><i>Rt 66 Rogers Bertha</i>   |  | E.O.<br><i>29</i>   | SHEET<br><i>6</i> |
| COLOR<br><i>B</i>  | AGE<br><i>25</i>   | BIRTHPLACE  |                   |
| COUNTY<br><i>Jefferson</i>   |  | CITY  |                   |
| ENUMERATED WITH<br><i>Robertson Henry</i>  |  |   |                   |
| RELATIONSHIP TO ABOVE  |  |   |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input checked="" type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> WIDWIFE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                   |

Form 10-437 (10-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCORN-DC 1910-P01

|                         |  |                |  |              |  |      |  |            |  |
|-------------------------|--|----------------|--|--------------|--|------|--|------------|--|
| R 260                   |  | HEAD OF FAMILY |  | Louisiana    |  | E.O. |  | SHEET      |  |
| COLOR                   |  | AGE            |  | BIRTHPLACE   |  | 110  |  | 3          |  |
| K                       |  | 35             |  |              |  |      |  |            |  |
| COUNTY                  |  |                |  | Ouachita     |  | CITY |  |            |  |
| OTHER MEMBERS OF FAMILY |  |                |  |              |  |      |  |            |  |
| NAME                    |  |                |  | RELATIONSHIP |  | AGE  |  | BIRTHPLACE |  |
| C. H.                   |  |                |  | S            |  | 15   |  |            |  |
| Ueah                    |  |                |  | D            |  | 13   |  |            |  |
| William                 |  |                |  | S            |  | 11   |  |            |  |
|                         |  |                |  |              |  |      |  |            |  |
|                         |  |                |  |              |  |      |  |            |  |
|                         |  |                |  |              |  |      |  |            |  |
|                         |  |                |  |              |  |      |  |            |  |
|                         |  |                |  |              |  |      |  |            |  |

FORM 16-636 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |  |    |           |     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|----|-----------|-----|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|--|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R 260   |  | NAME OF INDIVIDUAL                       |    | LOUISIANA |     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR   | B  | AGE                                      | 12 | E.D.      | 127 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|   |  | BIRTHPLACE                               |    | SHEET 4   |     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY  |  | Tensas                                   |    | CITY      |     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |  |    |           |     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |    |           |     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |    |           |     | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |    |           |     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |    |           |     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |    |           |     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |    |           |     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |    |           |     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |    |           |     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |    |           |     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |    |           |     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-637 (1-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 10152-P-61

|                         |     |                |       |            |       |
|-------------------------|-----|----------------|-------|------------|-------|
| R260                    |     | HEAD OF FAMILY |       | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |       | E.O.       | SHEET |
| W                       | 52  | Lt.            |       | 114        | 19    |
| COUNTY                  |     |                | CITY  |            |       |
| Tangipahoa              |     |                |       |            |       |
| OTHER MEMBERS OF FAMILY |     |                |       |            |       |
| NAME                    |     | RELATIONSHIP   | AGE   | BIRTHPLACE |       |
| Jimmie R.               |     | W              | 58    | Lt.        |       |
| Frank                   |     | S              | 13    | Lt.        |       |
| Joseph                  |     | S              | 11    | Lt.        |       |
| Lena                    |     | D              | 9     | D. Y.      |       |
| Carmelia                |     | D              | 7     | D. Y.      |       |
| Palia                   |     | D              | 5     | D. Y.      |       |
| Mary                    |     | D              | 1 1/2 |            |       |

FORM 10-636 (4-20-21)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

HEAD OF FAMILY - CONTINUED

LOUISIANA

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME                        | RELATION-<br>SHIP | AGE       | BIRTHPLACE |
|-----------------------------|-------------------|-----------|------------|
| <i>Caemille Buttracalvi</i> | <i>B</i>          | <i>26</i> | <i>It</i>  |
|                             |                   |           |            |
|                             |                   |           |            |
|                             |                   |           |            |
|                             |                   |           |            |
|                             |                   |           |            |
|                             |                   |           |            |
|                             |                   |           |            |
|                             |                   |           |            |
|                             |                   |           |            |
|                             |                   |           |            |

FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMMA-DC 15108-P61

|                         |   |                |     |              |  |           |  |
|-------------------------|---|----------------|-----|--------------|--|-----------|--|
| R 260                   |   | HEAD OF FAMILY |     | Briser C. H. |  | LOUISIANA |  |
| COLOR                   | W | AGE            | 28  | BIRTHPLACE   |  |           |  |
| COUNTY                  |   |                |     | CITY         |  |           |  |
| Lincoln                 |   |                |     |              |  |           |  |
| OTHER MEMBERS OF FAMILY |   |                |     |              |  |           |  |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE   |  |           |  |
| Bettie                  |   | W              | 28  |              |  |           |  |
| Allie                   |   | D              | 6   |              |  |           |  |
| Sam                     |   | S              | 4   |              |  |           |  |
| Halter                  |   | S              | 2   |              |  |           |  |
|                         |   |                |     |              |  |           |  |
|                         |   |                |     |              |  |           |  |
|                         |   |                |     |              |  |           |  |
|                         |   |                |     |              |  |           |  |

FORM 18-536 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |  | LOUISIANA |      |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|-----------|------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|--|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 19260  |  | NAME OF INDIVIDUAL                       |           | E.D. |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
|  |  | Roger Carfait                            |           | 18   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR  | AGE  | BIRTHPLACE                               |           |      |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| W  | 27   |  |           |      |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY   | Iberia   |  | CITY      |      |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
|  |  | New Iberia                               |           |      |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH  |  |  |           |      |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| Roger Aluc   |  |  |           |      |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |           |      |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDOW</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input checked="" type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |           |      | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input checked="" type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW                | <input type="checkbox"/> WIDOW           |           |      |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE                 | <input type="checkbox"/> NURSE           |           |      |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW         | <input type="checkbox"/> PATIENT         |           |      |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW         | <input type="checkbox"/> ROOMER          |           |      |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input checked="" type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT         |           |      |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW       | <input type="checkbox"/> OTHER (Specify) |           |      |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW        |  |           |      |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW         |  |           |      |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |

FORM NO-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCENS-DC 16100-P01



|  |                  |   |  |   |                   |
|--|------------------|---|--|---|-------------------|
| <i>220</i>   |                  | NAME OF INDIVIDUAL<br><i>Reeja Caroline</i>   |  | LOUISIANA   |                   |
| COLOR<br><i>W</i>  | AGE<br><i>41</i> | BIRTHPLACE  |  | E.O.<br><i>5</i>  | SHEET<br><i>8</i> |
| COUNTY<br><i>Ascension</i>   |                  | CITY<br><i>Donaldsonville</i>   |  |   |                   |
| ENUMERATED WITH<br><i>Wahl Mrs R.</i>  |                  |   |  |   |                   |
| RELATIONSHIP TO ABOVE  |                  |   |  |   |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>D</i> |                   |

FORM 16-637 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |  |       |                |  |           |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|-------|----------------|--|-----------|----|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|--|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| K260  |  | NAME OF INDIVIDUAL                       |       | ROGER, Charles |  | LOUISIANA |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR   | B  | AGE                                      | 1 1/2 | BIRTHPLACE     |  | E.D.      | 91 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|   |  |  |       |                |  | SHEET     | 6  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY  |  |  |       | CITY           |  |           |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH <del>Morehouse</del> Roger, Dan   |  |  |       |                |  |           |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |       |                |  |           |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WHAITE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |       |                |  |           |    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WHAITE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WHAITE          |       |                |  |           |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |       |                |  |           |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |       |                |  |           |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |       |                |  |           |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |       |                |  |           |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |       |                |  |           |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |       |                |  |           |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |       |                |  |           |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-537 (4-22-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

| HEAD OF FAMILY              |                        | LOUISIANA  |            |
|-----------------------------|------------------------|------------|------------|
| NAME                        |                        | E.O.       | SHEET      |
| P200 <i>Gosier, Charles</i> |                        | 35         | 3          |
| COLOR                       | AGE                    | BIRTHPLACE |            |
| B                           | 81                     | Md.        |            |
| COUNTY                      | CITY                   |            |            |
| East Baton Rouge            | La Baton Rouge Village |            |            |
| OTHER MEMBERS OF FAMILY     |                        |            |            |
| NAME                        | RELATIONSHIP           | AGE        | BIRTHPLACE |
| 1 <i>Cousin</i>             | W                      | 80         |            |
|                             |                        |            |            |
|                             |                        |            |            |
|                             |                        |            |            |
|                             |                        |            |            |
|                             |                        |            |            |
|                             |                        |            |            |
|                             |                        |            |            |
|                             |                        |            |            |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |                |                |            |      |
|--|--|----------------|----------------|------------|------|
| 2260   |  | HEAD OF FAMILY |                | LOUISIANA  |      |
| COLOR  |  | AGE            | BIRTHPLACE     |            | E.D. |
| W  |  | 27             | Rice Charles J |            | 126  |
| COUNTY   |  |                | CITY           |            |      |
| <div style="text-align: center;">             WITH<br/>             OTHER MEMBERS OF FAMILY           </div> |  |                |                |            |      |
| NAME   |  | RELATIONSHIP   | AGE            | BIRTHPLACE |      |
| 1 Mary C.  |  | W              | 23             |            |      |
|  |  |                |                |            |      |
|  |  |                |                |            |      |
|  |  |                |                |            |      |
|  |  |                |                |            |      |
|  |  |                |                |            |      |
|  |  |                |                |            |      |
|  |  |                |                |            |      |
|  |  |                |                |            |      |
|  |  |                |                |            |      |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |         |            |      |
|-------------------------|---|----------------|---------|------------|------|
| 7-260                   |   | HEAD OF FAMILY |         | LOUISIANA  |      |
| COLOR                   | W | AGE            | 42      | BIRTHPLACE | Ill  |
| COUNTY                  |   |                | Webster |            | CITY |
| OTHER MEMBERS OF FAMILY |   |                |         |            |      |
| NAME                    |   | RELATIONSHIP   | AGE     | BIRTHPLACE |      |
| Mattie                  |   | W              | 29      | Tex        |      |
| Glen                    |   | S              | 9       |            |      |
| Hertie                  |   | D              | 8       |            |      |
| Homer                   |   | Wson           | 2       | Tex        |      |
|                         |   |                |         |            |      |
|                         |   |                |         |            |      |
|                         |   |                |         |            |      |

FORM 10-634 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |           |                |     |            |  |
|-------------------------|-----------|----------------|-----|------------|--|
| R260                    |           | HEAD OF FAMILY |     | LOUISIANA  |  |
| Kieper Christine        |           | E.D.           |     | SHEET      |  |
| COLOR                   | AGE       | BIRTHPLACE     |     |            |  |
| W                       | 38        | Germany        |     |            |  |
| COUNTY                  |           | CITY           |     |            |  |
| Catahou                 |           | Lake Charles   |     |            |  |
| OTHER MEMBERS OF FAMILY |           |                |     |            |  |
| NAME                    |           | RELATIONSHIP   | AGE | BIRTHPLACE |  |
|                         | Christine | S              | 38  | Germany    |  |
|                         | Herman    | S              | 36  | Germany    |  |
|                         | Lottie    | D              | 30  | Mo         |  |
|                         | Laura M.  | D              | 23  | Mo         |  |
|                         | Latina    | D              | 24  | Mo         |  |
|                         | Edward    | S              | 21  |            |  |
|                         | Sonie     | D              | 18  |            |  |

|                         |     |                |      |            |       |
|-------------------------|-----|----------------|------|------------|-------|
| R260                    |     | HEAD OF FAMILY |      | LOUISIANA  |       |
|                         |     | Roger Clamey   |      | E.D.       | SHEET |
| COLOR                   | AGE | BIRTHPLACE     |      |            |       |
| w                       | 32  |                |      |            |       |
| COUNTY                  |     |                | CITY |            |       |
| Lafourche               |     |                |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Berther                 |     | w              | 29   |            |       |
| Westley                 |     | s              | 9    |            |       |
| Rita                    |     | D              | 8    |            |       |
| Allie                   |     | s              | 6    |            |       |
| Hattie                  |     | D              | 3    |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |

FORM 18-636 (4-29-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |   |  |                    |
|--|---|--|--------------------|
| R260   |   | LOUISIANA  |                    |
| NAME OF INDIVIDUAL<br><i>Rosier Clara</i>  |   | E.O.<br><i>10</i>  | SHEET<br><i>21</i> |
| COLOR<br><i>W</i>  | AGE<br><i>84</i>  | BIRTHPLACE   |                    |
| COUNTY<br><i>Catahoula</i>   |   | CITY   |                    |
| ENUMERATED WITH<br><i>Guller Stephen L</i>   |   |  |                    |
| RELATIONSHIP TO ABOVE  |   |  |                    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> Niece<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> WIDOW<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>husband</i> |                    |

FORM 10-437 (10-20-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

UICOMM-DC 18185-P61



|   |  |   |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|---|--|---|--|-------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| R 260   |  | NAME OF INDIVIDUAL<br><i>Rogers Clarence</i>        |  | E.O.<br><i>72</i> | SHEET<br><i>3</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR<br><i>B</i>   | AGE<br><i>16</i>                         | BIRTHPLACE  |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY  |  | CITY  |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>St. James</i>   |  |   |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE<br><i>Hubert Thomas</i>   |  |   |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |                   |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18182-P01

|                         |     |                |       |            |       |
|-------------------------|-----|----------------|-------|------------|-------|
| R260                    |     | HEAD OF FAMILY |       | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |       | E.D.       | SHEET |
| W                       | 38  | Assumption     |       | 8          | 18    |
| COUNTY                  |     | CITY           |       |            |       |
| OTHER MEMBERS OF FAMILY |     |                |       |            |       |
| NAME                    |     | RELATIONSHIP   | AGE   | BIRTHPLACE |       |
| Antoinette              |     | W              | 37    |            |       |
| Eric                    |     | S              | 9     |            |       |
| Arlo                    |     | S              | 8     |            |       |
| Lloyd                   |     | S              | 5     |            |       |
| Antoinette              |     | D              | 3     |            |       |
| Connette                |     | D              | 1 3/4 |            |       |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R260                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| W                       | 40  |                |     | 70         | 8     |
| COUNTY                  |     | CITY           |     |            |       |
| Lafourche               |     |                |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Mary                    |     | W              | 35  |            |       |
| Margaret                |     | S              | 5   |            |       |
| Clara                   |     | S              | 4   |            |       |
| Opal                    |     | D              | 3   |            |       |
| Doris                   |     | D              | 2   |            |       |
| Lena                    |     | D              | 11  |            |       |
| Liza                    |     | D              | 10  |            |       |

FORM 10-336 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|  |   |  | LOUISIANA         |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|---|--|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|--|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R260   | NAME OF INDIVIDUAL<br><i>Boggs Cleamont</i> |  | E.O.<br><i>40</i> | SHEET<br><i>31</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>W</i>  | AGE<br><i>2</i>                             | BIRTHPLACE                               |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>Lafourche</i>   | CITY  |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Pau Lowinsky</i>   |   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tbody> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </tbody> </table> |   |  |                   |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW             | <input type="checkbox"/> INMATE          |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE              | <input type="checkbox"/> NURSE           |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW      | <input type="checkbox"/> PATIENT         |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW      | <input type="checkbox"/> ROOMER          |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW         | <input type="checkbox"/> SERVANT         |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW    | <input type="checkbox"/> OTHER (Specify) |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW     |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW      |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 18-437 (4-29-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18180-P01

LOUISIANA

|   |  |   |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
|---|--|---|--------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|----------|--------------------------------|--|--|
| R-260   | NAME OF INDIVIDUAL<br><i>Roger Cleopha</i> |   | S.D.<br><i>105</i> | SHEET<br><i>6</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| COLOR<br><i>W</i>   | AGE<br><i>16</i>                           | BIRTHPLACE  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| COUNTY<br><i>St. Landry</i>   |  | CITY  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| ENUMERATED WITH<br><i>Cromeaux, Joseph</i>  |  |   |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>S</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |                    |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>S</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW            | <input type="checkbox"/> INMATE                     |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE             | <input type="checkbox"/> NURSE                      |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW     | <input type="checkbox"/> PATIENT                    |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW     | <input type="checkbox"/> ROOMER                     |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW        | <input type="checkbox"/> SERVANT                    |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW   | <input checked="" type="checkbox"/> OTHER (Specify) |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW    | <i>S</i>  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW     |   |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18100-P01

|                         |  |                |  |           |            |
|-------------------------|--|----------------|--|-----------|------------|
| R260                    |  | HEAD OF FAMILY |  | LOUISIANA |            |
| COLOR                   |  | AGE            |  | S.O. 4    |            |
| W                       |  | 29             |  | SHEET 14  |            |
| BIRTHPLACE              |  |                |  |           |            |
| COUNTY                  |  | ACADE          |  | CITY      |            |
| OTHER MEMBERS OF FAMILY |  |                |  |           |            |
| NAME                    |  | RELATIONSHIP   |  | AGE       | BIRTHPLACE |
| Felonise                |  | w              |  | 24        |            |
| Cloda                   |  | d              |  | 7         |            |
| Coralie                 |  | d              |  | 4         |            |
| Ledia                   |  | d              |  | 1 7/8     |            |
|                         |  |                |  |           |            |
|                         |  |                |  |           |            |
|                         |  |                |  |           |            |

FORM 16-636 (4-30-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |      |            |       |
|-------------------------|-----|----------------|------|------------|-------|
| R260                    |     | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |      | E.O.       | SHEET |
| Yma                     | 31  | Jct            |      | 94         | 8     |
| COUNTY                  |     |                | CITY |            |       |
| Morehouse               |     |                |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Leman                   |     | W              | 25   |            |       |
| John                    |     | S              | 8    |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |

FORM 10-436 (4-20-51)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |  |                |              |            |      |
|-------------------------|--|----------------|--------------|------------|------|
| R 260                   |  | HEAD OF FAMILY |              | LOUISIANA  |      |
| COLOR                   |  | AGE            | BIRTHPLACE   |            | E.D. |
| W                       |  | 38             |              |            | 36   |
| COUNTY                  |  |                | SHEET        |            |      |
| Calcasieu               |  |                | 5            |            |      |
| CITY                    |  |                | Lake Charles |            |      |
| OTHER MEMBERS OF FAMILY |  |                |              |            |      |
| NAME                    |  | RELATIONSHIP   | AGE          | BIRTHPLACE |      |
| / Annie L.              |  | W              | 22           |            |      |
| / Crest A. Jr.          |  | S              | 2            |            |      |
|                         |  |                |              |            |      |
|                         |  |                |              |            |      |
| +1 Boarder              |  |                |              |            |      |
|                         |  |                |              |            |      |
|                         |  |                |              |            |      |
|                         |  |                |              |            |      |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |              |       |            |  |
|-------------------------|--|----------------|------------|--------------|-------|------------|--|
| R260                    |  | HEAD OF FAMILY |            | Roser, Dan   |       | LOUISIANA  |  |
| COLOR                   |  | AGE            | BIRTHPLACE |              | E.D.  | SHEET      |  |
| 13                      |  | 68             | Ga         |              | 91    | 6          |  |
| COUNTY                  |  |                |            | CITY         |       |            |  |
| Morehouse               |  |                |            |              |       |            |  |
| OTHER MEMBERS OF FAMILY |  |                |            |              |       |            |  |
| NAME                    |  |                |            | RELATIONSHIP | AGE   | BIRTHPLACE |  |
| Mrs                     |  |                |            | W            | 50    |            |  |
| Leola                   |  |                |            | D            | 29    |            |  |
| Daniel                  |  |                |            | S            | 17    |            |  |
| Oscar                   |  |                |            | S            | 15    |            |  |
| Maggie                  |  |                |            | D            | 13    |            |  |
| Charles                 |  |                |            | U.S          | 19/12 |            |  |

FORM 18-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |      |            |     |
|-------------------------|---|----------------|------|------------|-----|
| R260                    |   | HEAD OF FAMILY |      | LOUISIANA  |     |
| COLOR                   | W | AGE            | 50   | E.D.       | 126 |
|                         |   | BIRTHPLACE     |      | SHEET      | 5   |
| COUNTY                  |   |                | Winn | CITY       |     |
| OTHER MEMBERS OF FAMILY |   |                |      |            |     |
| NAME                    |   | RELATIONSHIP   | AGE  | BIRTHPLACE |     |
| Sarah C                 |   | W              | 51   |            |     |
| Lemil                   |   | D              | 19   |            |     |
| Gora                    |   | D              | 17   |            |     |
| Lula                    |   | D              | 15   |            |     |
| Linnel                  |   | D              | 8    |            |     |
|                         |   |                |      |            |     |
|                         |   |                |      |            |     |

FORM 16-636 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
|---|--|---|--|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|----------|--------------------------------|--|--|
| R260  |  | NAME OF INDIVIDUAL                                  |  | LOUISIANA |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
|   |  | Rancher Drains                                      |  | R.D.      | SHEET |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| COLOR   | AGE                                      | BIRTHPLACE  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| W   | 29                                       |   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| COUNTY  |  | Calcasieu   |  | CITY      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| ENUMERATED WITH   |  |   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| Sigler Rufus E  |  |   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td>Daughter</td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> WINTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | Daughter | <input type="checkbox"/> UNCLE | <input type="checkbox"/> WINTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  | Daughter  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> WINTER-IN-LAW   |   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |

FORM 10-637 (4-22-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18109-P01

| HEAD OF FAMILY          |              |                | LOUISIANA  |       |
|-------------------------|--------------|----------------|------------|-------|
| COLOR                   | AGE          | BIRTHPLACE     | E.D.       | SHEET |
| R260                    | 40           | Roger Delia H. | 106        | 2     |
| W                       |              |                |            |       |
| COUNTY                  | St Landry    | CITY           | Amundville |       |
| OTHER MEMBERS OF FAMILY |              |                |            |       |
| NAME                    | RELATIONSHIP | AGE            | BIRTHPLACE |       |
| 1 Willette B.           | S            | 17             |            |       |
|                         |              |                |            |       |
|                         |              |                |            |       |
|                         |              |                |            |       |
|                         |              |                |            |       |
|                         |              |                |            |       |
|                         |              |                |            |       |
|                         |              |                |            |       |
|                         |              |                |            |       |

FORM 16-636 (4-26-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |      |            |       |
|-------------------------|-----|----------------|------|------------|-------|
| R260                    |     | HEAD OF FAMILY |      | LOUISIANA  |       |
|                         |     | Roger, Dennis  |      | E.O.       | SHEET |
| COLOR                   | AGE | BIRTHPLACE     |      |            |       |
| W                       | 33  |                |      |            |       |
| COUNTY                  |     |                | CITY |            |       |
| Lafourche               |     |                |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Ida                     |     | W              | 34   |            |       |
| Willie                  |     | S              | 11   |            |       |
| Uech                    |     | S              | 10   |            |       |
| Jess                    |     | S              | 9    |            |       |
| Dorise                  |     | S              | 7    |            |       |
| Louis                   |     | S              | 6    |            |       |
| Abel                    |     | S              | 2    |            |       |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME                 | RELATIONSHIP | AGE       | BIRTHPLACE |
|----------------------|--------------|-----------|------------|
| 1. <i>Agnes</i>      | <i>D</i>     | <i>5</i>  |            |
| <i>Agnes, Oregon</i> | <i>C</i>     | <i>45</i> |            |
|                      |              |           |            |
|                      |              |           |            |
|                      |              |           |            |
|                      |              |           |            |
|                      |              |           |            |
|                      |              |           |            |
|                      |              |           |            |
|                      |              |           |            |

FORM 10-436a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USC&amp;A-DC 1910-P61

|                         |  |                |            |            |      |
|-------------------------|--|----------------|------------|------------|------|
| R260                    |  | HEAD OF FAMILY |            | LOUISIANA  |      |
| COLOR                   |  | AGE            | BIRTHPLACE |            | E.D. |
| W                       |  | 27             |            |            | 62   |
| COUNTY                  |  | La Salle       |            | CITY       |      |
| OTHER MEMBERS OF FAMILY |  |                |            |            |      |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |      |
| 1 Minerva J             |  | Si             | 40         |            |      |
|                         |  |                |            |            |      |
|                         |  |                |            |            |      |
|                         |  |                |            |            |      |
|                         |  |                |            |            |      |
|                         |  |                |            |            |      |
|                         |  |                |            |            |      |
|                         |  |                |            |            |      |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |   |                |     |            |                 |
|-------------------------|---|----------------|-----|------------|-----------------|
| R260                    |   | HEAD OF FAMILY |     | LOUISIANA  |                 |
| COLOR                   | W | AGE            | 29  | BIRTHPLACE | Roger Dominique |
| COUNTY                  |   | St. Landry     |     | CITY       |                 |
| OTHER MEMBERS OF FAMILY |   |                |     |            |                 |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |                 |
| Electa                  |   | W              | 31  |            |                 |
| Elita                   |   | D              | 8   |            |                 |
| Sarah                   |   | D              | 6   |            |                 |
| Ysola                   |   | D              | 1   |            |                 |
|                         |   |                |     |            |                 |
|                         |   |                |     |            |                 |
|                         |   |                |     |            |                 |

FORM 18-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |     |            |       |
|-------------------------|--|----------------|-----|------------|-------|
| R260                    |  | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   |  | AGE            |     | E.O.       | SHEET |
| W                       |  | 50             |     | 46         | 12    |
| BIRTHPLACE              |  |                |     |            |       |
| COUNTY                  |  | Lafourche      |     | CITY       |       |
|                         |  |                |     | Lackport   |       |
| OTHER MEMBERS OF FAMILY |  |                |     |            |       |
| NAME                    |  | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Aurenga                 |  | w              | 54  |            |       |
| Nancy                   |  | d              | 22  |            |       |
| Clara                   |  | d              | 20  |            |       |
| Anna                    |  | d              | 18  |            |       |
| Clerville               |  | d              | 12  |            |       |
| Lena                    |  | d              | 8   |            |       |
| Myra                    |  | d              | 14  |            |       |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |  |                |                  |            |            |
|-------------------------|--|----------------|------------------|------------|------------|
| R260                    |  | HEAD OF FAMILY |                  | LOUISIANA  |            |
| COLOR                   |  | AGE            | BIRTHPLACE       |            | E.O. SHEET |
| W                       |  | 53             | Rosario, Duranto |            | 139 17     |
| COUNTY                  |  |                | CITY             |            |            |
| West Baton Rouge        |  |                | Italy            |            |            |
| OTHER MEMBERS OF FAMILY |  |                |                  |            |            |
| NAME                    |  | RELATIONSHIP   | AGE              | BIRTHPLACE |            |
| 1 Fara                  |  | W              | 33               | Italy      |            |
|                         |  |                |                  |            |            |
|                         |  |                |                  |            |            |
|                         |  |                |                  |            |            |
|                         |  |                |                  |            |            |
|                         |  |                |                  |            |            |
|                         |  |                |                  |            |            |
|                         |  |                |                  |            |            |
|                         |  |                |                  |            |            |

FORM 10-436 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |   |   |    |  |       |
|--|---|---|----|--|-------|
| R260   |   | NAME OF INDIVIDUAL  |    | LOUISIANA  |       |
|  |   | Rosier Easman   |    | E.D.   | SHEET |
| COLOR  | B | AGE   | 14 | 101  | 12    |
|  |   | BIRTHPLACE  |    |  |       |
| COUNTY   |   | Red River   |    | CITY   |       |
| ENUMERATED WITH  |   | Hudson Callie   |    |  |       |
| RELATIONSHIP TO ABOVE  |   |   |    |  |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input checked="" type="checkbox"/> GRANDSON<br><input checked="" type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |   | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |    | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |       |

FORM 10-437 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18100-P01

|                                |  |                       |                       |                   |              |
|--------------------------------|--|-----------------------|-----------------------|-------------------|--------------|
| <b>R260</b>                    |  | <b>HEAD OF FAMILY</b> |                       | <b>LOUISIANA</b>  |              |
| <b>COLOR</b>                   |  | <b>AGE</b>            | <b>BIRTHPLACE</b>     | <b>E.O.</b>       | <b>SHEET</b> |
| <b>B</b>                       |  | <b>41</b>             |                       | <b>142</b>        | <b>20</b>    |
| <b>COUNTY</b>                  |  |                       | <b>West Feliciana</b> | <b>CITY</b>       |              |
| <b>OTHER MEMBERS OF FAMILY</b> |  |                       |                       |                   |              |
| <b>NAME</b>                    |  | <b>RELATIONSHIP</b>   | <b>AGE</b>            | <b>BIRTHPLACE</b> |              |
| <b>Isabel</b>                  |  | <b>w</b>              | <b>37</b>             |                   |              |
| <b>Annie</b>                   |  | <b>d</b>              | <b>10</b>             |                   |              |
| <b>Eloja</b>                   |  | <b>d</b>              | <b>9</b>              |                   |              |
|                                |  |                       |                       |                   |              |
|                                |  |                       |                       |                   |              |
|                                |  |                       |                       |                   |              |
|                                |  |                       |                       |                   |              |
|                                |  |                       |                       |                   |              |

FORM 10-636 (4-30-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |       |            |       |
|-------------------------|--|----------------|-------|------------|-------|
| R260                    |  | HEAD OF FAMILY |       | LOUISIANA  |       |
| COLOR                   |  | AGE            |       | E.D.       | SHEET |
| W                       |  | 26             |       | 4          | 27    |
| BIRTHPLACE              |  |                |       |            |       |
| COUNTY                  |  |                | CITY  |            |       |
| Acadia                  |  |                |       |            |       |
| OTHER MEMBERS OF FAMILY |  |                |       |            |       |
| NAME                    |  | RELATIONSHIP   | AGE   | BIRTHPLACE |       |
| Louise                  |  | W              | 26    |            |       |
| Elaine                  |  | D              | 7     |            |       |
| Edmond                  |  | S              | 5     |            |       |
| Palmira                 |  | D              | 3     |            |       |
| Lillia                  |  | D              | 1 1/2 |            |       |
|                         |  |                |       |            |       |
|                         |  |                |       |            |       |

Form 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |  |  |                  |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
|--|--|--|------------------|-------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|---|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R260   | NAME OF INDIVIDUAL<br>Rogers, Edna       |  | E.C.<br>40       | SHEET<br>11 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| COLOR<br>W   | AGE<br>23                                | BIRTHPLACE                               |                  |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| COUNTY   | Lafourche                                |  | CITY<br>Lockport |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br>Rogers, Francis   |  |  |                  |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |                  |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> INMATE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input checked="" type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> MISTRESS-IN-LAW</td><td></td></tr></tbody></table> |  |  |                  |             | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> MISTRESS-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |                  |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |                  |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |                  |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |                  |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |                  |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |                  |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |                  |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> MISTRESS-IN-LAW |  |                  |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |

FORM 19-437 (4-28-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P01



|   |  |   |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
|---|--|---|--|--------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|----------|--------------------------------|--|--|
| A-260   |  | NAME OF INDIVIDUAL<br><i>Roger Edward</i>           |  | E.O.<br><i>105</i> | SHEET<br><i>6</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| COLOR<br><i>W</i>   | AGE<br><i>4</i>                          | BIRTHPLACE  |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| COUNTY<br><i>St. Landry</i>   |  | CITY  |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| ENUMERATED WITH<br><i>Crescent, Joseph</i>  |  |   |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>S</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |                    |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>S</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  | <i>S</i>  |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |

FORM 10-637 (4-30-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMB-DC 18100-P01

|                         |   |                |          |            |  |
|-------------------------|---|----------------|----------|------------|--|
| K260                    |   | HEAD OF FAMILY |          | LOUISIANA  |  |
| Neegan, Edward C        |   | E.D.           |          | 507        |  |
| COLOR                   | W | AGE            | 33       | BIRTHPLACE |  |
| COUNTY                  |   |                | Franklin |            |  |
| CITY                    |   |                |          |            |  |
| OTHER MEMBERS OF FAMILY |   |                |          |            |  |
| NAME                    |   | RELATIONSHIP   | AGE      | BIRTHPLACE |  |
| Solita A                |   | W              | 23       |            |  |
| Samuel W                |   | S              | 5        |            |  |
| Mattie S                |   | S              | 8        |            |  |
| Joseph S                |   | S              | 1 1/2    |            |  |
| Thomas C Jr             |   | N              | 16       | Tex        |  |
|                         |   |                |          |            |  |
|                         |   |                |          |            |  |

FORM 15-436 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |    |                 |     |            |    |
|-------------------------|---|----------------|----|-----------------|-----|------------|----|
| R 260                   |   | HEAD OF FAMILY |    | Rozier, Elphage |     | LOUISIANA  |    |
| COLOR                   | W | AGE            | 26 | BIRTHPLACE      |     | E.D.       | 1  |
|                         |   |                |    |                 |     | SHEET      | 20 |
| COUNTY                  |   | Acadia         |    | Acadia          |     | CITY       |    |
| OTHER MEMBERS OF FAMILY |   |                |    |                 |     |            |    |
| NAME                    |   |                |    | RELATIONSHIP    | AGE | BIRTHPLACE |    |
| Evelyn                  |   |                |    | W               | 23  |            |    |
| Ernie                   |   |                |    | D               | 6   |            |    |
| Alex                    |   |                |    | S               | 5   |            |    |
| Mabel                   |   |                |    | D               | 4   |            |    |
| Nazel                   |   |                |    | D               | 1/2 |            |    |
|                         |   |                |    |                 |     |            |    |
|                         |   |                |    |                 |     |            |    |

FORM 16-536 (4-20-31)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |   |
|--|---|
| LOUISIANA  |   |
| R360   | NAME OF INDIVIDUAL<br>Rucker Express  |
| COLOR<br>B   | E.D.<br>121   |
| AGE<br>37  | SHEET<br>28   |
| BIRTHPLACE   |   |
| COUNTY   | CITY  |
| JONES  |   |
| ENUMERATED WITH<br>Russom Matilda  |   |
| RELATIONSHIP TO ABOVE  |   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify)  |   |

FORM 10-537 (10-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMB-NC 10100-751

LOUISIANA

|  |                 |   |  |  |                   |
|--|-----------------|---|--|--|-------------------|
| R-240  |                 | NAME OF INDIVIDUAL<br><i>Roger Ellebe</i>   |  | ED.<br><i>105</i>  | SHEET<br><i>6</i> |
| COLOR<br><i>W</i>  | AGE<br><i>9</i> | BIRTHPLACE  |  |  |                   |
| COUNTY<br><i>St. Landry</i>  |                 | CITY  |  |  |                   |
| ENumerated WITH<br><i>Cremeau, Joseph</i>  |                 |   |  |  |                   |
| RELATIONSHIP TO ABOVE  |                 |   |  |  |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                 | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> NEAWE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>5</i> |                   |

FORM 10-437 (0-20-511)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 10190-P01

| R260                    |  | HEAD OF FAMILY |                | LOUISIANA |            |
|-------------------------|--|----------------|----------------|-----------|------------|
| COLOR                   |  | AGE            | BIRTHPLACE     | E.D.      | SHEET      |
| B                       |  | 49             |                | 145       | 20         |
| COUNTY                  |  |                | West Feliciana | CITY      |            |
| OTHER MEMBERS OF FAMILY |  |                |                |           |            |
| NAME                    |  |                | RELATIONSHIP   | AGE       | BIRTHPLACE |
| / Rosa                  |  |                | d              | 29        |            |
| / William               |  |                | gs             | 2         |            |
|                         |  |                |                |           |            |
|                         |  |                |                |           |            |
|                         |  |                |                |           |            |
|                         |  |                |                |           |            |
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FORM 10-636 (4-26-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|                         |  |                        |            |            |
|-------------------------|--|------------------------|------------|------------|
| R260                    | HEAD OF FAMILY<br><i>Roger Ellizah</i> |                        | E.D.<br>99 | SHEET<br>2 |
| COLOR<br><i>Mu</i>      | AGE<br>27                              | BIRTHPLACE             |            |            |
| COUNTY<br>St. Mary      |  | CITY<br><i>Berwick</i> |            |            |
| OTHER MEMBERS OF FAMILY |  |                        |            |            |
| NAME                    |  | RELATION-<br>SHIP      | AGE        | BIRTHPLACE |
| <i>Hattie</i>           |  | <i>W</i>               | <i>28</i>  |            |
| <i>Robert N</i>         |  | <i>5</i>               | <i>7</i>   |            |
|                         |  |                        |            |            |
|                         |  |                        |            |            |
|                         |  |                        |            |            |
|                         |  |                        |            |            |
|                         |  |                        |            |            |
|                         |  |                        |            |            |

| HEAD OF FAMILY          |              |            | LOUISIANA  |       |
|-------------------------|--------------|------------|------------|-------|
| COLOR                   | AGE          | BIRTHPLACE | E.D.       | SHEET |
| R260                    | Risor        | Ely        | 100        | 6     |
| B                       | 55           |            |            |       |
| COUNTY                  | Ouachita     | CITY       |            |       |
| OTHER MEMBERS OF FAMILY |              |            |            |       |
| NAME                    | RELATIONSHIP | AGE        | BIRTHPLACE |       |
| Lives alone             |              |            |            |       |
|                         |              |            |            |       |
|                         |              |            |            |       |
|                         |              |            |            |       |
|                         |              |            |            |       |
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|                         |              |            |            |       |

Form 16-636 (4-20-61)  
1916 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



LOUISIANA

|  |           |  |  |  |  |      |       |
|--|-----------|--|--|--|--|------|-------|
| <i>Rucker</i>                          |           | NAME OF INDIVIDUAL                       |  | <i>Rucker, Emma</i>                      |  | E.O. | SHEET |
| COLOR                                  | AGE       | BIRTHPLACE                               |  |  |  |      |       |
| <i>B</i>                               | <i>36</i> |  |  |  |  |      |       |
| COUNTY                                 |           | <i>Ascension</i>                         |  | CITY                                     |  |      |       |
| ENUMERATED WITH                        |           | <i>Graham, Willie</i>                    |  |  |  |      |       |
| RELATIONSHIP TO ABOVE                  |           |  |  |  |  |      |       |
| <input type="checkbox"/> FATHER        |           | <input type="checkbox"/> NEPHEW          |  | <input type="checkbox"/> MATE            |  |      |       |
| <input type="checkbox"/> MOTHER        |           | <input type="checkbox"/> NICE            |  | <input type="checkbox"/> NURSE           |  |      |       |
| <input type="checkbox"/> GRANDFATHER   |           | <input type="checkbox"/> FATHER-IN-LAW   |  | <input type="checkbox"/> PATIENT         |  |      |       |
| <input type="checkbox"/> GRANDMOTHER   |           | <input type="checkbox"/> MOTHER-IN-LAW   |  | <input type="checkbox"/> ROOMER          |  |      |       |
| <input type="checkbox"/> GRANDSON      |           | <input type="checkbox"/> SON-IN-LAW      |  | <input type="checkbox"/> SERVANT         |  |      |       |
| <input type="checkbox"/> GRANDDAUGHTER |           | <input type="checkbox"/> DAUGHTER-IN-LAW |  | <input type="checkbox"/> OTHER (Specify) |  |      |       |
| <input type="checkbox"/> AUNT          |           | <input type="checkbox"/> BROTHER-IN-LAW  |  | <i>Partner</i>                           |  |      |       |
| <input type="checkbox"/> UNCLE         |           | <input type="checkbox"/> SISTER-IN-LAW   |  |  |  |      |       |

FORM 16-437 (4-22-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18166-P61

**R260**

|  |   |  |                    |
|--|---|--|--------------------|
| <b>R260</b>  |   | <b>LOUISIANA</b>   |                    |
| NAME OF INDIVIDUAL<br><i>Rodney Eugene</i>   |   | E.D.<br><i>129</i>   | SHEET<br><i>14</i> |
| COLOR<br><i>W</i>  | AGE<br><i>22</i>  | BIRTHPLACE   |                    |
| COUNTY<br><i>Winn</i>  |   | CITY   |                    |
| ENUMERATED WITH<br><i>Wagoner Marion C.</i>  |   |  |                    |
| RELATIONSHIP TO ABOVE  |   |  |                    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> BOARDER<br><input type="checkbox"/> HOUSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                    |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

|                         |   |                |     |            |       |
|-------------------------|---|----------------|-----|------------|-------|
| R260                    |   | HEAD OF FAMILY |     | Louisiana  |       |
|                         |   | Roger Emile    |     | E.D.       | SHEET |
| COLOR                   | B | AGE            | 31  | BIRTHPLACE |       |
| COUNTY                  |   | Lafourche      |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |   |                |     |            |       |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Augustine Frank         |   | NR             | 28  |            |       |
|                         |   |                |     |            |       |
|                         |   |                |     |            |       |
|                         |   |                |     |            |       |
|                         |   |                |     |            |       |
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FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |           |            |       |
|-------------------------|---|----------------|-----------|------------|-------|
| R260                    |   | HEAD OF FAMILY |           | LOUISIANA  |       |
| Roger                   |   | Enrile         |           | E.D.       | SHEET |
| COLOR                   | W | AGE            | 31        | 36         | 31    |
| BIRTHPLACE              |   |                |           |            |       |
| COUNTY                  |   |                | Lafourche | CITY       |       |
| OTHER MEMBERS OF FAMILY |   |                |           |            |       |
| NAME                    |   | RELATIONSHIP   | AGE       | BIRTHPLACE |       |
| Clara                   |   | W              | 24        |            |       |
| Octavia                 |   | D              | 7         |            |       |
| Lelia                   |   | D              | 7         |            |       |
|                         |   |                |           |            |       |
|                         |   |                |           |            |       |
|                         |   |                |           |            |       |
|                         |   |                |           |            |       |
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|                         |   |                |           |            |       |

FORM 16-636 (4-26-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |      |
|-------------------------|--|----------------|------------|------------|------|
| R 26.                   |  | HEAD OF FAMILY |            | LOUISIANA  |      |
| COLOR                   |  | AGE            | BIRTHPLACE |            | E.D. |
| W                       |  | 24             |            |            | 73   |
| COUNTY                  |  |                | CITY       |            |      |
| Lafayette               |  |                |            |            |      |
| OTHER MEMBERS OF FAMILY |  |                |            |            |      |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |      |
| Eva                     |  | W              | 22         |            |      |
| Ashley                  |  | S              | 4          |            |      |
| Leoley                  |  | S              | 2          |            |      |
|                         |  |                |            |            |      |
|                         |  |                |            |            |      |
|                         |  |                |            |            |      |
|                         |  |                |            |            |      |
|                         |  |                |            |            |      |

FORM 10-636 (4-26-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |       |            |          |
|-------------------------|---|----------------|-------|------------|----------|
| 8260                    |   | HEAD OF FAMILY |       | LOUISIANA  |          |
| COLOR                   | W | AGE            | 38    | BIRTHPLACE | Ernest C |
| COUNTY                  |   |                | CITY  |            |          |
| Lafourche               |   |                |       |            |          |
| OTHER MEMBERS OF FAMILY |   |                |       |            |          |
| NAME                    |   | RELATIONSHIP   | AGE   | BIRTHPLACE |          |
| Cecile                  |   | W              | 27    |            |          |
| Philip                  |   | S              | 4     |            |          |
| Shad's                  |   | D              | 7     |            |          |
| Stella                  |   | D              | 6     |            |          |
| Lesta                   |   | D              | 1 1/2 |            |          |
|                         |   |                |       |            |          |
|                         |   |                |       |            |          |

FORM 16-436 (4-26-01)  
1916 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |            |
|-------------------------|--|----------------|------------|------------|------------|
| R26D                    |  | HEAD OF FAMILY |            | LOUISIANA  |            |
| COLOR                   |  | AGE            | BIRTHPLACE |            | S.D. SHEET |
| B                       |  | 28             |            |            | 5919       |
| COUNTY                  |  |                | CITY       |            |            |
| St. Bernard             |  |                |            |            |            |
| OTHER MEMBERS OF FAMILY |  |                |            |            |            |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |            |
| Julia                   |  | W              | 23         |            |            |
| Joseph                  |  | S              | 4          |            |            |
| Mollie                  |  | S              | 2          |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
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FORM 16-636 (4-20-51)

1916 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |      |            |       |
|-------------------------|--|----------------|------|------------|-------|
| R 260                   |  | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR                   |  | AGE            |      | E.O.       | SHEET |
| W                       |  | 57             |      | 73         | 17    |
| BIRTHPLACE              |  |                |      |            |       |
| COUNTY                  |  |                | CITY |            |       |
| Lafayette               |  |                |      |            |       |
| OTHER MEMBERS OF FAMILY |  |                |      |            |       |
| NAME                    |  | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Alide                   |  | W              | 57   |            |       |
| Eustacia                |  | D              | 13   |            |       |
| Emerte                  |  | D              | 7    |            |       |
| Olive                   |  | D              | 10   |            |       |
| Ardis                   |  | D              | 25   |            |       |
| Alice                   |  | D              | 19   |            |       |
| Eulice                  |  | D              | 8    |            |       |

FORM 10-636 (4-20-61)

1970 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS





|  |   |  |                   |                    |
|--|---|--|-------------------|--------------------|
| R260   |   | NAME OF INDIVIDUAL<br><i>Recker Ethel Cook</i>   |                   | LOUISIANA          |
| COLOR<br><i>W</i>  | AGE<br><i>9</i>   | BIRTHPLACE   | E.D.<br><i>99</i> | SHEET<br><i>12</i> |
| COUNTY<br><i>St. Tammany,</i>  | CITY  |  |                   |                    |
| REGISTERED WITH<br><i>Recker William E.</i>  |   |  |                   |                    |
| RELATIONSHIP TO ABOVE  |   |  |                   |                    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>Wife</i> |                   |                    |

FORM 10-627 (4-25-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCENSUS-DC 19100-P01

|                         |     |                |                   |            |       |
|-------------------------|-----|----------------|-------------------|------------|-------|
| R260                    |     | HEAD OF FAMILY |                   | LOUISIANA  |       |
| R260                    |     | Royer Eugene   |                   | E.D.       | SHEET |
| COLOR                   | AGE | BIRTHPLACE     |                   | 136        | 13    |
| W                       | 40  |                |                   |            |       |
| COUNTY                  |     |                | CITY              |            |       |
| West Baton Rouge        |     |                | Broussard Landing |            |       |
| OTHER MEMBERS OF FAMILY |     |                |                   |            |       |
| NAME                    |     | RELATIONSHIP   | AGE               | BIRTHPLACE |       |
| + 1 br                  |     |                |                   |            |       |
|                         |     |                |                   |            |       |
|                         |     |                |                   |            |       |
|                         |     |                |                   |            |       |
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|                         |     |                |                   |            |       |

FORM 18-636 (4-26-61)

1919 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |   |            |  |       |
|---|--|---|------------|--|-------|
| R260  |  | NAME OF INDIVIDUAL  |            | LOUISIANA  |       |
| COLOR   |  | AGE   | BIRTHPLACE | ED.  | SHEET |
| W   |  | 8   |            | 73   | 17    |
| COUNTY  |  |   | CITY       |  |       |
| Lafayette   |  |   |            |  |       |
| ENUMERATED WITH   |  |   |            |  |       |
| Roger, Estelle  |  |   |            |  |       |
| RELATIONSHIP TO ABOVE   |  |   |            |  |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input checked="" type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHER<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |            | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |       |

Form 16-637 (4-28-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 18100-P01

|                         |     |                |       |            |       |
|-------------------------|-----|----------------|-------|------------|-------|
| R260                    |     | HEAD OF FAMILY |       | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |       | E.D.       | SHEET |
| W                       | 23  | Rizal, Estre   |       | 40         | 10    |
| COUNTY                  |     | CITY           |       |            |       |
| Iberville               |     | Lockport       |       |            |       |
| OTHER MEMBERS OF FAMILY |     |                |       |            |       |
| NAME                    |     | RELATIONSHIP   | AGE   | BIRTHPLACE |       |
| 1 Anna                  |     | W              | 21    |            |       |
| Ray                     |     | S              | 1 1/2 |            |       |
|                         |     |                |       |            |       |
|                         |     |                |       |            |       |
|                         |     |                |       |            |       |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |  |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|--|--------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 1260  |  | NAME OF INDIVIDUAL<br><i>Risier Ewen</i>   |  | E.D.<br><i>133</i> | SHEET<br><i>1</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>Mrs</i>   | AGE<br><i>16</i>                         | BIRTHPLACE                                 |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY  |  | Winn                                       |  | CITY               |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Shelton Willie</i>  |  |  |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> IMMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |                    |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> IMMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> IMMATE            |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE             |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-437 (4-30-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 16100-PSI

|   |  |   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|---|--|---|--|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| R260  |  | NAME OF INDIVIDUAL                                  |  | LOUISIANA |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|   |  | Bachar, Ezill                                       |  | E.O.      | SHEET |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR   | AGE                                      | BIRTHPLACE  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| 24  | 22                                       |   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY  |  | Natchitoches  |  | CITY      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  | Taylor, Oscar                                       |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 18-437 (4-30-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1918 CENSUS INDEX - INDIVIDUAL

|   |  |  |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
|---|--|--|--|--------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|---|--|--|-------------------------------|---|--|--------------------------------|--|--|
| <b>R 260</b>  |  | NAME OF INDIVIDUAL<br><i>Butler, Jerry</i> |  | LOUISIANA          |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| COLOR<br><b>B</b>   | AGE<br><b>6</b>                          | BIRTHPLACE<br><i>Mass</i>                  |  | E.O.<br><b>123</b> | SHEET<br><b>1</b> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| COUNTY<br><b>JONES</b>  |  | CITY                                       |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Griffey, Wm</i>   |  |  |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |                    |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE            |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE             |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER            |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |  |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |

Form 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMMA-DC 10100-P01



|                         |   |                |     |            |                   |
|-------------------------|---|----------------|-----|------------|-------------------|
| R260                    |   | HEAD OF FAMILY |     | LOUISIANA  |                   |
| COLOR                   | W | AGE            | 49  | BIRTHPLACE | Robcheir Felician |
| COUNTY                  |   | Lafourche      |     | CITY       |                   |
| OTHER MEMBERS OF FAMILY |   |                |     |            |                   |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |                   |
| Ida                     |   | W              | 39  |            |                   |
| Malina                  |   | D              | 18  |            |                   |
| Adeline                 |   | D              | 12  |            |                   |
| Georgia                 |   | D              | 4   |            |                   |
|                         |   |                |     |            |                   |
|                         |   |                |     |            |                   |
|                         |   |                |     |            |                   |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |                 |            |            |
|-------------------------|--|----------------|-----------------|------------|------------|
| R260                    |  | HEAD OF FAMILY |                 | LOUISIANA  |            |
| COLOR                   |  | AGE            | BIRTHPLACE      |            | E.D. SHEET |
| W                       |  | 21             | Roger Feliciana |            | 47 9       |
| COUNTY                  |  |                | CITY            |            |            |
| Lafourche               |  |                |                 |            |            |
| OTHER MEMBERS OF FAMILY |  |                |                 |            |            |
| NAME                    |  | RELATIONSHIP   | AGE             | BIRTHPLACE |            |
| / Escavia               |  | W              | 21              |            |            |
| / Abel                  |  | L              | 3               |            |            |
| / Joseph                |  | L              | 1               |            |            |
|                         |  |                |                 |            |            |
|                         |  |                |                 |            |            |
|                         |  |                |                 |            |            |
|                         |  |                |                 |            |            |
|                         |  |                |                 |            |            |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |             |                |     |            |         |
|-------------------------|-------------|----------------|-----|------------|---------|
| R260                    |             | HEAD OF FAMILY |     | LOUISIANA  |         |
| COLOR                   | W           | AGE            | 39  | BIRTHPLACE | Fernand |
| COUNTY                  |             | Lafourche      |     | CITY       |         |
| OTHER MEMBERS OF FAMILY |             |                |     |            |         |
|                         | NAME        | RELATIONSHIP   | AGE | BIRTHPLACE |         |
|                         | Clementine  | W              | 36  |            |         |
|                         | Fernand Jr. | S              | 4   |            |         |
|                         | Leonard     | S              | 3   |            |         |
|                         | Alise       | D              | 11  |            |         |
|                         | Josephine   | D              | 10  |            |         |
|                         | Augusta     | D              | 8   |            |         |
|                         | Aline       | D              | 0   |            |         |

FORM 10-434 (10-20-31)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |         |                |    |              |     |            |  |
|-------------------------|---------|----------------|----|--------------|-----|------------|--|
| 1200                    |         | HEAD OF FAMILY |    | ROSE HINLEY  |     | LOUISIANA  |  |
| COLOR                   | W       | AGE            | 64 | BIRTHPLACE   |     |            |  |
| COUNTY                  | Rapides |                |    | CITY         |     |            |  |
| OTHER MEMBERS OF FAMILY |         |                |    |              |     |            |  |
| NAME                    |         |                |    | RELATIONSHIP | AGE | BIRTHPLACE |  |
| 1 Susan                 |         |                |    | W            | 54  |            |  |
| Parks Pinky             |         |                |    | SS           | 20  |            |  |
|                         |         |                |    |              |     |            |  |
|                         |         |                |    |              |     |            |  |
|                         |         |                |    |              |     |            |  |
|                         |         |                |    |              |     |            |  |
|                         |         |                |    |              |     |            |  |
|                         |         |                |    |              |     |            |  |

FORM 18-636 (4-20-61)

1916 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |  |   |  |                                  |
|--|--|--|---|--|----------------------------------|
| R260                                   |  | NAME OF INDIVIDUAL                       |   | LOUISIANA                                |                                  |
| AGE                                    | 13                                       | AGE                                      | 20                                      | C.O.                                     | 58                               |
| BIRTHPLACE                             |  | Flouide                                  |   | SHEET 17                                 |                                  |
| COUNTY                                 |  |  | St. Bernard                             |  |                                  |
| CITY                                   |  |  |   |  |                                  |
| ENGENERATED WITH                       |  |  |   |  |                                  |
| Johnson, Henry                         |  |  |   |  |                                  |
| RELATIONSHIP TO ABOVE                  |  |  |   |  |                                  |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIFE            | <input type="checkbox"/> WIFE           | <input type="checkbox"/> NURSE           | <input type="checkbox"/> PATIENT |
| <input type="checkbox"/> MOTHER        | <input checked="" type="checkbox"/> WIFE | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> MOTHER-IN-LAW  | <input type="checkbox"/> ROOMER          | <input type="checkbox"/> SERVANT |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> BROTHER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |                                  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> BROTHER-IN-LAW  | <input type="checkbox"/> WIFE-IN-LAW    |  |                                  |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> BROTHER-IN-LAW  | <input type="checkbox"/> WIFE-IN-LAW     |   |  |                                  |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> WIFE-IN-LAW     |  |   |  |                                  |
| <input type="checkbox"/> AUNT          |  |  |   |  |                                  |
| <input type="checkbox"/> UNCLE         |  |  |   |  |                                  |

Form 10-437 (4-29-61)

1960 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 16106-P61

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R260                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| W                       | 32  | Iberville      |     | 51         | 12    |
| COUNTY                  |     | CITY           |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| 1 Mary                  |     | W              | 32  |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 18-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |   |  |       |   |    |
|--|---|--|-------|---|----|
| R260   |   | NAME OF INDIVIDUAL   |       | LOUISIANA   |    |
| COLOR  | W | AGE  | 05    | E.D.  | 56 |
|  |   | BIRTHPLACE   | Italy |   |    |
| COUNTY   |   |  | CITY  | Plaquemine  |    |
| ENUMERATED WITH  |   | Ceteano, Joseph  |       |   |    |
| RELATIONSHIP TO ABOVE  |   |  |       |   |    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |   | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input checked="" type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |       | <input type="checkbox"/> WIDWATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |    |

FORM 10-637 (4-25-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-OC 1910-P61

|                         |                |              |           |            |
|-------------------------|----------------|--------------|-----------|------------|
| R260                    | HEAD OF FAMILY |              | LOUISIANA |            |
| COLOR                   | AGE            | BIRTHPLACE   |           | E.D.       |
| W                       | 71             |              |           | 40         |
| COUNTY                  | Lafourche      |              | CITY      | Lockport   |
| OTHER MEMBERS OF FAMILY |                |              |           |            |
| NAME                    |                | RELATIONSHIP | AGE       | BIRTHPLACE |
| Mary                    |                | W            | 64        |            |
| Francis J.              |                | S            | 38        |            |
| Joseph                  |                | S            | 23        |            |
| Edna                    |                | go           | 23        |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |

FORM 18-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|   |   |   |    |  |                |
|---|---|---|----|--|----------------|
| 266   |   | NAME OF INDIVIDUAL  |    | LOUISIANA  |                |
| COLOR   | W | AGE   | 14 | BIRTHPLACE   | Ascension      |
|   |   |   |    | CITY   | Donaldsonville |
| ENUMERATED WITH   |   |   |    |  |                |
| Wahl Mrs P.   |   |   |    |  |                |
| RELATIONSHIP TO ABOVE   |   |   |    |  |                |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input checked="" type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |   | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> Niece<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |    | <input type="checkbox"/> WIDATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                |

FORM 16-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-OC 18108-P61

|                         |  |                |                      |            |       |
|-------------------------|--|----------------|----------------------|------------|-------|
| R260                    |  | HEAD OF FAMILY |                      | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE           | E.O.       | SHEET |
| B                       |  | 34             |                      | 82         | 19    |
| COUNTY                  |  |                | St. John the Baptist |            |       |
|                         |  |                | CITY                 |            |       |
| OTHER MEMBERS OF FAMILY |  |                |                      |            |       |
| NAME                    |  | RELATIONSHIP   | AGE                  | BIRTHPLACE |       |
| Charles                 |  | W              | 22                   |            |       |
| Evelyn                  |  | S              | 7.7                  |            |       |
|                         |  |                |                      |            |       |
|                         |  |                |                      |            |       |
|                         |  |                |                      |            |       |
|                         |  |                |                      |            |       |
|                         |  |                |                      |            |       |
|                         |  |                |                      |            |       |

Form 18-636 (4-20-61)

1919 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |  |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|--|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R260  |  | NAME OF INDIVIDUAL<br><i>River Fred</i>    |  | LOUISIANA         |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>B</i>   | AGE<br><i>22</i>                         | BIRTHPLACE                                 |  | E.D.<br><i>82</i> | SHEET<br><i>24</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY  |  | St. John the Baptist                       |  | CITY              |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| EDUCATED WITH<br><i>Washington John</i>   |  |  |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> Niece</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> WORKER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |                   |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> Niece | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> WORKER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE            |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> Niece           | <input type="checkbox"/> NURSE             |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> WORKER |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

Form 10-517 (4-20-61)

1930 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 15195-P-61

|                         |                |              |           |            |
|-------------------------|----------------|--------------|-----------|------------|
| R260                    | HEAD OF FAMILY |              | LOUISIANA |            |
| COLOR                   | AGE            | BIRTHPLACE   | E.D.      | SHEET      |
| W                       | 44             | Ill.         | 41        | 11         |
| COUNTY                  | Calcasieu      |              | CITY      |            |
| OTHER MEMBERS OF FAMILY |                |              |           |            |
| NAME                    |                | RELATIONSHIP | AGE       | BIRTHPLACE |
| Carry M.                |                | W            | 43        | Ill        |
| Clara F.                |                | S            | 16        | Ill        |
| Hazel M.                |                | D            | 11        | Ill        |
| Spray L.                |                | D            | 8         | Ill        |
| Anah L.                 |                | D            | 6         | Ill        |
| Paul F.                 |                | S            | 9/m       |            |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |   |   |    |  |      |
|--|---|---|----|--|------|
| R260   |   | NAME OF INDIVIDUAL  |    | LOUISIANA  |      |
| COLOR  | W | AGE   | 20 | DATE   | 12/1 |
|  |   | BIRTHPLACE  |    | SHEET 1  |      |
| COUNTY   |   | Tangipahoa  |    | CITY   |      |
|  |   |   |    | Ponchatoula  |      |
| ENUMERATED WITH  |   | Elford, Fred  |    |  |      |
| RELATIONSHIP TO ABOVE  |   |   |    |  |      |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |   | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |    | <input type="checkbox"/> WIDOW<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |      |

FORM 10-537 (4-20-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 1910-P61

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R 260                   |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| W                       | 31  |                |     | 38         | 26    |
| COUNTY                  |     | Lafourche      |     | CITY       |       |
|                         |     |                |     | Thibodaux  |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Winifred                |     | W              | 23  |            |       |
| Carothers               |     | S              | 4   |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |         |                |     |            |     |
|-------------------------|---------|----------------|-----|------------|-----|
| R 260                   |         | HEAD OF FAMILY |     | Louisiana  |     |
| COLOR                   | W       | AGE            | 60  | BIRTHPLACE | Ala |
| COUNTY                  | Lincoln |                |     | CITY       |     |
| OTHER MEMBERS OF FAMILY |         |                |     |            |     |
| NAME                    |         | RELATIONSHIP   | AGE | BIRTHPLACE |     |
| Fannie                  |         | W              | 54  |            |     |
| Hulbur                  |         | S              | 31  |            |     |
| Georgia                 |         | D              | 21  |            |     |
| Fannie                  |         | D              | 15  |            |     |
|                         |         |                |     |            |     |
|                         |         |                |     |            |     |
|                         |         |                |     |            |     |

FORM 18-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |     |   |  |   |       |
|--|-----|---|--|---|-------|
| R260   |     | NAME OF INDIVIDUAL  |  | LOUISIANA   |       |
| COLOR  | AGE | BIRTHPLACE  |  | E.D.  | SHEET |
| N  | 37  |   |  | 125   | 2     |
| COUNTY   |     | CITY  |  |   |       |
| St. Martin   |     |   |  |   |       |
| ENUMERATED WITH  |     |   |  |   |       |
| Raschkin Joseph  |     |   |  |   |       |
| RELATIONSHIP TO ABOVE  |     |   |  |   |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br>Si |       |

FORM 16-537 (4-20-61)

1936 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18102-P01



|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R260                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | NAME           |     | E.O.       | SHEET |
| W                       | 26  | Rucker, George |     | 63         | 21    |
| COUNTY                  |     | CITY           |     |            |       |
| Do Soto                 |     |                |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| and 5 boarders          |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 10-436 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |       |            |              |
|-------------------------|---|----------------|-------|------------|--------------|
| R 260                   |   | HEAD OF FAMILY |       | LOUISIANA  |              |
| COLOR                   | B | AGE            | 29    | BIRTHPLACE | River George |
| COUNTY                  |   | Caldwell       |       | CITY       | Clarks       |
| OTHER MEMBERS OF FAMILY |   |                |       |            |              |
| NAME                    |   | RELATIONSHIP   | AGE   | BIRTHPLACE |              |
| Eldora                  |   | W              | 30    |            |              |
| Angie                   |   | D              | 10    |            |              |
| Lela                    |   | D              | 8     |            |              |
| George Lee              |   | S              | 4 1/2 |            |              |
| Andrew                  |   | S              | 9     |            |              |
|                         |   |                |       |            |              |
|                         |   |                |       |            |              |

FORM 18-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |               |            |       |
|-------------------------|--|----------------|---------------|------------|-------|
| R260                    |  | HEAD OF FAMILY |               | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE    | S.D.       | SHEET |
| W                       |  | 40             | Roger, George | 98         | 9     |
| COUNTY                  |  |                | St. Mary      | CITY       |       |
| OTHER MEMBERS OF FAMILY |  |                |               |            |       |
| NAME                    |  | RELATIONSHIP   | AGE           | BIRTHPLACE |       |
| / Mary                  |  | w              | 37            |            |       |
| / Sully                 |  | s              | 19            |            |       |
| / Libbie                |  | d              | 16            |            |       |
|                         |  |                |               |            |       |
|                         |  |                |               |            |       |
|                         |  |                |               |            |       |
|                         |  |                |               |            |       |
|                         |  |                |               |            |       |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |  |            |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|------------|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|-------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|--|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| P260   |  | NAME OF INDIVIDUAL                       |            | LOUISIANA |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR  |  | AGE                                      | BIRTHPLACE | E.D.      | SHEET |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| W  |  | 39                                       | Georgie    | 27        | 4     |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY   |  |  | CITY       |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| Jefferson  |  |  |            |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH  |  |  |            |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| Lillian Frank D  |  |  |            |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |            |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NICE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input checked="" type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |            |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NICE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input checked="" type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW                | <input type="checkbox"/> INMATE          |            |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NICE                  | <input type="checkbox"/> NURSE           |            |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW         | <input type="checkbox"/> PATIENT         |            |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW         | <input type="checkbox"/> ROOMER          |            |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input checked="" type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT         |            |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW       | <input type="checkbox"/> OTHER (Specify) |            |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW        |  |            |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW         |  |            |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-637 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18100-P61

|  |       |                    |  |           |       |
|--|-------|--------------------|--|-----------|-------|
| R 260  |       | NAME OF INDIVIDUAL |  | LOUISIANA |       |
| COLOR  | AGE   | BIRTHPLACE         |  | E.D.      | SHEET |
| B  | 1 1/2 | Rucker, George     |  | 23        | 6     |
| COUNTY   |       |                    | CITY   |           |       |
| ENUMERATED WITH  |       |                    | Hudson, George   |           |       |
| RELATIONSHIP TO ABOVE  |       |                    | Hudson, George   |           |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |       |                    | <input checked="" type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |           |       |
|  |       |                    | <input type="checkbox"/> WIDOW<br><input type="checkbox"/> NUNCE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify)  |           |       |

FORM 16-517 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |            |                |      |            |                 |
|-------------------------|------------|----------------|------|------------|-----------------|
| R260                    |            | HEAD OF FAMILY |      | LOUISIANA  |                 |
| COLOR                   | W          | AGE            | 36   | BIRTHPLACE | Roger George L. |
| COUNTY                  | St. Landry |                | CITY | E.D.       | 106             |
| SHEET 1                 |            |                |      |            |                 |
| OTHER MEMBERS OF FAMILY |            |                |      |            |                 |
| NAME                    |            | RELATIONSHIP   | AGE  | BIRTHPLACE |                 |
| Evelyn                  |            | W              | 30   | Miss       |                 |
| + 1 Br + 2 Drums        |            |                |      |            |                 |
|                         |            |                |      |            |                 |
|                         |            |                |      |            |                 |
|                         |            |                |      |            |                 |
|                         |            |                |      |            |                 |
|                         |            |                |      |            |                 |
|                         |            |                |      |            |                 |

FORM 19-636 (4-20-21)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |          |            |      |
|-------------------------|---|----------------|----------|------------|------|
| R 260                   |   | HEAD OF FAMILY |          | LOUISIANA  |      |
| COLOR                   | W | AGE            | 30       | BIRTHPLACE | Miss |
| COUNTY                  |   |                | Da. Soto |            |      |
| CITY                    |   |                |          |            |      |
| OTHER MEMBERS OF FAMILY |   |                |          |            |      |
| NAME                    |   | RELATIONSHIP   | AGE      | BIRTHPLACE |      |
| Laura A                 |   | W              | 39       | Miss       |      |
| William E               |   | S              | 22       |            |      |
| Agie T                  |   | S              | 18       |            |      |
| Hilman J                |   | S              | 17       |            |      |
| Annie L                 |   | D              | 16       |            |      |
| Emma E                  |   | D              | 13       |            |      |
| Elizabeth               |   | D              | 9        |            |      |

Form 10-436 (4-22-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

HEAD OF FAMILY - CONTINUED

LOUISIANA

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME           | RELATIONSHIP | AGE      | BIRTHPLACE  |
|----------------|--------------|----------|-------------|
| <i>Reuby</i>   | <i>D</i>     | <i>5</i> |             |
| <i>Guth</i>    | <i>D</i>     | <i>2</i> |             |
| <i>James B</i> | <i>S</i>     | <i>1</i> | <i>Miss</i> |
|                |              |          |             |
|                |              |          |             |
|                |              |          |             |
|                |              |          |             |
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|                |              |          |             |
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1 (2) 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 16198-P61



|                         |  |                |  |                |  |           |  |
|-------------------------|--|----------------|--|----------------|--|-----------|--|
| R260                    |  | HEAD OF FAMILY |  | Riser George W |  | LOUISIANA |  |
| COLOR                   |  | AGE            |  | BIRTHPLACE     |  | E.D.      |  |
| W                       |  | 45             |  |                |  | 126 3     |  |
| COUNTY                  |  |                |  | Winn           |  | CITY      |  |
| OTHER MEMBERS OF FAMILY |  |                |  |                |  |           |  |
| NAME                    |  |                |  | RELATIONSHIP   |  | AGE       |  |
| Philip D                |  |                |  | W              |  | 45        |  |
| Ella J.                 |  |                |  | D              |  | 17        |  |
| Annie                   |  |                |  | S              |  | 15        |  |
|                         |  |                |  |                |  |           |  |
|                         |  |                |  |                |  |           |  |
|                         |  |                |  |                |  |           |  |
|                         |  |                |  |                |  |           |  |
|                         |  |                |  |                |  |           |  |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                | LOUISIANA    |                  |
|-------------------------|----------------|--------------|------------------|
| R260                    | HEAD OF FAMILY | Roger Birane | E.D. 65 SHEET 16 |
| COLOR<br>W              | AGE<br>28      | BIRTHPLACE   |                  |
| COUNTY                  | Lafayette      | CITY         |                  |
| OTHER MEMBERS OF FAMILY |                |              |                  |
| NAME                    |                | RELATIONSHIP | AGE              |
| Marie                   |                | W            | 28               |
| Birane                  |                | S            | 8                |
| Anadane                 |                | D            | 7                |
| Cecilia                 |                | D            | 2                |
| Luzeta                  |                | D            | 9                |
| Alphonine               |                | D            | 4/12             |
|                         |                |              |                  |

| HEAD OF FAMILY          |              | LOUISIANA  |            |
|-------------------------|--------------|------------|------------|
| NAME                    |              | E.O.       | SHEET      |
| R260 Roger Gustilia     |              | 11         | 14         |
| COLOR                   | AGE          | BIRTHPLACE |            |
| W                       | 64           |            |            |
| COUNTY                  | CITY         |            |            |
| Iberia                  |              |            |            |
| OTHER MEMBERS OF FAMILY |              |            |            |
| NAME                    | RELATIONSHIP | AGE        | BIRTHPLACE |
| Cecille                 | D            | 33         |            |
| Gustave                 | S            | 25         |            |
| Robichaux - Alphonse    | D            | 30         |            |
| Theckian                | G-cl         | 14         |            |
| Helma                   | G-cl         | 12         |            |
| Gustave                 | G-cl         | 10         |            |
|                         |              |            |            |

FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|                         |           |                               |     |             |            |
|-------------------------|-----------|-------------------------------|-----|-------------|------------|
| K-260                   |           | HEAD OF FAMILY<br>Rucker Quas |     | E.O.<br>142 | SHEET<br>3 |
| COLOR<br>B              | AGE<br>60 | BIRTHPLACE                    |     |             |            |
| COUNTY<br>West Carroll  |           | CITY                          |     |             |            |
| OTHER MEMBERS OF FAMILY |           |                               |     |             |            |
| NAME                    |           | RELATIONSHIP                  | AGE | BIRTHPLACE  |            |
| 1 Sandy                 |           | W                             | 35  | ala         |            |
|                         |           |                               |     |             |            |
|                         |           |                               |     |             |            |
|                         |           |                               |     |             |            |
|                         |           |                               |     |             |            |
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|                         |           |                               |     |             |            |
|                         |           |                               |     |             |            |
|                         |           |                               |     |             |            |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|                         |                |              |      |            |
|-------------------------|----------------|--------------|------|------------|
| R260                    | HEAD OF FAMILY |              | E.D. | SHEET      |
|                         | Wager Gustaf   |              | 10   | 6          |
| COLOR                   | AGE            | BIRTHPLACE   |      |            |
| W                       | 47             |              |      |            |
| COUNTY                  | Acadia         |              | CITY |            |
|                         |                | Crawley      |      |            |
| OTHER MEMBERS OF FAMILY |                |              |      |            |
| NAME                    |                | RELATIONSHIP | AGE  | BIRTHPLACE |
| 1 Orlean                |                | W            | 36   |            |
| Lucy                    |                | adopted      | 15   |            |
|                         |                |              |      |            |
|                         |                |              |      |            |
|                         |                |              |      |            |
|                         |                |              |      |            |
|                         |                |              |      |            |
|                         |                |              |      |            |
|                         |                |              |      |            |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

| LOUISIANA               |                                    | E.D.         | SHEET      |
|-------------------------|------------------------------------|--------------|------------|
| R 26.                   | HEAD OF FAMILY <i>Criser H. J.</i> |              | 68 11      |
| COLOR <i>W</i>          | AGE <i>56</i>                      | BIRTHPLACE   |            |
| COUNTY <i>Lincoln</i>   |                                    | CITY         |            |
| OTHER MEMBERS OF FAMILY |                                    |              |            |
| NAME                    | RELATIONSHIP                       | AGE          | BIRTHPLACE |
| <i>Hattie</i>           | <i>W</i>                           | <i>56</i>    |            |
| <i>Ernest</i>           | <i>S</i>                           | <i>25</i>    |            |
| <i>Rosie</i>            | <i>D</i>                           | <i>17</i>    |            |
| <i>Lizzie</i>           | <i>D</i>                           | <i>23</i>    |            |
| <i>Level</i>            | <i>DL</i>                          | <i>22</i>    |            |
| <i>Henry</i>            | <i>GS</i>                          | <i>1 3/4</i> |            |
|                         |                                    |              |            |

FORM 16-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |  |               |  |            |  |
|-------------------------|--|----------------|--|---------------|--|------------|--|
| R260                    |  | HEAD OF FAMILY |  | Roeser, Harry |  | LOUISIANA  |  |
| COLOR                   |  | AGE            |  | BIRTHPLACE    |  | E.D.       |  |
| W                       |  | 33             |  |               |  | 91         |  |
| COUNTY                  |  |                |  | CITY          |  | SHEET      |  |
| Morehouse               |  |                |  |               |  | 3          |  |
| OTHER MEMBERS OF FAMILY |  |                |  |               |  |            |  |
| NAME                    |  |                |  | RELATIONSHIP  |  | AGE        |  |
|                         |  |                |  |               |  | BIRTHPLACE |  |
| Lula                    |  |                |  | W             |  | 25 Ark     |  |
| Sallie                  |  |                |  | D             |  | 9          |  |
| Egbert                  |  |                |  | S             |  | 6          |  |
| Octor                   |  |                |  | S             |  | 4          |  |
| Milton                  |  |                |  | S             |  | 2          |  |
| Viola                   |  |                |  | D             |  | 6/12       |  |
|                         |  |                |  |               |  |            |  |
|                         |  |                |  |               |  |            |  |

|  |  |  |      |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|------|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 4260   |  | NAME OF INDIVIDUAL                       |      | LOUISIANA |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR  |  | AGE                                      |      | E.O.      | SHEET |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| W  |  | 10                                       |      | 27        | 4     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| BIRTHPLACE   |  |  |      |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY   |  |  | CITY |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Jefferson  |  |  |      |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH  |  |  |      |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Lilotton Frank D.  |  |  |      |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |      |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |      |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |      |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |      |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |      |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |      |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |      |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |      |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |      |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |      |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <div style="text-align: right;"> <u>gol Child</u> </div>   |  |  |      |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-437 (4-20-37)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMB-DC 18105-P01



LOUISIANA

|  |  |  |                |                 |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |   |  |  |
|--|--|--|----------------|-----------------|---------------------------------|---------------------------------|----------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|---|--|--|
| R260   | NAME OF INDIVIDUAL <i>Roser, Hayward</i> |  | E.O. <i>92</i> | SHEET <i>16</i> |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |   |  |  |
| COLOR <i>W</i>   | AGE <i>43</i>                            | BIRTHPLACE <i>Tenn</i>                   |                |                 |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |   |  |  |
| COUNTY   | Morehouse                                |  | CITY           |                 |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |   |  |  |
| ENUMERATED WITH <i>Roser, W. L.</i>  |  |  |                |                 |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |   |  |  |
| RELATIONSHIP TO ABOVE  |  |  |                |                 |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |   |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> BOARDER</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> HOUSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |                |                 | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> BOARDER | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> HOUSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input checked="" type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> BOARDER         |                |                 |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |   |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> HOUSE           |                |                 |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |   |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |                |                 |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |   |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |                |                 |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |   |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |                |                 |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |   |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |                |                 |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |   |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |                |                 |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |   |  |  |
| <input checked="" type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |                |                 |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |   |  |  |

FORM 16-437 (4-30-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1970 CENSUS INDEX - INDIVIDUAL

USCOMM-OC 10100-P01

|   |  |  | LOUISIANA |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|-----------|-------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|--|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| K260  |  | NAME OF INDIVIDUAL                       |           | Riser Jerry |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| E.O.  |  | SHEET                                    |           | 68 11       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR   | W  | AGE                                      | 3 1/2     | BIRTHPLACE  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY  |  | CITY                                     |           |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Lincoln   |  |  |           |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |  |           |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Riser H. J.   |  |  |           |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |           |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |           |             | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |           |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |           |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |           |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |           |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |           |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |           |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |           |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |           |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 15105-P61

|                         |                |            |            |      |
|-------------------------|----------------|------------|------------|------|
| R260                    | HEAD OF FAMILY |            | LOUISIANA  |      |
| COLOR                   | AGE            | BIRTHPLACE |            | E.D. |
| W                       | 36             |            |            | 123  |
| COUNTY                  |                | SHEET      |            |      |
| Winn                    |                | 15         |            |      |
| CITY                    |                | Winnfield  |            |      |
| OTHER MEMBERS OF FAMILY |                |            |            |      |
| NAME                    | RELATIONSHIP   | AGE        | BIRTHPLACE |      |
| Sarah E                 | w              | 32         |            |      |
| Ernest H                | g              | 11         |            |      |
| Henry H                 | g              | 9          |            |      |
| Narcissus               | g              | 6          |            |      |
| Mary                    | g              | 4          |            |      |
| Sarah E                 | g              | 1          |            |      |
| McGee, Ella             | W              | 53         |            |      |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |  |
|-------------------------|-----|----------------|-----|------------|--|
| 260                     |     | HEAD OF FAMILY |     | LOUISIANA  |  |
| Riser, Henry M.         |     | E.D.           |     | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |     |            |  |
| W                       | 60  |                |     |            |  |
| COUNTY                  |     | Winn           |     | CITY       |  |
| OTHER MEMBERS OF FAMILY |     |                |     |            |  |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| John L.                 |     | W              | 49  | Ala.       |  |
| Della                   |     | D              | 22  |            |  |
| Effie                   |     | D              | 17  |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |

FORM 18-436 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |                  |   |      |   |                   |
|--|------------------|---|------|---|-------------------|
| R260   |                  | NAME OF INDIVIDUAL<br><i>Rogers Hines C</i>   |      | LOUISIANA   |                   |
| COLOR<br><i>W</i>  | AGE<br><i>22</i> | BIRTHPLACE<br><i>Tex</i>  |      | E.O.<br><i>77</i>   | SHEET<br><i>2</i> |
| COUNTY<br><i>De Soto</i>   |                  |   | CITY |   |                   |
| ENUMERATED WITH<br><i>Rogers Mrs</i>   |                  |   |      |   |                   |
| RELATIONSHIP TO ABOVE  |                  |   |      |   |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> INSANE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>B</i> |                   |

FORM 10-637 (4-20-61)

1930 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCORA-DC 16196-P61

|  |  |   |  |             |             |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|--|--|---|--|-------------|-------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|-------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| R-260<br>COLOR   |  | NAME OF INDIVIDUAL<br>Roger Homer                   |  | LOUISIANA   |             |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| AGE<br>2   |  | BIRTHPLACE<br>Tex                                   |  | E.O.<br>118 | SHEET<br>13 |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY<br>Webster  |  | CITY  |  |             |             |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH<br>Roger Charley   |  |   |  |             |             |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   |  |             |             |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> IMMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NICE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |             |             | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> IMMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NICE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> IMMATE                     |  |             |             |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NICE            | <input type="checkbox"/> NURSE                      |  |             |             |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |             |             |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |             |             |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |             |             |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |             |             |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |             |             |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |   |  |             |             |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 10-637 (4-20-61)

1960 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |               |     |            |     |
|-------------------------|---|----------------|-----|---------------|-----|------------|-----|
| R260                    |   | HEAD OF FAMILY |     | Rucker Howard |     | LOUISIANA  |     |
| COLOR                   | B | AGE            | 166 | BIRTHPLACE    | Cal | E.D.       | 127 |
| COUNTY                  |   | Tensas         |     | CITY          |     | SHEET 4    |     |
| OTHER MEMBERS OF FAMILY |   |                |     |               |     |            |     |
| NAME                    |   |                |     | RELATIONSHIP  | AGE | BIRTHPLACE |     |
| Thomas, Sarah           |   |                |     | D             | 45  |            |     |
| Rucker, Elijah          |   |                |     | S             | 19  |            |     |
| Booming                 |   |                |     | GS            | 12  |            |     |
|                         |   |                |     |               |     |            |     |
|                         |   |                |     |               |     |            |     |
|                         |   |                |     |               |     |            |     |
|                         |   |                |     |               |     |            |     |
|                         |   |                |     |               |     |            |     |

Form 16-436 (4-22-51)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |                |      |           |  |
|-------------------------|---|----------------|-----|----------------|------|-----------|--|
| 8260                    |   | HEAD OF FAMILY |     | Risher, Howard |      | LOUISIANA |  |
| COLOR                   | W | AGE            | 58  | BIRTHPLACE     | Tenn |           |  |
| COUNTY                  |   |                |     | Ouachita       | CITY | Monroe    |  |
| OTHER MEMBERS OF FAMILY |   |                |     |                |      |           |  |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE     |      |           |  |
| / Anna                  |   | W              | 49  | Tenn           |      |           |  |
| Mary                    |   | D              | 30  |                |      |           |  |
|                         |   |                |     |                |      |           |  |
|                         |   |                |     |                |      |           |  |
|                         |   |                |     |                |      |           |  |
|                         |   |                |     |                |      |           |  |
|                         |   |                |     |                |      |           |  |
|                         |   |                |     |                |      |           |  |

FORM 18-436 (4-30-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |       |                |      |            |       |
|-------------------------|-------|----------------|------|------------|-------|
| P260                    |       | HEAD OF FAMILY |      | LOUISIANA  |       |
| Rivers                  |       | Hugh J. W.     |      | E.D.       | SHEET |
| COLOR                   | AGE   | BIRTHPLACE     |      |            |       |
| W                       | 20    |                |      |            |       |
| COUNTY                  |       |                | CITY |            |       |
| Jackson                 |       |                |      |            |       |
| OTHER MEMBERS OF FAMILY |       |                |      |            |       |
| NAME                    |       | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| 1                       | Effie | W              | 21   |            |       |
|                         |       |                |      |            |       |
|                         |       |                |      |            |       |
|                         |       |                |      |            |       |
|                         |       |                |      |            |       |
|                         |       |                |      |            |       |
|                         |       |                |      |            |       |
|                         |       |                |      |            |       |
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FORM 16-636 (4-30-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R260                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| W                       |  | 25             |            | 81         | 61    |
| COUNTY                  |  |                | CITY       |            |       |
| Rapides                 |  |                | Alexandria |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Edna                    |  | W              | 21         |            |       |
| Elinor                  |  | D              | 1          |            |       |
| Roberta, Elvora         |  | Mk             | 55         |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |              |            | LOUISIANA  |       |
|-------------------------|--------------|------------|------------|-------|
| HEAD OF FAMILY          |              |            | E.O.       | SHEET |
| R 260                   | Roger, Hy    |            | 83         | 10    |
| COLOR                   | AGE          | BIRTHPLACE |            |       |
| B                       | 29           | Ala        |            |       |
| COUNTY                  |              | CITY       |            |       |
| Madison                 |              |            |            |       |
| OTHER MEMBERS OF FAMILY |              |            |            |       |
| NAME                    | RELATIONSHIP | AGE        | BIRTHPLACE |       |
| 11, Bo 9                |              |            |            |       |
|                         |              |            |            |       |
|                         |              |            |            |       |
|                         |              |            |            |       |
|                         |              |            |            |       |
|                         |              |            |            |       |
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|                         |              |            |            |       |

Form 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |     |   |  |   |       |
|--|-----|---|--|---|-------|
| B260   |     | NAME OF INDIVIDUAL  |  | LOUISIANA   |       |
| Ricer  |     | Ida   |  | E.O.  | SHEET |
| COLOR  | AGE | BIRTHPLACE  |  |   |       |
| B  | 32  |   |  |   |       |
| COUNTY   |     | CITY  |  |   |       |
|  |     | Iberville   |  |   |       |
|  |     | Plaquemine  |  |   |       |
| ENUMERATED WITH  |     | Foster, Mary  |  |   |       |
| RELATIONSHIP TO ABOVE  |     |   |  |   |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br>Si |       |

FORM 16-637 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18109-P61

LOUISIANA

|   |  |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |           |                                |  |  |
|---|--|--|------------|-------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|-----------|--------------------------------|--|--|
| R260  | NAME OF INDIVIDUAL<br><i>Rachan Ida</i>  |  | E.O.<br>92 | SHEET<br>16 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |           |                                |  |  |
| COLOR<br><i>Bl</i>  | AGE<br>25                                | BIRTHPLACE                               |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |           |                                |  |  |
| COUNTY<br><i>Natchitoches</i>   |  | CITY                                     |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |           |                                |  |  |
| ENUMERATED WITH<br><i>Taylor, Oscar</i>   |  |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |           |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |           |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>Li</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |            |             | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>Li</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |           |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |           |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  | <i>Li</i>                                |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |           |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |           |                                |  |  |

FORM 18-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18190-P-61

| R260                    |           | HEAD OF FAMILY |      | Louisiana  |       |
|-------------------------|-----------|----------------|------|------------|-------|
|                         |           | Roan, Ida      |      | E.D.       | SHEET |
| 91                      |           | 19             |      |            |       |
| COLOR                   | W         | AGE            | 39   | BIRTHPLACE |       |
| COUNTY                  | Morehouse |                | CITY | Oak Ridge  |       |
| OTHER MEMBERS OF FAMILY |           |                |      |            |       |
| NAME                    |           | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Robert                  |           | S              | 18   |            |       |
| Ella                    |           | D              | 16   |            |       |
| Gladys                  |           | D              | 15   |            |       |
| Lloyd                   |           | S              | 12   |            |       |
| Dorothy                 |           | D              | 10   |            |       |
|                         |           |                |      |            |       |
|                         |           |                |      |            |       |
|                         |           |                |      |            |       |

|                         |           |                |          |            |       |
|-------------------------|-----------|----------------|----------|------------|-------|
| R260                    |           | HEAD OF FAMILY |          | LOUISIANA  |       |
|                         |           | Rosen Isaac    |          | E.O.       | SHEET |
| COLOR                   | W         | AGE            | 32       | BIRTHPLACE |       |
| COUNTY                  |           |                | La Salle | CITY       |       |
| OTHER MEMBERS OF FAMILY |           |                |          |            |       |
|                         | NAME      | RELATIONSHIP   | AGE      | BIRTHPLACE |       |
|                         | Isaac E.  | W              | 30       |            |       |
|                         | Katie     | D              | 12       |            |       |
|                         | Bryant A. | S              | 9        |            |       |
|                         | Allie     | D              | 4        |            |       |
|                         | Amey      | D              | 2        |            |       |
|                         |           |                |          |            |       |
|                         |           |                |          |            |       |

FORM 10-626 (4-20-51)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|                         |                |              |               |            |       |
|-------------------------|----------------|--------------|---------------|------------|-------|
| R260                    | HEAD OF FAMILY |              | Rucker, Isaac | E.O.       | SHEET |
| COLOR                   | AGE            | BIRTHPLACE   |               |            |       |
| B                       | 25             |              |               |            |       |
| COUNTY                  |                |              | CITY          |            |       |
| West Feliciana          |                |              |               |            |       |
| OTHER MEMBERS OF FAMILY |                |              |               |            |       |
| NAME                    |                | RELATIONSHIP | AGE           | BIRTHPLACE |       |
| Lizzie                  |                | W            | 25            |            |       |
| William                 |                | S            | 5             |            |       |
| Violet                  |                | d            | 4             |            |       |
| Berkey                  |                | d            | 3             |            |       |
| Foster, Lewis           |                | fl           | 70            |            |       |
|                         |                |              |               |            |       |
|                         |                |              |               |            |       |



LOUISIANA

|                         |                     |              |      |            |
|-------------------------|---------------------|--------------|------|------------|
| R260                    | HEAD OF FAMILY      |              | E.D. | SHEET      |
|                         | Kapua Israel        |              | 76   | 12         |
| COLOR                   | AGE                 | BIRTHPLACE   |      |            |
| W                       | 37                  |              |      |            |
| COUNTY                  | Lafayette Lafayette |              | CITY |            |
| OTHER MEMBERS OF FAMILY |                     |              |      |            |
| NAME                    |                     | RELATIONSHIP | AGE  | BIRTHPLACE |
| Eugenie                 |                     | W            | 33   |            |
| Joseph                  |                     | S            | 16   |            |
| Eva                     |                     | D            | 15   |            |
| Raoul                   |                     | S            | 14   |            |
| Annie                   |                     | D            | 12   |            |
| Ida                     |                     | S            | 9    |            |
| Elsie                   |                     | S            | 8    |            |

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME          | RELATIONSHIP | AGE | BIRTHPLACE |
|---------------|--------------|-----|------------|
| Rague Raymond | S            | 6   |            |
| Adrian        | S            | 5   |            |
| Angel         | S            | 4   |            |
| Aline         | S            | 3   |            |
|               |              |     |            |
|               |              |     |            |
|               |              |     |            |
|               |              |     |            |
|               |              |     |            |
|               |              |     |            |

FORM 10-636e (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18100-P01

LOUISIANA

|                         |     |                |  |              |     |            |  |
|-------------------------|-----|----------------|--|--------------|-----|------------|--|
| R260                    |     | HEAD OF FAMILY |  | E.D.         |     | SHEET      |  |
|                         |     | Rosen, J. H.   |  | 8            |     | 19         |  |
| COLOR                   | AGE | BIRTHPLACE     |  |              |     |            |  |
| W                       | 55  | Ga             |  |              |     |            |  |
| COUNTY                  |     |                |  | CITY         |     |            |  |
| Bienville               |     |                |  |              |     |            |  |
| OTHER MEMBERS OF FAMILY |     |                |  |              |     |            |  |
| NAME                    |     |                |  | RELATIONSHIP | AGE | BIRTHPLACE |  |
| 1 Emma                  |     |                |  | D            | 13  | Ga         |  |
| Two boarders            |     |                |  |              |     |            |  |
|                         |     |                |  |              |     |            |  |
|                         |     |                |  |              |     |            |  |
|                         |     |                |  |              |     |            |  |
|                         |     |                |  |              |     |            |  |
|                         |     |                |  |              |     |            |  |
|                         |     |                |  |              |     |            |  |

FORM 16-636 (4-22-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R260                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| W                       |  | 52             |            | 41         | 2     |
| COUNTY                  |  |                | CITY       |            |       |
| Calcasieu               |  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Ellen                   |  | W              | 53         |            |       |
| Rosa                    |  | S              | 17         |            |       |
| Rosa                    |  | S              | 13         |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 16-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |              |              |      | LOUISIANA  |  |
|-------------------------|--------------|--------------|------|------------|--|
| HEAD OF FAMILY          |              |              | E.D. | SHEET      |  |
| 1260                    | Ruskey, Jake |              | 128  | 11         |  |
| COLOR                   | AGE          | BIRTHPLACE   |      |            |  |
| W                       | 35           | Ala          |      |            |  |
| COUNTY                  |              |              | CITY |            |  |
| Tensas                  |              |              |      |            |  |
| OTHER MEMBERS OF FAMILY |              |              |      |            |  |
| NAME                    |              | RELATIONSHIP | AGE  | BIRTHPLACE |  |
| Kate                    |              | W            | 33   |            |  |
| Pope Lee                |              | D            | 16   | Miss       |  |
| Henry                   |              | S            | 8    |            |  |
| Lambert, Alice          |              | SD           | 8    | Miss       |  |
| 1 Lawrence              |              | SS           | 5    |            |  |
|                         |              |              |      |            |  |
|                         |              |              |      |            |  |
|                         |              |              |      |            |  |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|                         |                |              |      |            |
|-------------------------|----------------|--------------|------|------------|
| R 260                   | HEAD OF FAMILY |              | E.D. | SHEET      |
|                         | Rexen, Jake    |              | 81   | 12         |
| COLOR                   | AGE            | BIRTHPLACE   |      |            |
| W                       | 31             |              |      |            |
| COUNTY                  | CITY           |              |      |            |
| Rapides                 | Alexandria     |              |      |            |
| OTHER MEMBERS OF FAMILY |                |              |      |            |
| NAME                    |                | RELATIONSHIP | AGE  | BIRTHPLACE |
|                         | Ellen          | W            | 22   |            |
|                         | William G      | S            | 1    |            |
|                         |                |              |      |            |
|                         |                |              |      |            |
|                         |                |              |      |            |
|                         |                |              |      |            |
|                         |                |              |      |            |
|                         |                |              |      |            |
|                         |                |              |      |            |

FORM 10-436 (4-20-51)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|                         |                |              |      |            |
|-------------------------|----------------|--------------|------|------------|
| R 260                   | HEAD OF FAMILY |              | E.O. | SHEET      |
|                         | Rucker Jake    |              | 121  | 23         |
| COLOR                   | AGE            | BIRTHPLACE   |      |            |
| B                       | 45             |              |      |            |
| COUNTY                  |                | CITY         |      |            |
| Tensas                  |                |              |      |            |
| OTHER MEMBERS OF FAMILY |                |              |      |            |
| NAME                    |                | RELATIONSHIP | AGE  | BIRTHPLACE |
| Ellen                   |                | W            | 45   |            |
| Chase, Stella           |                | SD           | 19   |            |
| Adeline                 |                | SD           | 17   |            |
| Hymen, Adre             |                | SD           | 15   |            |
|                         |                |              |      |            |
|                         |                |              |      |            |
|                         |                |              |      |            |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

PRODUCT OF

~~XXXXXXXXXXXXXXXXXXXX~~

MADE IN U.S.A.

LIBRARY BUREAU DEPARTMENT  
ORDERED OVERSEAS

**Speedoc**  
QUICK AS  
A FLASH

NOT LETTYS CHART

| b  | c   | d   | e   | f   | g   |
|----|-----|-----|-----|-----|-----|
| 50 | 100 | 150 | 200 | 250 | 300 |



LOUISIANA

|                         |                |              |      |            |
|-------------------------|----------------|--------------|------|------------|
| R260                    | HEAD OF FAMILY |              | E.D. | SHEET      |
|                         | Kosier, James  |              | 65   | 5          |
| COLOR                   | AGE            | BIRTHPLACE   |      |            |
| W                       | 31             |              |      |            |
| COUNTY                  |                | CITY         |      |            |
| La Salle                |                |              |      |            |
| OTHER MEMBERS OF FAMILY |                |              |      |            |
| NAME                    |                | RELATIONSHIP | AGE  | BIRTHPLACE |
| Martha                  |                | W            | 18   |            |
| William C               |                | S            | 3/2  |            |
|                         |                |              |      |            |
|                         |                |              |      |            |
|                         |                |              |      |            |
|                         |                |              |      |            |
|                         |                |              |      |            |
|                         |                |              |      |            |

FORM 10-436 (4-20-31)

1930 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |       |                |     |            |       |
|-------------------------|-------|----------------|-----|------------|-------|
| R260                    |       | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE   | BIRTHPLACE     |     | E.D.       | SHEET |
| 13                      | 34    |                |     | 145        | 20    |
| COUNTY                  |       | CITY           |     |            |       |
| West Feliciana          |       |                |     |            |       |
| OTHER MEMBERS OF FAMILY |       |                |     |            |       |
| NAME                    |       | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| 1                       | Laura | W              | 30  |            |       |
|                         |       |                |     |            |       |
|                         |       |                |     |            |       |
|                         |       |                |     |            |       |
|                         |       |                |     |            |       |
|                         |       |                |     |            |       |
|                         |       |                |     |            |       |
|                         |       |                |     |            |       |

|                          |  |                |            |            |       |
|--------------------------|--|----------------|------------|------------|-------|
| R260                     |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                    |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| B                        |  | 90             | Kentucky   | 59         | 2     |
| COUNTY                   |  |                | CITY       |            |       |
| FAMILY MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                     |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| William Lane             |  | H              | 46         |            |       |
| Barker Lane              |  | S              | 25         |            |       |
| White Ella               |  | S              | 15         |            |       |
|                          |  |                |            |            |       |
|                          |  |                |            |            |       |
|                          |  |                |            |            |       |
|                          |  |                |            |            |       |
|                          |  |                |            |            |       |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                   |       |            |  |
|-------------------------|-----|-------------------|-------|------------|--|
| R 260                   |     | HEAD OF FAMILY    |       | LOUISIANA  |  |
| Riser James             |     | E.D.              |       | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE        |       |            |  |
| B                       | 26  |                   |       |            |  |
| COUNTY                  |     | Caldwell          |       | CITY       |  |
| OTHER MEMBERS OF FAMILY |     |                   |       |            |  |
| NAME                    |     | RELATION-<br>SHIP | AGE   | BIRTHPLACE |  |
| Caroline                |     | W                 | 22    |            |  |
| Cleveland               |     | S                 | 2     |            |  |
| Cross                   |     | S                 | 2 1/2 |            |  |
|                         |     |                   |       |            |  |
|                         |     |                   |       |            |  |
|                         |     |                   |       |            |  |
|                         |     |                   |       |            |  |
|                         |     |                   |       |            |  |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |  |
|-------------------------|-----|----------------|-----|------------|--|
| R260                    |     | HEAD OF FAMILY |     | LOUISIANA  |  |
| Kiser James J           |     | E.D.           |     | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |     |            |  |
| W                       | 32  |                |     |            |  |
| COUNTY                  |     | CITY           |     |            |  |
| Lincoln                 |     | Ruston         |     |            |  |
| OTHER MEMBERS OF FAMILY |     |                |     |            |  |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| Lennie H.               |     | W              | 28  |            |  |
| George H.               |     | S              | 3   |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |

FORM 10-436 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |   |   |       |
|--|---|---|-------|
| R260   |   | LOUISIANA   |       |
| NAME OF INDIVIDUAL   |   | E.O.  | SHEET |
| Rachin Jeanne  |   | 125   | 2     |
| COLOR  | AGE   | BIRTHPLACE  |       |
| W  | 41  |   |       |
| COUNTY   |   | CITY  |       |
| St. Martin   |   |   |       |
| GENERATED WITH   |   |   |       |
| Rachin Joseph  |   |   |       |
| RELATIONSHIP TO ABOVE  |   |   |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify) | d.    |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 10100-P-61

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R 260                   |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| m                       |  | 27             | La.        | 19         | 15    |
| COUNTY                  |  |                | CITY       |            |       |
| Bossier                 |  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| 1 Mary                  |  | w              | 25         |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |               |  |                  |  |  |
|--|---------------|--|------------------|--|--|
| K260   |               | NAME OF INDIVIDUAL <i>Riser Jewel</i>  |                  | LOUISIANA  |  |
| COLOR <i>W</i>   | AGE <i>22</i> | BIRTHPLACE   | E.D. <i>68</i>   | SHEET <i>11</i>  |  |
| COUNTY <i>Harrison</i>   |               |  | CITY             |  |  |
| ENUMERATED WITH  |               |  | <i>Riser H J</i> |  |  |
| RELATIONSHIP TO ABOVE  |               |  |                  |  |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |               | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input checked="" type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |                  | <input type="checkbox"/> BOARDER<br><input type="checkbox"/> BURDEN<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |  |

FORM 16-637 (6-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

UNCOM-DC 1616-P61



|                         |           |                |            |            |       |
|-------------------------|-----------|----------------|------------|------------|-------|
| R260                    |           | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |           | AGE            | BIRTHPLACE | E.O.       | SHEET |
| W                       |           | 35             |            | 62         | 2     |
| COUNTY                  |           |                | CITY       |            |       |
| La Salle                |           |                |            |            |       |
| OTHER MEMBERS OF FAMILY |           |                |            |            |       |
| NAME                    |           | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
|                         | Mary M.   | W              | 34         |            |       |
|                         | Walter O. | D              | 7          |            |       |
|                         | Edna      | D              | 6          |            |       |
|                         | Edith     | D              | 3          |            |       |
|                         |           |                |            |            |       |
|                         |           |                |            |            |       |
|                         |           |                |            |            |       |
|                         |           |                |            |            |       |

FORM 18-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |     |            |       |
|-------------------------|--|----------------|-----|------------|-------|
| R 260                   |  | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   |  | AGE            |     | E.D.       | SHEET |
| W                       |  | 400            |     | 23         | 14    |
| BIRTHPLACE              |  | Jim            |     |            |       |
| COUNTY                  |  | Lafayette      |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |  |                |     |            |       |
| NAME                    |  | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Andria                  |  | W              | 38  |            |       |
| Sidney                  |  | S              | 12  |            |       |
| Amanda                  |  | S              | 10  |            |       |
| Constance               |  | D              | 5   |            |       |
| Apple                   |  | D              | 3   |            |       |
|                         |  |                |     |            |       |
|                         |  |                |     |            |       |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R 260                   |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| W                       |  | 21             |            | 48         | 39    |
| COUNTY                  |  |                | CITY       |            |       |
| LaFourche               |  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| 1 Pauline               |  | W              | 21         |            |       |
| + 1 Bryan               |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

Form 16-636 (4-26-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |            |      |           |     |
|-------------------------|---|----------------|-----|------------|------|-----------|-----|
| R260                    |   | HEAD OF FAMILY |     | Rosen Joe  |      | LOUISIANA |     |
| COLOR                   | W | AGE            | 49  | BIRTHPLACE |      | E.D.      | 105 |
|                         |   |                |     |            |      | SHEET     | 13  |
| COUNTY                  |   |                |     | Ouechita   | CITY |           |     |
| OTHER MEMBERS OF FAMILY |   |                |     |            |      |           |     |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |      |           |     |
| Sarah                   |   | W              | 44  |            |      |           |     |
| Henry                   |   | S              | 22  |            |      |           |     |
| Clarence                |   | S              | 16  |            |      |           |     |
| Alice                   |   | D              | 13  |            |      |           |     |
| Eddie                   |   | S              | 11  |            |      |           |     |
| Robert                  |   | S              | 9   |            |      |           |     |
| Maude                   |   | D              | 4   |            |      |           |     |

FORM 18-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |   |   |    |   |  |
|--|---|---|----|---|--|
| R260   |   | NAME OF INDIVIDUAL  |    | LOUISIANA   |  |
| E.D.   |   | SHEET   |    |   |  |
| 129  |   | 14  |    |   |  |
| COLOR  | W | AGE   | 36 | BIRTHPLACE  |  |
| COUNTY   |   | Winn  |    | CITY  |  |
| ENUMERATED WITH  |   |   |    |   |  |
| Wagner Marion E.   |   |   |    |   |  |
| RELATIONSHIP TO ABOVE  |   |   |    |   |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |   | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |    | <input type="checkbox"/> WIFE<br><input type="checkbox"/> HUSBAND<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> WORKER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |  |

FORM 10-437 (4-20-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 16100-P01

|                         |     |                |     |            |  |
|-------------------------|-----|----------------|-----|------------|--|
| R 260                   |     | HEAD OF FAMILY |     | LOUISIANA  |  |
| E.D.                    |     | SHEET          |     |            |  |
| COLOR                   | AGE | BIRTHPLACE     |     |            |  |
| W                       | 39  | Miss           |     |            |  |
| COUNTY                  |     | CITY           |     |            |  |
| E. Landry               |     |                |     |            |  |
| OTHER MEMBERS OF FAMILY |     |                |     |            |  |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| M. Francis              |     | N              | 44  | Miss       |  |
| George                  |     | D              | 16  | Texas      |  |
| H. Elia                 |     | S              | 14  | Texas      |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |

FORM 10-636 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |  |
|-------------------------|-----|----------------|-----|------------|--|
| R260                    |     | HEAD OF FAMILY |     | LOUISIANA  |  |
| Raper, John W.          |     | E.D.           |     | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |     |            |  |
| W                       | 46  |                |     |            |  |
| COUNTY                  |     | Rapides        |     | CITY       |  |
|                         |     |                |     |            |  |
| OTHER MEMBERS OF FAMILY |     |                |     |            |  |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| Margaret L.             |     | W              | 36  |            |  |
| John C.                 |     | S              | 20  |            |  |
| William J.              |     | S              | 18  |            |  |
| James L.                |     | S              | 16  |            |  |
| Sarah A.                |     | D              | 15  |            |  |
| Lester M.               |     | D              | 12  |            |  |
| Henry L.                |     | S              | 10  |            |  |

FORM 16-636 (4-20-61)  
1916 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

HEAD OF FAMILY - CONTINUED

LOUISIANA

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME        | RELATION-<br>SHIP | AGE | BIRTHPLACE |
|-------------|-------------------|-----|------------|
| Mary L.     | D                 | 8   |            |
| Benjamin J. | S                 | 6   |            |
| Paul M.     | D                 | 3   |            |
| Joseph D.   | S                 | 1   |            |
|             |                   |     |            |
|             |                   |     |            |
|             |                   |     |            |
|             |                   |     |            |
|             |                   |     |            |
|             |                   |     |            |
|             |                   |     |            |

FORM 10-436a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 18100-P01



|                         |   |                |           |            |       |
|-------------------------|---|----------------|-----------|------------|-------|
| R260                    |   | HEAD OF FAMILY |           | LOUISIANA  |       |
| COLOR                   | W | AGE            | 70        | BIRTHPLACE | Jadon |
| COUNTY                  |   |                | Ascension | CITY       |       |
| OTHER MEMBERS OF FAMILY |   |                |           |            |       |
| NAME                    |   | RELATIONSHIP   | AGE       | BIRTHPLACE |       |
| Eliza                   |   | W              | 66        |            |       |
| Anna                    |   | D              | 29        |            |       |
| Eliana                  |   | D              | 20        |            |       |
|                         |   |                |           |            |       |
|                         |   |                |           |            |       |
|                         |   |                |           |            |       |
|                         |   |                |           |            |       |
|                         |   |                |           |            |       |

FORM 18-636 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                |              |           |            |
|-------------------------|----------------|--------------|-----------|------------|
| R 260                   | HEAD OF FAMILY |              | LOUISIANA |            |
| COLOR                   | AGE            | BIRTHPLACE   | E.D.      | SHEET      |
| W                       | 20             |              | 73        | 20         |
| COUNTY                  | Lafayette      |              | CITY      |            |
| OTHER MEMBERS OF FAMILY |                |              |           |            |
| NAME                    |                | RELATIONSHIP | AGE       | BIRTHPLACE |
| Eckardt                 |                | W            | 56        |            |
| Samuel                  |                | S            | 17        |            |
| Francis                 |                | S            | 15        |            |
| Louis                   |                | S            | 13        |            |
| Gellure                 |                | S            | 11        |            |
| Aline                   |                | D            | 3         |            |

Form 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |  |            |                    |                    |                                 |                                 |                                  |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|------------|--------------------|--------------------|---------------------------------|---------------------------------|----------------------------------|---------------------------------|-------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|--|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R260  |  | NAME OF INDIVIDUAL<br><i>Riser John</i>  |            | LOUISIANA          |                    |                                 |                                 |                                  |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| SEX<br><i>B</i>   |  | AGE<br><i>14</i>                         | BIRTHPLACE | E.D.<br><i>141</i> | SHEET<br><i>11</i> |                                 |                                 |                                  |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| CITY<br><i>Union</i>  |  |  | CITY       |                    |                    |                                 |                                 |                                  |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENumerated WITH<br><i>Talor Jordan</i>  |  |  |            |                    |                    |                                 |                                 |                                  |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |            |                    |                    |                                 |                                 |                                  |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDWATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> WIFE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |            |                    |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDWATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> WIFE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDWATE         |            |                    |                    |                                 |                                 |                                  |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> WIFE            | <input type="checkbox"/> NURSE           |            |                    |                    |                                 |                                 |                                  |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |            |                    |                    |                                 |                                 |                                  |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |            |                    |                    |                                 |                                 |                                  |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |            |                    |                    |                                 |                                 |                                  |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |            |                    |                    |                                 |                                 |                                  |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |            |                    |                    |                                 |                                 |                                  |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |            |                    |                    |                                 |                                 |                                  |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

UNCOMM-DC 18106-P61

|  |   |   |  |                  |                   |
|--|---|---|--|------------------|-------------------|
| 2260   |   | NAME OF INDIVIDUAL<br><i>Riser John</i>   |  | LOUISIANA        |                   |
| COLOR<br><i>B</i>  | AGE<br><i>18</i>  | BIRTHPLACE  |  | E.O.<br><i>2</i> | SHEET<br><i>6</i> |
| COUNTY<br><i>Caldwell</i>  |   | CITY  |  |                  |                   |
| ENUMERATED WITH<br><i>Wooten, Conting Ann</i>  |   |   |  |                  |                   |
| RELATIONSHIP TO ABOVE  |   |   |  |                  |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |  |                  |                   |

FORM 10-637 (4-23-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |     |            |  |
|-------------------------|--|----------------|-----|------------|--|
| R260                    |  | HEAD OF FAMILY |     | LOUISIANA  |  |
| COLOR                   |  | AGE            |     | E.D.       |  |
| W                       |  | 50             |     | 47         |  |
| BIRTHPLACE              |  | CITY           |     | SHEET      |  |
| Lafourche               |  |                |     | 7          |  |
| COUNTY                  |  |                |     |            |  |
| OTHER MEMBERS OF FAMILY |  |                |     |            |  |
| NAME                    |  | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| Dongtile                |  | W              | 38  |            |  |
| Amadas                  |  | L              | 18  |            |  |
| Allain                  |  | L              | 18  |            |  |
| Virginia                |  | D              | 17  |            |  |
| Leves                   |  | L              | 11  |            |  |
| Effier                  |  | L              | 7   |            |  |
| Havy                    |  | L              | 6   |            |  |

FORM 10-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|  |                  |  |  |  |  |
|--|------------------|--|--|--|--|
| R 260  |                  | NAME OF INDIVIDUAL<br><i>Roger Joseph</i>  |  | LOUISIANA  |  |
| E.O.   |                  | SHEET  |  |  |  |
| COLOR<br><i>N</i>  | AGE<br><i>15</i> | BIRTHPLACE   |  |  |  |
| COUNTY<br><i>Lafourche</i>   |                  | CITY<br><i>Thibodaux</i>   |  |  |  |
| ENUMERATED WITH<br><i>Bernard, Rene</i>  |                  |  |  |  |  |
| RELATIONSHIP TO ABOVE  |                  |  |  |  |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input checked="" type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |  |

FORM 19-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 19109-P01

|                         |  |                |            |            |      |
|-------------------------|--|----------------|------------|------------|------|
| R 260                   |  | HEAD OF FAMILY |            | LOUISIANA  |      |
| COLOR                   |  | AGE            | BIRTHPLACE |            | E.O. |
| W                       |  | 38             |            |            | 125  |
| COUNTY                  |  | St. Martin     |            | CITY       |      |
| OTHER MEMBERS OF FAMILY |  |                |            |            |      |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |      |
| Dorothy                 |  | W              | 23         |            |      |
| Lida                    |  | D              | 6          |            |      |
| Alfred                  |  | S              | 3          |            |      |
| Jessie                  |  | Si             | 41         |            |      |
| Gabrielle               |  | Si             | 39         |            |      |
|                         |  |                |            |            |      |
|                         |  |                |            |            |      |

FORM 18-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |   |                |     |            |    |
|-------------------------|---|----------------|-----|------------|----|
| R 260                   |   | HEAD OF FAMILY |     | LOUISIANA  |    |
| COLOR                   | W | AGE            | 26  | E.O.       | 59 |
|                         |   | BIRTHPLACE     |     | SHEET      | 30 |
| COUNTY                  |   | Iberville      |     | CITY       |    |
| OTHER MEMBERS OF FAMILY |   |                |     |            |    |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |    |
| Walter                  |   | W              | 27  |            |    |
| Yvonne                  |   | D              | 4   |            |    |
| Joseph Jr               |   | S              | 3   |            |    |
|                         |   |                |     |            |    |
|                         |   |                |     |            |    |
|                         |   |                |     |            |    |
|                         |   |                |     |            |    |
|                         |   |                |     |            |    |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|   |                    |            |      |       |
|---|--------------------|------------|------|-------|
| R 26  | NAME OF INDIVIDUAL |            | E.D. | SHEET |
| COLOR   | AGE                | BIRTHPLACE |      |       |
| W   | 12                 |            |      |       |
| COUNTY  | Vermillion         |            | CITY |       |
| ENUMERATED WITH   |                    |            |      |       |
| RELATIONSHIP TO ABOVE   |                    |            |      |       |
| <div><div><input type="checkbox"/> FATHER<br/><input type="checkbox"/> MOTHER<br/><input type="checkbox"/> GRANDFATHER<br/><input type="checkbox"/> GRANDMOTHER<br/><input type="checkbox"/> GRANDSON<br/><input type="checkbox"/> GRANDDAUGHTER<br/><input type="checkbox"/> AUNT<br/><input type="checkbox"/> UNCLE</div><div><input type="checkbox"/> NEPHEW<br/><input type="checkbox"/> NIECE<br/><input type="checkbox"/> FATHER-IN-LAW<br/><input type="checkbox"/> MOTHER-IN-LAW<br/><input type="checkbox"/> SON-IN-LAW<br/><input type="checkbox"/> DAUGHTER-IN-LAW<br/><input type="checkbox"/> BROTHER-IN-LAW<br/><input type="checkbox"/> SISTER-IN-LAW</div><div><input type="checkbox"/> INMATE<br/><input type="checkbox"/> NURSE<br/><input type="checkbox"/> PATIENT<br/><input type="checkbox"/> ROOMER<br/><input type="checkbox"/> SERVANT<br/><input checked="" type="checkbox"/> OTHER (Specify)<br/><u>GC</u></div></div> |                    |            |      |       |

FORM 16-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1930 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 10125-001

|  |  |
|--|--|
| LOUISIANA  |  |
| R-260  | NAME OF INDIVIDUAL<br><i>Rogers, Joseph</i>  |
| COLOR<br><i>W</i>  | AGE<br><i>20</i>   |
| BIRTHPLACE   |  |
| COUNTY<br><i>S. Landry</i>   | CITY   |
| ENUMERATED WITH<br><i>Crombly, Joseph</i>  |  |
| RELATIONSHIP TO ABOVE  |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input checked="" type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> NEAATE<br><input type="checkbox"/> NUNCE<br><input type="checkbox"/> PAYMENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify)   |  |

FORM 10-437 (4-10-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCENS-DC 10100-P61

|                         |   |                |           |            |  |
|-------------------------|---|----------------|-----------|------------|--|
| R260                    |   | HEAD OF FAMILY |           | LOUISIANA  |  |
| COLOR                   | W | AGE            | 58        | BIRTHPLACE |  |
| COUNTY                  |   |                | Lafayette | CITY       |  |
| OTHER MEMBERS OF FAMILY |   |                |           |            |  |
| NAME                    |   | RELATIONSHIP   | AGE       | BIRTHPLACE |  |
| Azelia                  |   | W              | 42        |            |  |
| Marcel                  |   | D              | 21        |            |  |
| Jules Jr.               |   | S              | 17        |            |  |
| Joseph                  |   | D              | 12        |            |  |
| Harvilline              |   | S              | 11        |            |  |
| Arcade                  |   | S              | 9         |            |  |
| Edilia                  |   | D              | 7         |            |  |

FORM 10-636 (4-20-61)

-NO CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

HEAD OF FAMILY - CONTINUE

LOUISIANA

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME    | RELATIONSHIP | AGE | BIRTHPLACE |
|---------|--------------|-----|------------|
| Marcel  | S            | 5   |            |
| Zickler | S            | 3   |            |
| Uicy    | S            | 1   |            |
|         |              |     |            |
|         |              |     |            |
|         |              |     |            |
|         |              |     |            |
|         |              |     |            |
|         |              |     |            |
|         |              |     |            |

FORM 10-436a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 10160-P-61

|   |   |   |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|---|---|--|-------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|---|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R 960   |   | NAME OF INDIVIDUAL<br><i>Kisher June P.</i> |  | LOUISIANA         |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>W</i>   | AGE<br><i>76</i>                                  | BIRTHPLACE                                  |  | E.D.<br><i>20</i> | SHEET<br><i>2</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>Iberia</i>   |   | CITY<br><i>New Iberia</i>                   |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Collins Edd</i>   |   |   |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |   |   |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input checked="" type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |   |   |  |                   |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input checked="" type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW                   | <input type="checkbox"/> INMATE             |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE                    | <input type="checkbox"/> NURSE              |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW            | <input type="checkbox"/> PATIENT            |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input checked="" type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER             |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW               | <input type="checkbox"/> SERVANT            |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW          | <input type="checkbox"/> OTHER (Specify)    |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW           |   |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW            |   |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-OC 13199-P-1

|                         |     |                |      |            |       |
|-------------------------|-----|----------------|------|------------|-------|
| B260                    |     | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |      | E.O.       | SHEET |
| D                       | 31  | Tiderville     |      | 59         | 28    |
| COUNTY                  |     |                | CITY |            |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Lived alone             |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |

FORM 10-436 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |     |   |  |  |       |
|--|-----|---|--|--|-------|
| 19260  |     | NAME OF INDIVIDUAL  |  | LOUISIANA  |       |
| COLOR  | AGE | BIRTHPLACE  |  | E.D.   | SHEET |
| PT   | 35  | Italy   |  | 130  | 4     |
| COUNTY   |     | CITY  |  |  |       |
| Winn   |     |   |  |  |       |
| ENUMERATED WITH  |     |   |  |  |       |
| Vidira, Sam  |     |   |  |  |       |
| RELATIONSHIP TO ABOVE  |     |   |  |  |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> IMMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br>PR. |       |

FORM 10-127 (4-20-21)

1916 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 1916-P-61



|  |     |  |  |  |  |
|--|-----|--|--|--|--|
| R260   |     | NAME OF INDIVIDUAL   |  | LOUISIANA  |  |
| Richard, Laura   |     | E.O.   |  | SHEET  |  |
| COLOR  | AGE | BIRTHPLACE   |  | 10 2   |  |
| W  | 15  | Assumption   |  | CITY   |  |
| COUNTY   |     |  |  |  |  |
| ENUMERATED WITH  |     |  |  |  |  |
| Simoneau, Clement  |     |  |  |  |  |
| RELATIONSHIP TO ABOVE  |     |  |  |  |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input checked="" type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |  |

FORM 10-637 (4-28-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                |              |           |            |
|-------------------------|----------------|--------------|-----------|------------|
| R260                    | HEAD OF FAMILY |              | LOUISIANA |            |
| COLOR                   | AGE            | BIRTHPLACE   | E.D.      | SHEET      |
| W                       | 70             | Italy        | 142       | 26         |
| COUNTY                  |                | CITY         |           |            |
| Vermillion              |                |              |           |            |
| OTHER MEMBERS OF FAMILY |                |              |           |            |
| NAME                    |                | RELATIONSHIP | AGE       | BIRTHPLACE |
| Adelaide                |                | W            | 53        |            |
| Mellie                  |                | D            | 29        |            |
| Andrew                  |                | D            | 17        |            |
| Sullivan                |                | S            | 15        |            |
| Rogues Josephine        |                | G-C          | 12        |            |
|                         |                |              |           |            |
|                         |                |              |           |            |

FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                                   |  |                                 |  |                   |  |            |  |
|-----------------------------------|--|---------------------------------|--|-------------------|--|------------|--|
| R260<br>COLOR                     |  | HEAD OF FAMILY<br>Paucker, Lena |  | LOUISIANA<br>E.D. |  | SHEET      |  |
| W<br>AGE                          |  | 39<br>BIRTHPLACE                |  |                   |  |            |  |
| COUNTY                            |  |                                 |  | CITY              |  |            |  |
| 766011<br>OTHER MEMBERS OF FAMILY |  |                                 |  |                   |  |            |  |
| NAME                              |  | RELATIONSHIP                    |  | AGE               |  | BIRTHPLACE |  |
| / 2 sons                          |  | 5                               |  | 18                |  |            |  |
| Edward                            |  | 5                               |  | 12                |  |            |  |
|                                   |  |                                 |  |                   |  |            |  |
|                                   |  |                                 |  |                   |  |            |  |
|                                   |  |                                 |  |                   |  |            |  |
|                                   |  |                                 |  |                   |  |            |  |
|                                   |  |                                 |  |                   |  |            |  |
|                                   |  |                                 |  |                   |  |            |  |

FORM 16-636 (4-20-01)  
 1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

|                         |  |                |      |            |       |
|-------------------------|--|----------------|------|------------|-------|
| R260                    |  | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR                   |  | AGE            |      | E.D.       | SHEET |
| W                       |  | 32             |      | 47         | 6     |
| BIRTHPLACE              |  |                |      |            |       |
| COUNTY                  |  |                | CITY |            |       |
| Lafourche               |  |                |      |            |       |
| OTHER MEMBERS OF FAMILY |  |                |      |            |       |
| NAME                    |  | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Amelia                  |  | W              | 32   |            |       |
| Emile                   |  | S              | 17   |            |       |
| Adam                    |  | S              | 10   |            |       |
| Eve                     |  | 10             | 8    |            |       |
| Leontine                |  | S              | 4    |            |       |
| Leon J                  |  | S              | 1/2  |            |       |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |            |
|-------------------------|--|----------------|------------|------------|------------|
| R 260                   |  | HEAD OF FAMILY |            | LOUISIANA  |            |
| COLOR                   |  | AGE            | BIRTHPLACE |            | S.D. SHEET |
| W                       |  | 42             |            |            | 38 38      |
| COUNTY                  |  |                | CITY       |            |            |
| Lafourche               |  |                | Thibodaux  |            |            |
| OTHER MEMBERS OF FAMILY |  |                |            |            |            |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |            |
| Laura L                 |  | W              | 42         |            |            |
| S. Platte, Marie        |  | C              | 38         |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
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FORM 18-636 (4-20-31)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |              |           |            |
|-------------------------|--|----------------|--------------|-----------|------------|
| R 260                   |  | HEAD OF FAMILY |              | LOUISIANA |            |
| COLOR                   |  | AGE            | BIRTHPLACE   | E.D.      | SHEET      |
| B                       |  | 38             |              | 4         | 5          |
| COUNTY                  |  |                | Caldwell     | CITY      |            |
| OTHER MEMBERS OF FAMILY |  |                |              |           |            |
| NAME                    |  |                | RELATIONSHIP | AGE       | BIRTHPLACE |
| 1 Mary Ann              |  |                | w            | 37        |            |
|                         |  |                |              |           |            |
|                         |  |                |              |           |            |
|                         |  |                |              |           |            |
|                         |  |                |              |           |            |
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FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R 261                   |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| W                       |  | 62             |            | 43         | 24    |
| COUNTY                  |  |                | CITY       |            |       |
| Calcasieu               |  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Levenia                 |  | W              | 58         |            |       |
| Nathaniel               |  | S              | 38         |            |       |
| Irene                   |  | D.L.           | 35         |            |       |
| Azalea                  |  | D.O.           | 10         |            |       |
| Berny M.                |  | S.S.           | 7          |            |       |
| Bertha                  |  | S.D.           | 5          |            |       |
| Phillip                 |  | S.D.           | 3          |            |       |

FORM 19-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS





|  |  |   |      |           |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
|--|--|---|------|-----------|--------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|-----------|--------------------------------|--|--|
| R260   |  | NAME OF INDIVIDUAL<br><i>Rosor Lilly</i>            |      | LOUISIANA | E.D.<br><i>100</i> | SHEET<br><i>2</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| COLOR<br><i>B</i>  | AGE<br><i>7</i>                          | BIRTHPLACE  |      |           |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| COUNTY<br><i>Ouachita</i>  |  |   | CITY |           |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| ENUMERATED WITH<br><i>Adley</i>  |  |   |      |           |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| RELATIONSHIP TO ABOVE<br><i>son</i>  |  |   |      |           |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> IMMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>ad</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> BISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |      |           |                    |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> IMMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>ad</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> BISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> IMMATE                     |      |           |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |      |           |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |      |           |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |      |           |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |      |           |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |      |           |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  | <i>ad</i>   |      |           |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> BISTER-IN-LAW   |   |      |           |                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |

FORM 18-437 (4-20-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |            |       |
|-------------------------|---|----------------|-----|------------|-------|
| R 260                   |   | HEAD OF FAMILY |     | LOUISIANA  |       |
| Rexer                   |   | Lily R         |     | E.D.       | SHEET |
| COLOR                   | W | AGE            | 52  | 81         | 12    |
| COUNTY                  |   | Rapidan        |     | CITY       |       |
|                         |   |                |     | Alexandria |       |
| OTHER MEMBERS OF FAMILY |   |                |     |            |       |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Eugene                  |   | S              | 29  |            |       |
| Katie A.                |   | D              | 20  |            |       |
| Theresa                 |   | D              | 20  |            |       |
| 2 In.                   |   |                |     |            |       |
|                         |   |                |     |            |       |
|                         |   |                |     |            |       |
|                         |   |                |     |            |       |
|                         |   |                |     |            |       |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |  |         |                                 |                                 |                               |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|---------|---------------------------------|---------------------------------|-------------------------------|---------------------------------|--|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
|  |  | LOUISIANA                                |         |                                 |                                 |                               |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| R200   | NAME OF INDIVIDUAL<br><i>Kissin Lizzie</i> |  | E.O. 31 |                                 |                                 |                               |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>B</i>  | AGE<br><i>9</i>                            | BIRTHPLACE<br><i>17</i>                  |         |                                 |                                 |                               |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>Concordia</i>   |  | CITY                                     |         |                                 |                                 |                               |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Farmer Della</i>   |  |  |         |                                 |                                 |                               |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |         |                                 |                                 |                               |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIFE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input checked="" type="checkbox"/> WIFE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |         | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIFE | <input type="checkbox"/> MOTHER | <input checked="" type="checkbox"/> WIFE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW            | <input type="checkbox"/> WIFE            |         |                                 |                                 |                               |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input checked="" type="checkbox"/> WIFE   | <input type="checkbox"/> NURSE           |         |                                 |                                 |                               |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW     | <input type="checkbox"/> PATIENT         |         |                                 |                                 |                               |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW     | <input type="checkbox"/> ROOMER          |         |                                 |                                 |                               |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW        | <input type="checkbox"/> SERVANT         |         |                                 |                                 |                               |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW   | <input type="checkbox"/> OTHER (Specify) |         |                                 |                                 |                               |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW    |  |         |                                 |                                 |                               |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW     |  |         |                                 |                                 |                               |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 18-437 (4-20-61)

1918 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMB-DC 1818-P81

|  |  |  |  |                    |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
|--|--|--|--|--------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|-------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|---|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R 240  |  | NAME OF INDIVIDUAL<br><i>Kuehn, Lizzie</i> |  | LOUISIANA          |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>B</i>  | AGE<br><i>7</i>                          | BIRTHPLACE<br><i>Miss</i>                  |  | E.S.<br><i>123</i> | SHEET<br><i>1</i> |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| COUNTY   |  | JONES                                      |  | CITY               |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Driffling, Wm</i>  |  |  |  |                    |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |  |                    |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NICK</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |                    |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NICK | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE            |  |                    |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NICK            | <input type="checkbox"/> NURSE             |  |                    |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |  |                    |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER            |  |                    |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |  |                    |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |  |                    |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |                    |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |  |                    |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |

FORM 16-57 (4-20-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMA-DC 1616B-P01

|                         |         |                |            |            |       |
|-------------------------|---------|----------------|------------|------------|-------|
| R 260                   |         | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |         | AGE            | BIRTHPLACE | E.D.       | SHEET |
| D                       |         | 28             | Miss       | 59         | 23    |
| COUNTY                  |         |                | CITY       |            |       |
| OTHER MEMBERS OF FAMILY |         |                |            |            |       |
| NAME                    |         | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| 1                       | Rebecca | W              | 27         |            |       |
|                         |         |                |            |            |       |
|                         |         |                |            |            |       |
|                         |         |                |            |            |       |
|                         |         |                |            |            |       |
|                         |         |                |            |            |       |
|                         |         |                |            |            |       |
|                         |         |                |            |            |       |
|                         |         |                |            |            |       |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |   |      |           |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |                  |                                |  |  |
|---|--|---|------|-----------|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|------------------|--------------------------------|--|--|
| R260  |  | NAME OF INDIVIDUAL<br><i>Roger Louis</i>            |      | LOUISIANA | E.O.      | SHEET |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |                  |                                |  |  |
| COLOR<br><i>B</i>   | AGE<br><i>12</i>                         | BIRTHPLACE  |      | <i>4</i>  | <i>17</i> |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |                  |                                |  |  |
| COUNTY<br><i>Acadia</i>   |  |   | CITY |           |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |                  |                                |  |  |
| ENUMERATED WITH<br><i>Liliane Homer</i>   |  |   |      |           |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |                  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |      |           |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |                  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHER</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>Wired boy</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |      |           |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHER | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>Wired boy</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHER          | <input type="checkbox"/> INMATE                     |      |           |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |                  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |      |           |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |                  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |      |           |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |                  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |      |           |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |                  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |      |           |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |                  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |      |           |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |                  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  | <i>Wired boy</i>                                    |      |           |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |                  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |      |           |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |                  |                                |  |  |

FORM 10-637 (4-22-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18100-P01

|                         |  |                |            |            |            |
|-------------------------|--|----------------|------------|------------|------------|
| R 260                   |  | HEAD OF FAMILY |            | Louisiana  |            |
| COLOR                   |  | AGE            | BIRTHPLACE |            | E.O. SHEET |
| W                       |  | 48             | Lafayette  |            | 73 16      |
| COUNTY                  |  |                | CITY       |            |            |
| OTHER MEMBERS OF FAMILY |  |                |            |            |            |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |            |
| Eugene                  |  | W              | 44         |            |            |
| Emelinda                |  | D              | 17         |            |            |
| Luzelma                 |  | D              | 15         |            |            |
| Adam                    |  | S              | 13         |            |            |
| James                   |  | D              | 16         |            |            |
| Ethel                   |  | S              | 5          |            |            |
| Essex                   |  | D              | 3          |            |            |

FORM 16-636 (4-29-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS





|  |  |   |              |   |       |
|--|--|---|--------------|---|-------|
| R260   |  | NAME OF INDIVIDUAL  |              | LOUISIANA   |       |
| COLOR  |  | AGE   | BIRTHPLACE   | E.D.  | SHEET |
| W  |  | 32  | Louisiana    | 40  | 21    |
| COUNTY   |  |   | CITY         |   |       |
| ENUMERATED WITH  |  |   | Parr Lowmery |   |       |
| RELATIONSHIP TO ABOVE  |  |   |              |   |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |              | <input type="checkbox"/> WIFE<br><input type="checkbox"/> MURDER<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |       |
|  |  |   |              | Daughter  |       |

FORM 10-427 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18108-P-61

|                         |   |                |           |            |    |
|-------------------------|---|----------------|-----------|------------|----|
| R 260                   |   | HEAD OF FAMILY |           | LOUISIANA  |    |
| COLOR                   | W | AGE            | 30        | E.O.       | 73 |
|                         |   | BIRTHPLACE     |           | SHEET      | 18 |
| COUNTY                  |   |                | Lafayette | CITY       |    |
| OTHER MEMBERS OF FAMILY |   |                |           |            |    |
| NAME                    |   | RELATIONSHIP   | AGE       | BIRTHPLACE |    |
| Electa                  |   | W              | 30        |            |    |
| Lizette                 |   | LD             | 8         |            |    |
|                         |   |                |           |            |    |
|                         |   |                |           |            |    |
|                         |   |                |           |            |    |
|                         |   |                |           |            |    |
|                         |   |                |           |            |    |
|                         |   |                |           |            |    |

FORM 16-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |             |            |       |
|-------------------------|--|----------------|-------------|------------|-------|
| A 260                   |  | HEAD OF FAMILY |             | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE  | E.D.       | SHEET |
| W                       |  | 48             | Glsby       | 5          | 20    |
| COUNTY                  |  |                | CITY        |            |       |
| Ison                    |  |                | Denhamville |            |       |
| OTHER MEMBERS OF FAMILY |  |                |             |            |       |
| NAME                    |  | RELATIONSHIP   | AGE         | BIRTHPLACE |       |
| Annie C.                |  | W              | 39          |            |       |
| Francis L.              |  | L              | 16          |            |       |
| Lucien                  |  | S              | 12          |            |       |
| George                  |  | S              | 9           |            |       |
| Annie                   |  | L              | 5           |            |       |
| Mary                    |  | L              | 3           |            |       |
| Domingo                 |  | S              | 5 1/2       |            |       |

Form 19-436 (4-20-31)  
1918 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|---|--|---|--|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| R260  |  | NAME OF INDIVIDUAL                                  |  | LOUISIANA |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR   |  | AGE   |  | E.D.      | SHEET |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| W   |  | 15  |  | 10        | 6     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| BIRTHPLACE  |  |   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY  |  | Acadia  |  | CITY      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|   |  |   |  | Crowley   |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| Rogers Gustaf   |  |   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 16-437 (4-20-67)

1910 CENSUS INDEX - INDIV

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 15198-P41

|  |  |   |            |   |                           |
|--|--|---|------------|---|---------------------------|
| R260   |  | NAME OF INDIVIDUAL<br><i>Richard Lewis</i>  |            | LOUISIANA   |                           |
| COLOR<br><i>W</i>  |  | AGE<br><i>79</i>  | BIRTHPLACE |   | E.D. SHEET<br><i>82 1</i> |
| COUNTY<br><i>St. John the Baptist</i>  |  |   | CITY       |   |                           |
| ENUMERATED WITH<br><i>Serache Hippolite</i>  |  |   |            |   |                           |
| RELATIONSHIP TO ABOVE  |  |   |            |   |                           |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |            | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>Adm</i> |                           |

FORM 15-437 (4-20-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |         |                |    |              |     |            |  |
|-------------------------|---------|----------------|----|--------------|-----|------------|--|
| P260                    |         | HEAD OF FAMILY |    | River M. B.  |     | LOUISIANA  |  |
| COLOR                   | W       | AGE            | 37 | BIRTHPLACE   |     |            |  |
| COUNTY                  | Lincoln |                |    | CITY         |     |            |  |
| OTHER MEMBERS OF FAMILY |         |                |    |              |     |            |  |
| NAME                    |         |                |    | RELATIONSHIP | AGE | BIRTHPLACE |  |
| L. E.                   |         |                |    | W            | 37  |            |  |
| Harvel                  |         |                |    | S            | 12  |            |  |
| Mildred                 |         |                |    | D            | 10  |            |  |
| Harold                  |         |                |    | S            | 8   |            |  |
| Spencer                 |         |                |    | S            | 4   |            |  |
|                         |         |                |    |              |     |            |  |
|                         |         |                |    |              |     |            |  |

Form 10-434 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R260                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| B                       | 60  |                |     | 53         | 9     |
| COUNTY                  |     | CITY           |     |            |       |
| Calcasieu               |     | Jennings       |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Agelis                  |     | W              | 41  |            |       |
| Weldon M                |     | D              | 9   |            |       |
| Edward B                |     | S              | 8   |            |       |
| Christine               |     | D              | 6   |            |       |
| Cuby                    |     | D              | 1   |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

Form 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |              |           |            |
|-------------------------|--|----------------|--------------|-----------|------------|
| R260                    |  | HEAD OF FAMILY |              | LOUISIANA |            |
| COLOR                   |  | AGE            | BIRTHPLACE   | E.D.      | SHEET      |
| W                       |  | 40             | France       | 78        | 18         |
| COUNTY                  |  |                | CITY         |           |            |
| St. Tammany             |  |                |              |           |            |
| OTHER MEMBERS OF FAMILY |  |                |              |           |            |
| NAME                    |  |                | RELATIONSHIP | AGE       | BIRTHPLACE |
| L. Marie                |  |                | L.           | 30        |            |
| L. Marie Thibodeau      |  |                | S.D.         | 8         |            |
| Ruegger John            |  |                | S            | 4         |            |
| Eva                     |  |                | D            | 18        |            |
|                         |  |                |              |           |            |
|                         |  |                |              |           |            |
|                         |  |                |              |           |            |
|                         |  |                |              |           |            |

Form 18-636 (4-20-61)

1919 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| 2060                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | P.B.       | SHEET |
| W                       |  | 31             | Texas      | 52         | 13    |
| COUNTY                  |  |                | CITY       |            |       |
| Calcasieu               |  |                | Henning    |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| RUBY                    |  | W              | 28         | Texas      |       |
| MARTIN                  |  | S              | 7          | Texas      |       |
| MEL                     |  | S              | 5          | Texas      |       |
| BENJAMIN W.             |  | S              | 3          | Texas      |       |
| PRICE ELIZABETH         |  | g m            | 75         | Texas      |       |
| and 1 cook              |  |                |            |            |       |

Form 10-636 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                |                |    |                |                  |           |     |
|-------------------------|----------------|----------------|----|----------------|------------------|-----------|-----|
| K26                     |                | HEAD OF FAMILY |    | Kosier Mahalie |                  | LOUISIANA |     |
| COLOR                   | B              | AGE            | 33 | BIRTHPLACE     | Miss             | E.D.      | 143 |
| COUNTY                  | West Feliciana |                |    | CITY           | St. Francisville |           |     |
| OTHER MEMBERS OF FAMILY |                |                |    |                |                  |           |     |
| NAME                    |                | RELATIONSHIP   |    | AGE            | BIRTHPLACE       |           |     |
| T June                  |                | D              |    | 13             |                  |           |     |
|                         |                |                |    |                |                  |           |     |
|                         |                |                |    |                |                  |           |     |
|                         |                |                |    |                |                  |           |     |
|                         |                |                |    |                |                  |           |     |
|                         |                |                |    |                |                  |           |     |
|                         |                |                |    |                |                  |           |     |
|                         |                |                |    |                |                  |           |     |

FORM 16-536 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |         |                  |     |            |       |
|-------------------------|---------|------------------|-----|------------|-------|
| R260                    |         | HEAD OF FAMILY   |     | LOUISIANA  |       |
|                         |         | Broussard, Maria |     | E.D.       | SHEET |
| COLOR                   | AGE     | BIRTHPLACE       |     |            |       |
| B                       | 35      |                  |     |            |       |
| COUNTY                  |         | West Feliciana   |     | CITY       |       |
|                         |         |                  |     |            |       |
| OTHER MEMBERS OF FAMILY |         |                  |     |            |       |
|                         | NAME    | RELATIONSHIP     | AGE | BIRTHPLACE |       |
|                         | Leola   | d                | 12  |            |       |
|                         | Alberta | d                | 8   |            |       |
|                         | Violet  | d                | 6   |            |       |
|                         | Jane    | d                | 5   |            |       |
|                         |         |                  |     |            |       |
|                         |         |                  |     |            |       |
|                         |         |                  |     |            |       |

FORM 16-636 (4-22-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |       |                |      |            |  |
|-------------------------|-------|----------------|------|------------|--|
| R 260                   |       | HEAD OF FAMILY |      | LOUISIANA  |  |
| COLOR                   |       | AGE            |      | E.D.       |  |
| W                       |       | 24             |      | 73         |  |
|                         |       | BIRTHPLACE     |      | SHEET      |  |
|                         |       |                |      | 10         |  |
| COUNTY                  |       |                | CITY |            |  |
| Lafayette               |       |                |      |            |  |
| OTHER MEMBERS OF FAMILY |       |                |      |            |  |
| NAME                    |       | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| 1                       | Alida | W              | 25   |            |  |
|                         |       |                |      |            |  |
|                         |       |                |      |            |  |
|                         |       |                |      |            |  |
|                         |       |                |      |            |  |
|                         |       |                |      |            |  |
|                         |       |                |      |            |  |
|                         |       |                |      |            |  |

Form 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |            |                |     |               |           |           |     |
|-------------------------|------------|----------------|-----|---------------|-----------|-----------|-----|
| 826                     |            | HEAD OF FAMILY |     | Richer Marius |           | LOUISIANA |     |
| COLOR                   | W          | AGE            | 48  | BIRTHPLACE    | France    | E.D.      | 136 |
| COUNTY                  | Vermillion |                |     | CITY          | Abbeville |           |     |
| OTHER MEMBERS OF FAMILY |            |                |     |               |           |           |     |
| NAME                    |            | RELATIONSHIP   | AGE | BIRTHPLACE    |           |           |     |
| Elnora                  |            | W              | 33  | +             |           |           |     |
| Joseph                  |            | S              | 14  |               |           |           |     |
| Pekahinton              |            | S              | 12  |               |           |           |     |
| Mada                    |            | D              | 6   |               |           |           |     |
| Ruse                    |            | S              | 3   |               |           |           |     |
|                         |            |                |     |               |           |           |     |
|                         |            |                |     |               |           |           |     |

FORM 10-620 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

| LOUISIANA  |   |
|--|---|
| 9260   | NAME OF INDIVIDUAL<br><i>Roger May</i>  |
| SEX<br><i>u</i>  | AGE<br><i>21</i>  |
| COUNTY<br><i>St. Mary</i>  | CITY<br><i>Morgan</i>   |
| BORN WITH<br><i>Lehman, Lillian</i>  |   |
| RELATIONSHIP TO ABOVE  |   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify)  |   |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-PC 1910-P-1

|  |     |   |              |   |       |
|--|-----|---|--------------|---|-------|
| R 260  |     | NAME OF INDIVIDUAL  |              | LOUISIANA   |       |
|  |     | Rice Mary   |              | E.D.  | SHEET |
| COLOR  | AGE | BIRTHPLACE  |              | 26  | 8     |
| B  | 50  |   |              |   |       |
| COUNTY   |     |   | CITY         |   |       |
| East Baton Rouge   |     |   | Baton Rouge  |   |       |
| ENUMERATED WITH  |     |   | Sibon Joseph |   |       |
| RELATIONSHIP TO ABOVE  |     |   |              |   |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |              | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> WOODMAN<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |       |

FORM 10-637 (4-22-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMMA-OC 18108-P61

|  |  |   |            |  |                   |
|--|--|---|------------|--|-------------------|
| 2260   |  | NAME OF INDIVIDUAL<br><i>Ricker Mary</i>  |            | LOUISIANA  |                   |
| COLOR<br><i>W</i>  |  | AGE<br><i>38</i>  | BIRTHPLACE | E.D.<br><i>7</i>   | SHEET<br><i>8</i> |
| COUNTY<br><i>Ascension</i>   |  |   | CITY       |  |                   |
| ENUMERATED WITH<br><i>Pollock Julia</i>  |  |   |            |  |                   |
| RELATIONSHIP TO ABOVE  |  |   |            |  |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |            | <input type="checkbox"/> ORGATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>mother</i> |                   |

FORM 10-637 (4-29-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCIB-DC 1910-PS1



|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R260                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| W                       |  | 59             |            | 40         | 9     |
| COUNTY                  |  |                | CITY       |            |       |
| Lafourche               |  |                | Lockport   |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Living alone            |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |  |  |           |       |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|--|-----------|-------|---------------------------------|---------------------------------|---------------------------------|--|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R260  |  | NAME OF INDIVIDUAL                       |  | LOUISIANA |       |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLON   |  | AGE                                      |  | E.D.      | SHEET |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| W   |  | 56                                       |  | 114       | 34    |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| BIRTHPLACE  |  | CITY                                     |  |           |       |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY  |  | Richland                                 |  |           |       |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |  |  |           |       |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| McMillen George W   |  |  |  |           |       |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |  |           |       |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input checked="" type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input checked="" type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |  |           |       |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |  |           |       |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |  |           |       |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |  |           |       |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |  |           |       |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |  |           |       |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |           |       |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |  |           |       |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-427 (4-20-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18100-P01

|   |  |   |            |           |       |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|---|--|---|------------|-----------|-------|---------------------------------|---------------------------------|-------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| R260  |  | NAME OF INDIVIDUAL                                  |            | LOUISIANA |       |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR   |  | AGE   | BIRTHPLACE | E.D.      | SHEET |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| W   |  | 41  |            | 27        | 4     |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY  |  |   | CITY       |           |       |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| Jefferson   |  |   |            |           |       |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |   |            |           |       |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| Jillette Frank D  |  |   |            |           |       |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |            |           |       |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIFE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> WURGE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |            |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIFE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> WURGE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIFE                       |            |           |       |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> WURGE                      |            |           |       |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |            |           |       |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |            |           |       |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |            |           |       |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |            |           |       |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |            |           |       |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |            |           |       |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18195-P01

|                         |           |                |      |            |  |
|-------------------------|-----------|----------------|------|------------|--|
| P260                    |           | HEAD OF FAMILY |      | LOUISIANA  |  |
| Rogers Mederie E.       |           | E.O. 8         |      | SHEET 17   |  |
| COLOR<br>W              | AGE<br>40 | BIRTHPLACE     |      |            |  |
| COUNTY Assumption       |           |                | CITY |            |  |
| OTHER MEMBERS OF FAMILY |           |                |      |            |  |
| NAME                    |           | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| Laura L.                |           | W              | 32   |            |  |
| Mederie E. Jr.          |           | S              | 13   |            |  |
| Clairborne              |           | S              | 12   |            |  |
| Laura L.                |           | D              | 8    |            |  |
| Stephen E.              |           | S              | 5    |            |  |
| Elsie M.                |           | D              | 4    |            |  |

FORM 10-436 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |   |  |  |                  |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
|--|---|--|--|------------------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|-------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|---|--|
| R260   |   | NAME OF INDIVIDUAL<br>River Melissa      |  | LOUISIANA        |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| COLOR<br>B   |   | AGE<br>42                                |  | E.S.<br>62       |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
|  |   | BIRTHPLACE                               |  | SHEET<br>33      |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| COUNTY   |   | <del>PLANT</del>                         |  | CITY<br>Rochelle |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| ENUMERATED WITH<br>Ward John   |   |  |  |                  |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| RELATIONSHIP TO ABOVE  |   |  |  |                  |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NECE</td> <td><input type="checkbox"/> NUNCE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> FORMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input checked="" type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |   |  |  |                  |  | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NECE | <input type="checkbox"/> NUNCE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> FORMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input checked="" type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW                   | <input type="checkbox"/> INMATE          |  |                  |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NECE                     | <input type="checkbox"/> NUNCE           |  |                  |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW            | <input type="checkbox"/> PATIENT         |  |                  |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW            | <input type="checkbox"/> FORMER          |  |                  |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW               | <input type="checkbox"/> SERVANT         |  |                  |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW          | <input type="checkbox"/> OTHER (Specify) |  |                  |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW           |  |  |                  |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <input type="checkbox"/> UNCLE   | <input checked="" type="checkbox"/> SISTER-IN-LAW |  |  |                  |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 10100-P01

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R 260                   |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.O.       | SHEET |
| W                       |  | 32             |            | 70         | 5     |
| COUNTY                  |  |                | Lincoln    | CITY       |       |
|                         |  |                |            | Ruston     |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Lester                  |  | H              | 3          | La         |       |
| Lillie Mae              |  | M-H            | 2          | La         |       |
| E. J. ...               |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 10-436 (4-22-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |   |   |      |   |  |
|---|---|---|------|---|--|
| R260  |   | NAME OF INDIVIDUAL  |      | LOUISIANA   |  |
| Rucker, Mildred   |   | E.D.  |      | 58  |  |
| COLOR   | B | AGE   | 7    | BIRTHPLACE  |  |
| COUNTY  |   |   | CITY |   |  |
| Iberville   |   |   |      |   |  |
| ENUMERATED WITH   |   |   |      |   |  |
| Neil, Thomas  |   |   |      |   |  |
| RELATIONSHIP TO ABOVE   |   |   |      |   |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input checked="" type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |   | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> Niece<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> PRIVATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |  |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCENS-DC 1910-P61

|                         |     |                |       |            |       |
|-------------------------|-----|----------------|-------|------------|-------|
| P. 262                  |     | HEAD OF FAMILY |       | LOUISIANA  |       |
| Rosen                   |     | Mebert         |       | E.D.       | SHEET |
| COLOR                   | AGE | BIRTHPLACE     |       |            |       |
| W                       | 36  |                |       |            |       |
| COUNTY                  |     | Calcasieu      |       | CITY       |       |
|                         |     |                |       |            |       |
| OTHER MEMBERS OF FAMILY |     |                |       |            |       |
| NAME                    |     | RELATIONSHIP   | AGE   | BIRTHPLACE |       |
| Florence                |     | W              | 21    |            |       |
| James                   |     | S              | 13    |            |       |
| Matthew                 |     | S              | 3 1/2 |            |       |
|                         |     |                |       |            |       |
|                         |     |                |       |            |       |
|                         |     |                |       |            |       |
|                         |     |                |       |            |       |
|                         |     |                |       |            |       |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|   |  |   |         |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|---|--|---|---------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
|   |  | LOUISIANA   |         |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| P260  | NAME OF INDIVIDUAL<br>Rosie Minerva J.   |   | S.D. 62 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR<br>W  | AGE<br>40                                | SHEET 2   |         |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY<br>La Salle  |  | CITY  |         |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH<br>Rosie Dennis   |  |   |         |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |         |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |         | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |         |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |         |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |         |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |         |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |         |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |         |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |         |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |         |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18198-P-61

|   |  |   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|---|--|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|--|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R260  |  | NAME OF INDIVIDUAL<br><i>Reed Jacob E</i> |  | LOUISIANA         |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>P</i>   | AGE<br><i>18</i>                         | BIRTHPLACE                                |  | E.D.<br><i>78</i> | SHEET<br><i>19</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY  |  | CITY                                      |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Lincoln   |  |   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Reed Jacob</i>  |  |   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |                   |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE           |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE            |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT          |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER           |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT          |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)  |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-427 (4-20-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                |              |           |            |
|-------------------------|----------------|--------------|-----------|------------|
| R260                    | HEAD OF FAMILY |              | LOUISIANA |            |
| COLOR                   | AGE            | BIRTHPLACE   |           | E.D.       |
| B                       | 54             |              |           | 66         |
| COUNTY                  |                | CITY         |           |            |
| St. James               |                |              |           |            |
| OTHER MEMBERS OF FAMILY |                |              |           |            |
| NAME                    |                | RELATIONSHIP | AGE       | BIRTHPLACE |
| 1 Mary                  |                | W'           | 31        |            |
| Valeon Lucy             |                | SD           | 16        |            |
| Washington Isaac        |                | SS           | 11        |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |

FORM 18-636 (4-22-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|   |   |  |                   |
|---|---|--|-------------------|
| R260                                      | NAME OF INDIVIDUAL<br><i>Roger Martin</i> | E.D.<br><i>29</i>                        | SHEET<br><i>6</i> |
| COLOR<br><i>B</i>                         | AGE<br><i>5</i>                           | BIRTHPLACE                               |                   |
| COUNTY<br><i>Jefferson</i>                | CITY                                      |  |                   |
| ENUMERATED WITH<br><i>Robertson Henry</i> |   |  |                   |
| RELATIONSHIP TO ABOVE                     |   |  |                   |
| <input type="checkbox"/> FATHER           | <input type="checkbox"/> NEPHEW           | <input type="checkbox"/> ORNATE          |                   |
| <input type="checkbox"/> MOTHER           | <input checked="" type="checkbox"/> NIECE | <input type="checkbox"/> NURSE           |                   |
| <input type="checkbox"/> GRANDFATHER      | <input type="checkbox"/> FATHER-IN-LAW    | <input type="checkbox"/> PATIENT         |                   |
| <input type="checkbox"/> GRANDMOTHER      | <input type="checkbox"/> MOTHER-IN-LAW    | <input type="checkbox"/> ROOMER          |                   |
| <input type="checkbox"/> GRANDSON         | <input type="checkbox"/> SON-IN-LAW       | <input type="checkbox"/> SERVANT         |                   |
| <input type="checkbox"/> GRANDDAUGHTER    | <input type="checkbox"/> DAUGHTER-IN-LAW  | <input type="checkbox"/> OTHER (Specify) |                   |
| <input type="checkbox"/> AUNT             | <input type="checkbox"/> BROTHER-IN-LAW   |  |                   |
| <input type="checkbox"/> UNCLE            | <input type="checkbox"/> SISTER-IN-LAW    |  |                   |

FORM 10-627 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 1950-P01

|                           |                  |                                    |           |                  |                    |
|---------------------------|------------------|------------------------------------|-----------|------------------|--------------------|
| R 260                     |                  | HEAD OF FAMILY<br><i>Lion More</i> |           | LOUISIANA        |                    |
| COLOR<br><i>B</i>         | AGE<br><i>50</i> | BIRTHPLACE                         |           | E.O.<br><i>1</i> | SHEET<br><i>16</i> |
| COUNTY<br><i>Caldwell</i> |                  | CITY                               |           |                  |                    |
| OTHER MEMBERS OF FAMILY   |                  |                                    |           |                  |                    |
| NAME                      |                  | RELATION-<br>SHIP                  | AGE       | BIRTHPLACE       |                    |
| <i>1</i>                  | <i>Rockwell</i>  | <i>W</i>                           | <i>52</i> |                  |                    |
| <i>Lindale</i>            | <i>Jessie</i>    | <i>S S</i>                         | <i>18</i> |                  |                    |
|                           | <i>Nathan</i>    | <i>S S</i>                         | <i>16</i> |                  |                    |
| <i>Barnes</i>             | <i>Lzara</i>     | <i>S S</i>                         | <i>9</i>  |                  |                    |
| <i>Murphy</i>             | <i>Harry</i>     | <i>S L</i>                         | <i>24</i> |                  |                    |
| <i>1</i>                  | <i>Lzara</i>     | <i>S</i>                           | <i>22</i> |                  |                    |
| <i>Nash</i>               | <i>Eliza</i>     | <i>M</i>                           | <i>75</i> |                  |                    |

FORM 10-626 (4-10-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |     |  |      |  |  |
|--|-----|--|------|--|--|
| 1260   |     | NAME OF INDIVIDUAL   |      | LOUISIANA  |  |
| COLOR  | AGE | BIRTHPLACE   | E.O. | SHEET  |  |
| B  | 54  | Miss.  | 75   | 1  |  |
| COUNTY   |     | CITY   |      |  |  |
| Pointe Coupee  |     |  |      |  |  |
| ENUMERATED WITH  |     |  |      |  |  |
| Lafayette Fred   |     |  |      |  |  |
| RELATIONSHIP TO ABOVE  |     |  |      |  |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> Niece<br><input type="checkbox"/> FATHER-IN-LAW<br><input checked="" type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> WIGATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |  |

FORM 10-527 (1-25-61)

1940 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCIB-DC 1940-PH

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R260                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| W                       | 54  |                |     | 126        | 2     |
| COUNTY                  |     | Winn           |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| 1 Arthur R.             |     | S              | 20  |            |       |
| and 1 da                |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
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|                         |     |                |     |            |       |

FORM 10-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |  |              |  |            |  |
|-------------------------|--|----------------|--|--------------|--|------------|--|
| 19260                   |  | HEAD OF FAMILY |  | E. D.        |  | SHEET      |  |
| COLOR                   |  | AGE            |  | BIRTHPLACE   |  | LOUISIANA  |  |
| W                       |  | 27             |  |              |  | 68 18      |  |
| COUNTY                  |  |                |  | CITY         |  |            |  |
| Lincoln                 |  |                |  |              |  |            |  |
| OTHER MEMBERS OF FAMILY |  |                |  |              |  |            |  |
| NAME                    |  |                |  | RELATIONSHIP |  | AGE        |  |
|                         |  |                |  |              |  | BIRTHPLACE |  |
| Viola                   |  |                |  | W            |  | 26         |  |
| Ethel                   |  |                |  | D            |  | 4          |  |
| Lolney                  |  |                |  | S            |  | 2          |  |
| Allan                   |  |                |  | S            |  | 1          |  |
|                         |  |                |  |              |  |            |  |
|                         |  |                |  |              |  |            |  |
|                         |  |                |  |              |  |            |  |
|                         |  |                |  |              |  |            |  |

FORM 18-436 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |     |                  |      |            |       |
|-------------------------|-----|------------------|------|------------|-------|
| R 260                   |     | HEAD OF FAMILY   |      | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE       |      | E.D.       | SHEET |
| B                       | 30  | Kosary Nathaniel |      | 119        | 24    |
| COUNTY                  |     |                  | CITY |            |       |
| Jones                   |     |                  |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                  |      |            |       |
| NAME                    |     | RELATIONSHIP     | AGE  | BIRTHPLACE |       |
| L. L. Lippert           |     | W                | 29   |            |       |
|                         |     |                  |      |            |       |
|                         |     |                  |      |            |       |
|                         |     |                  |      |            |       |
|                         |     |                  |      |            |       |
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FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |    |                 |      |            |     |
|-------------------------|---|----------------|----|-----------------|------|------------|-----|
| R260                    |   | HEAD OF FAMILY |    | Rusby Nathaniel |      | LOUISIANA  |     |
| COLOR                   | W | AGE            | 70 | BIRTHPLACE      | Ala. | S.D.       | 128 |
| COUNTY                  |   | Tensas         |    | CITY            |      | Waterproof |     |
| OTHER MEMBERS OF FAMILY |   |                |    |                 |      |            |     |
| NAME                    |   |                |    | RELATIONSHIP    | AGE  | BIRTHPLACE |     |
| Nancy Jane              |   |                |    | W               | 63   | Ala        |     |
| Nathaniel               |   |                |    | S               | 33   | Ala        |     |
| L. Lee                  |   |                |    |                 |      |            |     |
|                         |   |                |    |                 |      |            |     |
|                         |   |                |    |                 |      |            |     |
|                         |   |                |    |                 |      |            |     |
|                         |   |                |    |                 |      |            |     |
|                         |   |                |    |                 |      |            |     |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                      |     |            |       |
|-------------------------|-----|----------------------|-----|------------|-------|
| R260                    |     | HEAD OF FAMILY       |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE           |     | E.D.       | SHEET |
| W                       | 45  | Italy                |     | 81         | 12    |
| COUNTY                  |     | St. John the Baptist |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |     |                      |     |            |       |
| NAME                    |     | RELATIONSHIP         | AGE | BIRTHPLACE |       |
| 1 Maria                 |     | W                    | 50  | Italy      |       |
|                         |     |                      |     |            |       |
|                         |     |                      |     |            |       |
|                         |     |                      |     |            |       |
|                         |     |                      |     |            |       |
|                         |     |                      |     |            |       |
|                         |     |                      |     |            |       |
|                         |     |                      |     |            |       |

FORM 16-436 (6-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |            |        |
|-------------------------|---|----------------|-----|------------|--------|
| R260                    |   | HEAD OF FAMILY |     | LOUISIANA  |        |
| COLOR                   | W | AGE            | 30  | BIRTHPLACE | Normal |
| COUNTY                  |   | St. Mary       |     | CITY       |        |
| OTHER MEMBERS OF FAMILY |   |                |     |            |        |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |        |
| Lucile                  |   | w              | 23  |            |        |
| Hazel                   |   | D              | 2   |            |        |
|                         |   |                |     |            |        |
|                         |   |                |     |            |        |
|                         |   |                |     |            |        |
|                         |   |                |     |            |        |
|                         |   |                |     |            |        |
|                         |   |                |     |            |        |
|                         |   |                |     |            |        |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R 260                   |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.O.       | SHEET |
| B                       | 40  |                |     | 130        | 23    |
| COUNTY                  |     | Tensas         |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Richard                 |     | S              | 18  |            |       |
| John                    |     | S              | 17  |            |       |
| Elizabeth               |     | S              | 14  |            |       |
| Thomas                  |     | S              | 10  |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 16-636 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                |              |               |            |           |
|-------------------------|----------------|--------------|---------------|------------|-----------|
| R260                    | HEAD OF FAMILY |              | Rucker Norris |            | LOUISIANA |
| COLOR                   | AGE            | BIRTHPLACE   | E.D.          | SHEET      |           |
| 13                      | 29             |              | 87            | 20         |           |
| COUNTY                  |                | Madison      |               | CITY       |           |
| OTHER MEMBERS OF FAMILY |                |              |               |            |           |
| NAME                    |                | RELATIONSHIP | AGE           | BIRTHPLACE |           |
| Babe                    |                | Si           | 19            |            |           |
| James                   |                | D            | 15            |            |           |
| Madison                 |                | N            | 6             |            |           |
| 1, McKinley             |                | N            | 3             |            |           |
|                         |                |              |               |            |           |
|                         |                |              |               |            |           |
|                         |                |              |               |            |           |
|                         |                |              |               |            |           |

FORM 16-636 (4-26-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |   |           |           |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|---|--|---|-----------|-----------|----|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| R260  |  | NAME OF INDIVIDUAL                                  |           | LOUISIANA |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR   | W  | AGE   | 28        | E.D.      | 73 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|   |  | BIRTHPLACE  | Lafayette | SHEET     | 20 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY  |  | CITY  |           |           |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |   |           |           |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |           |           |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |           |           |    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |           |           |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |           |           |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |           |           |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |           |           |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |           |           |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |           |           |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |           |           |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |           |           |    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 18-537 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USECOM-DC 1910-7-01

|  |     |                    |   |           |       |
|--|-----|--------------------|---|-----------|-------|
| R260   |     | NAME OF INDIVIDUAL |   | LOUISIANA |       |
| COLOR  | AGE | BIRTHPLACE         |   | E.D.      | SHEET |
| W  | 4   |                    |   | 130       | 8     |
| COUNTY   |     |                    | CITY  |           |       |
| Enumerated with  |     |                    | Witt  |           |       |
| Relationship to above  |     |                    | Smith, Lee M.   |           |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     |                    | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |           |       |
|  |     |                    | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br>SS.  |           |       |

FORM 10-637 (4-30-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18198-P81



|  |   |  |    |   |      |
|--|---|--|----|---|------|
| R 260  |   | NAME OF INDIVIDUAL   |    | LOUISIANA   |      |
| COLOR  | B | AGE  | 26 | BIRTHPLACE  | E.D. |
|  |   |  |    | 85  |      |
| COUNTY   |   | Natchitoches   |    | CITY  |      |
|  |   |  |    |   |      |
| ENUMERATED WITH  |   | Haughton Hill  |    |   |      |
| RELATIONSHIP TO ABOVE  |   |  |    |   |      |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |   | <input type="checkbox"/> NEPHEW<br><input checked="" type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |    | <input type="checkbox"/> WIFE<br><input type="checkbox"/> MURDER<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |      |

FORM 10-527 (4-20-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 15100-P01

|                         |   |                |     |            |    |
|-------------------------|---|----------------|-----|------------|----|
| K260                    |   | HEAD OF FAMILY |     | LOUISIANA  |    |
| COLOR                   | W | AGE            | 49  | BIRTHPLACE |    |
|                         |   |                |     | E.D.       | 78 |
|                         |   |                |     | SHEET      | 8  |
| COUNTY                  |   | Natchitoches   |     | CITY       |    |
| OTHER MEMBERS OF FAMILY |   |                |     |            |    |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |    |
| Louise                  |   | W              | 43  |            |    |
| Patterson               |   | S              | 24  |            |    |
| Harold                  |   | S              | 21  |            |    |
| Julia                   |   | D              | 14  |            |    |
| Luna                    |   | S              | 11  |            |    |
| Magdalen                |   | D              | 5   |            |    |
| Lewie                   |   | D              | 3   |            |    |

FORM 10-636 (10-20-91)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |           |            |    |
|-------------------------|---|----------------|-----------|------------|----|
| R260                    |   | HEAD OF FAMILY |           | LOUISIANA  |    |
| COLOR                   | B | AGE            | 38        | BIRTHPLACE | La |
| COUNTY                  |   |                | Morehouse | CITY       |    |
| OTHER MEMBERS OF FAMILY |   |                |           |            |    |
| NAME                    |   | RELATIONSHIP   | AGE       | BIRTHPLACE |    |
| Sarah                   |   | W              | 37        |            |    |
| Mathie                  |   | S              | 16        |            |    |
| David                   |   | S              | 13        |            |    |
| Henry                   |   | S              | 12        |            |    |
| Berard                  |   | S              | 7         |            |    |
| Eosa Bell               |   | D              | 4         |            |    |
| Anne May                |   | D              | 3         |            |    |

Form 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

| HEAD OF FAMILY - CONTINUED |              | CARD 2 OF 2 |            |
|----------------------------|--------------|-------------|------------|
| OTHER MEMBERS OF FAMILY    |              |             |            |
| NAME                       | RELATIONSHIP | AGE         | BIRTHPLACE |
| 1 / <i>John</i>            | <i>D</i>     | <i>3/12</i> |            |
| <i>Allen</i>               | <i>S</i>     | <i>4</i>    |            |
|                            |              |             |            |
|                            |              |             |            |
|                            |              |             |            |
|                            |              |             |            |
|                            |              |             |            |
|                            |              |             |            |
|                            |              |             |            |
|                            |              |             |            |
|                            |              |             |            |
|                            |              |             |            |

FORM 18-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18190-P61

|                         |                  |                |            |            |            |
|-------------------------|------------------|----------------|------------|------------|------------|
| R 260                   |                  | HEAD OF FAMILY |            | LOUISIANA  |            |
| COLOR                   | B                | AGE            | BIRTHPLACE |            | E.D. SHEET |
|                         |                  | 147            | U.S.       |            | 35 6       |
| COUNTY                  | East Baton Rouge |                |            | CITY       |            |
| OTHER MEMBERS OF FAMILY |                  |                |            |            |            |
| NAME                    |                  | RELATIONSHIP   | AGE        | BIRTHPLACE |            |
| Living Alone            |                  |                |            |            |            |
|                         |                  |                |            |            |            |
|                         |                  |                |            |            |            |
|                         |                  |                |            |            |            |
|                         |                  |                |            |            |            |
|                         |                  |                |            |            |            |
|                         |                  |                |            |            |            |
|                         |                  |                |            |            |            |
|                         |                  |                |            |            |            |

Form 10-636 (4-22-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |     |   |      |   |       |
|--|-----|---|------|---|-------|
| R260   |     | NAME OF INDIVIDUAL  |      | LOUISIANA   |       |
| COLOR  | AGE | BIRTHPLACE  |      | S.D.  | SHEET |
| B  | 15  |   |      | 71  | 32    |
| COUNTY   |     |   | CITY |   |       |
| St. James  |     |   |      |   |       |
| ENUMERATED WITH  |     |   |      |   |       |
| Hooper, George   |     |   |      |   |       |
| RELATIONSHIP TO ABOVE  |     |   |      |   |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> WHEATE<br><input type="checkbox"/> NUNCE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br>SD |       |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 1910-P-61

|                         |  |                |            |            |      |
|-------------------------|--|----------------|------------|------------|------|
| R260                    |  | HEAD OF FAMILY |            | LOUISIANA  |      |
| COLOR                   |  | AGE            | BIRTHPLACE |            | E.O. |
| B                       |  | 56             |            |            | 81   |
| COUNTY                  |  |                | CITY       |            |      |
| Madison                 |  |                |            |            |      |
| OTHER MEMBERS OF FAMILY |  |                |            |            |      |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |      |
| Lou                     |  | W              | 59         |            |      |
| Jackson                 |  | S              | 19         |            |      |
| Watland                 |  | S              | 10         |            |      |
|                         |  |                |            |            |      |
|                         |  |                |            |            |      |
|                         |  |                |            |            |      |
|                         |  |                |            |            |      |
|                         |  |                |            |            |      |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |            |                |     |            |       |
|-------------------------|------------|----------------|-----|------------|-------|
| R260                    |            | HEAD OF FAMILY |     | LOUISIANA  |       |
|                         |            | Roger Phibbs   |     | E.O.       | SHEET |
| COLOR                   | W          | AGE            | 62  | BIRTHPLACE |       |
| COUNTY                  | Assumption |                |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |            |                |     |            |       |
| NAME                    |            | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Ophelia                 |            | W              | 47  |            |       |
| Cath                    |            | S              | 19  |            |       |
| Philip                  |            | D              | 15  |            |       |
| Inez                    |            | S              | 13  |            |       |
|                         |            |                |     |            |       |
|                         |            |                |     |            |       |
|                         |            |                |     |            |       |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



| LOUISIANA               |                 |                 |      |            |
|-------------------------|-----------------|-----------------|------|------------|
| R 56c                   | HEAD OF FAMILY  |                 | E.D. | SHEET      |
|                         | Roger Philip Jr |                 | 24   | 2          |
| COLOR                   | AGE             | BIRTHPLACE      |      |            |
| W                       | 31              |                 |      |            |
| COUNTY                  | Iberia          | CITY Jeansville |      |            |
| OTHER MEMBERS OF FAMILY |                 |                 |      |            |
| NAME                    |                 | RELATIONSHIP    | AGE  | BIRTHPLACE |
| Cynice                  |                 | W               | 26   |            |
| Philip Jr               |                 | S               | 4    |            |
| Linda                   |                 | W               | 3    |            |
| Clara                   |                 | W               | 1    |            |
|                         |                 |                 |      |            |
|                         |                 |                 |      |            |
|                         |                 |                 |      |            |

FORM 16-436 (4-20-51)  
1950 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|                         |     |                |  |               |     |            |       |
|-------------------------|-----|----------------|--|---------------|-----|------------|-------|
| A260                    |     | HEAD OF FAMILY |  | Rizan, Pierre |     | E.D.       | SHEET |
| COLOR                   | AGE | BIRTHPLACE     |  |               |     |            |       |
| W                       | 44  |                |  |               |     |            |       |
| COUNTY                  |     |                |  | CITY          |     |            |       |
| Lafourche               |     |                |  |               |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |  |               |     |            |       |
| NAME                    |     |                |  | RELATIONSHIP  | AGE | BIRTHPLACE |       |
| Eugenie                 |     |                |  | W             | 42  |            |       |
| Armandine               |     |                |  | D             | 23  |            |       |
| Agnes                   |     |                |  | D             | 22  |            |       |
| Balou                   |     |                |  | D             | 19  |            |       |
|                         |     |                |  |               |     |            |       |
|                         |     |                |  |               |     |            |       |
|                         |     |                |  |               |     |            |       |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|                         |                |              |              |            |      |       |
|-------------------------|----------------|--------------|--------------|------------|------|-------|
| B260                    | HEAD OF FAMILY |              | Rasir, Ray E |            | E.O. | SHEET |
|                         |                |              |              |            | 58   | 5     |
| COLOR                   | AGE            | BIRTHPLACE   |              |            |      |       |
| W                       | 26             |              |              |            |      |       |
| COUNTY                  |                |              | CITY         |            |      |       |
| La Salle                |                |              |              |            |      |       |
| OTHER MEMBERS OF FAMILY |                |              |              |            |      |       |
| NAME                    |                | RELATIONSHIP | AGE          | BIRTHPLACE |      |       |
| 1 Elthea                |                | W            | 23           |            |      |       |
| Christopher             |                | S            | 1            |            |      |       |
|                         |                |              |              |            |      |       |
|                         |                |              |              |            |      |       |
|                         |                |              |              |            |      |       |
|                         |                |              |              |            |      |       |
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|                         |                |              |              |            |      |       |
|                         |                |              |              |            |      |       |

FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |  |              |     |            |       |
|-------------------------|--|----------------|--|--------------|-----|------------|-------|
| A260                    |  | HEAD OF FAMILY |  | LOUISIANA    |     | E.D.       | SHEET |
| COLOR                   |  | AGE            |  | BIRTHPLACE   |     | 59         | 8     |
| B                       |  | 29             |  |              |     |            |       |
| COUNTY                  |  |                |  | St. Bernard  |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |  |                |  |              |     |            |       |
| NAME                    |  |                |  | RELATIONSHIP | AGE | BIRTHPLACE |       |
| 1 Mary                  |  |                |  | w            | 23  |            |       |
|                         |  |                |  |              |     |            |       |
|                         |  |                |  |              |     |            |       |
|                         |  |                |  |              |     |            |       |
|                         |  |                |  |              |     |            |       |
|                         |  |                |  |              |     |            |       |
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|                         |  |                |              |             |            |           |       |
|-------------------------|--|----------------|--------------|-------------|------------|-----------|-------|
| R 260                   |  | HEAD OF FAMILY |              | Raguer Remy |            | LOUISIANA |       |
| COLOR                   |  | AGE            | BIRTHPLACE   |             | S.D.       |           | SHEET |
| W                       |  | 31             |              |             | 136        |           | 14    |
| COUNTY                  |  |                | Vermillion   | CITY        |            | Abbeville |       |
| OTHER MEMBERS OF FAMILY |  |                |              |             |            |           |       |
| NAME                    |  |                | RELATIONSHIP | AGE         | BIRTHPLACE |           |       |
| Rosa                    |  |                | W            | 31          |            |           |       |
| Hilda                   |  |                | D            | 4           |            |           |       |
| Orie                    |  |                | S            | 2           |            |           |       |
|                         |  |                |              |             |            |           |       |
|                         |  |                |              |             |            |           |       |
|                         |  |                |              |             |            |           |       |
|                         |  |                |              |             |            |           |       |
|                         |  |                |              |             |            |           |       |

LOUISIANA

|                         |  |                |  |              |     |            |  |
|-------------------------|--|----------------|--|--------------|-----|------------|--|
| R260                    |  | HEAD OF FAMILY |  | E.D.         |     | SHEET      |  |
| W                       |  | 39             |  | 23           |     | 10         |  |
| COLOR                   |  | AGE            |  | BIRTHPLACE   |     |            |  |
| COUNTY                  |  | Lafayette      |  | CITY         |     |            |  |
| OTHER MEMBERS OF FAMILY |  |                |  |              |     |            |  |
| NAME                    |  |                |  | RELATIONSHIP | AGE | BIRTHPLACE |  |
| Eve                     |  |                |  | W            | 25  |            |  |
| Louise                  |  |                |  | D            | 9   |            |  |
| Rasul                   |  |                |  | S            | 7   |            |  |
| Ester                   |  |                |  | S            | 4   |            |  |
| Anita                   |  |                |  | D            | 12  |            |  |
|                         |  |                |  |              |     |            |  |
|                         |  |                |  |              |     |            |  |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                            |  | LOUISIANA    |                  |
|----------------------------|--|--------------|------------------|
| R 260                      | HEAD OF FAMILY<br><i>Richard Richard</i> |              | E.D. 97 SHEET 24 |
| COLOR<br><i>B</i>          | AGE<br><i>23</i>                         | BIRTHPLACE   |                  |
| COUNTY<br><i>Morehouse</i> |  | CITY         |                  |
| OTHER MEMBERS OF FAMILY    |  |              |                  |
| NAME                       |  | RELATIONSHIP | AGE              |
| <i>1 Beanie</i>            |  | <i>W</i>     | <i>23</i>        |
| <i>Mrs B</i>               |  | <i>D</i>     | <i>2</i>         |
|                            |  |              |                  |
|                            |  |              |                  |
|                            |  |              |                  |
|                            |  |              |                  |
|                            |  |              |                  |
|                            |  |              |                  |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|                                       |  |              |            |            |
|---------------------------------------|--|--------------|------------|------------|
| R260                                  | HEAD OF FAMILY<br><i>Lickens Richard</i> |              | E.O.<br>81 | SHEET<br>7 |
| COLOR<br><i>MU</i>                    | AGE<br><i>40</i>                         | BIRTHPLACE   |            |            |
| COUNTY<br><i>St. John the Baptist</i> | CITY                                     |              |            |            |
| OTHER MEMBERS OF FAMILY               |  |              |            |            |
| NAME                                  |  | RELATIONSHIP | AGE        | BIRTHPLACE |
| <i>Mrs. Lickens</i>                   |  | <i>W</i>     | <i>49</i>  |            |
| <i>Quentin</i>                        |  | <i>D</i>     | <i>23</i>  |            |
| <i>Julius</i>                         |  | <i>S</i>     | <i>20</i>  |            |
| <i>Helene</i>                         |  | <i>D</i>     | <i>17</i>  |            |
|                                       |  |              |            |            |
|                                       |  |              |            |            |
|                                       |  |              |            |            |
|                                       |  |              |            |            |



| R260                    |     | HEAD OF FAMILY |      | LOUISIANA  |       |
|-------------------------|-----|----------------|------|------------|-------|
| COLOR                   | AGE | BIRTHPLACE     |      | S.D.       | SHEET |
| B                       | 32  |                |      | 126        | 10    |
| COUNTY                  |     |                | CITY |            |       |
| Winn                    |     |                |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Mary                    |     | W              | 28   |            |       |
| Charley J.              |     | S              | 3    |            |       |
| Oretta                  |     | D              | 2    |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |

FORM 10-636 (4-29-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|                         |     |                |  |               |     |            |       |
|-------------------------|-----|----------------|--|---------------|-----|------------|-------|
| R260                    |     | HEAD OF FAMILY |  | Rucker Robert |     | E.D.       | SHEET |
| 120                     |     | 6              |  |               |     |            |       |
| COLOR                   | AGE | BIRTHPLACE     |  |               |     |            |       |
| B                       | 75  | Miss           |  |               |     |            |       |
| COUNTY                  |     |                |  | CITY          |     |            |       |
| Tensas                  |     |                |  |               |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |  |               |     |            |       |
| NAME                    |     |                |  | RELATIONSHIP  | AGE | BIRTHPLACE |       |
| 1 Eliza                 |     |                |  | W             | 50  | Miss       |       |
| Haine Maria             |     |                |  | D             | 30  | Miss       |       |
| / Nancy                 |     |                |  | D             | 22  | Miss       |       |
| / Ernestina             |     |                |  | D             | 19  | Miss       |       |
| Lin Fanny               |     |                |  | B C I         | 13  |            |       |
| / Jissie                |     |                |  | G C I         | 12  |            |       |
| / Lizzie                |     |                |  | G C I         | 3   |            |       |

FORM 18-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

| R260                    |  | HEAD OF FAMILY |              | LOUISIANA |            |
|-------------------------|--|----------------|--------------|-----------|------------|
| COLOR                   |  | AGE            | BIRTHPLACE   | E.D.      | SHEET      |
| B                       |  | 58             |              | 66        | 30         |
| COUNTY                  |  |                | CITY         |           |            |
| St. James               |  |                |              |           |            |
| OTHER MEMBERS OF FAMILY |  |                |              |           |            |
| NAME                    |  |                | RELATIONSHIP | AGE       | BIRTHPLACE |
| Laura                   |  |                | W            | 23        |            |
| Hazel                   |  |                | D            | 3         |            |
| Julia                   |  |                | D            | 9 1/2     |            |
|                         |  |                |              |           |            |
|                         |  |                |              |           |            |
|                         |  |                |              |           |            |
|                         |  |                |              |           |            |
|                         |  |                |              |           |            |

FORM 16-636 (4-26-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |  |                 |  |            |  |
|-------------------------|--|----------------|--|-----------------|--|------------|--|
| R 260                   |  | HEAD OF FAMILY |  | Rushiero Robert |  | LOUISIANA  |  |
| COLOR                   |  | AGE            |  | BIRTHPLACE      |  | E.D.       |  |
| Mw                      |  | 42             |  |                 |  | 112 9      |  |
| COUNTY                  |  |                |  | St. Landry      |  | CITY       |  |
|                         |  |                |  |                 |  | Washington |  |
| OTHER MEMBERS OF FAMILY |  |                |  |                 |  |            |  |
| NAME                    |  |                |  | RELATIONSHIP    |  | AGE        |  |
| Katie                   |  |                |  | w               |  | 27         |  |
| Allen                   |  |                |  | s               |  | 10         |  |
| Louis                   |  |                |  | s               |  | 8          |  |
| Cason Ella              |  |                |  | m               |  | 56         |  |
|                         |  |                |  |                 |  |            |  |
|                         |  |                |  |                 |  |            |  |
|                         |  |                |  |                 |  |            |  |

Form 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |  |  |           |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|--|-----------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|-------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R 260  |  | NAME OF INDIVIDUAL                         |  | LOUISIANA |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Riser Robert   |  | E.D.                                       |  | SHEET     |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR  | AGE                                      | BIRTHPLACE                                 |  |           |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Mu   | 26                                       |  |  |           |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY   |  | CITY                                       |  |           |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|  |  | Rockelle                                   |  |           |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH  |  |  |  |           |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Johnson A J.   |  |  |  |           |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |  |           |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NICE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |           |  | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NICE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE            |  |           |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NICE            | <input type="checkbox"/> NURSE             |  |           |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |  |           |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER |  |           |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |  |           |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |  |           |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |           |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |  |           |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-627 (4-20-61)

1970 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC (1969-P01)

|                         |   |                |    |               |     |            |    |
|-------------------------|---|----------------|----|---------------|-----|------------|----|
| 1260                    |   | HEAD OF FAMILY |    | ROSE ROBERT C |     | LOUISIANA  |    |
| COLOR                   | W | AGE            | 28 | BIRTHPLACE    | La. | E.D.       | 62 |
| COUNTY                  |   |                |    | CITY          |     |            |    |
| OTHER MEMBERS OF FAMILY |   |                |    |               |     |            |    |
| NAME                    |   |                |    | RELATIONSHIP  | AGE | BIRTHPLACE |    |
| Ella                    |   |                |    | W             | 18  |            |    |
| Oriskany                |   |                |    | S             | 2   |            |    |
|                         |   |                |    |               |     |            |    |
|                         |   |                |    |               |     |            |    |
|                         |   |                |    |               |     |            |    |
|                         |   |                |    |               |     |            |    |
|                         |   |                |    |               |     |            |    |
|                         |   |                |    |               |     |            |    |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R 262                   |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| Parker                  |     | Roulin         |     | E.O.       | SHEET |
| COLOR                   | AGE | BIRTHPLACE     |     |            |       |
| B                       | 55  |                |     |            |       |
| COUNTY                  |     | CITY           |     |            |       |
| St. Bernard             |     |                |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Nellie                  |     | W              | 48  |            |       |
| Watson George           |     | WCS            | 9   |            |       |
| Admiral                 |     | B              | 4   |            |       |
| Labrie Regis            |     | C              | 4   |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

|  |      |  |      |   |  |
|--|------|--|------|---|--|
| R260   |      | NAME OF INDIVIDUAL   |      | LOUISIANA   |  |
| Rager Roy  |      | E.D.   |      | SHEET   |  |
| COLOR  | AGE  | BIRTHPLACE   |      |   |  |
| B  | 11/2 |  |      |   |  |
| COUNTY   |      |  | CITY |   |  |
| Jefferson  |      |  |      |   |  |
| ENUMERATED WITH  |      |  |      |   |  |
| Roberts Henry  |      |  |      |   |  |
| RELATIONSHIP TO ABOVE  |      |  |      |   |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |      | <input checked="" type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> WIDWIFE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |  |

FORM 10-637 (10-22-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 1910-P-1



|   |  |  |                 |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|-----------------|-----------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|--|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R260  |  | NAME OF INDIVIDUAL                       |                 | LOUISIANA |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR   | AGE                                      | BIRTHPLACE                               | E.D.            | SHEET     |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| W   | 13                                       | Calcasieu                                | 46              | 15        |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY  |  |  | CITY            |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |  | Calcasieu       |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  | Sister Rufus E. |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |                 |           |  | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |                 |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |                 |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |                 |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |                 |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |                 |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |                 |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |                 |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |                 |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-637 (4-22-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 1910-PC1

|                         |           |                |      |            |       |
|-------------------------|-----------|----------------|------|------------|-------|
| R260                    |           | HEAD OF FAMILY |      | Louisiana  |       |
| COLOR                   |           | AGE            |      | E.O.       | SHEET |
| B                       |           | 38             |      | 43         | 27    |
| BIRTHPLACE              |           |                |      |            |       |
| COUNTY                  |           |                | CITY |            |       |
| Lafourche               |           |                |      |            |       |
| OTHER MEMBERS OF FAMILY |           |                |      |            |       |
| NAME                    | Lafourche | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
|                         | Mary      | W              | 35   |            |       |
|                         | Paul G.   | S              | 9    |            |       |
|                         | Susan     | D              | 7    |            |       |
|                         | Jane      | D              | 5    |            |       |
|                         |           |                |      |            |       |
|                         |           |                |      |            |       |
|                         |           |                |      |            |       |

FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |     |            |       |
|-------------------------|--|----------------|-----|------------|-------|
| R 260                   |  | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   |  | AGE            |     | E.O.       | SHEET |
| W                       |  | 21             |     | 73         | 20    |
| BIRTHPLACE              |  |                |     |            |       |
| COUNTY                  |  | Lafayette      |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |  |                |     |            |       |
| NAME                    |  | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Amanda                  |  | W              | 20  |            |       |
| Evelyn                  |  | D              | 2   |            |       |
| Lathia                  |  | D              | 1/2 |            |       |
| Wesley                  |  | B              | 28  |            |       |
|                         |  |                |     |            |       |
|                         |  |                |     |            |       |
|                         |  |                |     |            |       |

FORM 18-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |           |            |           |
|-------------------------|---|----------------|-----------|------------|-----------|
| 19260                   |   | HEAD OF FAMILY |           | LOUISIANA  |           |
|                         |   | Rosen, Sallie  |           | E.D.       | SHEET     |
| COLOR                   | W | AGE            | 30        | BIRTHPLACE | Morehouse |
| COUNTY                  |   |                | Morehouse | CITY       |           |
| OTHER MEMBERS OF FAMILY |   |                |           |            |           |
| NAME                    |   | RELATIONSHIP   | AGE       | BIRTHPLACE |           |
| J. D.                   |   | S              | 8         |            |           |
| Robt.                   |   | S              | 7         |            |           |
| Mattie                  |   | D              | 3         |            |           |
| Benjamin Hollie         |   | Si             | 76        |            |           |
| ✓ 1 H.M.                |   |                |           |            |           |
|                         |   |                |           |            |           |
|                         |   |                |           |            |           |
|                         |   |                |           |            |           |

FORM 16-636 (4-20-31)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |  |            |   |                  |
|--|--|--|------------|---|------------------|
| K260   |  | NAME OF INDIVIDUAL<br>Riser Sallie H.  |            | LOUISIANA   |                  |
| COLOR<br>W   |  | AGE<br>58  | BIRTHPLACE |   | E.D. 56 SHEET 11 |
| COUNTY<br>Jackson  |  |  | CITY       |   |                  |
| ENUMERATED WITH<br>Dines Homer H.  |  |  |            |   |                  |
| RELATIONSHIP TO ABOVE  |  |  |            |   |                  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input checked="" type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |            | <input type="checkbox"/> WIDOW<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                  |

FORM 16-527 (4-26-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 16100-P61

| R260                    |                 | HEAD OF FAMILY |              | LOUISIANA  |       |
|-------------------------|-----------------|----------------|--------------|------------|-------|
| COLOR                   | AGE             | BIRTHPLACE     |              | E.O.       | SHEET |
| 5                       | 39              | Ls             |              | 25         | 6     |
| COUNTY                  |                 |                | CITY         |            |       |
| Calcasieu               |                 |                | Lake Charles |            |       |
| OTHER MEMBERS OF FAMILY |                 |                |              |            |       |
| NAME                    |                 | RELATIONSHIP   | AGE          | BIRTHPLACE |       |
| 1                       | Amelia          | W              | 32           |            |       |
|                         | Rogers, Cora    | hl             | 20           |            |       |
| 1                       | George          | S              | 19           |            |       |
|                         | Esther          | Ni             | 9            |            |       |
|                         | Mitchell, Julia | Br             | 33           |            |       |
|                         | Rogers, Bertha  | Dr. l          | 18           |            |       |
|                         |                 |                |              |            |       |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |      |            |       |
|-------------------------|-----|----------------|------|------------|-------|
| R260                    |     | HEAD OF FAMILY |      | LOUISIANA  |       |
|                         |     | Roger Seraphin |      | E.D.       | SHEET |
| COLOR                   | AGE | BIRTHPLACE     |      |            |       |
| W                       | 38  |                |      |            |       |
| COUNTY                  |     |                | CITY |            |       |
| Lefourche               |     |                |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Marie                   |     | W              | 32   |            |       |
| Charles                 |     | S              | 16   |            |       |
| Seraphin Jr.            |     | S              | 15   |            |       |
| Bernadette              |     | D              | 12   |            |       |
| Horace                  |     | S              | 8    |            |       |
| Murphy                  |     | S              | 2    |            |       |
|                         |     |                |      |            |       |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |      |            |  |
|-------------------------|-----|----------------|------|------------|--|
| R260                    |     | HEAD OF FAMILY |      | LOUISIANA  |  |
| Riser, James M.         |     | E.D.           |      | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |      |            |  |
| W                       | 37  |                |      |            |  |
| COUNTY                  |     |                | CITY |            |  |
| Winn                    |     |                |      |            |  |
| OTHER MEMBERS OF FAMILY |     |                |      |            |  |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| Gloria E.               |     | W              | 37   |            |  |
| Edna E.                 |     | D              | 13   |            |  |
| Dorace V.               |     | D              | 11   |            |  |
| Wilma J.                |     | D              | 6    |            |  |
| Ella M.                 |     | D              | 2    |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |

FORM 16-636 (4-26-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



| LOUISIANA               |                    |            |            |
|-------------------------|--------------------|------------|------------|
| R 260                   | HEAD OF FAMILY     |            | E.O.       |
|                         | Rogers, Stephen E. |            | 8          |
| COLOR                   | AGE                | BIRTHPLACE |            |
| W                       | 63                 |            |            |
| COUNTY                  | Assumption         |            | CITY       |
|                         |                    |            |            |
| OTHER MEMBERS OF FAMILY |                    |            |            |
| NAME                    | RELATIONSHIP       | AGE        | BIRTHPLACE |
| Felicia                 | W                  | 62         |            |
| Noelie                  | D                  | 39         |            |
|                         |                    |            |            |
|                         |                    |            |            |
|                         |                    |            |            |
|                         |                    |            |            |
|                         |                    |            |            |
|                         |                    |            |            |
|                         |                    |            |            |

FORM 16-436 (4-26-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |  |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
|--|--|--|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|-------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|---|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R260   |  | LOUISIANA                                |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| NAME OF INDIVIDUAL   |  | E.D.                                     | SHEET |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| Rasiee Davis   |  | 101                                      | 12    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| COLOR  | AGE                                      | BIRTHPLACE                               |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| B  | 10                                       | Red River                                |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| COUNTY   | CITY                                     |  |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| Red River  |  |  |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH  |  |  |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| Hudson Callie  |  |  |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NICE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NICE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NICE            | <input type="checkbox"/> NURSE           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |

FORM 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-NC 15100-P01



|                         |                                   |                    |     | LOUISIANA  |            |
|-------------------------|-----------------------------------|--------------------|-----|------------|------------|
| 1526                    | HEAD OF FAMILY<br>Rousier, Thomas |                    |     | E.D.<br>20 | SHEET<br>4 |
| COLOR<br>Mex            | AGE<br>35                         | BIRTHPLACE         |     |            |            |
| COUNTY<br>Iberia        |                                   | CITY<br>New Iberia |     |            |            |
| OTHER MEMBERS OF FAMILY |                                   |                    |     |            |            |
| NAME                    |                                   | RELATION-<br>SHIP  | AGE | BIRTHPLACE |            |
| living alone            |                                   |                    |     |            |            |
|                         |                                   |                    |     |            |            |
|                         |                                   |                    |     |            |            |
|                         |                                   |                    |     |            |            |
|                         |                                   |                    |     |            |            |
|                         |                                   |                    |     |            |            |
|                         |                                   |                    |     |            |            |
|                         |                                   |                    |     |            |            |

|   |  |  | LOUISIANA  |          |                                 |                                 |                               |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |                                  |  |
|---|--|--|------------|----------|---------------------------------|---------------------------------|-------------------------------|---------------------------------|-------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|----------------------------------|--|
| <i>P-264</i>  | NAME OF INDIVIDUAL                       |  | S.D.       | SHEET    |                                 |                                 |                               |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |                                  |  |
|   | <i>Boone, Thomas</i>                     |  | <i>134</i> | <i>9</i> |                                 |                                 |                               |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |                                  |  |
| COLOR   | AGE                                      | BIRTHPLACE                                 |            |          |                                 |                                 |                               |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |                                  |  |
| <i>W</i>  | <i>52</i>                                | <i>Eng</i>                                 |            |          |                                 |                                 |                               |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |                                  |  |
| COUNTY  | CITY                                     |  |            |          |                                 |                                 |                               |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |                                  |  |
|   | <i>Washington</i>                        |  |            |          |                                 |                                 |                               |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |                                  |  |
| EMERATED WITH   |  |  |            |          |                                 |                                 |                               |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |                                  |  |
| <i>Wells, H. B.</i>   |  |  |            |          |                                 |                                 |                               |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |                                  |  |
| RELATIONSHIP TO ABOVE   |  |  |            |          |                                 |                                 |                               |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |                                  |  |
| <table border="0"> <tbody> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIFE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NICE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> BROTHER</td> <td></td> </tr> </tbody> </table> |  |  |            |          | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIFE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NICE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> BROTHER |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIFE              |            |          |                                 |                                 |                               |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |                                  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NICE            | <input type="checkbox"/> NURSE             |            |          |                                 |                                 |                               |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |                                  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |            |          |                                 |                                 |                               |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |                                  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER |            |          |                                 |                                 |                               |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |                                  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |            |          |                                 |                                 |                               |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |                                  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |            |          |                                 |                                 |                               |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |                                  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |            |          |                                 |                                 |                               |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |                                  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> BROTHER         |  |            |          |                                 |                                 |                               |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |                                  |  |

FORM 10-437 (4-29-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCENS-DC 10100-P61

|                         |   |                |       |            |   |
|-------------------------|---|----------------|-------|------------|---|
| R260                    |   | HEAD OF FAMILY |       | LOUISIANA  |   |
| COLOR                   | W | AGE            | 30    | E.D.       | 7 |
|                         |   | BIRTHPLACE     |       |            |   |
| COUNTY                  |   | Lincoln        |       | CITY       |   |
| OTHER MEMBERS OF FAMILY |   |                |       |            |   |
| NAME                    |   | RELATIONSHIP   | AGE   | BIRTHPLACE |   |
| Lou Ellen               |   | 20             | 32    |            |   |
| Cora B                  |   | 11             | 5     |            |   |
| Helen                   |   | 11             | 3     |            |   |
| Theresa M               |   | 5              | 1 1/2 |            |   |
|                         |   |                |       |            |   |
|                         |   |                |       |            |   |
|                         |   |                |       |            |   |

FORM 16-436 (4-22-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                | LOUISIANA      |                  |
|-------------------------|----------------|----------------|------------------|
| R260                    | HEAD OF FAMILY | Roger Thos. H. | E.O. 42 SHEET 30 |
| COLOR                   | AGE            | BIRTHPLACE     |                  |
| W                       | 45             |                |                  |
| COUNTY                  | LaFourche      | CITY           |                  |
| OTHER MEMBERS OF FAMILY |                |                |                  |
| NAME                    |                | RELATIONSHIP   | AGE              |
| Anna Rose               |                | W              | 30               |
| Edwina                  |                | D              | 12               |
| Alma                    |                | D              | 15               |
| Walter L.               |                | S              | 14               |
| Catherine               |                | D              | 11               |
| Kyrin                   |                | D              | 10               |
| Thos. H. Jr.            |                | S              | 2 1/2            |

Form 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |  |                |  |            |  |
|-------------------------|--|----------------|--|----------------|--|------------|--|
| 1260                    |  | HEAD OF FAMILY |  | Riser Thomas S |  | LOUISIANA  |  |
| COLOR                   |  | AGE            |  | BIRTHPLACE     |  | E.D.       |  |
| W                       |  | 47             |  |                |  | 1 11       |  |
| COUNTY                  |  |                |  | CITY           |  |            |  |
| Caldwell                |  |                |  |                |  |            |  |
| OTHER MEMBERS OF FAMILY |  |                |  |                |  |            |  |
| NAME                    |  | RELATIONSHIP   |  | AGE            |  | BIRTHPLACE |  |
| Emma P                  |  | W              |  | 41             |  |            |  |
| Maggie                  |  | D              |  | 19             |  |            |  |
| Bertha                  |  | D              |  | 14             |  |            |  |
| Mattie                  |  | D              |  | 12             |  |            |  |
| Thomas                  |  | S              |  | 18             |  |            |  |
| 1 Bender                |  |                |  |                |  |            |  |
|                         |  |                |  |                |  |            |  |

FORM 16-434 (4-26-31)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |                                   |              |                  |
|-------------------------|-----------------------------------|--------------|------------------|
|                         |                                   | LOUISIANA    |                  |
| R260                    | HEAD OF FAMILY <i>Licker, Tom</i> |              | E.D. 36 SHEET 17 |
| COLOR <i>B</i>          | AGE <i>23</i>                     | BIRTHPLACE   |                  |
| COUNTY <i>Concordia</i> |                                   | CITY         |                  |
| OTHER MEMBERS OF FAMILY |                                   |              |                  |
|                         | NAME                              | RELATIONSHIP | AGE              |
| 1                       | <i>Thalinda</i>                   | <i>W</i>     | <i>21</i>        |
|                         |                                   |              |                  |
|                         |                                   |              |                  |
|                         |                                   |              |                  |
|                         |                                   |              |                  |
|                         |                                   |              |                  |
|                         |                                   |              |                  |
|                         |                                   |              |                  |
|                         |                                   |              |                  |

LOUISIANA

|                         |                |               |      |            |       |    |
|-------------------------|----------------|---------------|------|------------|-------|----|
| R260                    | HEAD OF FAMILY | Rossari, Tony | E.D. | 10         | SHEET | 20 |
| COLOR                   | AGE            | BIRTHPLACE    |      |            |       |    |
| W                       | 58             |               |      |            |       |    |
| COUNTY                  | Assumption     |               | CITY |            |       |    |
| OTHER MEMBERS OF FAMILY |                |               |      |            |       |    |
| NAME                    |                | RELATIONSHIP  | AGE  | BIRTHPLACE |       |    |
| Living Alone            |                |               |      |            |       |    |
|                         |                |               |      |            |       |    |
|                         |                |               |      |            |       |    |
|                         |                |               |      |            |       |    |
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|                         |                |               |      |            |       |    |
|                         |                |               |      |            |       |    |

FORM 16-436 (4-22-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

| HEAD OF FAMILY          |              | LOUISIANA    |          |
|-------------------------|--------------|--------------|----------|
| P2LD                    | Riser Valcon | S.D. 64      | SHEET 14 |
| COLOR 13                | AGE 40       | BIRTHPLACE   |          |
| COUNTY                  | St Charles   | CITY         |          |
| OTHER MEMBERS OF FAMILY |              |              |          |
|                         | NAME         | RELATIONSHIP | AGE      |
|                         | Cora         | W            | 24       |
|                         | Eva          | D            | 11       |
|                         | Lilli        | D            | 10       |
|                         | Peter        | S            | 5        |
|                         |              |              |          |
|                         |              |              |          |
|                         |              |              |          |
|                         |              |              |          |

FORM 16-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |      |            |       |
|-------------------------|--|----------------|------|------------|-------|
| R260                    |  | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR                   |  | AGE            |      | E.D.       | SHEET |
| W                       |  | 47             |      | 97         | 6     |
| BIRTHPLACE              |  |                |      |            |       |
| COUNTY                  |  |                | CITY |            |       |
| Lafourche               |  |                |      |            |       |
| OTHER MEMBERS OF FAMILY |  |                |      |            |       |
| NAME                    |  | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Aureline                |  | W              | 44   |            |       |
| Lorus                   |  | S              | 21   |            |       |
| Louise                  |  | D              | 17   |            |       |
| Loachin                 |  | S              | 14   |            |       |
| Isline                  |  | D              | 12   |            |       |
| Hawelle                 |  | S              | 10   |            |       |
| Tharic                  |  | D              | 8    |            |       |

FORM 10-434 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME   | RELATIONSHIP | AGE | BIRTHPLACE |
|--------|--------------|-----|------------|
| 1 Evan | S            | 5   |            |
|        |              |     |            |
|        |              |     |            |
|        |              |     |            |
|        |              |     |            |
|        |              |     |            |
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FORM 16-434a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 16198-P61

|                         |   |                |     |             |  |           |  |
|-------------------------|---|----------------|-----|-------------|--|-----------|--|
| R 260                   |   | HEAD OF FAMILY |     | Bisew H. F. |  | LOUISIANA |  |
| E.O.                    |   | 68             |     | SHEET       |  | 10        |  |
| COLOR                   | W | AGE            | 58  | BIRTHPLACE  |  |           |  |
|                         |   |                |     | ala         |  |           |  |
| COUNTY                  |   |                |     | CITY        |  |           |  |
| Lincoln                 |   |                |     |             |  |           |  |
| OTHER MEMBERS OF FAMILY |   |                |     |             |  |           |  |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE  |  |           |  |
| Q J                     |   | W              | 53  |             |  |           |  |
| Kate                    |   | D              | 23  |             |  |           |  |
| Bill                    |   | S              | 21  |             |  |           |  |
| Sallie                  |   | D              | 20  |             |  |           |  |
| Minna                   |   | D              | 18  |             |  |           |  |
| Ruby                    |   | D              | 14  |             |  |           |  |
|                         |   |                |     |             |  |           |  |
|                         |   |                |     |             |  |           |  |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R260                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
|                         |     | Rosen, W. L.   |     | E.O.       | SHEET |
| COLOR                   | AGE | BIRTHPLACE     |     |            |       |
| W                       | 31  | Tenn.          |     |            |       |
| COUNTY                  |     | CITY           |     |            |       |
| Morehouse               |     |                |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Minnie                  |     | W              | 37  |            |       |
| Annie                   |     | D              | 7   |            |       |
| Mary                    |     | D              | 6   | Tenn       |       |
| Lissie                  |     | D              | 5   | Tenn       |       |
| Hayward                 |     | W              | 43  | Tenn       |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |      |            |       |
|-------------------------|-----|----------------|------|------------|-------|
| R260                    |     | HEAD OF FAMILY |      | LOUISIANA  |       |
|                         |     | Bayer Walter   |      | E.D.       | SHEET |
| COLOR                   | AGE | BIRTHPLACE     |      |            |       |
| W                       | 21  |                |      |            |       |
| COUNTY                  |     |                | CITY |            |       |
| Ascension               |     |                |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
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|                         |     |                |      |            |       |

Form 16-636 (4-30-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



LOUISIANA

|                         |                |            |              |     |            |  |
|-------------------------|----------------|------------|--------------|-----|------------|--|
| R260                    | HEAD OF FAMILY |            | E.D.         |     | SHEET      |  |
|                         | Riser Walker   |            | 69           |     | 10         |  |
| COLOR                   | AGE            | BIRTHPLACE |              |     |            |  |
| W                       | 35             |            |              |     |            |  |
| COUNTY                  |                |            | CITY         |     |            |  |
| Lincoln                 |                |            | Ruston       |     |            |  |
| OTHER MEMBERS OF FAMILY |                |            |              |     |            |  |
| NAME                    |                |            | RELATIONSHIP | AGE | BIRTHPLACE |  |
| 1 Jessie                |                |            | W            | 29  |            |  |
| 1 Sarah                 |                |            | D            | 1/2 |            |  |
|                         |                |            |              |     |            |  |
|                         |                |            |              |     |            |  |
|                         |                |            |              |     |            |  |
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FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|                         |                |              |      |            |
|-------------------------|----------------|--------------|------|------------|
| R 263                   | HEAD OF FAMILY |              | E.D. | SHEET      |
|                         | Rosen Walter   |              | 2    | 12         |
| COLOR<br>W              | AGE<br>26      | BIRTHPLACE   |      |            |
| COUNTY                  |                | CITY         |      |            |
| Caldwell                |                |              |      |            |
| OTHER MEMBERS OF FAMILY |                |              |      |            |
| NAME                    |                | RELATIONSHIP | AGE  | BIRTHPLACE |
| 1. Lety                 |                | W            | 18   |            |
| Ela                     |                | D            | 12   |            |
|                         |                |              |      |            |
|                         |                |              |      |            |
|                         |                |              |      |            |
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|                         |                |              |      |            |

FORM 10-636 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|                         |                                     |                     |            |             |
|-------------------------|-------------------------------------|---------------------|------------|-------------|
| R 260                   | HEAD OF FAMILY<br>Richard Walter H. |                     | E.O.<br>43 | SHEET<br>23 |
| COLOR<br>W              | AGE<br>29                           | BIRTHPLACE<br>Miss. |            |             |
| COUNTY<br>Calcasieu     |                                     | CITY                |            |             |
| OTHER MEMBERS OF FAMILY |                                     |                     |            |             |
| NAME                    |                                     | RELATION-<br>SHIP   | AGE        | BIRTHPLACE  |
| Ruby                    |                                     | W                   | 28         | Ill.        |
| Henry H.                |                                     | S.                  | 16         | Germany     |
| Griff, Garnett          |                                     | Son                 | 16         | Ill.        |
|                         |                                     |                     |            |             |
|                         |                                     |                     |            |             |
|                         |                                     |                     |            |             |
|                         |                                     |                     |            |             |

FORM 16-436 (4-26-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                | LOUISIANA |            |       |
|-------------------------|-----|----------------|-----------|------------|-------|
| R260                    |     | HEAD OF FAMILY |           | R.O.       | SHEET |
|                         |     | Rosier Watty   |           | 153        | 2     |
| COLOR                   | AGE | BIRTHPLACE     |           |            |       |
| B                       | 65  | Miss           |           |            |       |
| COUNTY                  |     | CITY           |           |            |       |
| West Feliciana          |     |                |           |            |       |
| OTHER MEMBERS OF FAMILY |     |                |           |            |       |
| NAME                    |     | RELATIONSHIP   | AGE       | BIRTHPLACE |       |
| Anne                    |     | W              | 60        | Miss       |       |
| Emma                    |     | D              | 85        | /          |       |
| Mary                    |     | D              | 23        | /          |       |
| Hatty                   |     | D              | 30        |            |       |
| Richard                 |     | S              | 18        |            |       |
|                         |     |                |           |            |       |
|                         |     |                |           |            |       |

LOUISIANA

|   |  |                    |   |                |  |   |  |       |  |
|---|--|--------------------|---|----------------|--|---|--|-------|--|
| 226   |  | NAME OF INDIVIDUAL |   | Rogier Willert |  | E.D.  |  | SHEET |  |
| 5   |  | 8                  |   |                |  |   |  |       |  |
| COLOR   |  | AGE                |   | BIRTHPLACE     |  |   |  |       |  |
| W   |  | 15                 |   |                |  |   |  |       |  |
| COUNTY  |  |                    |   | CITY           |  |   |  |       |  |
| Academy   |  |                    |   | Donaldsonville |  |   |  |       |  |
| ENUMERATED WITH   |  |                    |   |                |  |   |  |       |  |
| Will Mrs. K.  |  |                    |   |                |  |   |  |       |  |
| RELATIONSHIP TO ABOVE   |  |                    |   |                |  |   |  |       |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input checked="" type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  |                    | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |                |  | <input type="checkbox"/> BOARDER<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |  |       |  |

FORM 16-637 (4-25-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 18128-P61

LOUISIANA

|   |                        |   |             |   |                           |
|---|------------------------|---|-------------|---|---------------------------|
| <b>R260</b>   |                        | <b>NAME OF INDIVIDUAL</b><br><i>Ruscher, William</i>  |             | <b>E.O.</b><br><i>145</i>   | <b>SHEET</b><br><i>20</i> |
| <b>COLOR</b><br><i>B</i>  | <b>AGE</b><br><i>2</i> | <b>BIRTHPLACE</b>   |             |   |                           |
| <b>COUNTY</b><br><i>West Feliciana</i>  |                        |   | <b>CITY</b> |   |                           |
| <b>ENumerated WITH</b><br><i>Ruscher, Clara</i>   |                        |   |             |   |                           |
| <b>RELATIONSHIP TO ABOVE</b>  |                        |   |             |   |                           |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input checked="" type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                        | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |             | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify)<br><hr/> |                           |

FORM 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1930 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 15125-P-1

LOUISIANA

|                         |                |     |                 |            |            |       |    |      |
|-------------------------|----------------|-----|-----------------|------------|------------|-------|----|------|
| R260                    | HEAD OF FAMILY |     | Gregory William | E.O.       | 93         | SHEET | 18 |      |
| COLOR                   | W              | AGE | 52              | BIRTHPLACE |            |       |    | Iowa |
| COUNTY                  | Rapides        |     |                 | CITY       |            |       |    |      |
| OTHER MEMBERS OF FAMILY |                |     |                 |            |            |       |    |      |
| NAME                    |                |     | RELATIONSHIP    | AGE        | BIRTHPLACE |       |    |      |
| Living alone            |                |     |                 |            |            |       |    |      |
|                         |                |     |                 |            |            |       |    |      |
|                         |                |     |                 |            |            |       |    |      |
|                         |                |     |                 |            |            |       |    |      |
|                         |                |     |                 |            |            |       |    |      |
|                         |                |     |                 |            |            |       |    |      |
|                         |                |     |                 |            |            |       |    |      |
|                         |                |     |                 |            |            |       |    |      |
|                         |                |     |                 |            |            |       |    |      |

FORM 10-436 (4-29-51)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|                         |            |                    |      |            |       |
|-------------------------|------------|--------------------|------|------------|-------|
| R260                    |            | HEAD OF FAMILY     |      | E.O.       | SHEET |
|                         |            | Ricker, William E. |      | 99         | 12    |
| COLOR                   | AGE        | BIRTHPLACE         |      |            |       |
| W                       | 64         | Miss               |      |            |       |
| COUNTY                  |            |                    | CITY |            |       |
| St. Tammany             |            |                    |      |            |       |
| OTHER MEMBERS OF FAMILY |            |                    |      |            |       |
| NAME                    |            | RELATIONSHIP       | AGE  | BIRTHPLACE |       |
|                         | Viola      | W                  | 58   |            |       |
|                         | Ethel Cook | add                | 10   |            |       |
|                         | x 1 br     |                    |      |            |       |
|                         |            |                    |      |            |       |
|                         |            |                    |      |            |       |
|                         |            |                    |      |            |       |
|                         |            |                    |      |            |       |
|                         |            |                    |      |            |       |
|                         |            |                    |      |            |       |

FORM 16-436 (4-20-31)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |  |                | LOUISIANA |            |       |
|-------------------------|--|----------------|-----------|------------|-------|
| R260                    |  | HEAD OF FAMILY |           | E.O.       | SHEET |
| B                       |  | 43             |           | 124        | 5     |
| COLOR                   |  | AGE            |           | BIRTHPLACE |       |
| COUNTY                  |  | Winn           |           | CITY       |       |
| OTHER MEMBERS OF FAMILY |  |                |           |            |       |
| NAME                    |  | RELATIONSHIP   | AGE       | BIRTHPLACE |       |
| Riosh                   |  | W              | 45        |            |       |
| John R.                 |  | S              | 16        |            |       |
| Dandale                 |  | S              | 10        |            |       |
| Durman                  |  | S              | 8         |            |       |
| Durman, Mary            |  | SD             | 13        |            |       |
|                         |  |                |           |            |       |
|                         |  |                |           |            |       |
|                         |  |                |           |            |       |

Form 16-436 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |  |  |      |      |       |
|--|--|--|------|------|-------|
| R260                                   |  | NAME OF INDIVIDUAL                         |      | E.D. | SHEET |
|  |  | Racker, William H                          |      | 14   | 12    |
| COLOR                                  | AGE                                      | BIRTHPLACE                                 |      |      |       |
| W                                      | 33                                       | Tex  |      |      |       |
| COUNTY                                 | Tangipahoe                               |  | CITY |      |       |
| RESIDENT WITH                          |  |  |      |      |       |
| Thames, Louis                          |  |  |      |      |       |
| RELATIONSHIP TO ABOVE                  |  |  |      |      |       |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE            |      |      |       |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE             |      |      |       |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |      |      |       |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER |      |      |       |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |      |      |       |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |      |      |       |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW  |  |      |      |       |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW   |  |      |      |       |

FORM 16-537 (4-20-51)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

UNCOMM-DC 15129-P01

|                         |  |                | LOUISIANA |            |       |
|-------------------------|--|----------------|-----------|------------|-------|
| R 260                   |  | HEAD OF FAMILY |           | E.D.       | SHEET |
| B                       |  | 30             |           | 86         | 6     |
| COLOR                   |  | BIRTHPLACE     |           |            |       |
| COUNTY                  |  | St. Helena     |           | CITY       |       |
| OTHER MEMBERS OF FAMILY |  |                |           |            |       |
| NAME                    |  | RELATIONSHIP   | AGE       | BIRTHPLACE |       |
| Danae                   |  | W              | 30        |            |       |
| Ida                     |  | D              | 20        |            |       |
| Idella                  |  | D              | 17        |            |       |
| Scott                   |  | S              | 7         |            |       |
| Pearly                  |  | S              | 3         |            |       |
|                         |  |                |           |            |       |
|                         |  |                |           |            |       |
|                         |  |                |           |            |       |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|   |  |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
|---|--|--|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|---|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R 260   | NAME OF INDIVIDUAL<br><i>Rucker Wilhel</i> |  | E.O.<br><i>19</i> | SHEET<br><i>13</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>ma</i>  | AGE<br><i>5</i>                            | BIRTHPLACE                               |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>Bossier</i>  |  | CITY                                     |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Scott Lida</i>  |  |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |                   |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW            | <input type="checkbox"/> WIMATE          |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE             | <input type="checkbox"/> NURSE           |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW     | <input type="checkbox"/> PATIENT         |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW     | <input type="checkbox"/> ROOMER          |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW        | <input type="checkbox"/> SERVANT         |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW   | <input type="checkbox"/> OTHER (Specify) |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW    |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW     |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |

FORM 10-437 (4-29-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCIB-DC 18199-PH

LOUISIANA

|  |          |  |  |  |             |
|--|----------|--|--|--|-------------|
| R260                                   |          | NAME OF INDIVIDUAL<br>Riser Willie         |  | E.D.<br>62                               | SHEET<br>33 |
| COLOR<br>B                             | AGE<br>4 | BIRTHPLACE                                 |  |  |             |
| COUNTY<br>Potter                       |          | CITY<br>Rochelle                           |  |  |             |
| ENGENERATED WITH<br>Ward John          |          |  |  |  |             |
| RELATIONSHIP TO ABOVE                  |          |  |  |  |             |
| <input type="checkbox"/> FATHER        |          | <input checked="" type="checkbox"/> NEPHER |  | <input type="checkbox"/> INMATE          |             |
| <input type="checkbox"/> MOTHER        |          | <input type="checkbox"/> NIECE             |  | <input type="checkbox"/> NURSE           |             |
| <input type="checkbox"/> GRANDFATHER   |          | <input type="checkbox"/> FATHER-IN-LAW     |  | <input type="checkbox"/> PATIENT         |             |
| <input type="checkbox"/> GRANDMOTHER   |          | <input type="checkbox"/> MOTHER-IN-LAW     |  | <input type="checkbox"/> ROOMER          |             |
| <input type="checkbox"/> GRANDSON      |          | <input type="checkbox"/> SON-IN-LAW        |  | <input type="checkbox"/> SERVANT         |             |
| <input type="checkbox"/> GRANDDAUGHTER |          | <input type="checkbox"/> DAUGHTER-IN-LAW   |  | <input type="checkbox"/> OTHER (Specify) |             |
| <input type="checkbox"/> AUNT          |          | <input type="checkbox"/> BROTHER-IN-LAW    |  |  |             |
| <input type="checkbox"/> UNCLE         |          | <input type="checkbox"/> MISTER-IN-LAW     |  |  |             |

FORM 16-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P01

LOUISIANA

|                         |                |              |                |            |         |       |    |         |
|-------------------------|----------------|--------------|----------------|------------|---------|-------|----|---------|
| P20                     | HEAD OF FAMILY |              | Rouzeau Willie | E.O.       | 104     | SHEET | 12 |         |
| COLOR                   | W              | AGE          | 56             | BIRTHPLACE |         |       |    | England |
| COUNTY                  | St. Tammany    |              |                | CITY       | Slidell |       |    |         |
| OTHER MEMBERS OF FAMILY |                |              |                |            |         |       |    |         |
|                         | NAME           | RELATIONSHIP | AGE            | BIRTHPLACE |         |       |    |         |
|                         | William        | S            | 22             |            |         |       |    |         |
|                         | Ralph          | S            | 19             |            |         |       |    |         |
| Hevens                  | Missouri       | D            | 28             |            |         |       |    |         |
|                         | James          | SL           | 49             |            |         |       |    |         |
|                         | Florence       | YS           | 5              | Miss       |         |       |    |         |
|                         | Bessie         | YD           | 2              | I          |         |       |    |         |
|                         | Harvey         | N            | 21             |            |         |       |    |         |

FORM 16-536 (4-20-51)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |  |  |      |       |
|--|--|--|------|-------|
| R260                                   | NAME OF INDIVIDUAL                       |  | E.O. | SHEET |
|  | Roger Willy                              |  | 66   | 8     |
| COLOR                                  | AGE                                      | BIRTHPLACE                                 |      |       |
| W                                      | 27                                       |  |      |       |
| COUNTY                                 | CITY                                     |  |      |       |
| REGISTERED WITH                        |  | Larche Emily                               |      |       |
| RELATIONSHIP TO ABOVE                  |  |  |      |       |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE            |      |       |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE             |      |       |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |      |       |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER |      |       |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |      |       |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |      |       |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW  |  |      |       |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW   |  |      |       |

FORM 16-537 (4-29-51)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1930 CENSUS INDEX - INDIVIDUAL

123000-00 18100-001

|   |  |  | LOUISIANA |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |   |  |
|---|--|--|-----------|-------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|--|--|--------------------------------|---|--|
| R260  | NAME OF INDIVIDUAL                                 |  | E.O.      | SHEET |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |   |  |
| COLOR   | AGE  | BIRTHPLACE                               | 105       | 20    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |   |  |
| W   | 39   |  |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |   |  |
| COUNTY  |  | CITY                                     |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |   |  |
| Terrebonne  |  |  |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |   |  |
| ENUMERATED WITH   |  |  |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |   |  |
| Boudreaux, Ernest   |  |  |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |   |  |
| RELATIONSHIP TO ABOVE   |  |  |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |   |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> UNCLE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input checked="" type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> </table> |  |  |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> UNCLE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input checked="" type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> BROTHER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW                    | <input type="checkbox"/> UNCLE           |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |   |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE                     | <input type="checkbox"/> NURSE           |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |   |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW             | <input type="checkbox"/> PATIENT         |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |   |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW             | <input type="checkbox"/> ROOMER          |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |   |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW                | <input type="checkbox"/> SERVANT         |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |   |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW           | <input type="checkbox"/> OTHER (Specify) |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |   |  |
| <input type="checkbox"/> AUNT   | <input checked="" type="checkbox"/> BROTHER-IN-LAW |  |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |   |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> BROTHER-IN-LAW            |  |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |   |  |

FORM 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18199-P-91



|  |  |  |      |           |       |                                 |  |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|------|-----------|-------|---------------------------------|--|--------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R 262  |  | NAME OF INDIVIDUAL                       |      | LOUISIANA |       |                                 |  |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR  | AGE  | BIRTHPLACE                               |      | E.D.      | SHEET |                                 |  |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|  | 1/2  | St. Jo                                   |      | 49        | 11    |                                 |  |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY   |  |  | CITY |           |       |                                 |  |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| East Feliciana   |  |  |      |           |       |                                 |  |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH  |  |  |      |           |       |                                 |  |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Morgan Jossan  |  |  |      |           |       |                                 |  |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |      |           |       |                                 |  |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input checked="" type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDOW</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |      |           |       | <input type="checkbox"/> FATHER | <input checked="" type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input checked="" type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW           |      |           |       |                                 |  |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE             | <input type="checkbox"/> NURSE           |      |           |       |                                 |  |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW     | <input type="checkbox"/> PATIENT         |      |           |       |                                 |  |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW     | <input type="checkbox"/> ROOMER          |      |           |       |                                 |  |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW        | <input type="checkbox"/> SERVANT         |      |           |       |                                 |  |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW   | <input type="checkbox"/> OTHER (Specify) |      |           |       |                                 |  |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW    |  |      |           |       |                                 |  |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW     |  |      |           |       |                                 |  |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

Form 16-437 (6-30-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 1910-P-91

|  |  |  |  |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|--|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|-------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R 262  |  | NAME OF INDIVIDUAL                         |  | LOUISIANA |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR  | AGE                                      | BIRTHPLACE                                 |  | E.D.      | SHEET |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| W  | 13                                       | Tenn.                                      |  | 78        | 1     |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY   |  | CITY                                       |  |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|  |  | Rapidan Alexandria                         |  |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| GENERATED WITH   |  |  |  |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Maulsville, Nov 21.  |  |  |  |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |  |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE            |  |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NECE            | <input type="checkbox"/> NURSE             |  |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |  |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER |  |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |  |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |  |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |  |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-637 (4-20-57)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| R262   |  | NAME OF INDIVIDUAL  |  | LOUISIANA  |  |
| COLOR  |  | AGE   |  | ED   |  |
| B  |  | 6   |  | 136  |  |
| BIRTHPLACE   |  | SHEET   |  | 26   |  |
| COUNTY   |  | CITY  |  |  |  |
| Vermillion   |  | Abbeville   |  |  |  |
| ENUMERATED WITH  |  | Faulk Fisher  |  |  |  |
| RELATIONSHIP TO ABOVE  |  |   |  |  |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br>D |  |

FORM 19-437 (4-23-31)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |      |            |       |
|-------------------------|-----|----------------|------|------------|-------|
| R262                    |     | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |      | E.D.       | SHEET |
| 3                       | 58  | Id             |      | 41         | 17    |
| COUNTY                  |     |                | CITY |            |       |
| East Carroll            |     |                |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| 1 Father                |     | W              | 21   | Id         |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
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FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R 262                   |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.O.       | SHEET |
| W                       |  | 40             | Iowa       | 79         | 32    |
| COUNTY                  |  |                | CITY       |            |       |
|                         |  |                | Rapides    | Alexandria |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| 1 Missie                |  | W              | 35         | Iowa       |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |            |
|-------------------------|--|----------------|------------|------------|------------|
| R262                    |  | HEAD OF FAMILY |            | LOUISIANA  |            |
| COLOR                   |  | AGE            | BIRTHPLACE |            | E.D. SHEET |
| B                       |  | 32             |            |            | 51 31      |
| COUNTY                  |  |                | CITY       |            |            |
| Iberville               |  |                |            |            |            |
| OTHER MEMBERS OF FAMILY |  |                |            |            |            |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |            |
| 1 Rachel                |  | W              | 28         |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |

FORM 18-636 (4-22-21)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                      |                |       |            |  |
|-------------------------|----------------------|----------------|-------|------------|--|
| R262                    |                      | HEAD OF FAMILY |       | LOUISIANA  |  |
| Kagera Albert           |                      | E.O.           |       | 74         |  |
| COLOR                   | B                    | AGE            | 38    | BIRTHPLACE |  |
| COUNTY                  | St. John the Baptist |                |       | CITY       |  |
| OTHER MEMBERS OF FAMILY |                      |                |       |            |  |
| NAME                    |                      | RELATIONSHIP   | AGE   | BIRTHPLACE |  |
| Zakie                   |                      | W              | 35    |            |  |
| Justane                 |                      | S              | 7     |            |  |
| Sidonia                 |                      | D              | 5     |            |  |
| Albert Jr.              |                      | S              | 1 1/2 |            |  |
|                         |                      |                |       |            |  |
|                         |                      |                |       |            |  |
|                         |                      |                |       |            |  |

FORM 18-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |            |                |      |            |  |
|-------------------------|------------|----------------|------|------------|--|
| R 362                   |            | HEAD OF FAMILY |      | LOUISIANA  |  |
| Rogers Alex             |            | E.O.           |      | SHEET      |  |
| COLOR                   | AGE        | BIRTHPLACE     |      |            |  |
| B                       | 42         |                |      |            |  |
| COUNTY                  | Evangeline |                | CITY |            |  |
|                         |            | Baton Rouge    |      |            |  |
| OTHER MEMBERS OF FAMILY |            |                |      |            |  |
| NAME                    |            | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| Minnie                  |            | W              | 39   |            |  |
| Lizzie                  |            | D              | 9    |            |  |
| John                    |            | S              | 5    |            |  |
| Martina Echel           |            | SD             | 19   |            |  |
| Andrew                  |            | SS             | 17   |            |  |
|                         |            |                |      |            |  |
| Bo                      |            |                |      |            |  |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |     |                |     |            |  |
|-------------------------|-----|----------------|-----|------------|--|
| B 262                   |     | HEAD OF FAMILY |     | LOUISIANA  |  |
| E.D.                    |     | SHEET          |     |            |  |
| COLOR                   | AGE | BIRTHPLACE     |     |            |  |
| B                       | 70  |                |     |            |  |
| COUNTY                  |     | CITY           |     |            |  |
| Grand                   |     |                |     |            |  |
| OTHER MEMBERS OF FAMILY |     |                |     |            |  |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| 1 Minnie                |     | W              | 75  |            |  |
| Catherine Louis         |     | G-S            | 22  |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
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FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |            |
|-------------------------|--|----------------|------------|------------|------------|
| R262                    |  | HEAD OF FAMILY |            | LOUISIANA  |            |
| COLOR                   |  | AGE            | BIRTHPLACE |            | E.D. SHEET |
| W                       |  | 45             |            |            | 93 20      |
| COUNTY                  |  |                | CITY       |            |            |
| St. Tammany             |  |                |            |            |            |
| OTHER MEMBERS OF FAMILY |  |                |            |            |            |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |            |
| Matilda S.              |  | W              | 43         | Ireland    |            |
| James B.                |  | 5              | 5          |            |            |
| Floras John P.          |  | SS             | 19         |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |

FORM 10-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |      |            |       |
|-------------------------|-----|----------------|------|------------|-------|
| 1262                    |     | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |      | E.D.       | SHEET |
| White                   | 27  |                |      | 52         | 8     |
| COUNTY                  |     |                | CITY |            |       |
| Plaquemines             |     |                |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Maggie                  |     | W              | 24   |            |       |
| Bessie                  |     | D              | 8    |            |       |
| Bliss                   |     | D              | 4    |            |       |
| Clair                   |     | D              | 2    |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |

FORM 10-636 (4-30-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |   |            | LOUISIANA  |             |
|---|---|------------|------------|-------------|
| B262  | NAME OF INDIVIDUAL<br><i>Rogers Alice</i> |            | E.D.<br>47 | SHEET<br>21 |
| COLOR<br>B  | AGE<br>28                                 | BIRTHPLACE |            |             |
| COUNTY<br>Lafourche   |   | CITY       |            |             |
| ENUMERATED WITH<br><i>Rogers, Leani</i>   |   |            |            |             |
| RELATIONSHIP TO ABOVE   |   |            |            |             |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> FATHER<br/> <input type="checkbox"/> MOTHER<br/> <input type="checkbox"/> GRANDFATHER<br/> <input type="checkbox"/> GRANDMOTHER<br/> <input type="checkbox"/> GRANDSON<br/> <input type="checkbox"/> GRANDDAUGHTER<br/> <input type="checkbox"/> AUNT<br/> <input type="checkbox"/> UNCLE </div> <div style="width: 30%;"> <input type="checkbox"/> NEPHEW<br/> <input type="checkbox"/> NIECE<br/> <input type="checkbox"/> FATHER-IN-LAW<br/> <input type="checkbox"/> MOTHER-IN-LAW<br/> <input type="checkbox"/> SON-IN-LAW<br/> <input type="checkbox"/> DAUGHTER-IN-LAW<br/> <input type="checkbox"/> BROTHER-IN-LAW<br/> <input type="checkbox"/> SISTER-IN-LAW </div> <div style="width: 30%;"> <input type="checkbox"/> WMAVE<br/> <input type="checkbox"/> NURSE<br/> <input type="checkbox"/> PATIENT<br/> <input type="checkbox"/> ROOMER<br/> <input type="checkbox"/> SERVANT<br/> <input checked="" type="checkbox"/> OTHER (Specify)<br/> <i>5, 1</i> </div> </div> |   |            |            |             |

FORM 16-637 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 1910-P-61

LOUISIANA

|  |  |   |  |            |  |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|--|--|---|--|------------|--|-------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| R262   |  | NAME OF INDIVIDUAL<br>Rogers Allen                  |  | R.D.<br>78 |  | SHEET<br>13 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR<br>B   | AGE<br>10                                | BIRTHPLACE  |  |            |  |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY<br>Natchitoches   |  | CITY  |  |            |  |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH<br>White Frederick   |  |   |  |            |  |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   |  |            |  |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> INMATE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input checked="" type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> |  |   |  |            |  |             | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |  |            |  |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |  |            |  |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |            |  |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |            |  |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |            |  |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |            |  |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |            |  |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |   |  |            |  |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

Form 10-437 (4-20-07)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMB-DC 18100-P61

|                         |     |                |     |            |  |
|-------------------------|-----|----------------|-----|------------|--|
| 8762                    |     | HEAD OF FAMILY |     | LOUISIANA  |  |
| Richardson, Allen       |     | E.D.           |     | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |     |            |  |
| Wm                      | 39  |                |     |            |  |
| COUNTY                  |     | City           |     |            |  |
| Iberville               |     |                |     |            |  |
| OTHER MEMBERS OF FAMILY |     |                |     |            |  |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| 1 Mary                  |     | W              | 39  |            |  |
| William, Mary           |     | S-D            | 25  |            |  |
| Cokely Mack             |     | S-G-S          | 8   |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|   |  |   |  |                   |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
|---|--|---|--|-------------------|-------------------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|---|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R 262   |  | NAME OF INDIVIDUAL<br><i>Rogers Alice</i> |  | E.D.<br><i>46</i> | SHEET<br><i>7</i> |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>73</i>  | AGE<br><i>15</i>                         | BIRTHPLACE                                |  |                   |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>East Feliciana</i>   |  | CITY                                      |  |                   |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Carter Sam</i>  |  |   |  |                   |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |  |                   |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> WIDOW</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input checked="" type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> |  |   |  |                   |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDOW            |  |                   |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE            |  |                   |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT          |  |                   |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER           |  |                   |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT          |  |                   |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)  |  |                   |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |                   |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |  |                   |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 1910-P-01

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R 262                   |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| W                       |  | 20             |            | 19         | 4     |
| COUNTY                  |  |                | CITY       |            |       |
| Cibola                  |  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Leva                    |  | W              | 17         |            |       |
| Ida L                   |  | D              | 1/2        |            |       |
| Connor, Emma L          |  | M L            | 70         |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 16-436 (6-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |   |                |       |            |  |
|-------------------------|---|----------------|-------|------------|--|
| R 262                   |   | HEAD OF FAMILY |       | LOUISIANA  |  |
| Kogus Alonge            |   | E.D.           |       | SHEET      |  |
| COLOR                   | B | AGE            | 27    | BIRTHPLACE |  |
| COUNTY                  |   | Tensas         |       | CITY       |  |
|                         |   |                |       | Newellton  |  |
| OTHER MEMBERS OF FAMILY |   |                |       |            |  |
| NAME                    |   | RELATIONSHIP   | AGE   | BIRTHPLACE |  |
| Maria                   |   | W              | 23    | Miss.      |  |
| Alonge Jr.              |   | S              | 14    |            |  |
| Alex                    |   | S              | 2     |            |  |
| Ella                    |   | D              | 1 1/2 |            |  |
|                         |   |                |       |            |  |
|                         |   |                |       |            |  |
|                         |   |                |       |            |  |
|                         |   |                |       |            |  |

FORM 18-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |   |
|---|---|
| LOUISIANA   |   |
| B 262   | NAME OF INDIVIDUAL<br><i>Rogers, Amanda</i>   |
| E.D.  | SHEET   |
| 49  | 5   |
| COLOR<br><i>B</i>   | AGE<br><i>9</i>   |
| BIRTHPLACE  |   |
| COUNTY  | CITY  |
| <i>East Feliciana</i>   |   |
| ENUMERATED WITH<br><i>Rogers, Patience</i>  |   |
| RELATIONSHIP TO ABOVE   |   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input checked="" type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> WIFE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) _____  |   |

FORM 16-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18498-P81

|                           |                |              |           |            |
|---------------------------|----------------|--------------|-----------|------------|
| R262                      | HEAD OF FAMILY |              | LOUISIANA |            |
| COLOR                     | AGE            | BIRTHPLACE   |           | E.D. SHEET |
| W                         | 54             |              |           | 99 19      |
| COUNTY <i>St. Tammany</i> |                | CITY         |           |            |
| OTHER MEMBERS OF FAMILY   |                |              |           |            |
| NAME                      |                | RELATIONSHIP | AGE       | BIRTHPLACE |
| Jefferson O.              |                | S            | 21        |            |
| Warren B.                 |                | S            | 18        |            |
| Joseph                    |                | S            | 16        |            |
| Henry W.                  |                | S            | 13        |            |
| Myra Allie M.             |                | Se           | 28        |            |
|                           |                |              |           |            |
|                           |                |              |           |            |

FORM 16-636 (4-20-21)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |      |            |       |
|-------------------------|-----|----------------|------|------------|-------|
| R762                    |     | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |      | E.D.       | SHEET |
| B                       | 23  |                |      | 47         | 8     |
| COUNTY                  |     |                | CITY |            |       |
| Franklin                |     |                |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| 1. Dan                  |     | S              | 6    |            |       |
| Joseph                  |     | S              | 4    |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |            |       |
|-------------------------|---|----------------|-----|------------|-------|
| R-267                   |   | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | B | AGE            | 22  | E.D.       | 12057 |
|                         |   | BIRTHPLACE     |     |            |       |
| COUNTY                  |   | Webster        |     | CITY       |       |
|                         |   |                |     | Minden     |       |
| OTHER MEMBERS OF FAMILY |   |                |     |            |       |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Annie                   |   | W              | 19  |            |       |
| Allie                   |   | D              | 3   |            |       |
| Berta                   |   | D              | 2   |            |       |
|                         |   |                |     |            |       |
|                         |   |                |     |            |       |
|                         |   |                |     |            |       |
|                         |   |                |     |            |       |
|                         |   |                |     |            |       |
|                         |   |                |     |            |       |

FORM 16-536 (4-20-61)  
1960 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |      |            |  |
|-------------------------|-----|----------------|------|------------|--|
| R 262                   |     | HEAD OF FAMILY |      | LOUISIANA  |  |
| COLOR                   | AGE | BIRTHPLACE     | E.D. | SHEET      |  |
| W                       | 57  | La.            | 97   | 4          |  |
| COUNTY                  |     | CITY           |      |            |  |
| Rapides                 |     |                |      |            |  |
| OTHER MEMBERS OF FAMILY |     |                |      |            |  |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| Mary J.                 |     | W              | 53   | La.        |  |
| Paul                    |     | D              | 19   | La.        |  |
| Florence B.             |     | S              | 16   |            |  |
| Dulced                  |     | D              | 12   |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |

FORM 16-636 (4-26-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

| HEAD OF FAMILY          |              | LOUISIANA  |                 |
|-------------------------|--------------|------------|-----------------|
| 8262                    | Age 31       | Birthplace | E.D. 66 SHEET 7 |
| COLOR B                 | CITY         |            |                 |
| COUNTY                  | Do Soto      |            |                 |
| OTHER MEMBERS OF FAMILY |              |            |                 |
| NAME                    | RELATIONSHIP | AGE        | BIRTHPLACE      |
| Eleanore                | W            | 24         |                 |
| Lucile                  | D            | 2          |                 |
| Fannie                  | D            | 1          |                 |
| Druggery                | A            | 65         |                 |
| Osance                  | G F          | 90         |                 |
| Lincher                 | S            | 21         |                 |
|                         |              |            |                 |

FORM 16-536 (6-24-31)  
1930 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |   |   |    |   |  |
|--|---|---|----|---|--|
| 1262   |   | NAME OF INDIVIDUAL  |    | LOUISIANA   |  |
| COLOR  | B | AGE   | 15 | BIRTHPLACE  |  |
| COUNTY   |   | Caddo   |    | CITY  |  |
| ENUMERATED WITH  |   | Caldwell John   |    |   |  |
| RELATIONSHIP TO ABOVE  |   |   |    |   |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |   | <input type="checkbox"/> NEPHER<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |    | <input type="checkbox"/> WIFE<br><input type="checkbox"/> HUSBAND<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input checked="" type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |  |

FORM 10-637 (4-20-61)

1960 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 10199-761



|  |   |  |  |                    |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
|--|---|--|--|--------------------|-------------------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|---|--|-------------------------------|---|--|--------------------------------|--|--|
| 11-262   |   | NAME OF INDIVIDUAL<br><i>Rogers Anna</i> |  | LOUISIANA          |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| COLOR<br><i>W</i>  | AGE<br><i>18</i>                                    | BIRTHPLACE                               |  | E.D.<br><i>139</i> | SHEET<br><i>6</i> |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| COUNTY<br><i>Union</i>   |   | CITY                                     |  |                    |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Rogers James D</i>   |   |  |  |                    |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |   |  |  |                    |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHER</td> <td><input type="checkbox"/> WIDOW</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input checked="" type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |   |  |  |                    |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHER | <input type="checkbox"/> WIDOW | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input checked="" type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHER                     | <input type="checkbox"/> WIDOW           |  |                    |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE                      | <input type="checkbox"/> NURSE           |  |                    |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW              | <input type="checkbox"/> PATIENT         |  |                    |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW              | <input type="checkbox"/> ROOMER          |  |                    |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW                 | <input type="checkbox"/> SERVANT         |  |                    |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input checked="" type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |  |                    |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW             |  |  |                    |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW              |  |  |                    |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |

FORM 10-537 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 10100-P01

|   |  |   |      |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
|---|--|---|------|-------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|---|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R262  |  | NAME OF INDIVIDUAL<br><i>Rogers Anna Lu</i> |      | LOUISIANA         |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>B</i>   | AGE<br><i>7</i>                          | BIRTHPLACE                                  |      | E.O.<br><i>28</i> | SHEET<br><i>7</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>Caddo</i>  |  |   | CITY |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Caldwell John</i>   |  |   |      |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |      |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> IMMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input checked="" type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |      |                   |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> IMMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input checked="" type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> IMMATE             |      |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE              |      |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT            |      |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER             |      |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input checked="" type="checkbox"/> SERVANT |      |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)    |      |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |      |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |      |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                 |                       |                     |            |
|-------------------------|-----------------|-----------------------|---------------------|------------|
| R 262                   | HEAD OF FAMILY  |                       | LOUISIANA           |            |
| COLOR                   | AGE             | BIRTHPLACE            | E.D.                | SHEET      |
| W                       | 48              | <i>Peters, Annell</i> | 95                  | 15         |
| COUNTY                  | CITY            |                       |                     |            |
|                         | <i>St. Mary</i> |                       | <i>Monroe, City</i> |            |
| OTHER MEMBERS OF FAMILY |                 |                       |                     |            |
| NAME                    |                 | RELATIONSHIP          | AGE                 | BIRTHPLACE |
| <i>Evelina</i>          |                 | <i>W</i>              | <i>45</i>           |            |
| <i>Guidry, Dulcie</i>   |                 | <i>ADOC</i>           | <i>10</i>           |            |
|                         |                 |                       |                     |            |
|                         |                 |                       |                     |            |
|                         |                 |                       |                     |            |
|                         |                 |                       |                     |            |
|                         |                 |                       |                     |            |
|                         |                 |                       |                     |            |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|---|--|---|--|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| <b>R262</b>   |  | NAME OF INDIVIDUAL<br><b>Rogers Annie</b>           |  | LOUISIANA         |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR<br><b>Mr</b>  | AGE<br><b>20</b>                         | BIRTHPLACE  |  | E.O.<br><b>62</b> | SHEET<br><b>25</b> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY  |  | <b>Iberville</b>                                    |  | CITY              |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><b>Bessie George</b>   |  |   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |                   |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <b>S D</b>  |  |   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 16-437 (4-30-61)

1930 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 19180-P01

|          |                |
|----------|----------------|
| <b>D</b> | HEAD OF FAMILY |
|----------|----------------|

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R262                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | NAME           |     | E.D.       | SHEET |
| W                       | 60  | Rogers Annie   |     | 38         | 28    |
| COUNTY                  |     | CITY           |     |            |       |
|                         |     | Lafourche      |     | Thibodaux  |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Living alone            |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 10-634 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |  |      |            |                |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|------|------------|----------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R262   |  | NAME OF INDIVIDUAL                       |      | LOUISIANA  |                |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR  | W  | AGE                                      | 35   | BIRTHPLACE | Rogers Annie B |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY   | Concordia                                |  | CITY | Miss       |                |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH  | Fairley Village                          |  |      |            |                |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  | Mounting May                             |  |      |            |                |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |      |            |                | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |      |            |                |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |      |            |                |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |      |            |                |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |      |            |                |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |      |            |                |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |      |            |                |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |      |            |                |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |      |            |                |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-637 (4-22-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 10100-P01

|  |   |   |    |   |                 |
|--|---|---|----|---|-----------------|
| K262   |   | NAME OF INDIVIDUAL  |    | LOUISIANA   |                 |
| COLOR  | B | AGE   | 40 | BIRTHPLACE  | E.D. 15 SHERT 3 |
| COUNTY   |   | Iberia  |    | CITY  |                 |
| ENUMERATED WITH  |   | United States   |    |   |                 |
| RELATIONSHIP TO ABOVE  |   | Parish, John  |    |   |                 |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |   | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |    | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br>HK |                 |

FORM 10-637 (4-25-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |     |   |      |  |  |
|--|-----|---|------|--|--|
| P 202  |     | NAME OF INDIVIDUAL  |      | LOUISIANA  |  |
| COLOR  | AGE | BIRTHPLACE  | E.D. | SHEET  |  |
| Wm   | 36  |   | 56   | 18   |  |
| COUNTY   |     | CITY  |      |  |  |
|  |     | Plaquemine  |      |  |  |
| ENUMERATED WITH  |     |   |      |  |  |
| Basthelemy, Thomas Jr  |     |   |      |  |  |
| RELATIONSHIP TO ABOVE  |     |   |      |  |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input checked="" type="checkbox"/> WIFE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |  |

FORM 19-637 (4-20-61)

1919 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 1919-P61



|  |  |   |        |            |    |
|--|--|---|--------|------------|----|
| R 262                                  |  | NAME OF INDIVIDUAL                                  |        | LOUISIANA  |    |
| COLOR                                  | B  | AGE   | 40     | BIRTHPLACE |    |
|  |  |   |        | E.O.       | 82 |
|  |  |   |        | SHEET      | 2  |
| COUNTY                                 |  |   | CITY   |            |    |
| Pointe Coupee                          |  |   |        |            |    |
| ENUMERATED WITH                        |  |   |        |            |    |
| Williams, Isaac, Jr.                   |  |   |        |            |    |
| RELATIONSHIP TO ABOVE                  |  |   |        |            |    |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |        |            |    |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |        |            |    |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |        |            |    |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |        |            |    |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |        |            |    |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |        |            |    |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW  |   |        |            |    |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> BROTHER         |   |        |            |    |
|  | <input type="checkbox"/> MOTHER-IN-LAW   |   |        |            |    |
|  |  |   | Friend |            |    |

FORM 18-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18199-P01

|                         |                |            |            |      |
|-------------------------|----------------|------------|------------|------|
| 42762                   | HEAD OF FAMILY |            | LOUISIANA  |      |
| COLOR                   | AGE            | BIRTHPLACE |            | E.D. |
| W                       | 52             | Armanche   |            | 36   |
| COUNTY                  | SHEET          |            |            |      |
| Lafourche               |                | 15         |            |      |
| CITY                    |                |            |            |      |
| OTHER MEMBERS OF FAMILY |                |            |            |      |
| NAME                    | RELATIONSHIP   | AGE        | BIRTHPLACE |      |
| Theodore                | D              | 26         |            |      |
| Archile                 | S              | 24         |            |      |
| Olivia                  | S              | 20         |            |      |
| Dennislet               | D              | 17         |            |      |
| Louis                   | S              | 11         |            |      |
|                         |                |            |            |      |
|                         |                |            |            |      |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| P212                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.O.       | SHEET |
| White                   | 55  | Plaquemines    |     | 52         | 8     |
| COUNTY                  |     | CITY           |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Julia                   |     | W              | 18  |            |       |
| Armstrong Jr            |     | S              | 27  |            |       |
| Clarence                |     | S              | 20  |            |       |
| Ludie                   |     | D              | 17  |            |       |
| Albert                  |     | S              | 15  |            |       |
| Hudie                   |     | S              | 13  |            |       |
| Paul                    |     | S              | 10  |            |       |

FORM 18-636 (4-22-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |             |  |           |          |
|-------------------------|---|----------------|-----|-------------|--|-----------|----------|
| B262                    |   | HEAD OF FAMILY |     | Rogers Arne |  | LOUISIANA |          |
| COLOR                   | B | AGE            | 50  | BIRTHPLACE  |  | 192       | SHEET 17 |
| COUNTY                  |   |                |     | Vermillion  |  | CITY      |          |
| OTHER MEMBERS OF FAMILY |   |                |     |             |  |           |          |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE  |  |           |          |
| Mary                    |   | W              | 48  |             |  |           |          |
| Doris                   |   | S              | 20  |             |  |           |          |
| James                   |   | S              | 16  |             |  |           |          |
| Sydonia                 |   | D              | 21  |             |  |           |          |
| Stella                  |   | D              | 15  |             |  |           |          |
| Bertha                  |   | D              | 11  |             |  |           |          |
| Edna                    |   | D              | 10  |             |  |           |          |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|  |  |   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|---|--|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R262   |  | NAME OF INDIVIDUAL<br><i>Rogers, Arthur</i> |  | LOUISIANA         |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>W</i>  | AGE<br><i>44</i>                         | BIRTHPLACE                                  |  | E.D.<br><i>11</i> | SHEET<br><i>21</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>Iberia</i>  |  | CITY  |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Lendry, Elvina</i>   |  |   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> Niece</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> WIDOWER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |                   |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> Niece | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> WIDOWER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE             |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> Niece           | <input type="checkbox"/> NURSE              |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT            |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> WIDOWER |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT            |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)    |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 18-637 (4-20-61)

1970 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18198-P61

|                         |   |                |     |            |                   |
|-------------------------|---|----------------|-----|------------|-------------------|
| R262                    |   | HEAD OF FAMILY |     | LOUISIANA  |                   |
| COLOR                   | Y | AGE            | 40  | BIRTHPLACE | E.D. 104 SHEET 12 |
| COUNTY                  |   | Ouachita       |     | CITY       |                   |
|                         |   |                |     | Morrison   |                   |
| OTHER MEMBERS OF FAMILY |   |                |     |            |                   |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |                   |
| Sterie                  |   | W              | 23  |            |                   |
| Lemon                   |   | S              | 18  |            |                   |
| Bertrand                |   | S              | 6   |            |                   |
| Willie D.               |   | D              | 4   |            |                   |
| Junita                  |   | D              | 3   |            |                   |
| Rusie                   |   | D              | 3   |            |                   |

FORM 10-630 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|   |   |  |    |  |           |
|---|---|--|----|--|-----------|
| K26   |   | NAME OF INDIVIDUAL   |    | LOUISIANA  |           |
| COLOR   | W | AGE  | 50 | BIRTHPLACE   | Argentine |
| COUNTY  |   | CITY   |    | E.D.   | SHEET     |
|   |   |  |    | 18   | 2         |
|   |   |  |    | 21   |           |
| ENUMERATED WITH   |   | Bernard, Bourque   |    |  |           |
| RELATIONSHIP TO ABOVE   |   |  |    |  |           |
| <input checked="" type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |   | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input checked="" type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |    | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |           |

FORM 16-537 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 1619-P-61

|                         |   |                |        |            |                    |
|-------------------------|---|----------------|--------|------------|--------------------|
| R 262                   |   | HEAD OF FAMILY |        | LOUISIANA  |                    |
| COLOR                   | W | AGE            | 29     | BIRTHPLACE | Rogers Augustus G. |
| COUNTY                  |   | Bienville      |        | CITY       |                    |
| OTHER MEMBERS OF FAMILY |   |                |        |            |                    |
| NAME                    |   | RELATIONSHIP   | AGE    | BIRTHPLACE |                    |
| 1 Willie L.             |   | W              | 20     |            |                    |
| Hazel C                 |   | D              | 14 1/2 |            |                    |
|                         |   |                |        |            |                    |
|                         |   |                |        |            |                    |
|                         |   |                |        |            |                    |
|                         |   |                |        |            |                    |
|                         |   |                |        |            |                    |
|                         |   |                |        |            |                    |

FORM 16-436 (6-20-31)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |  |      |                   |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|------|-------------------|-------------------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R 262   |  | NAME OF INDIVIDUAL<br><i>Rogers Aisner</i> |      | LOUISIANA         |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>B</i>   | AGE<br><i>3</i>                          | BIRTHPLACE                                 |      | E.D.<br><i>28</i> | SHEET<br><i>7</i> |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>Caddo</i>  |  |  | CITY |                   |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH <i>Caldwell John</i>  |  |  |      |                   |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |      |                   |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDOW</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |      |                   |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDOW             |      |                   |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE             |      |                   |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |      |                   |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER            |      |                   |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |      |                   |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |      |                   |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |      |                   |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |      |                   |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-437 (4-20-61)

1930 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18100-P61

|  |     |   |  |  |       |
|--|-----|---|--|--|-------|
| R262   |     | NAME OF HEAD OF HOUSEHOLD   |  | LOUISIANA  |       |
| COLOR  | AGE | BIRTHPLACE  |  | E.O.   | SHEET |
| White  | 76  |   |  | 136  | 15    |
| COUNTY   |     | CITY  |  |  |       |
| Vermillion   |     | Abbeville   |  |  |       |
| GENERATED WITH   |     |   |  |  |       |
| Presjon Ophelia  |     |   |  |  |       |
| RELATIONSHIP TO ABOVE  |     |   |  |  |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> DEBATE<br><input type="checkbox"/> MURDER<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify) |       |
|  |     |   |  | S  |       |

FORM 10-437 (4-20-61)

1970 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R 262                   |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| W                       | 26  | Tex            |     | 77         | 2     |
| COUNTY                  |     | CITY           |     |            |       |
| De Soto                 |     |                |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Fannie                  |     | W              | 26  |            |       |
| Helen C                 |     | B              | 22  | Tex        |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 16-436 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |         |                |     |            |       |
|-------------------------|---------|----------------|-----|------------|-------|
| P262                    |         | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE     | BIRTHPLACE     |     | E.O.       | SHEET |
| W                       | 53      |                |     | 110        | 7     |
| COUNTY                  |         | Douchite       |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |         |                |     |            |       |
| NAME                    |         | RELATIONSHIP   | AGE | BIRTHPLACE |       |
|                         | E. J.   | W              | 50  | Texas      |       |
|                         | John F. | S              | 30  |            |       |
|                         | R. F.   | S              | 20  |            |       |
|                         | Sallie  | D              | 18  |            |       |
|                         | Eddie   | D              | 15  |            |       |
|                         | Chappe  | S              | 13  |            |       |
|                         | Fannie  | D              | 10  |            |       |

FORM 10-436 (4-20-01).  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

HEAD OF FAMILY - CONTINUED

LOUISIANA

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME  | RELATIONSHIP | AGE | BIRTHPLACE |
|-------|--------------|-----|------------|
| Lee   | S            | 8   |            |
| Henry | S            | 26  |            |
| Mary  | DL           | 21  |            |
| Ethel | GD           | 12  |            |
|       |              |     |            |
|       |              |     |            |
|       |              |     |            |
|       |              |     |            |
|       |              |     |            |
|       |              |     |            |
|       |              |     |            |

FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18198-P61

|  |  |   |   |           |     |
|--|--|---|---|-----------|-----|
| R262                                   |  | NAME OF INDIVIDUAL                                  |   | LOUISIANA |     |
| COLOR                                  | W  | AGE   | 7 | E.D.      | 125 |
|  |  | BIRTHPLACE  |   | SHEET 3   |     |
| COUNTY                                 |  | Winn  |   | CITY      |     |
| ENUMERATED WITH                        |  |   |   |           |     |
| Bardwell, James J                      |  |   |   |           |     |
| RELATIONSHIP TO ABOVE                  |  |   |   |           |     |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |   |           |     |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |   |           |     |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |   |           |     |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |   |           |     |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |   |           |     |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |   |           |     |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW  | SS  |   |           |     |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW   |   |   |           |     |

FORM 19-437 (4-29-31)

1919 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 1919-P-1



|                         |                |            |            |      |
|-------------------------|----------------|------------|------------|------|
| R262                    | HEAD OF FAMILY |            | LOUISIANA  |      |
| COLOR                   | AGE            | BIRTHPLACE |            | S.D. |
| B                       | 53             |            |            | 80   |
| COUNTY                  |                | CITY       |            |      |
| St. John the Baptist    |                | Lafayette  |            |      |
| OTHER MEMBERS OF FAMILY |                |            |            |      |
| NAME                    | RELATIONSHIP   | AGE        | BIRTHPLACE |      |
| Julia                   | W              | 50         |            |      |
| Archie                  | D              | 24         |            |      |
| Elizabeth               | D              | 19         |            |      |
| Lee                     | S              | 22         |            |      |
| James                   | S              | 19         |            |      |
| Buchanan                | S              | 16         |            |      |
| Esther                  | D              | 12         |            |      |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|  |          |   |      |  |              |
|--|----------|---|------|--|--------------|
| 2212   |          | NAME OF INDIVIDUAL  |      | LOUISIANA  |              |
| COLOR  | W        | AGE   | 27   | BIRTHPLACE   | Rogers, Bell |
| COUNTY   | Ouachita |   | CITY | West Monroe  |              |
| ENUMERATED WITH  |          |   |      |  |              |
| Roth George  |          |   |      |  |              |
| RELATIONSHIP TO ABOVE  |          |   |      |  |              |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |          | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> IMMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br>D |              |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18188-P01

|                         |   |                |     |              |      |
|-------------------------|---|----------------|-----|--------------|------|
| R 262                   |   | HEAD OF FAMILY |     | LOUISIANA    |      |
| COLOR                   | W | AGE            | 50  | BIRTHPLACE   | Miss |
|                         |   |                |     | E.O.         | 119  |
|                         |   |                |     | SHEET        | 9    |
| COUNTY                  |   | Tangipahoa     |     | CITY Hammond |      |
| OTHER MEMBERS OF FAMILY |   |                |     |              |      |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE   |      |
| W. L.                   |   | W              | 49  |              |      |
| L. L.                   |   | D              | 23  |              |      |
| Thompson                |   | S              | 21  |              |      |
| + 1 N m                 |   |                |     |              |      |
|                         |   |                |     |              |      |
|                         |   |                |     |              |      |
|                         |   |                |     |              |      |
|                         |   |                |     |              |      |

FORM 16-436 (4-30-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |   |  |    |            |     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |   |                                  |  |  |  |                               |   |  |                                |  |  |
|--|---|--|----|------------|-----|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|---|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| A262   |   | NAME OF INDIVIDUAL                       |    | LOUISIANA  |     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |   |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR  | W   | AGE                                      | 38 | BIRTHPLACE | all |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |   |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY   |   | Winn                                     |    | CITY       |     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |   |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH  |   |  |    |            |     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |   |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |   |  |    |            |     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |   |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input checked="" type="checkbox"/> BORN-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |   |  |    |            |     | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input checked="" type="checkbox"/> BORN-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW                 | <input type="checkbox"/> INMATE          |    |            |     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |   |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE                  | <input type="checkbox"/> NURSE           |    |            |     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |   |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW          | <input type="checkbox"/> PATIENT         |    |            |     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |   |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW          | <input type="checkbox"/> ROOMER          |    |            |     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |   |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input checked="" type="checkbox"/> BORN-IN-LAW | <input type="checkbox"/> SERVANT         |    |            |     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |   |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW        | <input type="checkbox"/> OTHER (Specify) |    |            |     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |   |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW         |  |    |            |     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |   |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW          |  |    |            |     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |   |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 18-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18189-P61

USCOMM-DC 19195-P61

|                         |                |                         |           |             |
|-------------------------|----------------|-------------------------|-----------|-------------|
| R262                    | HEAD OF FAMILY |                         | LOUISIANA |             |
| COLOR<br>Mu             | AGE<br>27      | NAME<br>Rogers Benjamin |           | E.D.<br>107 |
|                         |                | BIRTHPLACE<br>Miss      |           | SHEET<br>21 |
| COUNTY<br>Tangipahoa    |                | CITY<br>Kentwood        |           |             |
| OTHER MEMBERS OF FAMILY |                |                         |           |             |
| NAME                    |                | RELATIONSHIP            | AGE       | BIRTHPLACE  |
| 12 Della                |                | W                       | 23        | Miss        |
| Wilson Sallie           |                | Foster                  | 13        |             |
| J. O. Bo                |                |                         |           |             |
|                         |                |                         |           |             |
|                         |                |                         |           |             |
|                         |                |                         |           |             |
|                         |                |                         |           |             |
|                         |                |                         |           |             |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |      |            |       |
|-------------------------|-----|----------------|------|------------|-------|
| R262                    |     | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |      | E.D.       | SHEET |
| Mu                      | 40  |                |      | 4          | 34    |
| COUNTY                  |     |                | CITY |            |       |
| Acadia                  |     |                |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Mary Louise W           |     |                | 39   |            |       |
| Eldena                  |     | D              | 15   |            |       |
| Thomas                  |     | S              | 13   |            |       |
| Berriest                |     | S              | 11   |            |       |
| Celestine               |     | D              | 9    |            |       |
| Octavio                 |     | D              | 7    |            |       |
| Daniel                  |     | S              | 5    |            |       |

Form 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

| HEAD OF FAMILY - CONTINUED |              | LOUISIANA   |            |
|----------------------------|--------------|-------------|------------|
| OTHER MEMBERS OF FAMILY    |              | CARD 2 OF 2 |            |
| NAME                       | RELATIONSHIP | AGE         | BIRTHPLACE |
| George                     | S            | 3           |            |
| Linton                     | S            | 2           |            |
| Skilfrey                   | S            | 1/2         |            |
|                            |              |             |            |
|                            |              |             |            |
|                            |              |             |            |
|                            |              |             |            |
|                            |              |             |            |
|                            |              |             |            |
|                            |              |             |            |

FORM 18-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18108-P01



|                         |   |                |       |            |     |
|-------------------------|---|----------------|-------|------------|-----|
| R262                    |   | HEAD OF FAMILY |       | LOUISIANA  |     |
| COLOR                   | W | AGE            | 38    | BIRTHPLACE | Tex |
| COUNTY                  |   |                | Caddo | CITY       |     |
| OTHER MEMBERS OF FAMILY |   |                |       |            |     |
| NAME                    |   | RELATIONSHIP   | AGE   | BIRTHPLACE |     |
| Dennie                  |   | W              | 35    | Tex        |     |
| Thomas                  |   | S              | 16    | Tex        |     |
| Howell L                |   | S              | 14    | Tex        |     |
| Dennie                  |   | D              | 12    | Tex        |     |
| BF Jr                   |   | S              | 3     | Tex        |     |
| 2 Unrelated Sons        |   |                |       |            |     |

FORM 18-626 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|---|--|---|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| R362 Rogers Bennie  |  | LOUISIANA   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR<br>B  | AGE<br>7                                 | BIRTHPLACE  | E.D. 715 SHEET 29 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY  |  | CITY  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH<br>Walter   |  |   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE<br>Hugh Moore   |  |   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 10-637 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 1910-P01

|                         |     |                |       |            |  |
|-------------------------|-----|----------------|-------|------------|--|
| 1263                    |     | HEAD OF FAMILY |       | LOUISIANA  |  |
| COLOR                   | AGE | BIRTHPLACE     | E.D.  | SHEET      |  |
| White                   | 24  |                | 52    | 8          |  |
| COUNTY                  |     | CITY           |       |            |  |
| Plaquemines             |     |                |       |            |  |
| OTHER MEMBERS OF FAMILY |     |                |       |            |  |
| NAME                    |     | RELATIONSHIP   | AGE   | BIRTHPLACE |  |
| / Jennie                |     | W              | 20    |            |  |
| / Cassell               |     | S              | 1     |            |  |
| / John                  |     | D              | 6 1/2 |            |  |
|                         |     |                |       |            |  |
|                         |     |                |       |            |  |
|                         |     |                |       |            |  |
|                         |     |                |       |            |  |
|                         |     |                |       |            |  |

FORM 10-436 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |     |                    |  |           |       |
|--|-----|--------------------|--|-----------|-------|
| K262   |     | NAME OF INDIVIDUAL |  | LOUISIANA |       |
| COLOR  | AGE | BIRTH PLACE        |  | E.D.      | SHEET |
| W  | 10  |                    |  | 95        | 2     |
| COUNTY   |     |                    | CITY   |           |       |
| ENUMERATED WITH  |     |                    | MAY  |           |       |
| RELATIONSHIP TO ABOVE  |     |                    | Garcia, Joe C.   |           |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     |                    | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input checked="" type="checkbox"/> SISTER-IN-LAW |           |       |
|  |     |                    | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify)   |           |       |

FORM 10-637 (4-29-67)

1960 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 10135-P01

|  |                  |  |  |   |                   |
|--|------------------|--|--|---|-------------------|
| R 262  |                  | NAME OF INDIVIDUAL<br><i>Rogers, Bertha</i>  |  | LOUISIANA   |                   |
| COLOR<br><i>B</i>  | AGE<br><i>18</i> | BIRTHPLACE   |  | E.D.<br><i>35</i>   | SHEET<br><i>6</i> |
| COUNTY   |                  | Catahoula  |  | CITY<br><i>Lake Charles</i>   |                   |
| ENUMERATED WITH<br><i>Rogers, Samuel</i>   |                  |  |  |   |                   |
| RELATIONSHIP TO ABOVE  |                  |  |  |   |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input checked="" type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> WIFE<br><input type="checkbox"/> MURDER<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                   |

FORM 18-427 (4-22-31)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |     |                    |            |           |       |
|---|-----|--------------------|------------|-----------|-------|
| R262  |     | NAME OF INDIVIDUAL |            | LOUISIANA |       |
| COLOR   | AGE | BIRTHPLACE         |            | E.O.      | SHEET |
| W   | 15  |                    |            | 89        | 7     |
| COUNTY  |     |                    | CITY       |           |       |
| ENUMERATED WITH   |     |                    | Morehouse  |           |       |
| RELATIONSHIP TO ABOVE   |     |                    | Brown Lill |           |       |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> FATHER<br/> <input type="checkbox"/> MOTHER<br/> <input type="checkbox"/> GRANDFATHER<br/> <input type="checkbox"/> GRANDMOTHER<br/> <input type="checkbox"/> GRANDSON<br/> <input checked="" type="checkbox"/> GRANDDAUGHTER<br/> <input type="checkbox"/> AUNT<br/> <input type="checkbox"/> UNCLE         </div> <div style="width: 30%;"> <input type="checkbox"/> NEPHEW<br/> <input type="checkbox"/> NIECE<br/> <input type="checkbox"/> FATHER-IN-LAW<br/> <input type="checkbox"/> MOTHER-IN-LAW<br/> <input type="checkbox"/> SON-IN-LAW<br/> <input type="checkbox"/> DAUGHTER-IN-LAW<br/> <input type="checkbox"/> BROTHER-IN-LAW<br/> <input type="checkbox"/> SISTER-IN-LAW         </div> <div style="width: 30%;"> <input type="checkbox"/> INMATE<br/> <input type="checkbox"/> NURSE<br/> <input type="checkbox"/> PATIENT<br/> <input type="checkbox"/> ROOMER<br/> <input type="checkbox"/> SERVANT<br/> <input type="checkbox"/> OTHER (Specify)         </div> </div> |     |                    |            |           |       |

FORM 10-437 (4-22-61)

1910 CENSUS INDEX - INDIVIDUAL

 U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |   |   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
|---|---|---|--|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|---|--|-------------------------------|---|--|--------------------------------|--|--|
| R 262   |   | NAME OF INDIVIDUAL<br><i>Rogers, Bessie</i> |  | LOUISIANA         |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| COLOR<br><i>B</i>   | AGE<br><i>21</i>                                    | BIRTHPLACE                                  |  | E.D.<br><i>49</i> | SHEET<br><i>17</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| COUNTY<br><i>East Feliciana</i>   |   | CITY  |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Mrs. Susan</i>  |   |   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |   |   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input checked="" type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |   |   |  |                   |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input checked="" type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW                     | <input type="checkbox"/> INMATE             |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE                      | <input type="checkbox"/> NURSE              |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW              | <input type="checkbox"/> PATIENT            |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW              | <input type="checkbox"/> ROOMER             |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW                 | <input type="checkbox"/> SERVANT            |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input checked="" type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)    |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW             |   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW              |   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |

FORM 18-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |   |  |  |           |       |                                 |                                 |                                |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|---|--|--|-----------|-------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|---|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R 362  |   | NAME OF INDIVIDUAL                       |  | LOUISIANA |       |                                 |                                 |                                |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR  | AGE                                       | BIRTHPLACE                               |  | E.O.      | SHEET |                                 |                                 |                                |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|  | 8   | Baptist                                  |  | 49        | 11    |                                 |                                 |                                |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY   |   | CITY                                     |  |           |       |                                 |                                 |                                |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Orleans  |   | Bellefleur                               |  |           |       |                                 |                                 |                                |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH  |   |  |  |           |       |                                 |                                 |                                |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Morgan, Isaac  |   |  |  |           |       |                                 |                                 |                                |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |   |  |  |           |       |                                 |                                 |                                |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDOW</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input checked="" type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |   |  |  |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | <input type="checkbox"/> MOTHER | <input checked="" type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW           | <input type="checkbox"/> WIDOW           |  |           |       |                                 |                                 |                                |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input checked="" type="checkbox"/> NIECE | <input type="checkbox"/> NURSE           |  |           |       |                                 |                                 |                                |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW    | <input type="checkbox"/> PATIENT         |  |           |       |                                 |                                 |                                |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW    | <input type="checkbox"/> ROOMER          |  |           |       |                                 |                                 |                                |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW       | <input type="checkbox"/> SERVANT         |  |           |       |                                 |                                 |                                |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW  | <input type="checkbox"/> OTHER (Specify) |  |           |       |                                 |                                 |                                |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW   |  |  |           |       |                                 |                                 |                                |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW    |  |  |           |       |                                 |                                 |                                |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R-262                   |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| B                       | 32  | Miss           |     | 129        | 10    |
| COUNTY                  |     | CITY           |     |            |       |
| Washington              |     |                |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| 1 Bessie                |     | D              | 3   |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 10-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                  |                |      |            |       |
|-------------------------|------------------|----------------|------|------------|-------|
| P 162                   |                  | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR                   | AGE              | BIRTHPLACE     |      | E.O.       | SHEET |
| B                       | East Baton Rouge | Baton Rouge    |      | 25         | 1     |
| COUNTY                  |                  |                | CITY |            |       |
| OTHER MEMBERS OF FAMILY |                  |                |      |            |       |
| NAME                    |                  | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Brassor, Pearl          |                  | 8              | 22   |            |       |
|                         |                  |                |      |            |       |
|                         |                  |                |      |            |       |
|                         |                  |                |      |            |       |
|                         |                  |                |      |            |       |
|                         |                  |                |      |            |       |
|                         |                  |                |      |            |       |
|                         |                  |                |      |            |       |

FORM 18-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| 1262                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| B                       | 47  | Ascension      |     | 6          | 5     |
| COUNTY                  |     | CITY           |     |            |       |
|                         |     | Donaldsonville |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Isabella                |     | W              | 34  |            |       |
| Rogers, Ellmer          |     | d              | 6   |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
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|                         |     |                |     |            |       |

FORM 16-636 (4-26-07)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R262                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.O.       | SHEET |
|                         | 32  |                |     | 77         | 12    |
| COUNTY                  |     | De Soto        |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| 1 Ellen                 |     | 21             | 23  |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
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|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 18-636 (4-20-61)  
 1918 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

|  |  |   |  |                                     |                                  |
|--|--|---|--|-------------------------------------|----------------------------------|
| R262                                   |  | NAME OF INDIVIDUAL                      |  | LOUISIANA                           |                                  |
| COLOR                                  | AGE                                      | BIRTHPLACE                              |  | E.D.                                | SHEET                            |
| B                                      | 72                                       |   |  | 736                                 | 56                               |
| COUNTY                                 |  | CITY                                    |  |                                     |                                  |
| Vermillion                             |  | Abbeville                               |  |                                     |                                  |
| IMMIGRATED WITH                        |  |   |  |                                     |                                  |
| Muller, Louise                         |  |   |  |                                     |                                  |
| RELATIONSHIP TO ABOVE                  |  |   |  |                                     |                                  |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIFE           | <input type="checkbox"/> UNCLE           | <input type="checkbox"/> NURSE      | <input type="checkbox"/> PATIENT |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NICE            | <input type="checkbox"/> FATHER-IN-LAW  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> BROTHER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |                                     |                                  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> SON             | <input type="checkbox"/> DAUGHTER       |  |                                     |                                  |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> BROTHER         |   |  |                                     |                                  |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> SISTER          |   |  |                                     |                                  |
| <input type="checkbox"/> AUNT          |  |   |  |                                     |                                  |
| <input type="checkbox"/> UNCLE         |  |   |  |                                     |                                  |

Form 10-637 10-29-61

1970 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCENS-DE 18100-P01

|  |           |  |  |  |            |
|--|-----------|--|--|--|------------|
| R262   |           | NAME OF INDIVIDUAL<br>Ragen, C   |  | LOUISIANA  |            |
| COLOR<br>W   | AGE<br>38 | BIRTHPLACE<br>Ala  |  | E.D.<br>30   | SHEET<br>6 |
| COUNTY<br>Caddo  |           | CITY   |  |  |            |
| EMMERATED WITH<br>Journ, Emma E  |           |  |  |  |            |
| RELATIONSHIP TO ABOVE  |           |  |  |  |            |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |           | <input type="checkbox"/> NEPHER<br><input type="checkbox"/> NICE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> WIDWATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br>Bo |            |

FORM 10-437 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R262                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| Mau                     |  | 39             |            | 31         | 7     |
| COUNTY                  |  |                | Calcasieu  | CITY       |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Jerusa                  |  | W              | 28         |            |       |
| M. B.                   |  | L              | 6          |            |       |
| B. B.                   |  | L              | 4          |            |       |
| Jesiah                  |  | S              | 2          |            |       |
| L. L.                   |  | L              | 3 1/2      |            |       |
| Lassie                  |  | B              | 13         |            |       |
| Delina, Mau             |  | L              | 10         |            |       |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

HEAD OF FAMILY - CONTINUED

LOUISIANA

CARD 3 OF 2

OTHER MEMBERS OF FAMILY

| NAME               | RELATIONSHIP | AGE | BIRTHPLACE |
|--------------------|--------------|-----|------------|
| <i>and 1 child</i> |              |     |            |
|                    |              |     |            |
|                    |              |     |            |
|                    |              |     |            |
|                    |              |     |            |
|                    |              |     |            |
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|                    |              |     |            |

FORM 10-436a (10-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

16COMB-DC 10100-P-61



|                         |     |                   |     |            |       |
|-------------------------|-----|-------------------|-----|------------|-------|
| 1262                    |     | HEAD OF FAMILY    |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE        |     | E.O.       | SHEET |
| W                       | 31  | M. Jackson        |     | 54         | 5     |
| COUNTY                  |     | CITY              |     |            |       |
| Jackson                 |     | Houston           |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                   |     |            |       |
| NAME                    |     | RELATION-<br>SHIP | AGE | BIRTHPLACE |       |
| Ida                     |     | W                 | 24  | Ark.       |       |
| E. Smith                |     | S                 | 7   |            |       |
| Shady L.                |     | S                 | 5   |            |       |
|                         |     |                   |     |            |       |
|                         |     |                   |     |            |       |
|                         |     |                   |     |            |       |
|                         |     |                   |     |            |       |
|                         |     |                   |     |            |       |
|                         |     |                   |     |            |       |

FORM 10-636 (4-20-61)

1930 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |      |                   |      |            |       |
|-------------------------|------|-------------------|------|------------|-------|
| R 262                   |      | HEAD OF FAMILY    |      | LOUISIANA  |       |
| COLOR                   | AGE  | BIRTHPLACE        |      | S.D.       | SHEET |
|                         | W 37 | Miss              |      | 66         | 23    |
| COUNTY                  |      |                   | CITY |            |       |
| OTHER MEMBERS OF FAMILY |      |                   |      |            |       |
| NAME                    |      | RELATION-<br>SHIP | AGE  | BIRTHPLACE |       |
| 1 Louise                |      | W                 | 20   | Miss       |       |
|                         |      |                   |      |            |       |
|                         |      |                   |      |            |       |
|                         |      |                   |      |            |       |
|                         |      |                   |      |            |       |
|                         |      |                   |      |            |       |
|                         |      |                   |      |            |       |
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|                         |      |                   |      |            |       |

FORM 16-436 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |       |            |                |
|-------------------------|---|----------------|-------|------------|----------------|
| R 262                   |   | HEAD OF FAMILY |       | LOUISIANA  |                |
| COLOR                   | W | AGE            | 32    | BIRTHPLACE | Rogers, Canada |
| COUNTY                  |   | Lafourche      |       | CITY       |                |
| OTHER MEMBERS OF FAMILY |   |                |       |            |                |
| NAME                    |   | RELATIONSHIP   | AGE   | BIRTHPLACE |                |
| Arnelia                 |   | W              | 22    |            |                |
| Earl                    |   | S              | 2     |            |                |
| Sidney                  |   | S              | 2 1/2 |            |                |
|                         |   |                |       |            |                |
|                         |   |                |       |            |                |
|                         |   |                |       |            |                |
|                         |   |                |       |            |                |
|                         |   |                |       |            |                |

FORM 16-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                 |     |            |       |
|-------------------------|-----|-----------------|-----|------------|-------|
| R262                    |     | HEAD OF FAMILY  |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE      |     | E.D.       | SHEET |
| B                       | 25  | Miss.           |     | 41         | 11    |
| COUNTY                  |     | CITY            |     |            |       |
| East Carroll            |     | Lake Providence |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                 |     |            |       |
| NAME                    |     | RELATIONSHIP    | AGE | BIRTHPLACE |       |
| Living alone            |     |                 |     |            |       |
|                         |     |                 |     |            |       |
|                         |     |                 |     |            |       |
|                         |     |                 |     |            |       |
|                         |     |                 |     |            |       |
|                         |     |                 |     |            |       |
|                         |     |                 |     |            |       |
|                         |     |                 |     |            |       |

Form 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |   |   |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |               |                                |  |  |
|--|---|---|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|---------------|--------------------------------|--|--|
| R262   | NAME OF INDIVIDUAL<br><i>Rogers, Caroline</i> |   | E.D.<br><i>74</i> | SHEET<br><i>30</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |               |                                |  |  |
| COLOR<br><i>W</i>  | AGE<br><i>50</i>                              | BIRTHPLACE  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |               |                                |  |  |
| COUNTY   |   | CITY  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |               |                                |  |  |
| <i>Avoyelles</i>   |   | <i>Marksville</i>                                   |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |               |                                |  |  |
| ENUMERATED WITH<br><i>Hall, William</i>  |   |   |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |               |                                |  |  |
| RELATIONSHIP TO ABOVE  |   |   |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |               |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>Cousin</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |   |   |                   |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>Cousin</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW               | <input type="checkbox"/> WIDATE                     |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |               |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE                | <input type="checkbox"/> NURSE                      |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |               |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW        | <input type="checkbox"/> PATIENT                    |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |               |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW        | <input type="checkbox"/> ROOMER                     |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |               |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW           | <input type="checkbox"/> SERVANT                    |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |               |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW      | <input checked="" type="checkbox"/> OTHER (Specify) |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |               |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW       | <i>Cousin</i>                                       |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |               |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW        |   |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |               |                                |  |  |

FORM 10-637 (4-22-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18198-P01

|  |  |   |            |  |                               |
|--|--|---|------------|--|-------------------------------|
| R262   |  | NAME OF INDIVIDUAL<br><i>Rogers Carrie</i>  |            | LOUISIANA  |                               |
| COLOR<br><i>B</i>  |  | AGE<br><i>9</i>   | BIRTHPLACE |  | E.D. <i>28</i> SHEET <i>5</i> |
| COUNTY<br><i>Caddo</i>   |  |   | CITY       |  |                               |
| ENUMERATED WITH<br><i>Washington James</i>   |  |   |            |  |                               |
| RELATIONSHIP TO ABOVE  |  |   |            |  |                               |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |            | <input type="checkbox"/> IMMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>SD</i> |                               |

FORM 10-437 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18108-P01

|   |  |   |  |  |       |
|---|--|---|--|--|-------|
| R262  |  | NAME OF INDIVIDUAL  |  | LOUISIANA  |       |
| SEX   |  | AGE   |  | E.R.   | SHEET |
| b   |  | 10  |  | 88   | 11    |
| BIRTHPLACE  |  |   |  |  |       |
| COUNTY  |  | St. Helena  |  | CITY   |       |
| ENUMERATED WITH   |  |   |  |  |       |
| Richardson, J. J.   |  |   |  |  |       |
| RELATIONSHIP TO ABOVE   |  |   |  |  |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input checked="" type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHER<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |       |

FORM 10-637 (4-20-61)

1930 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |   |                    |    |           |      |
|---|---|--------------------|----|-----------|------|
| P 262   |   | NAME OF INDIVIDUAL |    | LOUISIANA |      |
| COLOR   | B | AGE                | 20 | E.O.      | 6926 |
| BIRTHPLACE  |   | SHEET              |    |           |      |
| COUNTY  |   | Do Soto            |    | CITY      |      |
| ENUMERATED WITH   |   |                    |    |           |      |
| Miles Thomas  |   |                    |    |           |      |
| RELATIONSHIP TO ABOVE   |   |                    |    |           |      |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE<br><input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW<br><input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br>Contender |   |                    |    |           |      |

FORM 16-637 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|   |  |   |  |              |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
|---|--|---|--|--------------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|---|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R262  |  | NAME OF INDIVIDUAL                          |  | LOUISIANA    |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| COLOR   |  | AGE   |  | E.D.         | SHEET |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| mu  |  | 15  |  | 4            | 2     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| BIRTHPLACE  |  |   |  |              |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| COUNTY  |  | Acadia                                      |  | CITY         |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
|   |  |   |  | Church Point |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |   |  |              |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| Baigle Edward   |  |   |  |              |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |  |              |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input checked="" type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |              |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input checked="" type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE             |  |              |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE              |  |              |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT            |  |              |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER             |  |              |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input checked="" type="checkbox"/> SERVANT |  |              |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)    |  |              |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |              |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |  |              |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |

FORM 16-527 (4-22-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |            |                |
|-------------------------|---|----------------|-----|------------|----------------|
| B 262                   |   | HEAD OF FAMILY |     | LOUISIANA  |                |
| COLOR                   | W | AGE            | 34  | BIRTHPLACE | Rogers Charles |
| COUNTY                  |   | Bossier        |     | CITY       |                |
| OTHER MEMBERS OF FAMILY |   |                |     |            |                |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |                |
| 1 / Salt                |   | W              | 25  |            |                |
| Coast                   |   | S              | 13  |            |                |
|                         |   |                |     |            |                |
|                         |   |                |     |            |                |
|                         |   |                |     |            |                |
|                         |   |                |     |            |                |
|                         |   |                |     |            |                |
|                         |   |                |     |            |                |
|                         |   |                |     |            |                |

FORM 10-436 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |   |               |             |      |
|--|--|---|---------------|-------------|------|
| P262                                   |  | NAME OF INDIVIDUAL                                  |               | LOUISIANA   |      |
| Rogers, Charles                        |  | E.O.  |               | 7           |      |
| COLOR                                  | W  | AGE   | 26            | BIRTH PLACE | Much |
| COUNTY                                 | Assumption                               | CITY  | Napoleonville |             |      |
| ENUMERATED WITH                        |  |   |               |             |      |
| Rogers, Fanny May                      |  |   |               |             |      |
| RELATIONSHIP TO ABOVE                  |  |   |               |             |      |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |               |             |      |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> WIFE            | <input type="checkbox"/> NURSE                      |               |             |      |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |               |             |      |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |               |             |      |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |               |             |      |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | bd            |             |      |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW  |   |               |             |      |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW   |   |               |             |      |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18185-P01

|                         |  |                |            |            |      |
|-------------------------|--|----------------|------------|------------|------|
| R-262                   |  | HEAD OF FAMILY |            | LOUISIANA  |      |
| COLOR                   |  | AGE            | BIRTHPLACE |            | E.D. |
| W                       |  | 47             |            |            | 24   |
| COUNTY                  |  | CITY           |            | SHEET      |      |
| Avoyelles               |  |                |            | 21         |      |
| OTHER MEMBERS OF FAMILY |  |                |            |            |      |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |      |
| Mary L.                 |  | W              | 50         |            |      |
| Grace H.                |  | D              | 18         |            |      |
| Lily                    |  | P              | 15         |            |      |
| James                   |  | S              | 13         |            |      |
| Clarence                |  | S              | 11         |            |      |
| Walter                  |  | S              | 9          |            |      |
| Florence                |  | D              | 7          |            |      |

FORM 16-426 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                   |     |            |       |
|-------------------------|-----|-------------------|-----|------------|-------|
| 13-262                  |     | HEAD OF FAMILY    |     | LOUISIANA  |       |
| COLOR                   | AGE | NAME              |     | E.D.       | SHEET |
| W                       | 30  | Rogers, Charles G |     | 122        | 16    |
| COUNTY                  |     | BIRTHPLACE        |     |            |       |
|                         |     | Texas             |     |            |       |
|                         |     | CITY              |     |            |       |
|                         |     | Webster           |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                   |     |            |       |
| NAME                    |     | RELATIONSHIP      | AGE | BIRTHPLACE |       |
| 1 Lula                  |     | W                 | 20  |            |       |
|                         |     |                   |     |            |       |
|                         |     |                   |     |            |       |
|                         |     |                   |     |            |       |
|                         |     |                   |     |            |       |
|                         |     |                   |     |            |       |
|                         |     |                   |     |            |       |
|                         |     |                   |     |            |       |
|                         |     |                   |     |            |       |

FORM 10-436 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |            |
|-------------------------|--|----------------|------------|------------|------------|
| R 262                   |  | HEAD OF FAMILY |            | LOUISIANA  |            |
| COLOR                   |  | AGE            | BIRTHPLACE |            | E.O. SHEET |
| B                       |  | 34             |            |            | 81 14      |
| COUNTY                  |  |                | CITY       |            |            |
| Natchitoches            |  |                |            |            |            |
| OTHER MEMBERS OF FAMILY |  |                |            |            |            |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |            |
| Lula                    |  | W              | 27         |            |            |
| Annie J                 |  | D              | 9          |            |            |
| Lynn W                  |  | S              | 8          |            |            |
| Cornelia L              |  | D              | 6          |            |            |
| William M               |  | S              | 5          |            |            |
| Hayato                  |  | D              | 3          |            |            |

FORM 16-436 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R-262                   |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.O.       | SHEET |
| B                       |  | 25             |            | 40         | 15    |
| COUNTY                  |  |                | CITY       |            |       |
| East Feliciana          |  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Rosa                    |  | W              | 24         |            |       |
| Willie                  |  | S              | 4          |            |       |
| Essee                   |  | S              | 3          |            |       |
| Charlotte               |  | D              | 2          |            |       |
| Josephine               |  | D              | 1          |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 16-536 (4-26-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |                 |  |
|-------------------------|---|----------------|-----|-----------------|--|
| R 262                   |   | HEAD OF FAMILY |     | LOUISIANA       |  |
| COLOR                   | B | AGE            | 25  | Rogers, Charley |  |
| COUNTY                  |   | East Feliciana |     | CITY            |  |
| OTHER MEMBERS OF FAMILY |   |                |     |                 |  |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE      |  |
| Amelia                  |   | n              | 20  |                 |  |
|                         |   |                |     |                 |  |
|                         |   |                |     |                 |  |
|                         |   |                |     |                 |  |
|                         |   |                |     |                 |  |
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|                         |   |                |     |                 |  |
|                         |   |                |     |                 |  |

FORM 16-436 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R262                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.O.       | SHEET |
| W                       |  | 63             |            | 9          | 15    |
| COUNTY                  |  |                | CITY       |            |       |
| Lincoln                 |  |                | Ruston     |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Jesse A                 |  | W              | 42         |            |       |
| Bayne Emmett E.         |  | S              | 16         |            |       |
| Rogers Robert H.        |  | S              | 12         |            |       |
| Lester M.               |  | D              | 8          |            |       |
| Willie L.               |  | S              | 8          |            |       |
| Freddie A.              |  | D              | 5          |            |       |
| Sara                    |  | D              | 3          |            |       |

FORM 16-436 (4-22-31)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                  |     |            |                 |
|-------------------------|---|------------------|-----|------------|-----------------|
| A262                    |   | HEAD OF FAMILY   |     | Louisiana  |                 |
| COLOR                   | B | AGE              | 27  | BIRTHPLACE | Rogers, Charlie |
| COUNTY                  |   | West Baton Rouge |     | CITY       |                 |
| OTHER MEMBERS OF FAMILY |   |                  |     |            |                 |
| NAME                    |   | RELATIONSHIP     | AGE | BIRTHPLACE |                 |
| Louise                  |   | W                | 8   |            |                 |
|                         |   |                  |     |            |                 |
|                         |   |                  |     |            |                 |
|                         |   |                  |     |            |                 |
|                         |   |                  |     |            |                 |
|                         |   |                  |     |            |                 |
|                         |   |                  |     |            |                 |
|                         |   |                  |     |            |                 |
|                         |   |                  |     |            |                 |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |            |                 |
|-------------------------|---|----------------|-----|------------|-----------------|
| R262                    |   | HEAD OF FAMILY |     | LOUISIANA  |                 |
| COLOR                   | B | AGE            | 27  | BIRTHPLACE | Rogers, Charlie |
| COUNTY                  |   | Iberia         |     | CITY       |                 |
| OTHER MEMBERS OF FAMILY |   |                |     |            |                 |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |                 |
| L. Lewis                |   | 26             | 25  |            |                 |
| Lemon George            |   | N              | 9   |            |                 |
|                         |   |                |     |            |                 |
|                         |   |                |     |            |                 |
|                         |   |                |     |            |                 |
|                         |   |                |     |            |                 |
|                         |   |                |     |            |                 |
|                         |   |                |     |            |                 |

FORM 16-536 (4-22-21)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |            |              |
|-------------------------|---|----------------|-----|------------|--------------|
| R262                    |   | HEAD OF FAMILY |     | LOUISIANA  |              |
| COLOR                   | B | AGE            | 48  | BIRTHPLACE | Rogers Child |
| COUNTY                  |   | St. James      |     | CITY       |              |
| OTHER MEMBERS OF FAMILY |   |                |     |            |              |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |              |
| Loucelia                |   | W              | 47  |            |              |
| Philip                  |   | S              | 18  |            |              |
| William                 |   | S              | 17  |            |              |
| Albert                  |   | S              | 15  |            |              |
| Charles                 |   | S              | 14  |            |              |
| Geffrie                 |   | S              | 13  |            |              |
| Andrew                  |   | S              | 9   |            |              |

FORM 18-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

HEAD OF FAMILY - CONTINUED

## LOUISIANA

**CARD 2 OF 2**

**OTHER MEMBERS OF FAMILY**

[illegible]

FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

UNCLASSIFIED//FOR OFFICIAL USE ONLY

|   |  |  |  |           |       |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
|---|--|--|--|-----------|-------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|---|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R262  |  | NAME OF INDIVIDUAL                       |  | LOUISIANA |       |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| COLOR   | AGE                                      | BIRTHPLACE                               |  | E.D.      | SHEET |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| W   | 7  |  |  | 75        | 2     |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| COUNTY  |  | CITY                                     |  |           |       |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| Lafayette   |  |  |  |           |       |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |  |  |           |       |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| Sturges, Caroline   |  |  |  |           |       |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |  |           |       |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> UNCLE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> MURDER</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> UNCLE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> MURDER | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> UNCLE           |  |           |       |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> MURDER          |  |           |       |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |  |           |       |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |  |           |       |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |  |           |       |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |  |           |       |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |           |       |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |  |           |       |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |

FORM 10-57 (4-20-57)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18108-P61

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R262                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | R.O.       | SHEET |
| mu                      | 34  | H              |     | 62         | 3     |
| COUNTY                  |     | CITY           |     |            |       |
| La Salle                |     |                |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| 1 Frank                 |     | W              | 21  | Texas      |       |
| and 3 Be                |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |   |
|---|---|
| LOUISIANA   |   |
| R262  | NAME OF INDIVIDUAL<br><i>Richardson Clarence D</i>  |
| ED.   | SHEET   |
| 105   | 6   |
| COLOR<br><i>Gray</i>  | AGE<br><i>18</i>  |
| BIRTHPLACE  |   |
| COUNTY  | CITY<br><i>Shreveport</i>   |
| EMERATED WITH<br><i>Sabine Richardson Shiloh</i>  |   |
| RELATIONSHIP TO ABOVE   |   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input checked="" type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify)  |   |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18100-P81



|  |     |                    |  |           |       |
|--|-----|--------------------|--|-----------|-------|
| 1267   |     | NAME OF INDIVIDUAL |  | LOUISIANA |       |
| COLOR  | AGE | BIRTHPLACE         |  | E.D.      | SHEET |
| 13   | 27  |                    |  | 55        | 10    |
| COUNTY   |     | CITY               |  |           |       |
|  |     | Iberville          |  | Piquemine |       |
| ENUMERATED WITH  |     |                    |  |           |       |
| Lee Mary   |     |                    |  |           |       |
| RELATIONSHIP TO ABOVE  |     |                    |  |           |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE<br><input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW<br><input type="checkbox"/> WIDOW<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |     |                    |  |           |       |
| D  |     |                    |  |           |       |

FORM 16-537 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |                 |   |      |   |                   |
|--|-----------------|---|------|---|-------------------|
| R262   |                 | NAME OF INDIVIDUAL<br><i>Rogers, Clodia</i>   |      | LOUISIANA   |                   |
| COLOR<br><i>W</i>  | AGE<br><i>7</i> | BIRTHPLACE  |      | E.O.<br><i>55</i>   | SHEET<br><i>4</i> |
| COUNTY<br><i>Camero</i>  |                 |   | CITY |   |                   |
| ENUMERATED WITH<br><i>Simon, Lewis</i>   |                 |   |      |   |                   |
| RELATIONSHIP TO ABOVE  |                 |   |      |   |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                 | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>P</i> |                   |

FORM 10-637 (4-20-61)

1970 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |            |            |       |
|-------------------------|---|----------------|------------|------------|-------|
| R262                    |   | HEAD OF FAMILY |            | LOUISIANA  |       |
| Rogers                  |   | Chonci         |            | E.D.       | SHEET |
| COLOR                   | W | AGE            | 32         | 108        | 10    |
| BIRTHPLACE              |   |                |            |            |       |
| COUNTY                  |   |                | Tourebonne |            | CITY  |
| OTHER MEMBERS OF FAMILY |   |                |            |            |       |
| NAME                    |   | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Alice                   |   | W              | 25         |            |       |
| Barner                  |   | S              | 7          |            |       |
| Nolan                   |   | S              | 5          |            |       |
| Madrice                 |   | S              | 3          |            |       |
| Cynthia                 |   | D              | 72         |            |       |
|                         |   |                |            |            |       |
|                         |   |                |            |            |       |

FORM 10-636 (2-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |       |            |       |
|-------------------------|--|----------------|-------|------------|-------|
| Q262                    |  | HEAD OF FAMILY |       | LOUISIANA  |       |
| COLOR                   |  | AGE            |       | E.D.       | SHEET |
| B                       |  | 27             |       | 130        | 6     |
| BIRTHPLACE              |  | Winn           |       |            |       |
| COUNTY                  |  |                | CITY  |            |       |
| OTHER MEMBERS OF FAMILY |  |                |       |            |       |
| NAME                    |  | RELATIONSHIP   | AGE   | BIRTHPLACE |       |
| Joe                     |  | W              | 30    |            |       |
| Ewen                    |  | S              | 8     |            |       |
| Myshell                 |  | S              | 5     |            |       |
| Gustav                  |  | S              | 4     |            |       |
| Charles                 |  | S              | 1 1/2 |            |       |
|                         |  |                |       |            |       |
|                         |  |                |       |            |       |

FORM 16-636 (4-26-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |   |             |           |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|---|--|---|-------------|-----------|-------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| R262  |  | NAME OF INDIVIDUAL                                  |             | LOUISIANA |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR   |  | AGE   | BIRTH PLACE |           | E. D. SHEET |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| W   |  | 13 <sup>11</sup>                                    | Columbia    |           | 32 19       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY  |  |   | CITY        |           |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| - RICHMOND  |  |   | Welsh       |           |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |   |             |           |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| Jostant, John B.  |  |   |             |           |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |             |           |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| Fosterer  |  |   |             |           |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |             |           |             | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |             |           |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |             |           |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |             |           |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |             |           |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |             |           |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |             |           |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |             |           |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |             |           |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| Step Son  |  |   |             |           |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 16-437 (4-20-91)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMB-DC 1910-7-61

|  |                  |  |  |  |                   |
|--|------------------|--|--|--|-------------------|
| R262   |                  | NAME OF INDIVIDUAL<br><i>Rapera, Crit</i>  |  | LOUISIANA  |                   |
| COLOR<br><i>W</i>  | AGE<br><i>78</i> | BIRTHPLACE   |  | E.O.<br><i>79</i>  | SHEET<br><i>9</i> |
| COUNTY   |                  | Natchitoches   |  | CITY   |                   |
| ENUMERATED WITH<br><i>Huffman, Lee.</i>  |                  |  |  |  |                   |
| RELATIONSHIP TO ABOVE  |                  |  |  |  |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input checked="" type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> IMMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                   |

FORM 10-437 (4-20-31)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 1910-437

|                         |  |                |     |            |  |
|-------------------------|--|----------------|-----|------------|--|
| R262                    |  | HEAD OF FAMILY |     | LOUISIANA  |  |
| COLOR                   |  | AGE            |     | E.S.       |  |
| B                       |  | 24             |     | 54         |  |
| BIRTHPLACE              |  | CITY           |     | SHEET      |  |
| COUNTY                  |  | JACKSON        |     | 41         |  |
| OTHER MEMBERS OF FAMILY |  |                |     |            |  |
| NAME                    |  | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| 1 Patay J.              |  | W              | 28  |            |  |
|                         |  |                |     |            |  |
|                         |  |                |     |            |  |
|                         |  |                |     |            |  |
|                         |  |                |     |            |  |
|                         |  |                |     |            |  |
|                         |  |                |     |            |  |
|                         |  |                |     |            |  |

FORM 16-636 (4-30-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |              |            |            |
|-------------------------|--------------|------------|------------|
| HEAD OF FAMILY          |              | LOUISIANA  |            |
| R. J. Rogers            |              | E.O.       | SHEET      |
| COLOR                   | AGE          | 23         | 9          |
| B                       | 62           | BIRTHPLACE |            |
| COUNTY                  |              | CITY       |            |
| Iberia                  |              |            |            |
| OTHER MEMBERS OF FAMILY |              |            |            |
| NAME                    | RELATIONSHIP | AGE        | BIRTHPLACE |
| 1                       |              |            |            |
| Landon                  | Lizzie       | 42         | Miss       |
|                         | Lucie        | 13         |            |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |
|                         |              |            |            |

FORM 16-436 (4-20-67)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |  |                |                        |            |  |
|-------------------------|--|----------------|------------------------|------------|--|
| R 262                   |  | HEAD OF FAMILY |                        | LOUISIANA  |  |
| COLOR B                 |  | AGE 25         |                        | E.D. 36    |  |
|                         |  | BIRTHPLACE     |                        | SHEET 1    |  |
| COUNTY Calcasieu        |  |                | CITY Lake Charles City |            |  |
| OTHER MEMBERS OF FAMILY |  |                |                        |            |  |
| NAME                    |  | RELATIONSHIP   | AGE                    | BIRTHPLACE |  |
| 1 Malissa               |  | W              | 24                     |            |  |
|                         |  |                |                        |            |  |
|                         |  |                |                        |            |  |
|                         |  |                |                        |            |  |
|                         |  |                |                        |            |  |
|                         |  |                |                        |            |  |
|                         |  |                |                        |            |  |
|                         |  |                |                        |            |  |

FORM 16-636 (4-30-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |     |   |      |   |       |
|--|-----|---|------|---|-------|
| R262   |     | NAME OF INDIVIDUAL  |      | LOUISIANA   |       |
| COLOR  | AGE | BIRTHPLACE  |      | E.D.  | SHEET |
| W  | 21  | Dallas  |      | 1   | 5     |
| COUNTY   |     |   | CITY |   |       |
| Blerville  |     |   |      |   |       |
| ENUMERATED WITH  |     |   |      |   |       |
| Benson, Dallas   |     |   |      |   |       |
| RELATIONSHIP TO ABOVE  |     |   |      |   |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |       |

FORM 16-537 (4-22-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USC&APC 16503-P31

|                         |  |                |     |             |       |
|-------------------------|--|----------------|-----|-------------|-------|
| R 262                   |  | HEAD OF FAMILY |     | LOUISIANA   |       |
| COLOR                   |  | AGE            |     | E.D.        | SHEET |
| br                      |  | 56             |     | 20          | 7     |
| COUNTY                  |  | BIRTHPLACE     |     | CITY        |       |
| East Baton Rouge        |  |                |     | Baton Rouge |       |
| OTHER MEMBERS OF FAMILY |  |                |     |             |       |
| NAME                    |  | RELATIONSHIP   | AGE | BIRTHPLACE  |       |
| / Jaykine               |  | 4              | 58  |             |       |
| Coachert Simon          |  | 54             | 39  |             |       |
| / Georgia               |  | 8              | 36  |             |       |
| Edna                    |  | gd             | 11  |             |       |
| Wilbert                 |  | gn             | 2   |             |       |
|                         |  |                |     |             |       |
|                         |  |                |     |             |       |

Form 19-636 (4-22-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |   |  |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|---|--|--|-----------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|---|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R-262   |   | NAME OF INDIVIDUAL                       |  | LOUISIANA |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Bogers, Annie H   |   | E.D.                                     |  | 73        |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR   |   | AGE                                      |  | SHEET     |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| W   |   | 52                                       |  | 4         |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| BIRTHPLACE  |   | COUNTY                                   |  | CITY      |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Ala   |   | De Soto                                  |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH   |   |  |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Chaffin, Dagner   |   |  |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |   |  |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input checked="" type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |   |  |  |           |  | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input checked="" type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW                   | <input type="checkbox"/> INMATE          |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE                    | <input type="checkbox"/> NURSE           |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW            | <input type="checkbox"/> PATIENT         |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input checked="" type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER          |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW               | <input type="checkbox"/> SERVANT         |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW          | <input type="checkbox"/> OTHER (Specify) |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW           |  |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW            |  |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |   |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 16-637 (4-22-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18199-P61

|   |   |
|---|---|
| LOUISIANA   |   |
| B262  | NAME OF INDIVIDUAL<br><i>Baynes David</i>   |
| E.D.<br>49  | SHEET<br>5  |
| COLOR<br>B  | AGE<br>15   |
| BIRTHPLACE  |   |
| COUNTY<br>East Feliciana  | CITY  |
| ENUMERATED WITH<br><i>Baynes Patricia</i>   |   |
| RELATIONSHIP TO ABOVE   |   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input checked="" type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> Niece<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> NEAAYE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify)  |   |

FORM 16-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 16100-P01

|                         |   |                |     |            |              |
|-------------------------|---|----------------|-----|------------|--------------|
| A-262                   |   | HEAD OF FAMILY |     | LOUISIANA  |              |
| COLOR                   | W | AGE            | 22  | BIRTHPLACE | Rogers David |
| COUNTY                  |   | Union          |     | CITY       |              |
| OTHER MEMBERS OF FAMILY |   |                |     |            |              |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |              |
| Willie                  |   | W              | 18  |            |              |
| David                   |   | S              | 3   |            |              |
|                         |   |                |     |            |              |
|                         |   |                |     |            |              |
|                         |   |                |     |            |              |
|                         |   |                |     |            |              |
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|                         |   |                |     |            |              |

FORM 16-436 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

| LOUISIANA               |              |     |            |
|-------------------------|--------------|-----|------------|
| R 262                   |              |     |            |
| HEAD OF FAMILY          |              |     |            |
| Rogers David            |              |     |            |
| E.O.                    | SHEET        |     |            |
| 1                       | 8            |     |            |
| COLOR                   | W            |     |            |
| AGE                     | 57           |     |            |
| BIRTHPLACE              |              |     |            |
| COUNTY                  | Bienville    |     |            |
| CITY                    | Acadia       |     |            |
| OTHER MEMBERS OF FAMILY |              |     |            |
| NAME                    | RELATIONSHIP | AGE | BIRTHPLACE |
| 1 Dollie                | W            | 58  |            |
| Carrie                  | D            | 32  |            |
|                         |              |     |            |
|                         |              |     |            |
|                         |              |     |            |
|                         |              |     |            |
|                         |              |     |            |
|                         |              |     |            |
|                         |              |     |            |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                  |                |     |            |  |
|-------------------------|------------------|----------------|-----|------------|--|
| R262                    |                  | HEAD OF FAMILY |     | LOUISIANA  |  |
| Kicherson, David J      |                  | E.D.           |     | SHEET      |  |
| COLOR                   | AGE              | BIRTHPLACE     |     |            |  |
| B                       | 34               |                |     |            |  |
| COUNTY                  | East Baton Rouge |                |     | CITY       |  |
| OTHER MEMBERS OF FAMILY |                  |                |     |            |  |
| NAME                    |                  | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| 1 Eliggins              |                  | W              | 50  |            |  |
| Browns Biddy            |                  | NR             | 70  |            |  |
|                         |                  |                |     |            |  |
|                         |                  |                |     |            |  |
|                         |                  |                |     |            |  |
|                         |                  |                |     |            |  |
|                         |                  |                |     |            |  |
|                         |                  |                |     |            |  |

FORM 16-636 (4-20-67)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |   |                |       |            |      |
|-------------------------|---|----------------|-------|------------|------|
| K-262                   |   | HEAD OF FAMILY |       | LOUISIANA  |      |
| COLOR                   | W | AGE            | 53    | BIRTHPLACE | Ala. |
| COUNTY                  |   |                | Union | CITY       |      |
| OTHER MEMBERS OF FAMILY |   |                |       |            |      |
| NAME                    |   | RELATIONSHIP   | AGE   | BIRTHPLACE |      |
| Charlaine a             |   | W              | 54    |            |      |
| Charlie                 |   | S              | 19    |            |      |
| Fred                    |   | S              | 16    |            |      |
| Ben                     |   | S              | 13    |            |      |
|                         |   |                |       |            |      |
|                         |   |                |       |            |      |
|                         |   |                |       |            |      |

FORM 16-436 (4-20-31)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |   |  |                 |  |    |
|--|---|--|-----------------|--|----|
| K262   |   | NAME OF INDIVIDUAL   |                 | LOUISIANA  |    |
| Rogers, Desire   |   | E.D.   |                 | SHEET  |    |
| COLOR  | W | AGE  | 44              | BIRTHPLACE   | 21 |
| COUNTY   |   |  | CITY            |  |    |
| ENUMERATED WITH  |   |  | Bernard, Borgue |  |    |
| RELATIONSHIP TO ABOVE  |   |  |                 |  |    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |   | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input checked="" type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |                 | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |    |

FORM 16-537 (4-20-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18196-P61

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| R 262  |  | NAME OF INDIVIDUAL<br><i>Rogers</i>  |  | LOUISIANA   |  |
| COLOR<br><i>B</i>  |  | AGE<br><i>120</i>  |  | BIRTHPLACE<br><i>Rode</i>   |  |
| COUNTY   |  | CITY   |  | E.D. <i>48</i> SHEET <i>9</i>   |  |
| ENUMERATED WITH <i>East Fellowship</i><br><i>Monroe, Jacy</i><br>RELATIONSHIP TO ABOVE   |  |  |  |   |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input checked="" type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> BOARDER<br><input type="checkbox"/> HOUSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |  |

FORM 10-437 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |   |  |  |           |       |                                 |                                 |                                |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|---|--|--|-----------|-------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|---|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R 262  |   | NAME OF INDIVIDUAL<br><i>Rogers, Doris</i> |  | LOUISIANA |       |                                 |                                 |                                |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR  | AGE                                       | BIRTHPLACE                                 |  | E.O.      | SHEET |                                 |                                 |                                |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| 8  | 22  |  |  | 46        | 11    |                                 |                                 |                                |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY   |   | CITY                                       |  |           |       |                                 |                                 |                                |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| 8  |   | East Feliciana                             |  |           |       |                                 |                                 |                                |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH  |   |  |  |           |       |                                 |                                 |                                |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <i>Rogers, Josephine</i>   |   |  |  |           |       |                                 |                                 |                                |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |   |  |  |           |       |                                 |                                 |                                |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDOW</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input checked="" type="checkbox"/> Niece</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |   |  |  |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | <input type="checkbox"/> MOTHER | <input checked="" type="checkbox"/> Niece | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW           | <input type="checkbox"/> WIDOW             |  |           |       |                                 |                                 |                                |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input checked="" type="checkbox"/> Niece | <input type="checkbox"/> NURSE             |  |           |       |                                 |                                 |                                |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW    | <input type="checkbox"/> PATIENT           |  |           |       |                                 |                                 |                                |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW    | <input type="checkbox"/> ROOMER            |  |           |       |                                 |                                 |                                |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW       | <input type="checkbox"/> SERVANT           |  |           |       |                                 |                                 |                                |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW  | <input type="checkbox"/> OTHER (Specify)   |  |           |       |                                 |                                 |                                |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW   |  |  |           |       |                                 |                                 |                                |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW    |  |  |           |       |                                 |                                 |                                |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 16-537 (4-20-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R262                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| W                       |  | 45             |            | 78         | 1     |
| COUNTY                  |  |                | CITY       |            |       |
| Iberia                  |  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Elizabeth               |  | W              | 48         |            |       |
| Emile                   |  | D              | 24         |            |       |
| Elena                   |  | D              | 21         |            |       |
| Julie                   |  | D              | 18         |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 19-636 (4-20-61)  
1919 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R262                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.O.       | SHEET |
| B                       | 27  | Miss.          |     | 81         | 22    |
| COUNTY                  |     | CITY           |     |            |       |
| Rapides                 |     | Alexandria     |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| 1 Walter                |     | W              | 20  |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

Form 16-636 (4-20-67)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |     |   |              |   |  |
|--|-----|---|--------------|---|--|
| R262   |     | NAME OF INDIVIDUAL  |              | LOUISIANA   |  |
| COLOR  | AGE | BIRTHPLACE  | E.D.         | SHEET   |  |
| B.   | 22  |   | 80           | 22  |  |
| COUNTY   |     | CITY  |              |   |  |
|  |     | Natchitoches  | Natchitoches |   |  |
| EMIGRATED WITH   |     | Thompson, David   |              |   |  |
| RELATIONSHIP TO ABOVE  |     |   |              |   |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |              | <input type="checkbox"/> ORGATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |  |

FORM 16-537 (4-22-51)

1930 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCENS-DC 18100-P01

|                         |      |                |     |            |  |
|-------------------------|------|----------------|-----|------------|--|
| R262                    |      | HEAD OF FAMILY |     | LOUISIANA  |  |
| Rogers, E. D.           |      | E.D.           |     | SHEET      |  |
| COLOR                   | W    | AGE            | 42  | BIRTHPLACE |  |
| COUNTY                  | Winn | CITY           |     |            |  |
| Winnfield               |      |                |     |            |  |
| OTHER MEMBERS OF FAMILY |      |                |     |            |  |
| NAME                    |      | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| Mary L.                 |      | A              | 27  | Ark        |  |
| Virginia L.             |      | S              | 19  | Ark        |  |
| Alfred L.               |      | S              | 17  | Ark        |  |
| Julian L.               |      | S              | 8   | Ark        |  |
| Berlie L.               |      | S              | 8   | Ark        |  |
| 4 1/2                   |      |                |     |            |  |

Form 10-436 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|  |   |                    |    |   |     |           |         |   |  |  |  |
|--|---|--------------------|----|---|-----|-----------|---------|---|--|--|--|
| R262   |   | NAME OF INDIVIDUAL |    | Rogers Edd  |     | LOUISIANA |         |   |  |  |  |
| COLOR  | W | AGE                | 26 | BIRTHPLACE  | Tex | E.D.      | 102 1/2 |   |  |  |  |
| COUNTY   |   |                    |    | CITY  |     |           |         |   |  |  |  |
| ENUMERATED WITH  |   |                    |    | Sabine  |     |           |         |   |  |  |  |
| RELATIONSHIP TO ABOVE  |   |                    |    | Moms Gertrude   |     |           |         |   |  |  |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |   |                    |    | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |     |           |         | <input type="checkbox"/> WIDOW<br><input type="checkbox"/> NUN<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> OTHER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |  |  |  |

FORM 10-437 (10-20-31)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 10122-P-81

|                         |                |              |           |            |
|-------------------------|----------------|--------------|-----------|------------|
| R262                    | HEAD OF FAMILY |              | LOUISIANA |            |
| COLOR                   | AGE            | BIRTHPLACE   | E.D.      | SHEET      |
| Wm                      | 29             |              | 103       | 15         |
| COUNTY                  |                | CITY         |           |            |
| Ouachita                |                | Monroe       |           |            |
| OTHER MEMBERS OF FAMILY |                |              |           |            |
| NAME                    |                | RELATIONSHIP | AGE       | BIRTHPLACE |
| 1 Sussender H           |                | W            | 32        | Ark.       |
| Murphy Isabel           |                | SD           | 12        |            |
| 1 Cecil                 |                | SS           | 9         |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |

FORM 10-436 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |            |                |
|-------------------------|---|----------------|-----|------------|----------------|
| R262                    |   | HEAD OF FAMILY |     | LOUISIANA  |                |
| COLOR                   | B | AGE            | 50  | BIRTHPLACE | Rogers, Edward |
| COUNTY                  |   | Caddo          |     | CITY       |                |
| OTHER MEMBERS OF FAMILY |   |                |     |            |                |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |                |
| Narcis                  |   | W              | 48  |            |                |
| Julia                   |   | D              | 14  |            |                |
| Clara                   |   | D              | 10  |            |                |
| Harry                   |   | S              | 7   |            |                |
|                         |   |                |     |            |                |
|                         |   |                |     |            |                |
|                         |   |                |     |            |                |
|                         |   |                |     |            |                |

Form 10-436 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |  |                |       |            |  |
|-------------------------|-----|----------------|--|----------------|-------|------------|--|
| A262                    |     | HEAD OF FAMILY |  | Rogers, Edward |       | LOUISIANA  |  |
| COLOR                   | AGE | BIRTHPLACE     |  | E.O.           | SHEET |            |  |
| 13                      | 65  | Miss           |  | 70             | 3     |            |  |
| COUNTY                  |     |                |  | Livingston     |       | CITY       |  |
| OTHER MEMBERS OF FAMILY |     |                |  |                |       |            |  |
| NAME                    |     |                |  | RELATIONSHIP   | AGE   | BIRTHPLACE |  |
| Living alone            |     |                |  |                |       |            |  |
|                         |     |                |  |                |       |            |  |
|                         |     |                |  |                |       |            |  |
|                         |     |                |  |                |       |            |  |
|                         |     |                |  |                |       |            |  |
|                         |     |                |  |                |       |            |  |
|                         |     |                |  |                |       |            |  |
|                         |     |                |  |                |       |            |  |

FORM 16-636 (4-20-51)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| K262                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | NAME           |     | E.D.       | SHEET |
| B                       | 36  | James, Edward  |     | 72         | 6     |
| COUNTY                  |     | LIVINGSTON     |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Emma                    |     | w              | 36  |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 16-436 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |  |
|-------------------------|-----|----------------|-----|------------|--|
| R262                    |     | HEAD OF FAMILY |     | LOUISIANA  |  |
| ROGERS, Edward          |     | E.O.           |     | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |     |            |  |
| B                       | 50  | Miss.          |     | 95 9       |  |
| COUNTY                  |     | Red River      |     | CITY       |  |
| OTHER MEMBERS OF FAMILY |     |                |     |            |  |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| / Mochie                |     | a              | 80  |            |  |
| Bryant, Lizzie          |     | conc           | 35  |            |  |
| / Annie Bell            |     | d              | 14  |            |  |
| / Ralie                 |     | d              | 10  |            |  |
| Fontana, Katie          |     | si             | 17  |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |

FORM 16-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R262                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| W                       | 47  | Vermont        |     | 99         | 12    |
| COUNTY                  |     | CITY           |     |            |       |
| St. Mary                |     | Berwick        |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Laura                   |     | W              | 32  |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 10-636 (4-26-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

| LOUISIANA  |   |   |          |
|--|---|---|----------|
| P262   | NAME OF INDIVIDUAL  |   | S.S. NO. |
|  | Rogues Edwina   |   | 144      |
| COLOR  | AGE   | BIRTHPLACE  | SHEET    |
| W  | 55  | San   | 15       |
| COUNTY   | CITY  |   |          |
| Vernon   | Leesville   |   |          |
| EMIGRATED WITH   |   |   |          |
| Foster, Sidney G.  |   |   |          |
| RELATIONSHIP TO ABOVE  |   |   |          |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NICE<br><input type="checkbox"/> FATHER-IN-LAW<br><input checked="" type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> ROOMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |          |

FORM 10-47 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 1910-P-61



|  |   |  |           |  |     |
|--|---|--|-----------|--|-----|
| R 262  |   | NAME OF INDIVIDUAL   |           | LOUISIANA  |     |
| COLOR  | W | AGE  | 24        | BIRTHPLACE   | La. |
| COUNTY   |   |  | Vernon    |  |     |
| CITY   |   |  | Leesville |  |     |
| ENUMERATED WITH  |   |  |           |  |     |
| John, Henry J.   |   |  |           |  |     |
| RELATIONSHIP TO ABOVE  |   |  |           |  |     |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |   | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input checked="" type="checkbox"/> SISTER-IN-LAW |           | <input type="checkbox"/> WMAATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |     |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18108-P61

LOUISIANA

|   |  |   |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
|---|--|---|------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|----------|--------------------------------|--|--|
| R262  | NAME OF INDIVIDUAL<br><i>Rogers, Effie</i> |   | ED.<br><i>75</i> | SHEET<br><i>7</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| COLOR<br><i>W</i>   | AGE<br><i>31</i>                           | BIRTHPLACE  |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| COUNTY<br><i>Lafayette</i>  |  | CITY  |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| ENUMERATED WITH<br><i>Stines, Caroline</i>  |  |   |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>D</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |                  |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>D</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW            | <input type="checkbox"/> INMATE                     |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE             | <input type="checkbox"/> NURSE                      |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW     | <input type="checkbox"/> PATIENT                    |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW     | <input type="checkbox"/> ROOMER                     |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW        | <input type="checkbox"/> SERVANT                    |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW   | <input checked="" type="checkbox"/> OTHER (Specify) |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW    | <i>D</i>  |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW     |   |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |

FORM 16-637 (4-30-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 16106-P61

|                         |   |                |             |            |       |
|-------------------------|---|----------------|-------------|------------|-------|
| R262                    |   | HEAD OF FAMILY |             | LOUISIANA  |       |
| Rogers                  |   | Elder J.       |             | E.O.       | SHEET |
| COLOR                   | W | AGE            | 38          | 93         | 3     |
| BIRTHPLACE              |   |                |             |            |       |
| COUNTY                  |   |                | St. Tammany | CITY       |       |
| OTHER MEMBERS OF FAMILY |   |                |             |            |       |
| NAME                    |   | RELATIONSHIP   | AGE         | BIRTHPLACE |       |
| Clarissa L.             |   | W              | 31          |            |       |
| Edgar                   |   | S              | 12          |            |       |
| Easter V                |   | D              | 8           |            |       |
| Aubrey J.               |   | S              | 5           |            |       |
| Hewitt                  |   | S              | 3           |            |       |
| Conrad                  |   | S              | 8 1/2       |            |       |
| Butley Morgan H.        |   | BL             | 26          |            |       |

FORM 10-636 10-20-0  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |              |            |       |
|-------------------------|--|----------------|--------------|------------|-------|
| R 262                   |  | HEAD OF FAMILY |              | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE   | E.D.       | SHEET |
| B                       |  | 36             | Rogers E. L. | 31         | 1     |
| COUNTY                  |  |                | CITY         |            |       |
| East Baton Rouge        |  |                | Zachary      |            |       |
| OTHER MEMBERS OF FAMILY |  |                |              |            |       |
| NAME                    |  | RELATIONSHIP   | AGE          | BIRTHPLACE |       |
| Emma                    |  | W              | 19           |            |       |
| Bertram                 |  | D              | 2            |            |       |
| Felton                  |  | S              | 3/12         |            |       |
|                         |  |                |              |            |       |
|                         |  |                |              |            |       |
|                         |  |                |              |            |       |
|                         |  |                |              |            |       |
|                         |  |                |              |            |       |

FORM 16-636 (4-26-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R 362                   |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| Rogers                  |     | Elinor         |     | E.D.       | SHEET |
| COLOR                   | AGE | BIRTHPLACE     |     |            |       |
| W                       | 30  |                |     |            |       |
| COUNTY                  |     | Lafayette      |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Marie                   |     | W              | 32  |            |       |
| Joseph                  |     | S              | 4   |            |       |
| Lewisa                  |     | S              | 3   |            |       |
| Ledia                   |     | D              | 2   |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 10-436 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |     |  |  |   |       |
|--|-----|--|--|---|-------|
| R262   |     | NAME OF INDIVIDUAL   |  | LOUISIANA   |       |
| Rogers   |     | Ellis C  |  | E.O.  | SHEET |
| COLOR  | AGE | BIRTHPLACE   |  | 89  | 2     |
| W  | 14  | St. Helena   |  |   |       |
| COUNTY   |     | CITY   |  |   |       |
| ENUMERATED WITH  |     |  |  |   |       |
| Harrell Ben E  |     |  |  |   |       |
| RELATIONSHIP TO ABOVE  |     |  |  |   |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input checked="" type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> BOARDER<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |       |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USC900A-1C 18100-P01

|                         |   |                |    |              |  |           |     |
|-------------------------|---|----------------|----|--------------|--|-----------|-----|
| R262                    |   | HEAD OF FAMILY |    | Rogers Emile |  | LOUISIANA |     |
| COLOR                   | B | AGE            | 25 | BIRTHPLACE   |  | E.D.      | 118 |
|                         |   |                |    |              |  | SHEET     |     |
|                         |   |                |    |              |  |           |     |
| COUNTY                  |   |                |    | Tangipahoa   |  |           |     |
|                         |   |                |    | CITY         |  |           |     |
| OTHER MEMBERS OF FAMILY |   |                |    |              |  |           |     |
| NAME                    |   |                |    | RELATIONSHIP |  | AGE       |     |
| 1 Marianne              |   |                |    | W            |  | 25        |     |
|                         |   |                |    |              |  |           |     |
|                         |   |                |    |              |  |           |     |
|                         |   |                |    |              |  |           |     |
|                         |   |                |    |              |  |           |     |
|                         |   |                |    |              |  |           |     |
|                         |   |                |    |              |  |           |     |
|                         |   |                |    |              |  |           |     |
|                         |   |                |    |              |  |           |     |

FORM 10-426 (4-22-61)  
1960 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |        |                |     |            |  |
|-------------------------|--------|----------------|-----|------------|--|
| R262                    |        | HEAD OF FAMILY |     | LOUISIANA  |  |
| COLOR                   |        | AGE            |     | BIRTHPLACE |  |
| B                       |        | 32             |     | Emile      |  |
| COUNTY                  |        | CITY           |     | S.D.       |  |
| Acadia                  |        |                |     | 4          |  |
| OTHER MEMBERS OF FAMILY |        |                |     |            |  |
| NAME                    |        | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| Malina                  |        | W              | 29  |            |  |
| Lilly                   |        | D              | 12  |            |  |
| Otille                  |        | D              | 9   |            |  |
| Emile Jr.               |        | S              | 3   |            |  |
| Bourgnos                | Stella | Ni             | 12  |            |  |
|                         | Mina   | D              | 1/2 |            |  |

FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |  |                |      |            |       |
|-------------------------|--|----------------|------|------------|-------|
| R262                    |  | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR                   |  | AGE            |      | E.O.       | SHEET |
| W                       |  | 56             |      | 93         | 9     |
|                         |  | BIRTHPLACE     |      |            |       |
| COUNTY                  |  |                | CITY |            |       |
| St. Tammany             |  |                |      |            |       |
| OTHER MEMBERS OF FAMILY |  |                |      |            |       |
| NAME                    |  | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| May                     |  | D              | 15   |            |       |
|                         |  |                |      |            |       |
|                         |  |                |      |            |       |
|                         |  |                |      |            |       |
|                         |  |                |      |            |       |
|                         |  |                |      |            |       |
|                         |  |                |      |            |       |
|                         |  |                |      |            |       |

FORM 16-636 (4-30-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |  |    |            |             |                                 |                                 |                                    |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|----|------------|-------------|---------------------------------|---------------------------------|------------------------------------|--|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R262   |  | NAME OF INDIVIDUAL                       |    | LOUISIANA  |             |                                 |                                 |                                    |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR  | W  | AGE                                      | 60 | BIRTHPLACE | Rogers Emma |                                 |                                 |                                    |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY   |  | De Soto                                  |    | CITY       |             |                                 |                                 |                                    |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH  |  |  |    |            |             |                                 |                                 |                                    |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |    |            |             |                                 |                                 |                                    |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> IMMIGRANT</td> </tr> <tr> <td><input checked="" type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |    |            |             | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> IMMIGRANT | <input checked="" type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> IMMIGRANT       |    |            |             |                                 |                                 |                                    |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |    |            |             |                                 |                                 |                                    |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |    |            |             |                                 |                                 |                                    |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |    |            |             |                                 |                                 |                                    |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |    |            |             |                                 |                                 |                                    |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |    |            |             |                                 |                                 |                                    |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |    |            |             |                                 |                                 |                                    |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |    |            |             |                                 |                                 |                                    |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOW-DC 18108-P61

|   |  |  |  |           |          |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
|---|--|--|--|-----------|----------|-------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|---|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R262  |  | NAME OF INDIVIDUAL<br><i>Rogers Emma</i> |  | LOUISIANA | ED<br>78 | SHEET<br>18 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>B</i>   | AGE<br><i>10</i>                         | BIRTHPLACE                               |  |           |          |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| COUNTY  |  | Natchitoches                             |  |           | CITY     |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Plauske Liza</i>  |  |  |  |           |          |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |  |           |          |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |           |          |             | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |  |           |          |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |  |           |          |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |  |           |          |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |  |           |          |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |  |           |          |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |  |           |          |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |           |          |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |  |           |          |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |

FORM 18-637 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |                 |   |  |   |                    |
|---|-----------------|---|--|---|--------------------|
| Race<br><i>Black</i>  |                 | NAME OF INDIVIDUAL<br><i>Rogers, Emma</i>   |  | E.O.<br><i>106</i>  | SHEET<br><i>22</i> |
| COLOR<br><i>W</i>   | AGE<br><i>3</i> | BIRTHPLACE  |  |   |                    |
| COUNTY<br><i>Ouachita</i>   |                 | CITY<br><i>West Monroe</i>  |  |   |                    |
| ENUMERATED WITH<br><i>Roth George</i>   |                 |   |  |   |                    |
| RELATIONSHIP TO ABOVE   |                 |   |  |   |                    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input checked="" type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                 | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> WIDWIFE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                    |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18198-P81

|                         |                |              |           |            |
|-------------------------|----------------|--------------|-----------|------------|
| R262                    | HEAD OF FAMILY |              | LOUISIANA |            |
| COLOR                   | AGE            | BIRTHPLACE   |           | E.D.       |
| B                       | 26             |              |           | 93 19      |
| COUNTY                  |                | CITY         |           |            |
| Morehouse               |                |              |           |            |
| OTHER MEMBERS OF FAMILY |                |              |           |            |
| NAME                    |                | RELATIONSHIP | AGE       | BIRTHPLACE |
| Zola                    |                | w            | 19        |            |
| Lynette                 |                | D            | 9         |            |
| Viola                   |                | D            | 17        |            |
| 1 Bo                    |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R 262                   |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| W                       |  | 53             | Ala        | 119        | 9     |
| COUNTY                  |  |                | CITY       |            |       |
| Tangipahoa              |  |                | Hammond    |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Lula                    |  | W              | 36         | Ark.       |       |
| John                    |  | S              | 12         |            |       |
| Marie                   |  | D              | 13         |            |       |
| Marilyn                 |  | D              | 7          |            |       |
| + 1 H Boy               |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 16-536 (4-20-51)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                                |            |                       |            |                   |              |
|--------------------------------|------------|-----------------------|------------|-------------------|--------------|
| <b>R 262</b>                   |            | <b>HEAD OF FAMILY</b> |            | <b>LOUISIANA</b>  |              |
| <b>COLOR</b>                   | <b>AGE</b> | <b>BIRTHPLACE</b>     |            | <b>E.D.</b>       | <b>SHEET</b> |
| <i>W</i>                       | <i>72</i>  | <i>Agua, France</i>   |            | <i>3</i>          | <i>7</i>     |
| <b>COUNTY</b>                  |            | <b>CITY</b>           |            |                   |              |
| <i>Lafourche</i>               |            |                       |            |                   |              |
| <b>OTHER MEMBERS OF FAMILY</b> |            |                       |            |                   |              |
| <b>NAME</b>                    |            | <b>RELATIONSHIP</b>   | <b>AGE</b> | <b>BIRTHPLACE</b> |              |
| <i>Agua M</i>                  |            | <i>W</i>              | <i>67</i>  |                   |              |
| <i>Louise</i>                  |            | <i>D</i>              | <i>57</i>  |                   |              |
|                                |            |                       |            |                   |              |
|                                |            |                       |            |                   |              |
|                                |            |                       |            |                   |              |
|                                |            |                       |            |                   |              |
|                                |            |                       |            |                   |              |
|                                |            |                       |            |                   |              |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |      |            |  |
|-------------------------|--|----------------|------|------------|--|
| R-262                   |  | HEAD OF FAMILY |      | LOUISIANA  |  |
| COLOR                   |  | AGE            |      | E.D.       |  |
| B                       |  | 22             |      | 40         |  |
|                         |  | BIRTHPLACE     |      | SHEET      |  |
|                         |  |                |      | 11         |  |
| COUNTY                  |  |                | CITY |            |  |
| East Feliciana          |  |                |      |            |  |
| OTHER MEMBERS OF FAMILY |  |                |      |            |  |
| NAME                    |  | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| Lydia                   |  | W              | 18   |            |  |
|                         |  |                |      |            |  |
|                         |  |                |      |            |  |
|                         |  |                |      |            |  |
|                         |  |                |      |            |  |
|                         |  |                |      |            |  |
|                         |  |                |      |            |  |
|                         |  |                |      |            |  |

FORM 18-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |  |                |     |            |       |
|-------------------------|--|----------------|-----|------------|-------|
| R 262                   |  | HEAD OF FAMILY |     | LOUISIANA  |       |
| NAME                    |  | AGE            |     | E.O.       | SHEET |
| W                       |  | 59             |     | 10         | 4     |
| BIRTHPLACE              |  |                |     |            |       |
| COUNTY                  |  | Bienville      |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |  |                |     |            |       |
| NAME                    |  | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| A. Wallace              |  | s              | 18  |            |       |
|                         |  |                |     |            |       |
|                         |  |                |     |            |       |
|                         |  |                |     |            |       |
|                         |  |                |     |            |       |
|                         |  |                |     |            |       |
|                         |  |                |     |            |       |
|                         |  |                |     |            |       |
|                         |  |                |     |            |       |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                | LOUISIANA  |            |
|-------------------------|----------------|------------|------------|
| R202                    | HEAD OF FAMILY | E.O.       | SHEET      |
|                         | Leam Leam      | 68         | 12         |
| COLOR                   | AGE            | BIRTHPLACE |            |
| B                       | 38             |            |            |
| COUNTY                  | CITY           |            |            |
| De Soto                 |                |            |            |
| OTHER MEMBERS OF FAMILY |                |            |            |
| NAME                    | RELATIONSHIP   | AGE        | BIRTHPLACE |
| Ellen                   | W              | 35         |            |
| Effie                   | D              | 14         |            |
| Amuel                   | S              | 12         |            |
| Benny                   | D              | 11         |            |
| Bessie                  | D              | 9          |            |
| Isabel                  | D              | 6          |            |
| Leam                    | S              | 3/12       |            |

LOUISIANA

|  |   |  |           |             |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|---|--|-----------|-------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R262   | NAME OF INDIVIDUAL<br>Recheron, Estelle   |  | E.D.<br>2 | SHEET<br>26 |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br>B   | AGE<br>10                                 | BIRTHPLACE                               |           |             |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br>Assumption   |   | CITY                                     |           |             |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br>Cragles, Andrew   |   |  |           |             |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |   |  |           |             |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> INMATE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input checked="" type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> |   |  |           |             | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input checked="" type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW           | <input type="checkbox"/> INMATE          |           |             |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input checked="" type="checkbox"/> NIECE | <input type="checkbox"/> NURSE           |           |             |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW    | <input type="checkbox"/> PATIENT         |           |             |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW    | <input type="checkbox"/> ROOMER          |           |             |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW       | <input type="checkbox"/> SERVANT         |           |             |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW  | <input type="checkbox"/> OTHER (Specify) |           |             |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW   |  |           |             |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW    |  |           |             |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 16-437 (4-22-91)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 1910-P-81

LOUISIANA

|   |              |   |      |  |            |
|---|--------------|---|------|--|------------|
| R 202   |              | NAME OF INDIVIDUAL<br>Rogers Ethel  |      | E.D.<br>110  | SHEET<br>7 |
| COLOR<br>W  | AGE<br>2 1/2 | BIRTHPLACE  |      |  |            |
| COUNTY<br>Ouachita  |              |   | CITY |  |            |
| ENUMERATED WITH<br>Rogers B. J.   |              |   |      |  |            |
| RELATIONSHIP TO ABOVE   |              |   |      |  |            |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input checked="" type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |              | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |            |

Form 10-637 (4-20-51)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USC&amp;A-DC 1910-P-61

|   |  |   | LOUISIANA  |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |   |                                |  |  |
|---|--|---|------------|------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|---|--------------------------------|--|--|
| R 262   |  | NAME OF INDIVIDUAL                                  |            | E.O. | SHEET |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |   |                                |  |  |
| COLOR   |  | AGE   | BIRTHPLACE |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |   |                                |  |  |
| W   |  | 21  | Winn       |      | 126 P |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |   |                                |  |  |
| COUNTY  |  |   | CITY       |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |   |                                |  |  |
| ENUMERATED WITH   |  |   |            |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |   |                                |  |  |
| James Wellborn R.   |  |   |            |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |   |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |            |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |   |                                |  |  |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> INMATE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input checked="" type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td>D</td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> |  |   |            |      |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | D | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |            |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |   |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |            |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |   |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |            |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |   |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |            |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |   |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |            |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |   |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |            |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |   |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  | D   |            |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |   |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |            |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |   |                                |  |  |

FORM 10-537 (4-22-31)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

|                         |     |                |      |            |  |
|-------------------------|-----|----------------|------|------------|--|
| R 262                   |     | HEAD OF FAMILY |      | LOUISIANA  |  |
| Kippaizer Eugene        |     | E.D.           |      | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |      |            |  |
| W                       | 29  |                |      |            |  |
| COUNTY                  |     | CITY           |      |            |  |
| Calcasieu               |     | Lake Charles   |      |            |  |
| OTHER MEMBERS OF FAMILY |     |                |      |            |  |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| Cora                    |     | W              | 25   |            |  |
| Lula                    |     | D              | 6    |            |  |
| Dervex                  |     | S              | 4    |            |  |
| Cesbees                 |     | S              | 2    |            |  |
| Lucile                  |     | D              | 3/12 |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |

FORM 10-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                   |              |            |       |
|-------------------------|--|-------------------|--------------|------------|-------|
| R262                    |  | HEAD OF FAMILY    |              | LOUISIANA  |       |
| COLOR                   |  | AGE               | BIRTHPLACE   | E.D.       | SHEET |
| W                       |  | 54                |              | 7          | 8     |
| COUNTY                  |  |                   | CITY         |            |       |
| Assumption              |  |                   | Nogalesville |            |       |
| OTHER MEMBERS OF FAMILY |  |                   |              |            |       |
| NAME                    |  | RELATION-<br>SHIP | AGE          | BIRTHPLACE |       |
| Lise                    |  | W                 | 24           |            |       |
| Arlene                  |  | D                 | 5            |            |       |
| Ethel                   |  | D                 | 4            |            |       |
| Mahel                   |  | D                 | 1 1/2        |            |       |
|                         |  |                   |              |            |       |
|                         |  |                   |              |            |       |
|                         |  |                   |              |            |       |

FORM 10-636 (4-20-31)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |   |   |       |
|---|---|---|-------|
|   |   | LOUISIANA   |       |
| NAME OF INDIVIDUAL  |   | E.O.  | SHEET |
| 1262 Rogers Eva   |   | 28  | 7     |
| COLOR   | AGE   | BIRTHPLACE  |       |
| B   | 5   |   |       |
| COUNTY  | CITY  |   |       |
| Caddo   |   |   |       |
| ENUMERATED WITH   |   |   |       |
| Caldwell John   |   |   |       |
| RELATIONSHIP TO ABOVE   |   |   |       |
| <input type="checkbox"/> FATHER<br><input checked="" type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input checked="" type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |       |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 1910-P-91



| R262                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
|-------------------------|-----|----------------|-----|------------|-------|
| COLOR                   | AGE | BIRTHPLACE     |     | E.O.       | SHEET |
| W                       | 34  |                |     | 181        | 1     |
| COUNTY                  |     | CITY           |     |            |       |
| Terrebonne              |     |                |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| J. Rogers Evans         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |      |            |    |
|-------------------------|---|----------------|------|------------|----|
| R262                    |   | HEAD OF FAMILY |      | LOUISIANA  |    |
| COLOR                   | W | AGE            | 56   | E.D.       | 36 |
|                         |   | BIRTHPLACE     |      | SHEET      | 1  |
| COUNTY                  |   |                | CITY |            |    |
| OTHER MEMBERS OF FAMILY |   |                |      |            |    |
| NAME                    |   | RELATIONSHIP   | AGE  | BIRTHPLACE |    |
| 1 Lydia                 |   | W              | 45   |            |    |
| Joseph                  |   | S              | 25   |            |    |
|                         |   |                |      |            |    |
|                         |   |                |      |            |    |
|                         |   |                |      |            |    |
|                         |   |                |      |            |    |
|                         |   |                |      |            |    |
|                         |   |                |      |            |    |

FORM 10-636 (4-20-51)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R262                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | S.D.       | SHEET |
| B                       | 45  |                |     | 82         | 12    |
| COUNTY                  |     | CITY           |     |            |       |
| Rapides                 |     |                |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Fannie                  |     | D              | 26  |            |       |
| Grady                   |     | S              | 19  |            |       |
| Cora                    |     | D              | 17  |            |       |
| John                    |     | S              | 15  |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 16-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |               |  |
|-------------------------|---|----------------|-----|---------------|--|
| R 262                   |   | HEAD OF FAMILY |     | LOUISIANA     |  |
| Rogers, Fanny May       |   | E.O.           |     | SHEET         |  |
| COLOR                   | W | AGE            | 54  | BIRTHPLACE    |  |
| COUNTY                  |   | Assumption     |     | CITY          |  |
|                         |   |                |     | Napoleonville |  |
| OTHER MEMBERS OF FAMILY |   |                |     |               |  |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE    |  |
| 1 Fanny May             |   | d              | 18  |               |  |
| Mabel                   |   | d              | 16  |               |  |
| Webster Lou             |   | sis            | 60  |               |  |
| Esterle                 |   | sis            | 56  |               |  |
| + 5 boarders            |   |                |     |               |  |
|                         |   |                |     |               |  |
|                         |   |                |     |               |  |

FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |   |             |  |       |
|---|--|---|-------------|--|-------|
| R262  |  | NAME OF INDIVIDUAL  |             | LOUISIANA  |       |
| COLOR   |  | AGE   | BIRTHPLACE  | E.D.   | SHEET |
| W   |  | 65  | Ala         | 60   | 35    |
| COUNTY  |  |   | CITY        |  |       |
| ENUMERATED WITH   |  |   | Rogers, Lee |  |       |
| RELATIONSHIP TO ABOVE   |  |   |             |  |       |
| <input type="checkbox"/> FATHER<br><input checked="" type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> Niece<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |             | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |       |

FORM 16-437 (4-25-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMB-DC 18126-P01

|                         |     |                |       |            |       |
|-------------------------|-----|----------------|-------|------------|-------|
| R 262                   |     | HEAD OF FAMILY |       | LOUISIANA  |       |
| Rogers                  |     | Francis        |       | E.D.       | SHEET |
| COLOR                   | AGE | BIRTHPLACE     |       | 40         | 24    |
| W                       | 34  |                |       |            |       |
| COUNTY                  |     | CITY           |       |            |       |
| Lefourche               |     |                |       |            |       |
| OTHER MEMBERS OF FAMILY |     |                |       |            |       |
| NAME                    |     | RELATIONSHIP   | AGE   | BIRTHPLACE |       |
| Alejandra               |     | W              | 33    |            |       |
| Dorsey                  |     | L              | 14    |            |       |
| Mary                    |     | D              | 9     |            |       |
| Anita                   |     | D              | 6     |            |       |
| Edna                    |     | D              | 4     |            |       |
| Lara                    |     | D              | 1 1/2 |            |       |

FORM 16-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |            |                |
|-------------------------|---|----------------|-----|------------|----------------|
| R262                    |   | HEAD OF FAMILY |     | LOUISIANA  |                |
| COLOR                   | B | AGE            | 40  | BIRTHPLACE | Rogers Francis |
| COUNTY                  |   | Caddo          |     | CITY       | Blanchard      |
| OTHER MEMBERS OF FAMILY |   |                |     |            |                |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |                |
| Rogers Tom              |   | S              | 20  |            |                |
| Henry                   |   | S              | 12  |            |                |
| Shirley                 |   | D              | 12  |            |                |
| Jessie                  |   | D              | 8   |            |                |
|                         |   |                |     |            |                |
|                         |   |                |     |            |                |
|                         |   |                |     |            |                |
|                         |   |                |     |            |                |

FORM 10-636 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R262                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| R262                    |     | R262           |     | E.D.       | SHEET |
| COLOR                   | AGE | BIRTHPLACE     |     | 119        | 21    |
| W                       | 44  |                |     |            |       |
| COUNTY                  |     | Webster        |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Alma                    |     | D              | 20  |            |       |
| Breeze                  |     | S              | 17  |            |       |
| H. H. H.                |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 16-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |  |                |            |            |      |
|-------------------------|--|----------------|------------|------------|------|
| R 262                   |  | HEAD OF FAMILY |            | LOUISIANA  |      |
| COLOR                   |  | AGE            | BIRTHPLACE |            | E.S. |
| W                       |  | 34             |            |            | 70   |
| COUNTY                  |  |                | CITY       |            |      |
| Bienville               |  |                |            |            |      |
| OTHER MEMBERS OF FAMILY |  |                |            |            |      |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |      |
| Lillie R.               |  | w              | 31         |            |      |
| Mary L.                 |  | d              | 3          |            |      |
|                         |  |                |            |            |      |
|                         |  |                |            |            |      |
|                         |  |                |            |            |      |
|                         |  |                |            |            |      |
|                         |  |                |            |            |      |
|                         |  |                |            |            |      |

FORM 10-626 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R262                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | U.S.       | SHEET |
| W                       |  | 70             |            | 107        | 5     |
| COUNTY                  |  |                | CITY       |            |       |
| Terrebonne              |  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| 1 Helena                |  | W              | 64         |            |       |
| Beatty                  |  | S              | 28         |            |       |
| Clayton                 |  | D              | 26         |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 18-436 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R262                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| B                       | 36  | Rogers, Frank  |     | 73         | 17    |
| COUNTY                  |     | CITY           |     |            |       |
| St. James               |     |                |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Theresa                 |     | 40             | 42  |            |       |
| Dudley Johnny           |     | 55             | 23  |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |  |             |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|-------------|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|-------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R262   |  | NAME OF INDIVIDUAL                         |             | LOUISIANA |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR  |  | AGE  | BIRTH PLACE | E.D.      | SHEET |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| B  |  | 49   |             | 45        | 16    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY   |  |  | CITY        |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Lafourche  |  |  |             |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH  |  |  |             |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Jason Foster   |  |  |             |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |             |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> NEAATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NICE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |             |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> NEAATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NICE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> NEAATE            |             |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NICE            | <input type="checkbox"/> NURSE             |             |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |             |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER |             |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |             |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |             |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |             |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |             |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMB-DC 18100-P61

|                         |  |                |              |            |            |
|-------------------------|--|----------------|--------------|------------|------------|
| 212                     |  | HEAD OF FAMILY |              | LOUISIANA  |            |
| COLOR                   |  | AGE            | BIRTH PLACE  |            | E.B. SHEET |
| B                       |  | 42             | Rogers Frank |            | 6919       |
| COUNTY                  |  |                | CITY         |            |            |
| De Soto                 |  |                |              |            |            |
| OTHER MEMBERS OF FAMILY |  |                |              |            |            |
| NAME                    |  | RELATIONSHIP   | AGE          | BIRTHPLACE |            |
| Francine                |  | W              | 32           |            |            |
| Andrew                  |  | S              | 11           |            |            |
| Amanda                  |  | D              | 4            |            |            |
| Joseph                  |  | S              | 7/12         |            |            |
|                         |  |                |              |            |            |
|                         |  |                |              |            |            |
|                         |  |                |              |            |            |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |            |
|-------------------------|--|----------------|------------|------------|------------|
| R 262                   |  | HEAD OF FAMILY |            | LOUISIANA  |            |
| COLOR                   |  | AGE            | BIRTHPLACE |            | E.D. SHEET |
| B                       |  | 22             |            |            | 45 18      |
| COUNTY                  |  |                | CITY       |            |            |
| East Feliciana          |  |                |            |            |            |
| OTHER MEMBERS OF FAMILY |  |                |            |            |            |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |            |
| 1 Felicia               |  | w              | 17         |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
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|                         |  |                |            |            |            |

FORM 16-536 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |           |                |     |            |       |
|-------------------------|-----------|----------------|-----|------------|-------|
| R 262                   |           | HEAD OF FAMILY |     | LOUISIANA  |       |
| Rogers                  |           | Frank          |     | E.D.       | SHEET |
| COLOR                   | W         | AGE            | 36  | BIRTHPLACE | Ash   |
| COUNTY                  | Calcasieu |                |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |           |                |     |            |       |
| NAME                    |           | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Living alone            |           |                |     |            |       |
|                         |           |                |     |            |       |
|                         |           |                |     |            |       |
|                         |           |                |     |            |       |
|                         |           |                |     |            |       |
|                         |           |                |     |            |       |
|                         |           |                |     |            |       |
|                         |           |                |     |            |       |

Form 18-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R 262                   |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| W                       |  | 56             | Ark        | 44         | 21    |
| COUNTY                  |  |                | CITY       |            |       |
| Calcasieu               |  |                | De Ridder  |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Living alone            |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
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|                         |  |                |            |            |       |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |     |                |      |            |  |
|-------------------------|-----|----------------|------|------------|--|
| 2262                    |     | HEAD OF FAMILY |      | LOUISIANA  |  |
| RICHMOND FRANK          |     | E.D.           |      | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |      |            |  |
| B                       | 29  |                |      |            |  |
| COUNTY                  |     |                | CITY |            |  |
| St. James               |     |                |      |            |  |
| OTHER MEMBERS OF FAMILY |     |                |      |            |  |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| 1. Laura H              |     | W              | 36   |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
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|                         |     |                |      |            |  |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |  |
|-------------------------|-----|----------------|-----|------------|--|
| R262                    |     | HEAD OF FAMILY |     | LOUISIANA  |  |
| Rogers Frank            |     | E.O.           |     | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |     |            |  |
| B                       | 50  |                |     |            |  |
| COUNTY                  |     | Natchitoches   |     | CITY       |  |
| OTHER MEMBERS OF FAMILY |     |                |     |            |  |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| Lena                    |     | W              | 25  |            |  |
| County Bessie           |     | add            | 7   |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |

FORM 16-536 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |     |   |  |   |       |
|--|-----|---|--|---|-------|
| R242   |     | NAME OF INDIVIDUAL  |  | LOUISIANA   |       |
|  |     | Rogers Frank  |  | E.D.  | SHEET |
| COLOR  | AGE | BIRTHPLACE  |  |   |       |
| W  | 34  | Ireland   |  |   |       |
| COUNTY   |     | CITY  |  |   |       |
|  |     | Concordia   |  | Ferriday Village  |       |
| ENUMERATED WITH  |     |   |  |   |       |
| Mounting May   |     |   |  |   |       |
| RELATIONSHIP TO ABOVE  |     |   |  |   |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> WIFE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> WORKER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |       |

FORM 16-537 (4-30-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCENS-DC 18165-P01

|  |   |                    |    |                 |     |                  |       |
|--|---|--------------------|----|-----------------|-----|------------------|-------|
| R262   |   | NAME OF INDIVIDUAL |    | ROgers Franklin |     | LOUISIANA        |       |
| COLOR  | W | AGE                | 39 | BIRTHPLACE      | Tex | E.D.             | SHEET |
| COUNTY   |   |                    |    | Ouchita         |     | CITY West Monroe |       |
| GENERATED BY   |   |                    |    |                 |     |                  |       |
| RELATIONSHIP TO ABOVE  |   |                    |    |                 |     |                  |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE<br><input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NICE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW<br><input type="checkbox"/> WIFE<br><input type="checkbox"/> WIFE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |   |                    |    |                 |     |                  |       |

FORM 10-437 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USC&amp;MS-DC 1910-P-61

| LOUISIANA  |   |  |                    |
|--|---|--|--------------------|
| NAME OF INDIVIDUAL<br><i>Rosea Fred</i>  |   | U.S.<br><i>96</i>  | SHEET<br><i>15</i> |
| COLOR<br><i>B</i>  | AGE<br><i>9</i>   | BIRTHPLACE   |                    |
| COUNTY<br><i>St. Tammany</i>   |   | CITY<br><i>Covington</i>   |                    |
| ENUMERATED WITH<br><i>Edmond Julia</i>   |   |  |                    |
| RELATIONSHIP TO ABOVE  |   |  |                    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input checked="" type="checkbox"/> GRANDSON<br><input checked="" type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> WIFE<br><input type="checkbox"/> HUSBAND<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                    |

FORM 10-637 (10-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 18100-P01

|  |   |   |            |   |       |
|--|---|---|------------|---|-------|
| R262   |   | NAME OF INDIVIDUAL  |            | LOUISIANA   |       |
|  |   | Bogers Fred   |            | E.D.  | SHEET |
| COLOR  | W | AGE   | 25         | 113 16  |       |
| BIRTHPLACE   |   |   |            |   |       |
| COUNTY   |   |   | CITY       |   |       |
|  |   |   | Tangipahoa |   |       |
| ENumerated WITH  |   |   | Baham John |   |       |
| RELATIONSHIP TO ABOVE  |   |   |            |   |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |   | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |            | <input type="checkbox"/> WIDWIFE<br><input type="checkbox"/> WIFE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |       |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMP-DC 1664-P62

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| P 262                   |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| H                       |  | 50             | Texas      | 78         | 16    |
| COUNTY                  |  |                | CITY       |            |       |
| Rapides                 |  |                | Alexandria |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Lucile                  |  | D              |            | Tenn       |       |
| Mabel                   |  | D              |            |            |       |
| Catherine               |  | D              |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

Form 16-636 (4-30-31)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |  |  |                   |                   |
|--|--|--|-------------------|-------------------|
| Q 262  | NAME OF INDIVIDUAL<br><i>Rogers, Frederick</i> |  | E.D.<br><i>78</i> | SHEET<br><i>1</i> |
| COLOR<br><i>W</i>                              | AGE<br><i>10</i>                               | BIRTHPLACE<br><i>Tenn.</i>                 |                   |                   |
| COUNTY<br><i>Rapides</i>                       |  | CITY<br><i>Alexandria</i>                  |                   |                   |
| EMIGRATED WITH<br><i>Mandeville, Wm. H. H.</i> |  |  |                   |                   |
| RELATIONSHIP TO ABOVE                          |  |  |                   |                   |
| <input type="checkbox"/> FATHER                | <input type="checkbox"/> NEPHEW                | <input type="checkbox"/> WIDOW             |                   |                   |
| <input type="checkbox"/> MOTHER                | <input type="checkbox"/> NIECE                 | <input type="checkbox"/> HOUSE             |                   |                   |
| <input type="checkbox"/> GRANDFATHER           | <input type="checkbox"/> FATHER-IN-LAW         | <input type="checkbox"/> PATIENT           |                   |                   |
| <input type="checkbox"/> GRANDMOTHER           | <input type="checkbox"/> MOTHER-IN-LAW         | <input checked="" type="checkbox"/> ROOMER |                   |                   |
| <input type="checkbox"/> GRANDSON              | <input type="checkbox"/> SON-IN-LAW            | <input type="checkbox"/> SERVANT           |                   |                   |
| <input type="checkbox"/> GRANDDAUGHTER         | <input type="checkbox"/> DAUGHTER-IN-LAW       | <input type="checkbox"/> OTHER (Specify)   |                   |                   |
| <input type="checkbox"/> AUNT                  | <input type="checkbox"/> BROTHER-IN-LAW        |  |                   |                   |
| <input type="checkbox"/> UNCLE                 | <input type="checkbox"/> SISTER-IN-LAW         |  |                   |                   |

FORM 16-537 (6-29-51)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 16164-P01



|                         |     |                |      |            |  |
|-------------------------|-----|----------------|------|------------|--|
| R 262                   |     | HEAD OF FAMILY |      | LOUISIANA  |  |
| Kagler, Freedom         |     | E.D.           |      | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |      |            |  |
| W                       | 39  |                |      |            |  |
| COUNTY                  |     |                | CITY |            |  |
| Iberia                  |     |                |      |            |  |
| OTHER MEMBERS OF FAMILY |     |                |      |            |  |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| Recil                   |     | W              | 30   |            |  |
| Wilfred                 |     | S              | 13   |            |  |
| Gabriel                 |     | S              | 7    |            |  |
| Lelone                  |     | S              | 3    |            |  |
| Adam                    |     | S              | 9/12 |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |

Form 10-636 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R262                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE |            | SHEET |
| W                       |  | 24             |            |            | 48 11 |
| COUNTY                  |  |                | CITY       |            |       |
| Calcasieu               |  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| 1 Emma                  |  | W              | 18         |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |            |       |
|-------------------------|---|----------------|-----|------------|-------|
| R 262                   |   | HEAD OF FAMILY |     | LOUISIANA  |       |
| Kagera                  |   | H B            |     | E.D.       | SHEET |
| COLOR                   | W | AGE            | 51  | BIRTHPLACE |       |
| Miss                    |   | Caldwell       |     |            |       |
| COUNTY                  |   | CITY           |     |            |       |
| OTHER MEMBERS OF FAMILY |   |                |     |            |       |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| M H                     |   | W              | 43  |            |       |
| A R                     |   | S              | 15  |            |       |
|                         |   |                |     |            |       |
|                         |   |                |     |            |       |
|                         |   |                |     |            |       |
|                         |   |                |     |            |       |
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FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R262                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.O.       | SHEET |
| W                       |  | 43             |            | 112        | 10    |
| COUNTY                  |  |                | CITY       |            |       |
| St. Landry              |  |                | Washington |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| 1 Marie                 |  | W              | 42         | Alabama    |       |
| + One Servant           |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
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|                         |  |                |            |            |       |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |                  |            |      |
|-------------------------|--|----------------|------------------|------------|------|
| R262                    |  | HEAD OF FAMILY |                  | LOUISIANA  |      |
| COLOR                   |  | AGE            | BIRTHPLACE       |            | E.D. |
| B                       |  | 38             | Bogues, Garfield |            | 3    |
| COUNTY                  |  |                | CITY             |            |      |
| Assumption              |  |                |                  |            |      |
| OTHER MEMBERS OF FAMILY |  |                |                  |            |      |
| NAME                    |  | RELATIONSHIP   | AGE              | BIRTHPLACE |      |
| Daisy                   |  | W              | 37               |            |      |
| Garfield Jr             |  | S              | 12               |            |      |
| Thomas                  |  | S              | 10               |            |      |
| Harnes, Samuel          |  | Brother        | 31               |            |      |
| And 1 Boarder.          |  |                |                  |            |      |
|                         |  |                |                  |            |      |
|                         |  |                |                  |            |      |

|  |                     |   |      |   |                    |
|--|---------------------|---|------|---|--------------------|
| R 262  |                     | NAME OF INDIVIDUAL<br><i>Agnes Hartman</i>  |      | S.D.<br><i>49</i>   | SHEET<br><i>16</i> |
| COLOR<br><i>B</i>  | AGE<br><i>1 1/2</i> | BIRTHPLACE  |      |   |                    |
| COUNTY<br><b>East Feliciana</b>  |                     |   | CITY |   |                    |
| ENUMERATED WITH<br><i>Agnes Ibe</i>  |                     |   |      |   |                    |
| RELATIONSHIP TO ABOVE  |                     |   |      |   |                    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> PRISONER<br><input checked="" type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>Ad</i> |                    |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18132-P-61

|                         |     |                |      |            |       |
|-------------------------|-----|----------------|------|------------|-------|
| R 262                   |     | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |      | E.D.       | SHEET |
| W                       | 31  |                |      | 47         | 12    |
| COUNTY                  |     |                | CITY |            |       |
| East Feliciana          |     |                |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Living alone            |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |

Form 10-536 (4-30-07)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                          |  |                        |      |            |  |
|--------------------------|--|------------------------|------|------------|--|
| R 262                    |  | HEAD OF FAMILY         |      | LOUISIANA  |  |
| COLOR<br>B               |  | NAME<br>Rogers, George |      | S.D. 48    |  |
| AGE<br>28                |  | BIRTHPLACE             |      | SHEET 8    |  |
| COUNTY<br>East Feliciana |  |                        | CITY |            |  |
| OTHER MEMBERS OF FAMILY  |  |                        |      |            |  |
| NAME                     |  | RELATION-<br>SHIP      | AGE  | BIRTHPLACE |  |
| Isabel                   |  | w                      | 23   |            |  |
| Fanny                    |  | D                      | 5    |            |  |
| Mary                     |  | D                      | 3    |            |  |
| Robert, Frank            |  | B-L                    | 16   |            |  |
|                          |  |                        |      |            |  |
|                          |  |                        |      |            |  |
|                          |  |                        |      |            |  |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |                |            |            |
|-------------------------|----------------|------------|------------|
| R262                    | HEAD OF FAMILY |            | LOUISIANA  |
|                         | Rogers George  |            | S.D. 144   |
| COLOR                   | AGE            | BIRTHPLACE |            |
| Mr                      | 44             |            |            |
| COUNTY                  | West Feliciana |            | CITY       |
| OTHER MEMBERS OF FAMILY |                |            |            |
| NAME                    | RELATIONSHIP   | AGE        | BIRTHPLACE |
| Louise                  | W              | 44         |            |
| Eddie                   | 5              | 13         |            |
| Francis E               | D              | 12         |            |
| Rosealia                | D              | 10         |            |
| Eula                    | D              | 8          |            |
|                         |                |            |            |
|                         |                |            |            |

FORM 16-636 (4-20-07)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |       |                      |       |           |     |
|-------------------------|---|----------------|-------|----------------------|-------|-----------|-----|
| R-262                   |   | HEAD OF FAMILY |       | ROBERT GEORGE E. JR. |       | LOUISIANA |     |
| COLOR                   | W | AGE            | 51    | BIRTHPLACE           | MICH. | E.D.      | 144 |
| COUNTY                  |   |                |       | CITY                 |       |           |     |
| West Carroll            |   |                |       | Oak Grove            |       |           |     |
| OTHER MEMBERS OF FAMILY |   |                |       |                      |       |           |     |
| NAME                    |   | RELATIONSHIP   | AGE   | BIRTHPLACE           |       |           |     |
| Mary J.                 |   | W              | 40    | La                   |       |           |     |
| Josephine               |   | D              | 14    | Ark                  |       |           |     |
| George E. Jr.           |   | S              | 12    | Texas                |       |           |     |
| Albert F.               |   | S              | 1 1/2 |                      |       |           |     |
| and 1 Bc                |   |                |       |                      |       |           |     |
|                         |   |                |       |                      |       |           |     |
|                         |   |                |       |                      |       |           |     |
|                         |   |                |       |                      |       |           |     |

FORM 16-436 (4-26-31)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |   |                    |   |                 |       |   |       |    |
|---|---|--------------------|---|-----------------|-------|---|-------|----|
| R 262   |   | NAME OF INDIVIDUAL |   | Rogers, Lillene | E.D.  | 60  | SHEET | 35 |
| COLOR   | W | AGE                | 75  | BIRTH PLACE     | Graft |   |       |    |
| COUNTY  |   |                    |   | CITY            |       |   |       |    |
| ENUMERATED WITH   |   |                    |   |                 |       |   |       |    |
| Rogers, Lee   |   |                    |   |                 |       |   |       |    |
| RELATIONSHIP TO ABOVE   |   |                    |   |                 |       |   |       |    |
| <input checked="" type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |   |                    | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> Niece<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |                 |       | <input type="checkbox"/> DEWEE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |       |    |

FORM 18-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USECMM-DC 18100-P01

|  |   |  | LOUISIANA |       |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|---|--|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R262   | NAME OF INDIVIDUAL                        |  | E.D.      | SHEET |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|  | Rogers Gladys H                           |  | 89        | 2     |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR  | AGE                                       | BIRTHPLACE                               |           |       |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| W  | 12  |  |           |       |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY   |   | CITY                                     |           |       |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|  |   | St. Helena                               |           |       |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH  |   |  |           |       |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Harrell Ben E  |   |  |           |       |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |   |  |           |       |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tbody> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input checked="" type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </tbody> </table> |   |  |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input checked="" type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW           | <input type="checkbox"/> INMATE          |           |       |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input checked="" type="checkbox"/> NIECE | <input type="checkbox"/> NURSE           |           |       |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW    | <input type="checkbox"/> PATIENT         |           |       |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW    | <input type="checkbox"/> ROOMER          |           |       |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW       | <input type="checkbox"/> SERVANT         |           |       |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW  | <input type="checkbox"/> OTHER (Specify) |           |       |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW   |  |           |       |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW    |  |           |       |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 18-537 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCENSUS-DC 18100-P01

|                         |           |                |      |            |       |
|-------------------------|-----------|----------------|------|------------|-------|
| <i>P262</i>             |           | HEAD OF FAMILY |      | LOUISIANA  |       |
| <i>Rogers</i>           |           | <i>Glyn</i>    |      | E.D.       | SHEET |
| COLOR                   | AGE       | BIRTHPLACE     |      |            |       |
| <i>B</i>                | <i>43</i> |                |      |            |       |
| COUNTY                  |           |                | CITY |            |       |
| <i>De Soto</i>          |           |                |      |            |       |
| OTHER MEMBERS OF FAMILY |           |                |      |            |       |
| NAME                    |           | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
|                         |           |                |      |            |       |
|                         |           |                |      |            |       |
|                         |           |                |      |            |       |
|                         |           |                |      |            |       |
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|                         |           |                |      |            |       |
|                         |           |                |      |            |       |
|                         |           |                |      |            |       |
|                         |           |                |      |            |       |
|                         |           |                |      |            |       |

FORM 19-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |  | LOUISIANA |               |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
|---|--|--|-----------|---------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|---|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R262  |  | NAME OF INDIVIDUAL                       |           | Rogers Goldie |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| COLOR   | W  | AGE                                      | 2         | BIRTHPLACE    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| COUNTY  |  | CITY                                     |           |               |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
|   |  | Leesburg                                 |           |               |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |  |           |               |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| Rogers Louise   |  |  |           |               |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |           |               |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> MISTRESS-IN-LAW</td> <td></td> </tr> </table> |  |  |           |               | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> MISTRESS-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |           |               |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |           |               |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |           |               |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |           |               |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |           |               |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |           |               |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |           |               |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> MISTRESS-IN-LAW |  |           |               |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |

FORM 16-437 (4-25-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIV

USCOMM-DC 1318-P61

|   |  |   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|---|--|---|--|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| R 262   |  | NAME OF INDIVIDUAL<br><i>Rogers, Mary</i>           |  | LOUISIANA         |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR<br><i>B</i>   | AGE<br><i>25</i>                         | BIRTHPLACE  |  | E.S.<br><i>49</i> | SHEET<br><i>17</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY<br><i>East Feliciana</i>   |  | CITY  |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Mrs. Susan</i>  |  |   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |                   |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 16-637 (4-29-31)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 1919-P01

|                         |     |                |      |            |       |
|-------------------------|-----|----------------|------|------------|-------|
| P262                    |     | HEAD OF FAMILY |      | LOUISIANA  |       |
| Rogers                  |     | Guss           |      | E.D.       | SHEET |
| COLOR                   | AGE | BIRTHPLACE     |      |            |       |
| B                       | 37  | Ark            |      |            |       |
| COUNTY                  |     |                | CITY |            |       |
| Winn                    |     |                |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Living alone            |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |     |                |     |            |  |
|-------------------------|-----|----------------|-----|------------|--|
| R262                    |     | HEAD OF FAMILY |     | LOUISIANA  |  |
| Kopler, Gustave         |     | E.O.           |     | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |     |            |  |
| CB                      | 20  |                |     |            |  |
| COUNTY                  |     | St. Landry     |     | CITY       |  |
| OTHER MEMBERS OF FAMILY |     |                |     |            |  |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| Evalina                 |     | W              | 19  |            |  |
| Mary                    |     | D              | 1   |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |   |            |   |       |
|--|--|---|------------|---|-------|
| R 262  |  | NAME OF INDIVIDUAL  |            | LOUISIANA   |       |
| COLOR  |  | AGE   | BIRTHPLACE | E.D.  | SHEET |
| W  |  | 39  |            | 17  | 14    |
| COUNTY   |  |   | CITY       |   |       |
| Bossier  |  |   |            |   |       |
| ENUMERATED WITH  |  |   |            |   |       |
| Ritchliff, W.B.  |  |   |            |   |       |
| RELATIONSHIP TO ABOVE  |  |   |            |   |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |            | <input type="checkbox"/> IMMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify) |       |
|  |  |   |            | Boards  |       |

FORM 10-437 (4-22-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 16125-P81

|   |  |  | LOUISIANA |     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|-----------|-----|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R262  | NAME OF INDIVIDUAL                       |  | Rogers    | H G |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR   | AGE                                      | BIRTHPLACE                                 | W         | 37  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY  |  | Caddo                                      |           |     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| CITY  |  |  |           |     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |  |           |     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Taylor Huey G   |  |  |           |     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |           |     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> WORKER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |           |     | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> WORKER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE            |           |     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE             |           |     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |           |     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> WORKER |           |     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |           |     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |           |     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |           |     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |           |     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 16-437 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R 262                   |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| B                       |  | 70             | Ala.       | 102        | 13    |
| COUNTY                  |  |                | CITY       |            |       |
| Ouachita                |  |                | Monroe     |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| #1 Boarder              |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R262                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.O.       | SHEET |
| W                       |  | 25             | Tex        | 30         | 3     |
| COUNTY                  |  |                | CITY       |            |       |
| Caddo                   |  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| 1 Oidure                |  | W              | 23         | Kans       |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

Form 18-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |   |  |            |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|---|--|------------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|-------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R262  |  | NAME OF INDIVIDUAL                        |  | LOUISIANA  |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR   |  | AGE                                       |  | E.O. SHEET |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| C   |  | 12  |  | 89 7       |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| BIRTHPLACE  |  |   |  |            |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY  |  | CITY                                      |  |            |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Morehouse   |  |   |  |            |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |   |  |            |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Brown Lill  |  |   |  |            |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |  |            |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NICE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> WOMAN</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |            |  | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NICE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> WOMAN | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE           |  |            |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NICE            | <input type="checkbox"/> NURSE            |  |            |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT          |  |            |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> WOMAN |  |            |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT          |  |            |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)  |  |            |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |            |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |  |            |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 16-637 (4-22-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 16166-P61

|   |  |   |      |  |  |
|---|--|---|------|--|--|
| R 262   |  | NAME OF INDIVIDUAL<br>Rogers, Hattie  |      | LOUISIANA  |  |
| COLOR<br>W  |  | AGE<br>59   |      | E.D.<br>73   |  |
|   |  | BIRTHPLACE  |      | SHEET<br>5   |  |
| COUNTY  |  |   | CITY |  |  |
| ENUMERATED WITH Do G. Phillips, Isaac   |  |   |      |  |  |
| RELATIONSHIP TO ABOVE   |  |   |      |  |  |
| <input type="checkbox"/> FATHER<br><input checked="" type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> WIDOW<br><input type="checkbox"/> WIFE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |  |

FORM 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

|                         |  |                |      |            |  |
|-------------------------|--|----------------|------|------------|--|
| R 262                   |  | HEAD OF FAMILY |      | LOUISIANA  |  |
| COLOR                   |  | AGE            |      | S.D. SHEET |  |
| B                       |  | 26             |      | 26/13      |  |
| BIRTHPLACE              |  |                |      |            |  |
| COUNTY                  |  |                | CITY |            |  |
| OTHER MEMBERS OF FAMILY |  |                |      |            |  |
| NAME                    |  | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| / Rose                  |  | D              | 6    |            |  |
| / Alma                  |  | D              | 1    |            |  |
|                         |  |                |      |            |  |
|                         |  |                |      |            |  |
|                         |  |                |      |            |  |
|                         |  |                |      |            |  |
|                         |  |                |      |            |  |
|                         |  |                |      |            |  |
|                         |  |                |      |            |  |

FORM 16-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R 262                   |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| W                       |  | 36             |            | 36         | 20    |
| COUNTY                  |  |                | CITY       |            |       |
| Lafourche               |  |                | Lafourche  |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Feikis                  |  | W              | 32         |            |       |
| Alfred                  |  | S              | 12         |            |       |
| Odile                   |  | D              | 11         |            |       |
| Albert                  |  | S              | 8          |            |       |
| Laura                   |  | D              | 4          |            |       |
| James                   |  | S              | 1/2        |            |       |

FORM 16-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |    |              |     |            |    |
|-------------------------|---|----------------|----|--------------|-----|------------|----|
| R362                    |   | HEAD OF FAMILY |    | ROGERS Henry |     | LOUISIANA  |    |
| COLOR                   | B | AGE            | 65 | BIRTHPLACE   | Va  | E.D.       | 60 |
| COUNTY                  |   | Iberville      |    | CITY         |     | SHEET 12   |    |
| OTHER MEMBERS OF FAMILY |   |                |    |              |     |            |    |
| NAME                    |   |                |    | RELATIONSHIP | AGE | BIRTHPLACE |    |
| 1 Lucinda               |   |                |    | W            | 58  |            |    |
| Stewas Edward           |   |                |    | YS           | 12  |            |    |
| Jero                    |   |                |    | YS           | 10  |            |    |
| Randolph Edward         |   |                |    | YS           | 10  |            |    |
|                         |   |                |    |              |     |            |    |
|                         |   |                |    |              |     |            |    |
|                         |   |                |    |              |     |            |    |

FORM 10-436 (4-20-31)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R262                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| B                       |  | 51             |            | 62         | 13    |
| COUNTY                  |  |                | CITY       |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| S. Sedona               |  | W              | 37         |            |       |
| Clark, Ann              |  | S.D.           | 17         |            |       |
| Camala, Mary            |  | S.D.           | 13         |            |       |
| Rogers, Rebecca         |  | D              | 12         |            |       |
| Oleavia                 |  | D              | 10         |            |       |
| John H.                 |  | S              | 8          |            |       |
| Rozalia                 |  | D              | 7          |            |       |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME      | RELATION-<br>SHIP | AGE | BIRTHPLACE |
|-----------|-------------------|-----|------------|
| { Ophelia | D                 | 4   |            |
|           | S                 | 3   |            |
|           |                   |     |            |
|           |                   |     |            |
|           |                   |     |            |
|           |                   |     |            |
|           |                   |     |            |
|           |                   |     |            |
|           |                   |     |            |
|           |                   |     |            |
|           |                   |     |            |

FORM 16-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMRAD-C 15105-P61

|                         |                |                |     |            |       |
|-------------------------|----------------|----------------|-----|------------|-------|
| B262                    |                | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE            | BIRTHPLACE     |     | E.D.       | SHEET |
|                         | 26             |                |     | 49         | 16    |
| COUNTY                  | East Feliciana |                |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |                |                |     |            |       |
| NAME                    |                | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Lillian                 |                | W              | 21  |            |       |
| Rosa B                  |                | D              | 4   |            |       |
| Harvey                  |                | S              | 3   |            |       |
| Luis                    |                | S              | 1/2 |            |       |
|                         |                |                |     |            |       |
|                         |                |                |     |            |       |
|                         |                |                |     |            |       |

FORM 10-536 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| R262   |  | NAME OF INDIVIDUAL  |  | LOUISIANA  |  |
| COLOR  |  | AGE   |  | R.O.   |  |
| M  |  | 4   |  | 28   |  |
| BIRTHPLACE   |  | CITY  |  | SHEET  |  |
| COUNTY   |  | CITY  |  | 3  |  |
| COUNTY   |  | CITY  |  |  |  |
| ENUMERATED WITH  |  | Rogers Robert   |  |  |  |
| RELATIONSHIP TO ABOVE  |  |   |  |  |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> HOUSE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> BROTHER (Specify) |  |

FORM 16-437 (4-26-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 16198-P61

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R262                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| W                       |  | 30             | N.C        | 88         | 7     |
| COUNTY                  |  |                | CITY       |            |       |
| Natchitoches            |  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Sallie                  |  | W              | 22         |            |       |
| Mary Bell               |  | D              | 10         |            |       |
| Carlton                 |  | S              | 6          |            |       |
| Wurmes                  |  | S              | 3          |            |       |
| Cecil                   |  | S              | 8/12       |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 16-636 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                                |              |            |            |
|-------------------------|--------------------------------|--------------|------------|------------|
| R262                    | HEAD OF FAMILY<br>Rogers Henry |              | LOUISIANA  |            |
| COLOR<br>B              | AGE<br>36                      | BIRTHPLACE   | E.D.<br>99 | SHEET<br>9 |
| COUNTY<br>Ouchit        |                                | CITY         |            |            |
| OTHER MEMBERS OF FAMILY |                                |              |            |            |
|                         | NAME                           | RELATIONSHIP | AGE        | BIRTHPLACE |
|                         | Georgia                        | W            | 36         |            |
|                         | Proctor                        | S            | 13         |            |
|                         | Lubertta                       | D            | 10         |            |
|                         | Norman                         | S            | 7          |            |
|                         | Emerson                        | S            | 5          |            |
|                         | Mary                           | D            | 3          |            |
|                         | Henry                          | S            | 6/12       |            |

Form 16-636 (4-26-31)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |     |                |      |            |       |
|-------------------------|-----|----------------|------|------------|-------|
| R 262                   |     | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |      | E.D.       | SHEET |
| B                       | 25  |                |      | 36         | 12    |
| COUNTY                  |     |                | CITY |            |       |
| Concordia               |     |                |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Sarah Jane              |     | w              | 35   |            |       |
| Guendolene              |     | D              | 16   |            |       |
| John                    |     | S              | 14   |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |

FORM 18-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |      |            |       |
|-------------------------|--|----------------|------|------------|-------|
| R262                    |  | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR                   |  | AGE            |      | E.O.       | SHEET |
| B                       |  | 38             |      | 134        | 2     |
| BIRTHPLACE              |  | Henry          |      |            |       |
| COUNTY                  |  |                | CITY |            |       |
| Winn                    |  |                |      |            |       |
| OTHER MEMBERS OF FAMILY |  |                |      |            |       |
| NAME                    |  | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Emma                    |  | W              | 36   |            |       |
| Henry Jr.               |  | S              | 11   |            |       |
| Gulla                   |  | D              | 9    |            |       |
| Fulla                   |  | D              | 6    |            |       |
|                         |  |                |      |            |       |
|                         |  |                |      |            |       |
|                         |  |                |      |            |       |

FORM 18-436 (4-20-07)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R262                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| 3                       | 48  |                |     | 87         | 17    |
| COUNTY                  |     | CITY           |     |            |       |
| St. Mary                |     | Baldwin        |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Mary                    |     | W              | 32  |            |       |
| Joseph                  |     | S              | 16  |            |       |
| William                 |     | D              | 12  |            |       |
| Evelyn                  |     | D              | 9   |            |       |
| William                 |     | S              | 4   |            |       |
| Mary                    |     | S              | 3   |            |       |

FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R 262                   |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| W                       |  | 67             |            | 67         | 11    |
| COUNTY                  |  |                | Do Soto    | CITY       |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| 1 Mary M.               |  | W              | 68         | Miss       |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 16-536 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |            |
|-------------------------|--|----------------|------------|------------|------------|
| R262                    |  | HEAD OF FAMILY |            | LOUISIANA  |            |
| COLOR                   |  | AGE            | BIRTHPLACE |            | E.O. SHEET |
| W                       |  | 59             | Henry B.   |            | 93 13      |
| COUNTY                  |  |                | CITY       |            |            |
| St. Tammany             |  |                |            |            |            |
| OTHER MEMBERS OF FAMILY |  |                |            |            |            |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |            |
| Francis                 |  | D              | 36         |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |

FORM 18-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |      |            |       |
|-------------------------|--|----------------|------|------------|-------|
| R 262                   |  | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR                   |  | AGE            |      | E.O.       | SHEET |
| W                       |  | 36             |      | 10         | 5     |
| BIRTHPLACE              |  |                |      |            |       |
| COUNTY                  |  |                | CITY |            |       |
| Brazoria                |  |                |      |            |       |
| OTHER MEMBERS OF FAMILY |  |                |      |            |       |
| NAME                    |  | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Sallie D.               |  | w              | 33   |            |       |
| Mattie E.               |  | d              | 12   |            |       |
| Mamie C.                |  | d              | 8    |            |       |
| Berky R.                |  | s              | 4    |            |       |
| E. Elmo                 |  | s              | 2    |            |       |
| Holman Oscar            |  | b.l.           | 25   |            |       |

Form 18-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                |              |           |                  |
|-------------------------|----------------|--------------|-----------|------------------|
| R262                    | HEAD OF FAMILY |              | LOUISIANA |                  |
| COLOR                   | AGE            | BIRTHPLACE   |           | E.D. 73 SHEET 13 |
| W                       | 32             |              |           |                  |
| COUNTY                  |                | CITY         |           |                  |
| Do Soto                 |                |              |           |                  |
| OTHER MEMBERS OF FAMILY |                |              |           |                  |
| NAME                    |                | RELATIONSHIP | AGE       | BIRTHPLACE       |
| Alice                   |                | W            | 28        |                  |
| Harry                   |                | D            | 3         |                  |
| Larkin                  |                | D            | 5         |                  |
| Mary                    |                | D            | 1         |                  |
|                         |                |              |           |                  |
|                         |                |              |           |                  |
|                         |                |              |           |                  |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |   |            |  |                   |
|---|--|---|------------|--|-------------------|
| R762  |  | NAME OF INDIVIDUAL<br><i>Roger Helling</i>  |            | LOUISIANA  |                   |
| COLOR<br><i>P</i>   |  | AGE<br><i>5</i>   | BIRTHPLACE | E.D.<br><i>29</i>  | SHEET<br><i>4</i> |
| COUNTY<br><i>East Baton Rouge</i>   |  |   | CITY       |  |                   |
| ENUMERATED WITH<br><i>Wallace Gibson</i>  |  |   |            |  |                   |
| RELATIONSHIP TO ABOVE   |  |   |            |  |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input checked="" type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |            | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                   |

FORM 10-437 (4-29-61)

1970 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18169-P61



|                         |  |                |            |            |            |
|-------------------------|--|----------------|------------|------------|------------|
| 1262                    |  | HEAD OF FAMILY |            | LOUISIANA  |            |
| COLOR                   |  | AGE            | BIRTHPLACE |            | E.D. SHEET |
| B                       |  | 65             | La         |            | 69 28      |
| COUNTY                  |  |                | CITY       |            |            |
| De Soto                 |  |                |            |            |            |
| OTHER MEMBERS OF FAMILY |  |                |            |            |            |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |            |
| / Janie                 |  | W              | 46         |            |            |
| Bunnay                  |  | S              | 15         |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                |            |            |       |
|-------------------------|----------------|------------|------------|-------|
| R262                    | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   | AGE            | BIRTHPLACE | E.D.       | SHEET |
| Wm                      | 26             |            | 37         | 9     |
| COUNTY                  |                | CITY       |            |       |
| East Baton Rouge        |                |            |            |       |
| OTHER MEMBERS OF FAMILY |                |            |            |       |
| NAME                    | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Manda                   | w              | 32         |            |       |
| Isiah                   | S              | 19         |            |       |
| Rossy                   | D              | 13         |            |       |
| Jessie                  | S              | 9          |            |       |
| Caroline                | D              | 6          |            |       |
| Violet                  | D              | 4          |            |       |
| L C                     | S              | 1 1/2      |            |       |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |   |      |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
|---|--|---|------|------------|------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|---|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R 262   |  | NAME OF INDIVIDUAL<br>Rogers Houston        |      | LOUISIANA  |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| COLOR<br>B  | AGE<br>9                                 | BIRTHPLACE                                  |      | E.D.<br>28 | SHEET<br>7 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br>Cade  |  |   | CITY |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br>Caldwell John  |  |   |      |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |      |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input checked="" type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |      |            |            | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input checked="" type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE             |      |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE              |      |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT            |      |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER             |      |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input checked="" type="checkbox"/> SERVANT |      |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)    |      |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |      |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |      |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |

FORM 10-637 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18103-P61

|  |     |   |  |   |       |
|--|-----|---|--|---|-------|
| 1362   |     | NAME OF INDIVIDUAL  |  | LOUISIANA   |       |
| COLOR  | AGE | BIRTHPLACE  |  | E.D.  | SHEET |
| mu   | 13  | Ido   |  | 112   | 12    |
| COUNTY   |     | CITY  |  |   |       |
|  |     | St. Landry  |  | Washington  |       |
| ENUMERATED WITH  |     |   |  |   |       |
| Gendry Lucille   |     |   |  |   |       |
| RELATIONSHIP TO ABOVE  |     |   |  |   |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br>Sister |       |

FORM 10-437 (4-20-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 1910-0-01

|  |  |   |  |           |       |                                 |                                 |                                |                                 |                               |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|--|--|---|--|-----------|-------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|-------------------------------|-------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| B762   |  | NAME OF INDIVIDUAL                                  |  | LOUISIANA |       |                                 |                                 |                                |                                 |                               |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|  |  | Lester, Ida   |  | E.O.      | SHEET |                                 |                                 |                                |                                 |                               |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR  | AGE                                      | BIRTHPLACE  |  |           |       |                                 |                                 |                                |                                 |                               |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| B  | 17                                       |   |  |           |       |                                 |                                 |                                |                                 |                               |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY   |  | CITY  |  |           |       |                                 |                                 |                                |                                 |                               |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|  |  | Iberville   |  |           |       |                                 |                                 |                                |                                 |                               |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH  |  |   |  |           |       |                                 |                                 |                                |                                 |                               |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| Straight, Israel   |  |   |  |           |       |                                 |                                 |                                |                                 |                               |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   |  |           |       |                                 |                                 |                                |                                 |                               |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDOW</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NICE</td> <td><input type="checkbox"/> WIFE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NICE | <input type="checkbox"/> WIFE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDOW                      |  |           |       |                                 |                                 |                                |                                 |                               |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NICE            | <input type="checkbox"/> WIFE                       |  |           |       |                                 |                                 |                                |                                 |                               |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |           |       |                                 |                                 |                                |                                 |                               |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |           |       |                                 |                                 |                                |                                 |                               |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |           |       |                                 |                                 |                                |                                 |                               |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |           |       |                                 |                                 |                                |                                 |                               |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |           |       |                                 |                                 |                                |                                 |                               |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |   |  |           |       |                                 |                                 |                                |                                 |                               |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 10-437 (4-29-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMB-DC 10100-P01

| LOUISIANA   |  |   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
|---|--|---|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|----------|--------------------------------|--|--|
| NAME OF INDIVIDUAL<br><i>R 262 Rogers, Ida. V.</i>  |  | S.D.<br><i>38</i>                                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| COLOR<br><i>mul.</i>  | AGE<br><i>58</i>                         | SHEET<br><i>25</i>                                  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| BIRTHPLACE  |  |   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| COUNTY  | CITY<br><i>Thibodaux</i>                 |   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| ENUMERATED WITH<br><i>Lafourche</i>   |  |   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| RELATIONSHIP TO ABOVE<br><i>Langman, Joe</i>  |  |   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>2</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>2</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDATE                     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  | <i>2</i>  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |

FORM 10-437 (4-20-67)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |                  |   |  |  |                    |
|--|------------------|---|--|--|--------------------|
| R 263  |                  | NAME OF INDIVIDUAL<br><i>Rogers Indiana</i>   |  | E.O.<br><i>112</i>   | SHEET<br><i>12</i> |
| COLOR<br><i>mn</i>   | AGE<br><i>23</i> | BIRTHPLACE  |  |  |                    |
| COUNTY<br><i>St. Landry</i>  |                  | CITY<br><i>Washington</i>   |  |  |                    |
| ENUMERATED WITH<br><i>Gendry Lucille</i>   |                  |   |  |  |                    |
| RELATIONSHIP TO ABOVE  |                  |   |  |  |                    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> IMMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>Sister</i> |                    |

FORM 16-437 (4-23-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMB-OC 1910-P61

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R 262                   |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.O.       | SHEET |
| B                       |  | 30             |            | 44         | 20    |
| COUNTY                  |  |                | CITY       |            |       |
| LA. FORT                |  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| 1 Maggie                |  | W              | 21         |            |       |
| Pearlie                 |  | D              | 1          |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

Form 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|  |  |   |      |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |                                      |  |
|--|--|---|------|-----------|-------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--------------------------------------|--|
| R 262  |  | NAME OF INDIVIDUAL                                  |      | LOUISIANA |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |                                      |  |
| COLOR  | AGE                                      | BIRTH PLACE   |      | E.D.      | SHEET |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |                                      |  |
| B  | 44                                       |   |      | 49        | 17    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |                                      |  |
| COUNTY   |  |   | CITY |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |                                      |  |
| Enumerated with  |  |   |      |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |                                      |  |
| Relationship to above  |  |   |      |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |                                      |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDOW</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> WIFE-IN-LAW</td> <td></td> </tr> </table> |  |   |      |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> WIFE-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDOW                      |      |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |                                      |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |      |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |                                      |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |      |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |                                      |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |      |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |                                      |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |      |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |                                      |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |      |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |                                      |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |   |      |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |                                      |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> WIFE-IN-LAW     |   |      |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |                                      |  |

Form 10-637 (4-30-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCENS-DC 10100-P61

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R 262                   |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE |            | SHEET |
| B                       |  | 45             |            |            | 34 6  |
| COUNTY                  |  |                | CITY       |            |       |
| Concordia               |  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| / Rebecca               |  | W              | 20         |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 10-436 (6-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |  |            |  |       |
|--|--|--|------------|--|-------|
| R-262  |  | NAME OF INDIVIDUAL   |            | LOUISIANA  |       |
| COLOR  |  | AGE  | BIRTHPLACE | E.O.   | SHEET |
| W  |  | 23   |            | 144  | 17    |
| COUNTY   |  |  | CITY       |  |       |
| West Carroll   |  |  | Oak Grove  |  |       |
| GENERATED WITH   |  |  |            |  |       |
| Thomas Harry C.  |  |  |            |  |       |
| RELATIONSHIP TO ABOVE  |  |  |            |  |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input checked="" type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |            | <input type="checkbox"/> WIFE<br><input type="checkbox"/> HOUSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |       |

Form 10-437 (10-1-11)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

UNCOM-DC 1910-P-01

|  |  |   |            |  |       |
|--|--|---|------------|--|-------|
| R 262  |  | NAME OF INDIVIDUAL  |            | LOUISIANA  |       |
| COLOR  |  | AGE   | BIRTHPLACE | C.D.   | SHEET |
| W  |  | 19  | Ark.       | 88   | 8     |
| COUNTY   |  |   | CITY       |  |       |
| Natchitoches   |  |   |            |  |       |
| ENUMERATED WITH  |  |   |            |  |       |
| Halt Jack  |  |   |            |  |       |
| RELATIONSHIP TO ABOVE  |  |   |            |  |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |            | <input type="checkbox"/> ROOMMATE<br><input type="checkbox"/> ROOMER<br><input checked="" type="checkbox"/> ROOMMATE<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |       |

FORM 18-437 (4-22-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |  |
|-------------------------|-----|----------------|-----|------------|--|
| B262                    |     | HEAD OF FAMILY |     | LOUISIANA  |  |
| Rogers, J. F.           |     | E.D.           |     | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |     |            |  |
| W                       | 40  |                |     |            |  |
| COUNTY                  |     | CITY           |     |            |  |
| Grant                   |     | Pollock        |     |            |  |
| OTHER MEMBERS OF FAMILY |     |                |     |            |  |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| Lily                    |     | W              | 25  |            |  |
| Alpha                   |     | D              | 11  |            |  |
| Frank                   |     | S              | 9   |            |  |
| Orell                   |     | S              | 7   |            |  |
| Nesad                   |     | S              | 3   |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |

FORM 19-536 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |              |     |           |    |
|-------------------------|---|----------------|-----|--------------|-----|-----------|----|
| 19262                   |   | HEAD OF FAMILY |     | Rogers, Jack |     | LOUISIANA |    |
| COLOR                   | B | AGE            | 57  | BIRTHPLACE   | Ala | R.D.      | 13 |
| COUNTY                  |   |                |     | Iberia       |     | SHEET     |    |
|                         |   |                |     | CITY         |     |           |    |
| OTHER MEMBERS OF FAMILY |   |                |     |              |     |           |    |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE   |     |           |    |
| Felicis                 |   | W              | 40  |              |     |           |    |
| Mallie                  |   | S              | 17  |              |     |           |    |
| Arthur                  |   | S              | 14  |              |     |           |    |
| Veda                    |   | D              | 13  |              |     |           |    |
| Grover                  |   | S              | 10  |              |     |           |    |
| Ida                     |   | D              | 8   |              |     |           |    |
| Earl                    |   | S              | 6   |              |     |           |    |

Form 16-636 (4-30-67)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |  |                |      |            |  |
|-------------------------|--|----------------|------|------------|--|
| R 262                   |  | HEAD OF FAMILY |      | LOUISIANA  |  |
| COLOR                   |  | W 27           |      | B.D. 50    |  |
| BIRTHPLACE              |  | Ark            |      | SHEET 5    |  |
| COUNTY                  |  |                | CITY |            |  |
| BOSSIER                 |  |                |      |            |  |
| OTHER MEMBERS OF FAMILY |  |                |      |            |  |
| NAME                    |  | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| Rosie C W               |  |                | 24   |            |  |
| Evelyn D                |  |                | 4    |            |  |
| Elgie L D               |  |                | 1    |            |  |
|                         |  |                |      |            |  |
|                         |  |                |      |            |  |
|                         |  |                |      |            |  |
|                         |  |                |      |            |  |
|                         |  |                |      |            |  |

Form 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |              |                |     |              |         |           |  |
|-------------------------|--------------|----------------|-----|--------------|---------|-----------|--|
| R 262                   |              | HEAD OF FAMILY |     | Bogers Jacob |         | LOUISIANA |  |
| COLOR                   | B            | AGE            | 26  | BIRTHPLACE   | E.D. 85 |           |  |
| COUNTY                  | Natchitoches |                |     | SHEET 18     |         |           |  |
| CITY                    |              |                |     |              |         |           |  |
| OTHER MEMBERS OF FAMILY |              |                |     |              |         |           |  |
| NAME                    |              | RELATIONSHIP   | AGE | BIRTHPLACE   |         |           |  |
| Ella                    |              | W              | 28  |              |         |           |  |
| Alarine                 |              | D              | 5   |              |         |           |  |
| Julia                   |              | D              | 3   |              |         |           |  |
|                         |              |                |     |              |         |           |  |
|                         |              |                |     |              |         |           |  |
|                         |              |                |     |              |         |           |  |
|                         |              |                |     |              |         |           |  |
|                         |              |                |     |              |         |           |  |

FORM 18-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |  |              |  |            |  |
|-------------------------|--|----------------|--|--------------|--|------------|--|
| K 262                   |  | HEAD OF FAMILY |  | ROGERA JAKE  |  | LOUISIANA  |  |
| COLOR                   |  | AGE            |  | BIRTHPLACE   |  | E.D.       |  |
| B                       |  | 35             |  |              |  | 84 1       |  |
| COUNTY                  |  |                |  | MADISON      |  | CITY       |  |
| OTHER MEMBERS OF FAMILY |  |                |  |              |  |            |  |
| NAME                    |  |                |  | RELATIONSHIP |  | AGE        |  |
|                         |  |                |  |              |  | BIRTHPLACE |  |
| Mary                    |  |                |  | W            |  | 35         |  |
| Horace                  |  |                |  | S            |  | 16         |  |
| John                    |  |                |  | S            |  | 16         |  |
|                         |  |                |  |              |  |            |  |
|                         |  |                |  |              |  |            |  |
|                         |  |                |  |              |  |            |  |
|                         |  |                |  |              |  |            |  |
|                         |  |                |  |              |  |            |  |

FORM 16-636 (4-30-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R 262                   |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.O.       | SHEET |
| B                       | 26  | Rogers, James  |     | 73         | 15    |
| COUNTY                  |     | St. James      |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Virginia                |     | W              | 27  |            |       |
| Lillian                 |     | D              | 6   |            |       |
| Rachel                  |     | M              | 60  |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

| R 262                   |            | HEAD OF FAMILY |     | Rogers, James |  | LOUISIANA |       |
|-------------------------|------------|----------------|-----|---------------|--|-----------|-------|
| COLOR                   | B          | AGE            | 50  | BIRTHPLACE    |  |           | SHEET |
| COUNTY                  | St. Helena |                |     | CITY          |  |           |       |
| OTHER MEMBERS OF FAMILY |            |                |     |               |  |           |       |
| NAME                    |            | RELATIONSHIP   | AGE | BIRTHPLACE    |  |           |       |
| Carrie                  |            | D              | 20  |               |  |           |       |
| Ella L.                 |            | D              | 18  |               |  |           |       |
| Mary                    |            | D              | 13  |               |  |           |       |
| Orest                   |            | S              | 9   |               |  |           |       |
| Rosa                    |            | D              | 7   |               |  |           |       |
| Robert H.               |            | S              | 6   |               |  |           |       |

FORM 16-536 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R262                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
|                         |     | Loyers, James  |     | E.O.       | SHEET |
|                         |     |                |     | 148        | 22    |
| COLOR                   | AGE | BIRTHPLACE     |     |            |       |
| B                       | 30  | Tex.           |     |            |       |
| COUNTY                  |     | Vernon         |     | CITY       |       |
|                         |     |                |     | Rapine     |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| James                   |     | W              | 25  |            |       |
| / Maria                 |     | D              | 12  |            |       |
| / Trillia               |     | D              | 8   |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

| R262                    |              | HEAD OF FAMILY |            | LOUISIANA |  |
|-------------------------|--------------|----------------|------------|-----------|--|
| COLOR                   | AGE          | BIRTHPLACE     | E.O.       | SHEET     |  |
| B                       | 50           |                | 17         | 10        |  |
| COUNTY                  |              |                | CITY       |           |  |
| Houssier                |              |                |            |           |  |
| OTHER MEMBERS OF FAMILY |              |                |            |           |  |
| NAME                    | RELATIONSHIP | AGE            | BIRTHPLACE |           |  |
| / John                  | S            | 16             |            |           |  |
| / Sarah                 | D            | 14             |            |           |  |
|                         |              |                |            |           |  |
|                         |              |                |            |           |  |
|                         |              |                |            |           |  |
|                         |              |                |            |           |  |
|                         |              |                |            |           |  |
|                         |              |                |            |           |  |
|                         |              |                |            |           |  |

FORM 16-636 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |  |               |  |            |  |
|-------------------------|--|----------------|--|---------------|--|------------|--|
| R262                    |  | HEAD OF FAMILY |  | Rogers, James |  | LOUISIANA  |  |
| COLOR                   |  | AGE            |  | BIRTHPLACE    |  | E.D. SHEET |  |
| 13                      |  | 31             |  |               |  | 60 19      |  |
| COUNTY                  |  |                |  | Iberville     |  | CITY       |  |
| OTHER MEMBERS OF FAMILY |  |                |  |               |  |            |  |
| NAME                    |  |                |  | RELATIONSHIP  |  | AGE        |  |
| 1 Long                  |  |                |  | W             |  | 37         |  |
| 1 Elmer Paul J.         |  |                |  | SS            |  | 13         |  |
| 1 Mathilda              |  |                |  | SD            |  | 21         |  |
| 1 Alberta               |  |                |  | SD            |  | 15         |  |
|                         |  |                |  |               |  |            |  |
|                         |  |                |  |               |  |            |  |
|                         |  |                |  |               |  |            |  |

FORM 18-536 (4-20-51)

1919 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |  |              |     |            |  |
|-------------------------|-----|----------------|--|--------------|-----|------------|--|
| R262                    |     | HEAD OF FAMILY |  | Rogers James |     | LOUISIANA  |  |
| E.D.                    |     | SHEET          |  | 34           |     | 18         |  |
| COLOR                   | AGE | BIRTHPLACE     |  |              |     |            |  |
| B                       | 57  |                |  |              |     |            |  |
| COUNTY                  |     |                |  | Caddo        |     |            |  |
|                         |     |                |  | CITY         |     |            |  |
| OTHER MEMBERS OF FAMILY |     |                |  |              |     |            |  |
| NAME                    |     |                |  | RELATIONSHIP | AGE | BIRTHPLACE |  |
| Fannie                  |     |                |  | W            | 45  |            |  |
| Clarence                |     |                |  | S            | 20  |            |  |
| Mannie L.               |     |                |  | D            | 10  |            |  |
| Howard Lula             |     |                |  | C            | 17  |            |  |
|                         |     |                |  |              |     |            |  |
|                         |     |                |  |              |     |            |  |
|                         |     |                |  |              |     |            |  |

FORM 18-636 (4-28-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |                |              | LOUISIANA |            |
|-------------------------|----------------|--------------|-----------|------------|
| R262                    | HEAD OF FAMILY |              | E.D.      | SHEET      |
|                         |                |              | 4         | 7          |
| COLOR                   | AGE            | BIRTHPLACE   |           |            |
| W                       | 30             | Miss         |           |            |
| COUNTY                  | Caldwell       |              | CITY      |            |
| OTHER MEMBERS OF FAMILY |                |              |           |            |
| NAME                    |                | RELATIONSHIP | AGE       | BIRTHPLACE |
| Cora                    |                | W            | 28        | Miss       |
| Roy                     |                | S            | 10        | Miss       |
| Florence                |                | D            | 1 1/2     |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |

LOUISIANA

|                         |                      |              |      |            |
|-------------------------|----------------------|--------------|------|------------|
| R 262                   | HEAD OF FAMILY       |              | E.D. | SHEET      |
|                         | <i>Rogers, James</i> |              | 49   | 5          |
| COLOR                   | AGE                  | BIRTHPLACE   |      |            |
| B                       | 29                   |              |      |            |
| COUNTY                  | East Feliciana       |              | CITY |            |
| OTHER MEMBERS OF FAMILY |                      |              |      |            |
| NAME                    |                      | RELATIONSHIP | AGE  | BIRTHPLACE |
| 1 <i>Matilda</i>        |                      | <i>W</i>     | 32   |            |
|                         |                      |              |      |            |
|                         |                      |              |      |            |
|                         |                      |              |      |            |
|                         |                      |              |      |            |
|                         |                      |              |      |            |
|                         |                      |              |      |            |
|                         |                      |              |      |            |

FORM 10-636 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|   |   |  |                   |                   |
|---|---|--|-------------------|-------------------|
| R 262                                     | NAME OF INDIVIDUAL<br><i>Richardson James</i> |  | E.D.<br><i>36</i> | SHEET<br><i>9</i> |
| COLOR<br><i>B</i>                         | AGE<br><i>32</i>                              | BIRTHPLACE<br><i>Levy</i>                |                   |                   |
| COUNTY<br><i>Calcasieu</i>                |   | CITY<br><i>Lake Charles</i>              |                   |                   |
| ENUMERATED WITH<br><i>Williams Alfred</i> |   |  |                   |                   |
| RELATIONSHIP TO ABOVE                     |   |  |                   |                   |
| <input type="checkbox"/> FATHER           | <input type="checkbox"/> NEPHEW               | <input type="checkbox"/> INMATE          |                   |                   |
| <input type="checkbox"/> MOTHER           | <input type="checkbox"/> WIFE                 | <input type="checkbox"/> NURSE           |                   |                   |
| <input type="checkbox"/> GRANDFATHER      | <input type="checkbox"/> FATHER-IN-LAW        | <input type="checkbox"/> PATIENT         |                   |                   |
| <input type="checkbox"/> GRANDMOTHER      | <input type="checkbox"/> MOTHER-IN-LAW        | <input type="checkbox"/> ROOMER          |                   |                   |
| <input type="checkbox"/> GRANDSON         | <input type="checkbox"/> SON-IN-LAW           | <input type="checkbox"/> SERVANT         |                   |                   |
| <input type="checkbox"/> GRANDDAUGHTER    | <input type="checkbox"/> DAUGHTER-IN-LAW      | <input type="checkbox"/> OTHER (Specify) |                   |                   |
| <input type="checkbox"/> AUNT             | <input type="checkbox"/> BROTHER-IN-LAW       |  |                   |                   |
| <input type="checkbox"/> UNCLE            | <input type="checkbox"/> SISTER-IN-LAW        |  |                   |                   |

Form 10-637 (4-22-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1970 CENSUS INDEX - INDIVIDUAL

USCIB-DC 1970-P01

|                         |     |                |         |            |       |
|-------------------------|-----|----------------|---------|------------|-------|
| R262                    |     | HEAD OF FAMILY |         | LOUISIANA  |       |
|                         |     | Rogers James   |         | S.D.       | SHEET |
| COLOR                   | AGE | BIRTHPLACE     |         |            |       |
| B                       | 46  |                |         |            |       |
| COUNTY                  |     |                | CITY    |            |       |
| Concordia               |     |                | Vidalia |            |       |
| OTHER MEMBERS OF FAMILY |     |                |         |            |       |
| NAME                    |     | RELATIONSHIP   | AGE     | BIRTHPLACE |       |
| 1 Rose                  |     | M              | 70      |            |       |
|                         |     |                |         |            |       |
|                         |     |                |         |            |       |
|                         |     |                |         |            |       |
|                         |     |                |         |            |       |
|                         |     |                |         |            |       |
|                         |     |                |         |            |       |
|                         |     |                |         |            |       |

FORM 18-636 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                | LOUISIANA       |            |       |
|-------------------------|--|----------------|-----------------|------------|-------|
| R262                    |  | HEAD OF FAMILY |                 | E.D.       | SHEET |
| COLOR                   |  | AGE            | BIRTHPLACE      |            |       |
| mw                      |  | 36             |                 |            |       |
| COUNTY                  |  |                | CITY            |            |       |
| Clai borne              |  |                |                 |            |       |
| OTHER MEMBERS OF FAMILY |  |                |                 |            |       |
| NAME                    |  | RELATIONSHIP   | AGE             | BIRTHPLACE |       |
| Alice                   |  | W              | 33              |            |       |
| Mildred                 |  | D              | 7               |            |       |
| Burger                  |  | S              | 5               |            |       |
| Burnie D.               |  | D              | 3               |            |       |
| Liza m.                 |  | D              | 1 $\frac{1}{2}$ |            |       |
|                         |  |                |                 |            |       |
|                         |  |                |                 |            |       |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|                         |   |                |    |                |     |            |       |
|-------------------------|---|----------------|----|----------------|-----|------------|-------|
| R-262                   |   | HEAD OF FAMILY |    | Rogers James D |     | E.O.       | SHEET |
| 139                     |   | 6              |    |                |     |            |       |
| COLOR                   | W | AGE            | 58 | BIRTHPLACE     |     |            |       |
|                         |   | Ala            |    |                |     |            |       |
| COUNTY                  |   |                |    | Union          |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |   |                |    |                |     |            |       |
| NAME                    |   |                |    | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Joe P                   |   |                |    | S              | 24  |            |       |
| Daisy                   |   |                |    | D              | 18  |            |       |
| Ella J.                 |   |                |    | D              | 16  |            |       |
| Ruth                    |   |                |    | D              | 14  |            |       |
| Fannie                  |   |                |    | D              | 11  |            |       |
| Anna                    |   |                |    | DL             | 18  |            |       |

FORM 16-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

## LOUISIANA

|                         |     |                |     |            |  |       |  |
|-------------------------|-----|----------------|-----|------------|--|-------|--|
| R262                    |     | HEAD OF FAMILY |     | E.D.       |  | SHEET |  |
| Rogers James F          |     |                |     | 89         |  | 15    |  |
| COLOR                   | AGE | BIRTHPLACE     |     |            |  |       |  |
| W                       | 42  |                |     |            |  |       |  |
| COUNTY                  |     |                |     | CITY       |  |       |  |
| Natchitoches            |     |                |     |            |  |       |  |
| OTHER MEMBERS OF FAMILY |     |                |     |            |  |       |  |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |  |       |  |
| Lizzie                  |     | W              | 32  |            |  |       |  |
| Lina E                  |     | D              | 13  |            |  |       |  |
| Nettie                  |     | D              | 11  |            |  |       |  |
| Leford Nettie           |     | Ni             | 4   |            |  |       |  |
| Bertha                  |     | Ni             | 2   |            |  |       |  |
| Benjamin                |     | Bo             | 20  |            |  |       |  |

LOUISIANA

|  |   |   |    |   |             |      |       |
|--|---|---|----|---|-------------|------|-------|
| R262   |   | NAME OF INDIVIDUAL  |    | Rogers James ZI.  |             | E.O. | SHEET |
| 108  |   | 2   |    |   |             |      |       |
| COLON  | W | AGE   | 23 | BIRTHPLACE  | Mississippi |      |       |
| COUNTY   |   |   |    | Kentwood  |             |      |       |
| ENUMERATED WITH  |   |   |    | Cuthbert Andrew J.  |             |      |       |
| RELATIONSHIP TO ABOVE  |   |   |    |   |             |      |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> SONY<br><input type="checkbox"/> UNCLE |   | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |    | <input type="checkbox"/> IMMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> WORKER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |             |      |       |

FORM 10-437 (4-22-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1940 CENSUS INDEX - INDIVIDUAL

USCOM-DC 1940-P61



LOUISIANA

|                         |                |              |      |            |
|-------------------------|----------------|--------------|------|------------|
| R262                    | HEAD OF FAMILY |              | E.O. | SHEET      |
|                         | Rogers James L |              | 93   | 12         |
| COLOR                   | AGE            | BIRTHPLACE   |      |            |
| W                       | 30             |              |      |            |
| COUNTY                  | Jenny          |              | CITY |            |
| OTHER MEMBERS OF FAMILY |                |              |      |            |
| NAME                    |                | RELATIONSHIP | AGE  | BIRTHPLACE |
| Jennie L.               |                | W            | 27   |            |
| Edna                    |                | D            | 6    |            |
| James H.                |                | S            | 5    |            |
| Albert C.               |                | S            | 3    |            |
| Robert L.               |                | S            | 6/12 |            |
|                         |                |              |      |            |
|                         |                |              |      |            |

FORM 16-636 (4-20-61)

1918 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|   |  |  |  |             |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|--|-------------|-------------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|--|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R262  |  | NAME OF INDIVIDUAL<br>Rogers James M.    |  | E.O.<br>112 | SHEET<br>19 |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br>W  | AGE<br>19                                      | BIRTHPLACE                               |  |             |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br>Tangipahoa  |  | CITY                                     |  |             |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br>Wife James M.  |  |  |  |             |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |  |             |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> WIDOW</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> Niece</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input checked="" type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> |  |  |  |             |             | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | <input type="checkbox"/> MOTHER | <input type="checkbox"/> Niece | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input checked="" type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW                | <input type="checkbox"/> WIDOW           |  |             |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> Niece                 | <input type="checkbox"/> NURSE           |  |             |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW         | <input type="checkbox"/> PATIENT         |  |             |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW         | <input type="checkbox"/> ROOMER          |  |             |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input checked="" type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT         |  |             |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW       | <input type="checkbox"/> OTHER (Specify) |  |             |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW        |  |  |             |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW         |  |  |             |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |  |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 16-437 (4-25-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1960 CENSUS INDEX - INDIVIDUAL

USCOMM-DC (1960-P8)

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R262                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| W                       |  | 38             |            | 67         | 9     |
| COUNTY                  |  |                | Do Soto    | CITY       |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Susan                   |  | W              | 42         |            |       |
| James H.                |  | S              | 11         |            |       |
| Owida                   |  | D              | 9          |            |       |
| Hiram R.                |  | S              | 7          |            |       |
| Otha                    |  | D              | 5          |            |       |
| Archie                  |  | S              | 4 1/2      |            |       |
|                         |  |                |            |            |       |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                | LOUISIANA           |                   |
|-------------------------|----------------|---------------------|-------------------|
| R262                    | HEAD OF FAMILY | Rickerson, James M. | E.O. 120 SHEET 23 |
| COLOR<br>W              | AGE<br>56      | BIRTHPLACE          |                   |
| COUNTY<br>Webster,      | CITY<br>Minden |                     |                   |
| OTHER MEMBERS OF FAMILY |                |                     |                   |
| NAME                    |                | RELATIONSHIP        | AGE               |
| Elizabeth               |                | W                   | 48                |
| Lary                    |                | S                   | 23                |
| Harbuck, Hal            |                | D                   | 25                |
| Ira                     |                | S                   | 2                 |
|                         |                |                     |                   |
|                         |                |                     |                   |
|                         |                |                     |                   |
|                         |                |                     |                   |

LOUISIANA

|                         |   |                |    |               |     |            |    |       |    |
|-------------------------|---|----------------|----|---------------|-----|------------|----|-------|----|
| R 262                   |   | HEAD OF FAMILY |    | Rogers Jas S. |     | E.O.       | 18 | SHEET | 13 |
| COLOR                   | W | AGE            | 52 | BIRTHPLACE    |     |            |    |       |    |
|                         |   |                |    | Miss          |     |            |    |       |    |
| COUNTY                  |   |                |    | BOSSIER. ..   |     | CITY       |    |       |    |
| OTHER MEMBERS OF FAMILY |   |                |    |               |     |            |    |       |    |
| NAME                    |   |                |    | RELATIONSHIP  | AGE | BIRTHPLACE |    |       |    |
| Mathie                  |   |                |    | W             | 31  | Ark        |    |       |    |
| Charley                 |   |                |    | S             | 19  |            |    |       |    |
| James                   |   |                |    | S             | 16  |            |    |       |    |
| Ethel                   |   |                |    | D             | 12  |            |    |       |    |
| John                    |   |                |    | S             | 9   |            |    |       |    |
| Lena                    |   |                |    | D             | 6   |            |    |       |    |
| Henry                   |   |                |    | S             | 4   |            |    |       |    |

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME      | RELATIONSHIP | AGE | BIRTHPLACE |
|-----------|--------------|-----|------------|
| 1 M. B    | S            | 2   |            |
| Magin Raa | SP           | 14  |            |
| 1 M. B    | SP           | 12  |            |
|           |              |     |            |
|           |              |     |            |
|           |              |     |            |
|           |              |     |            |
|           |              |     |            |
|           |              |     |            |
|           |              |     |            |

FORM 10-536a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 10100-P01

LOUISIANA

|  |  |                    |   |             |  |   |  |            |  |
|--|--|--------------------|---|-------------|--|---|--|------------|--|
| R242   |  | NAME OF INDIVIDUAL |   | Rogers Jane |  | E.D.  |  | SHEET      |  |
| 107  |  | 76                 |   |             |  |   |  |            |  |
| COLOR  |  | W                  |   | AGE         |  | 77  |  | BIRTHPLACE |  |
| COUNTY   |  |                    |   | Tangipahoa  |  | CITY  |  |            |  |
|  |  |                    |   | Kentwood    |  |   |  |            |  |
| ENUMERATED WITH  |  |                    |   |             |  |   |  |            |  |
| Rogers Mannil  |  |                    |   |             |  |   |  |            |  |
| RELATIONSHIP TO ABOVE  |  |                    |   |             |  |   |  |            |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  |                    | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |             |  | <input type="checkbox"/> HUSBAND<br><input type="checkbox"/> WIFE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br>Si |  |            |  |

FORM 16-527 (4-20-51)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1970 CENSUS INDEX - INDIVIDUAL

USCOM-DC 18100-P01

LOUISIANA

|   |           |   |                  |  |             |
|---|-----------|---|------------------|--|-------------|
| R 762   |           | NAME OF INDIVIDUAL<br>Rogers Janice B   |                  | E.D.<br>69   | SHEET<br>13 |
| COLOR<br>B  | AGE<br>78 | BIRTH PLACE   |                  |  |             |
| COUNTY<br>De Soto   |           |   | CITY<br>Marshall |  |             |
| ENUMERATED WITH<br>Hallie Maguire   |           |   |                  |  |             |
| RELATIONSHIP TO ABOVE   |           |   |                  |  |             |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input checked="" type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |           | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |                  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |             |

FORM 10-637 (4-23-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 16195-P01



|                         |                |              | LOUISIANA |            |
|-------------------------|----------------|--------------|-----------|------------|
| R262                    | HEAD OF FAMILY |              | E.D.      | SHEET      |
|                         | Roger Jager    |              | 71        | 5          |
| COLOR                   | AGE            | BIRTHPLACE   |           |            |
| B                       | 22             |              |           |            |
| COUNTY                  |                | CITY         |           |            |
| Lincoln                 |                |              |           |            |
| OTHER MEMBERS OF FAMILY |                |              |           |            |
|                         | NAME           | RELATIONSHIP | AGE       | BIRTHPLACE |
|                         | Ollie          | W            | 20        |            |
|                         | Gussie         | D            | 2         |            |
|                         | Lara           | D            | 10<br>1x  |            |
|                         | Francis Idenie | M            | 60        |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |

FORM 18-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

| R262                    |              | HEAD OF FAMILY |            | LOUISIANA |  |
|-------------------------|--------------|----------------|------------|-----------|--|
| COLOR                   | AGE          | BIRTHPLACE     | E.D.       | SHEET     |  |
|                         | 55           |                |            | 3         |  |
| COUNTY                  | Tangipahoa   |                | CITY       |           |  |
| OTHER MEMBERS OF FAMILY |              |                |            |           |  |
| NAME                    | RELATIONSHIP | AGE            | BIRTHPLACE |           |  |
| Waller                  | W            | 40             |            |           |  |
| Rebecca                 | D            | 24             |            |           |  |
| James                   | S            | 21             |            |           |  |
| Elmer                   | S            | 18             |            |           |  |
| Valene                  | D            | 16             |            |           |  |
| Clark James             | S            | 9              |            |           |  |
| John                    | S            | 7              |            |           |  |

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME                  | RELATIONSHIP | AGE       | BIRTHPLACE |
|-----------------------|--------------|-----------|------------|
| <i>Brickley Lueda</i> | <i>SD</i>    | <i>1</i>  |            |
| <i>Darwin Lueda</i>   | <i>GS</i>    | <i>12</i> |            |
|                       |              |           |            |
|                       |              |           |            |
|                       |              |           |            |
|                       |              |           |            |
|                       |              |           |            |
|                       |              |           |            |
|                       |              |           |            |

FORM 16-636e (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 16100-P01

LOUISIANA

|                         |                |              |                |            |       |
|-------------------------|----------------|--------------|----------------|------------|-------|
| R262                    | HEAD OF FAMILY |              | Rogers, Jennie | E.D.       | SHEET |
|                         |                |              |                | 32         | 7     |
| COLOR                   | AGE            | BIRTHPLACE   |                |            |       |
| B                       | 36             | Miss.        |                |            |       |
| COUNTY                  |                |              | CITY           |            |       |
| Concordia               |                |              |                |            |       |
| OTHER MEMBERS OF FAMILY |                |              |                |            |       |
| NAME                    |                | RELATIONSHIP | AGE            | BIRTHPLACE |       |
| Parlers Levee Camp      |                |              |                |            |       |
|                         |                |              |                |            |       |
|                         |                |              |                |            |       |
|                         |                |              |                |            |       |
|                         |                |              |                |            |       |
|                         |                |              |                |            |       |
|                         |                |              |                |            |       |
|                         |                |              |                |            |       |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|   |   |   |                    |
|---|---|---|--------------------|
| NAME OF INDIVIDUAL<br><i>Rogers Jessie</i>  |   | E.D.<br><i>106</i>  | SHEET<br><i>22</i> |
| COLOR<br><i>W</i>   | AGE<br><i>76</i>  | BIRTHPLACE  |                    |
| COUNTY<br><i>Dorchity</i>   |   | CITY<br><i>West Monroe</i>  |                    |
| ENUMERATED WITH<br><i>Roth George</i>   |   |   |                    |
| RELATIONSHIP TO ABOVE   |   |   |                    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input checked="" type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify)<br><hr/> |                    |

FORM 16-537 (4-30-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1916 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 16106-P01

LOUISIANA

|                         |                |     |               |            |            |       |    |
|-------------------------|----------------|-----|---------------|------------|------------|-------|----|
| R 262                   | HEAD OF FAMILY |     | Rogers Jessie | E.D.       | 56         | SHEET | 14 |
| COLOR                   | W              | AGE | 28            | BIRTHPLACE |            |       |    |
| COUNTY                  | Cameron        |     | CITY Lasburg  |            |            |       |    |
| OTHER MEMBERS OF FAMILY |                |     |               |            |            |       |    |
| NAME                    |                |     | RELATIONSHIP  | AGE        | BIRTHPLACE |       |    |
| Therress                |                |     | W             | 28         |            |       |    |
| Noma                    |                |     | D             | 6          |            |       |    |
| Percy                   |                |     | D             | 4          |            |       |    |
| Atkins                  |                |     | S             | 2          |            |       |    |
| Lanna                   |                |     | D             | 1          |            |       |    |
|                         |                |     |               |            |            |       |    |
|                         |                |     |               |            |            |       |    |

Form 18-636 (4-10-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|                         |                |                    |     |            |       |
|-------------------------|----------------|--------------------|-----|------------|-------|
| H-267                   | HEAD OF FAMILY | Richardson Jesse A |     | E.O.       | SHEET |
| COLOR                   | AGE            | BIRTHPLACE         |     |            |       |
| W                       | 51             | Ark                |     |            |       |
| COUNTY                  | Webster        |                    |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |                |                    |     |            |       |
| NAME                    |                | RELATIONSHIP       | AGE | BIRTHPLACE |       |
| 1 Kate                  |                | W                  | 51  |            |       |
| L P                     |                | S                  | 12  |            |       |
|                         |                |                    |     |            |       |
|                         |                |                    |     |            |       |
|                         |                |                    |     |            |       |
|                         |                |                    |     |            |       |
|                         |                |                    |     |            |       |
|                         |                |                    |     |            |       |
|                         |                |                    |     |            |       |
|                         |                |                    |     |            |       |

LOUISIANA

|                         |                |              |      |            |
|-------------------------|----------------|--------------|------|------------|
| R262                    | HEAD OF FAMILY | Jessie M.    | E.O. | SHEET      |
| COLOR                   | AGE            | BIRTHPLACE   | 129  | 14         |
| W                       | 37             |              |      |            |
| COUNTY                  | Washington     | CITY         |      |            |
| OTHER MEMBERS OF FAMILY |                |              |      |            |
| NAME                    |                | RELATIONSHIP | AGE  | BIRTHPLACE |
| Nettie                  |                | W            | 30   |            |
| Lemuel                  |                | D            | 15   |            |
| Zebai                   |                | S            | 10   |            |
| Lillian                 |                | D            | 8    |            |
| Almer                   |                | D            | 6    |            |
| Odell                   |                | S            | 4    |            |
| Ray                     |                | S            | 1    |            |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



LOUISIANA

|  |  |  |  |                   |                    |
|--|--|--|--|-------------------|--------------------|
| P-262                                  |  | NAME OF INDIVIDUAL<br><i>James</i>         |  | E.D.<br><i>69</i> | SHEET<br><i>17</i> |
| COLOR<br><i>W</i>                      | AGE<br><i>25</i>                         | BIRTH PLACE                                |  |                   |                    |
| COUNTY<br><i>De Soto</i>               |  | CITY<br><i>Mansfield</i>                   |  |                   |                    |
| ENUMERATED WITH<br><i>Sardener Tom</i> |  |  |  |                   |                    |
| RELATIONSHIP TO ABOVE                  |  |  |  |                   |                    |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE            |  |                   |                    |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE             |  |                   |                    |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |  |                   |                    |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> WORKER |  |                   |                    |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |  |                   |                    |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |  |                   |                    |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |                   |                    |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW   |  |  |                   |                    |

FORM 16-537 (4-26-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1970 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 10100-P01

LOUISIANA

|                         |   |                |              |                |            |      |       |
|-------------------------|---|----------------|--------------|----------------|------------|------|-------|
| R 262                   |   | HEAD OF FAMILY |              | Richardson Jim |            | E.S. | SHEET |
| 90                      |   | 12             |              |                |            |      |       |
| COLOR                   | B | AGE            | 47           | BIRTHPLACE     |            |      |       |
|                         |   | Morehouse      |              | CITY           |            |      |       |
| COUNTY                  |   |                |              |                |            |      |       |
| OTHER MEMBERS OF FAMILY |   |                |              |                |            |      |       |
| NAME                    |   |                | RELATIONSHIP | AGE            | BIRTHPLACE |      |       |
| Henrietta               |   |                | W            | 34             | Jim        |      |       |
| Ethel                   |   |                | D            | 13             |            |      |       |
| Johnnie                 |   |                | S            | 11             |            |      |       |
|                         |   |                |              |                |            |      |       |
|                         |   |                |              |                |            |      |       |
|                         |   |                |              |                |            |      |       |
|                         |   |                |              |                |            |      |       |
|                         |   |                |              |                |            |      |       |
|                         |   |                |              |                |            |      |       |

Form 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|                         |                |              |            |            |           |       |
|-------------------------|----------------|--------------|------------|------------|-----------|-------|
| R262                    | HEAD OF FAMILY |              | Rogers Jim |            | E.D.      | SHEET |
|                         |                |              |            |            | 136       | 32    |
| COLOR                   | W              | AGE          | 168        |            |           |       |
|                         |                | BIRTHPLACE   |            |            |           |       |
| COUNTY                  | Vermillion     |              |            | CITY       | Abbeville |       |
| OTHER MEMBERS OF FAMILY |                |              |            |            |           |       |
| NAME                    |                | RELATIONSHIP | AGE        | BIRTHPLACE |           |       |
| Living alone            |                |              |            |            |           |       |
|                         |                |              |            |            |           |       |
|                         |                |              |            |            |           |       |
|                         |                |              |            |            |           |       |
|                         |                |              |            |            |           |       |
|                         |                |              |            |            |           |       |
|                         |                |              |            |            |           |       |
|                         |                |              |            |            |           |       |
|                         |                |              |            |            |           |       |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |  |   |      |                   |                    |
|--|--|---|------|-------------------|--------------------|
| R262                                   |  | NAME OF INDIVIDUAL<br><i>Kickerson, Joann</i>                   |      | E.O.<br><i>83</i> | SHEET<br><i>36</i> |
| COLOR<br><i>B</i>                      | AGE<br><i>28</i>                         | BIRTHPLACE  |      |                   |                    |
| COUNTY                                 |  |   | CITY |                   |                    |
| <i>Rapides</i>                         |  |   |      |                   |                    |
| ENUMERATED WITH<br><i>Halla Edie</i>   |  |   |      |                   |                    |
| RELATIONSHIP TO ABOVE                  |  |   |      |                   |                    |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                                 |      |                   |                    |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                                  |      |                   |                    |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                                |      |                   |                    |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                                 |      |                   |                    |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                                |      |                   |                    |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify)<br><i>P</i> |      |                   |                    |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW  |   |      |                   |                    |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW   |   |      |                   |                    |

FORM 10-437 (4-25-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCENS-DC 1910-001

LOUISIANA

|                         |                |              |      |            |
|-------------------------|----------------|--------------|------|------------|
| R262                    | HEAD OF FAMILY |              | E.O. | SHEET      |
| Richardson Joe          |                |              | 13   | 7          |
| COLOR                   | AGE            | BIRTHPLACE   |      |            |
| B                       | 31             | Louisiana    |      |            |
| COUNTY                  |                | CITY         |      |            |
| OTHER MEMBERS OF FAMILY |                |              |      |            |
| NAME                    |                | RELATIONSHIP | AGE  | BIRTHPLACE |
| L. Nettie               |                | W            | 20   |            |
| Hunter Caroline         |                | M            | 65   |            |
| William                 |                | Y            | 24   |            |
| Warren                  |                | Y            |      |            |
|                         |                |              |      |            |
|                         |                |              |      |            |
|                         |                |              |      |            |
|                         |                |              |      |            |

FORM 16-436 (4-26-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|                         |        |                |      |            |       |
|-------------------------|--------|----------------|------|------------|-------|
| R262                    |        | HEAD OF FAMILY |      | E.D.       | SHEET |
| Rogers Joe              |        |                |      | 68         | 25    |
| COLOR                   | AGE    | BIRTHPLACE     |      |            |       |
| B                       | 22     |                |      |            |       |
| COUNTY                  |        |                | CITY |            |       |
| De Soto                 |        |                |      |            |       |
| OTHER MEMBERS OF FAMILY |        |                |      |            |       |
| NAME                    |        | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| 1                       | Cornie | W              | 19   |            |       |
| 1                       | Boader |                |      |            |       |
|                         |        |                |      |            |       |
|                         |        |                |      |            |       |
|                         |        |                |      |            |       |
|                         |        |                |      |            |       |
|                         |        |                |      |            |       |
|                         |        |                |      |            |       |

FORM 16-436 (4-22-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|   |                  |   |  |  |            |
|---|------------------|---|--|--|------------|
| R212  |                  | NAME OF INDIVIDUAL<br><i>Rogers, Joe</i>  |  | E.O.<br>49   | SHEET<br>5 |
| COLOR<br><i>B</i>   | AGE<br><i>21</i> | BIRTHPLACE  |  |  |            |
| COUNTY<br><i>East Feliciana</i>   |                  | CITY  |  |  |            |
| ENUMERATED WITH<br><i>Rogers, Patricia</i>  |                  |   |  |  |            |
| RELATIONSHIP TO ABOVE   |                  |   |  |  |            |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input checked="" type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> WIDATE<br><input type="checkbox"/> WIFE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify)<br><hr/> |            |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P01

LOUISIANA

|  |  |  |      |            |             |
|--|--|--|------|------------|-------------|
| R 262                                  |  | NAME OF INDIVIDUAL<br>Rogers Joe           |      | E.O.<br>89 | SHEET<br>11 |
| SEX<br>Male                            | AGE<br>42                                | BIRTHPLACE<br>Ark.                         |      |            |             |
| COUNTY<br>St. Helena                   |  |  | CITY |            |             |
| ENUMERATED WITH<br>Danielle Sandy      |  |  |      |            |             |
| RELATIONSHIP TO ABOVE                  |  |  |      |            |             |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE            |      |            |             |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NICE            | <input type="checkbox"/> NURSE             |      |            |             |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |      |            |             |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER |      |            |             |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |      |            |             |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |      |            |             |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW  |  |      |            |             |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW   |  |      |            |             |

FORM 10-427 (4-22-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1960 CENSUS INDEX - INDIVIDUAL

USCENS-DC 1960-P61



PRODUCT OF

***Waddington Model***

MADE IN U.S.A.

LIBRARY BUREAU DEPARTMENT  
COMMERCIAL OVERVIEW

***Speed***  
QUICK AS  
A FLASH

NEW LETTER CHART

| b   | c   | d   | e   | f   | g   |
|-----|-----|-----|-----|-----|-----|
| 100 | 210 | 300 | 400 | 500 | 600 |

|                         |  |                |            |            |            |
|-------------------------|--|----------------|------------|------------|------------|
| R262                    |  | HEAD OF FAMILY |            | LOUISIANA  |            |
| COLOR                   |  | AGE            | BIRTHPLACE |            | E.D. SHEET |
| W                       |  | 36             |            |            | 89 13      |
| COUNTY                  |  |                | CITY       |            |            |
| Natchitoches            |  |                |            |            |            |
| OTHER MEMBERS OF FAMILY |  |                |            |            |            |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |            |
| Julia                   |  | W              | 35         |            |            |
| Fletcher                |  | S              | 16         |            |            |
| Walter                  |  | S              | 14         |            |            |
| Oscar                   |  | S              | 12         |            |            |
| Mora                    |  | S              | 10         |            |            |
| Otto                    |  | S              | 8          |            |            |
| Arland                  |  | S              | 6          |            |            |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



| LOUISIANA               |                                    |            |            |             |
|-------------------------|------------------------------------|------------|------------|-------------|
| R262                    | HEAD OF FAMILY<br>Richardson, John |            | E.D.<br>16 | SHEET<br>19 |
| COLOR<br>B              | AGE<br>48                          | BIRTHPLACE |            |             |
| COUNTY<br>Iberia        |                                    | CITY       |            |             |
| OTHER MEMBERS OF FAMILY |                                    |            |            |             |
| NAME                    | RELATIONSHIP                       | AGE        | BIRTHPLACE |             |
| Rosa                    | W                                  | 37         |            |             |
| Delia                   | D                                  | 9          |            |             |
| Rosa                    | D                                  | 8          |            |             |
| John Jr                 | S                                  | 6          |            |             |
| Robert                  | S                                  | 5          |            |             |
| George                  | S                                  | 4          |            |             |
| Charles                 | S                                  | 3          |            |             |

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME      | RELATIONSHIP | AGE | BIRTHPLACE |
|-----------|--------------|-----|------------|
| 1 Jackson | 0 4/2        |     |            |
|           |              |     |            |
|           |              |     |            |
|           |              |     |            |
|           |              |     |            |
|           |              |     |            |
|           |              |     |            |
|           |              |     |            |
|           |              |     |            |
|           |              |     |            |

FORM 10-436a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18500-P01

LOUISIANA

|  |          |   |      |   |            |
|--|----------|---|------|---|------------|
| P262   |          | NAME OF INDIVIDUAL<br>Rogers John   |      | E.O.<br>28  | SHEET<br>3 |
| COLOR<br>Mw  | AGE<br>6 | BIRTHPLACE  |      |   |            |
| COUNTY<br>Cade   |          |   | CITY |   |            |
| ENUMERATED WITH<br>Rogers Robert   |          |   |      |   |            |
| RELATIONSHIP TO ABOVE  |          |   |      |   |            |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |          | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> WIFE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><u>B</u> |            |

FORM 16-537 (4-26-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 16100-P01

|  |   |   |                 |
|--|---|---|-----------------|
|  |   | LOUISIANA   |                 |
| R262   | NAME OF INDIVIDUAL<br>Rogers, John  |   | ED. 33 SHEET 18 |
| COLOR<br>W   | AGE<br>27   | BIRTHPLACE<br>Mo  |                 |
| COUNTY<br>Caddo  |   | CITY  |                 |
| ENUMERATED WITH<br>Not Reported  |   |   |                 |
| RELATIONSHIP TO ABOVE  |   |   |                 |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> <del>LABORER</del><br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify)<br><hr/> |                 |

FORM 16-537 (4-20-51)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 18100-P61

LOUISIANA

|  |  |   |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
|--|--|---|------------|------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|-----------|--------------------------------|--|--|
| R262   | NAME OF INDIVIDUAL<br><i>Rogers John</i> |   | E.D.<br>28 | SHEET<br>5 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| COLOR<br><i>B</i>  | AGE<br>17                                | BIRTHPLACE  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| COUNTY<br><i>Cade</i>  |  | CITY  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| ENUMERATED WITH<br><i>Henderson Jane</i>   |  |   |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>Bo</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |            |            | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>Bo</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  | <i>Bo</i>   |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |   |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18186-P01



LOUISIANA

|   |  |  |      |            |             |
|---|--|--|------|------------|-------------|
| R-262                                       |  | NAME OF INDIVIDUAL<br><i>Rogers John</i>                         |      | E.O.<br>31 | SHEET<br>10 |
| COLOR<br><i>W</i>                           | AGE<br>22                                | BIRTHPLACE   |      |            |             |
| COUNTY<br><i>Caddo</i>                      |  |  | CITY |            |             |
| ENUMERATED WITH<br><i>Francis, Edward M</i> |  |  |      |            |             |
| RELATIONSHIP TO ABOVE                       |  |  |      |            |             |
| <input type="checkbox"/> FATHER             | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                                  |      |            |             |
| <input type="checkbox"/> MOTHER             | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                                   |      |            |             |
| <input type="checkbox"/> GRANDFATHER        | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                                 |      |            |             |
| <input type="checkbox"/> GRANDMOTHER        | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                                  |      |            |             |
| <input type="checkbox"/> GRANDSON           | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                                 |      |            |             |
| <input type="checkbox"/> GRANDDAUGHTER      | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify)<br><i>Ro</i> |      |            |             |
| <input type="checkbox"/> AUNT               | <input type="checkbox"/> BROTHER-IN-LAW  |  |      |            |             |
| <input type="checkbox"/> UNCLE              | <input type="checkbox"/> SISTER-IN-LAW   |  |      |            |             |

FORM 16-537 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18106-P61

|                         |  |                |            |            |            |
|-------------------------|--|----------------|------------|------------|------------|
| R242                    |  | HEAD OF FAMILY |            | LOUISIANA  |            |
| COLOR                   |  | AGE            | BIRTHPLACE |            | E.D. SHEET |
| W                       |  | 35             |            |            | 28 16      |
| COUNTY                  |  |                | CITY       |            |            |
| Cade                    |  |                |            |            |            |
| OTHER MEMBERS OF FAMILY |  |                |            |            |            |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |            |
| / Jeannie               |  | W              | 26         |            |            |
| / Claudia               |  | D              | 8          |            |            |
| / Mary Lou              |  | D              | 5          |            |            |
| / Ruth                  |  | D              | 3          |            |            |
| / Carrie                |  | D              | 1          |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |

FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |  |  |  |            |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|--|------------|-------------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R 262  |  | NAME OF INDIVIDUAL<br>Rogers John          |  | E.O.<br>74 | SHEET<br>43 |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br>6   | AGE<br>24                                | BIRTHPLACE<br>Tex                          |  |            |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br>Calcasieu  |  | CITY                                       |  |            |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br>Kearney E. E.   |  |  |  |            |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |  |            |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDOW</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> WORKER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |            |             | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> WORKER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDOW             |  |            |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE             |  |            |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |  |            |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> WORKER |  |            |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |  |            |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |  |            |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |            |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |  |            |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 16-557 (4-30-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18106-P01

|                         |            |                |       |            |       |
|-------------------------|------------|----------------|-------|------------|-------|
| R-262                   |            | HEAD OF FAMILY |       | LOUISIANA  |       |
| Rogers                  |            | John           |       | E.D.       | SHEET |
| COLOR                   | W          | AGE            | 28    | BIRTHPLACE | Miss  |
| COUNTY                  | Washington |                |       | CITY       |       |
| OTHER MEMBERS OF FAMILY |            |                |       |            |       |
| NAME                    |            | RELATIONSHIP   | AGE   | BIRTHPLACE |       |
| Catherine               |            | W              | 22    |            |       |
| Mattie                  |            | D              | 5     |            |       |
| Minnie                  |            | D              | 3     |            |       |
| Normie                  |            | D              | 4 1/2 |            |       |
|                         |            |                |       |            |       |
|                         |            |                |       |            |       |
|                         |            |                |       |            |       |
|                         |            |                |       |            |       |

FORM 16-426 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|   |  |  |  |             |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|--|-------------|-------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R262  |  | NAME OF INDIVIDUAL<br>Rogers John          |  | E.O.<br>106 | SHEET<br>13 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br>W  | AGE<br>79                                | BIRTHPLACE                                 |  |             |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY  |  | CITY                                       |  |             |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|   |  | Orzechita                                  |  | West Monroe |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br>Sutcliff, William  |  |  |  |             |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |  |             |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |             |             | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE            |  |             |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE             |  |             |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |  |             |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER |  |             |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |  |             |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |  |             |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |             |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |  |             |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1990 CENSUS INDEX - INDIVIDUAL

USCENS-DC 10190-P61

LOUISIANA

|  |  |  |  |      |  |       |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|--|------|--|-------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|-------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|--|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R364   |  | MARITAL STATUS                           |  | F.D. |  | SHEET |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Rogers   |  | John                                     |  | 7/19 |  | 10    |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR  | AGE                                      | BIRTHPLACE                               |  |      |  |       |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| 10   | 20                                       |  |  |      |  |       |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY   |  |  |  | CITY |  |       |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Tensas   |  |  |  |      |  |       |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| EDUCATIONAL  |  |  |  |      |  |       |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Had none   |  |  |  |      |  |       |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |  |      |  |       |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> ORGATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NICE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |      |  |       |  | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> ORGATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NICE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> ORGATE          |  |      |  |       |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NICE            | <input type="checkbox"/> NURSE           |  |      |  |       |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |  |      |  |       |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |  |      |  |       |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |  |      |  |       |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |  |      |  |       |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |      |  |       |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |  |      |  |       |  |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USC&amp;MS-DC 18100-P01

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R262                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| B                       | 38  | Rogers, John   |     | 170        | 1     |
| COUNTY                  |     | CITY           |     |            |       |
| Winn                    |     |                |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Callie                  |     | W              | 41  | D.C.       |       |
| Lemp                    |     | D              | 12  |            |       |
| Edgar                   |     | S              | 11  |            |       |
| Mackin                  |     | D              | 7   |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 18-636 (4-26-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |        |                |     |            |  |
|-------------------------|--------|----------------|-----|------------|--|
| R 262                   |        | HEAD OF FAMILY |     | LOUISIANA  |  |
| Rogers, John A          |        | E.D. 19        |     | SHEET 4    |  |
| COLOR                   | W      | AGE            | 48  | BIRTHPLACE |  |
| COUNTY                  |        | Clai borne     |     | CITY       |  |
| OTHER MEMBERS OF FAMILY |        |                |     |            |  |
|                         | NAME   | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| 1                       | Jessie | S              | 23  |            |  |
|                         |        |                |     |            |  |
|                         |        |                |     |            |  |
|                         |        |                |     |            |  |
|                         |        |                |     |            |  |
|                         |        |                |     |            |  |
|                         |        |                |     |            |  |
|                         |        |                |     |            |  |
|                         |        |                |     |            |  |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |   |                |     |                  |      |
|-------------------------|---|----------------|-----|------------------|------|
| R262                    |   | HEAD OF FAMILY |     | LOUISIANA        |      |
| COLOR                   | W | AGE            | 29  | BIRTHPLACE       | Miss |
| COUNTY                  |   | Ouachita       |     | CITY West Monroe |      |
| OTHER MEMBERS OF FAMILY |   |                |     |                  |      |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE       |      |
| Winnifred               |   | W              | 24  | Ark              |      |
| Morgan                  |   | S              | 2   |                  |      |
|                         |   |                |     |                  |      |
|                         |   |                |     |                  |      |
|                         |   |                |     |                  |      |
|                         |   |                |     |                  |      |
|                         |   |                |     |                  |      |
|                         |   |                |     |                  |      |

FORM 18-436 (4-26-57)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R362                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| W                       |  | 36             | Texas      | 73         | 4     |
| COUNTY                  |  |                | CITY       |            |       |
| Do Soto                 |  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Alma G.                 |  | W              | 31         |            |       |
| Helene F.               |  | S              | 7          |            |       |
| Alma H.                 |  | D              | 3          |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

|                         |              |                |            |            |      |
|-------------------------|--------------|----------------|------------|------------|------|
| 1926                    |              | HEAD OF FAMILY |            | LOUISIANA  |      |
| Rogers, John R.         |              | E.D.           |            | SHEET      |      |
| COLOR                   | W            | AGE            | 35         | BIRTHPLACE | Ark. |
| COUNTY                  | Jackson      | CITY           | Eros       |            |      |
| OTHER MEMBERS OF FAMILY |              |                |            |            |      |
| NAME                    | RELATIONSHIP | AGE            | BIRTHPLACE |            |      |
| Mary M.                 | W            | 30             | Miss       |            |      |
| John H.                 | D            | 11             | Miss       |            |      |
| James E.                | S            | 8              |            |            |      |
| Ruth L.                 | S            | 4              |            |            |      |
| Refus                   | S            | 2              |            |            |      |
| Myrtle                  | D            | 5 1/2          |            |            |      |

FORM 18-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|--|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|--|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R262  |  | NAME OF INDIVIDUAL                       |  | LOUISIANA |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR   | AGE                                      | BIRTHPLACE                               |  | E.D.      | SHEET |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| B   | 5  | Richmond, Johnny                         |  | 88        | 11    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY  |  | St. Helena                               |  | CITY      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Relationship to above   |  |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-437 (4-22-61)

1919 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 15129-P-1

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R 262                   |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | NAME           |     | E.D.       | SHEET |
| W                       | 56  | Rogers Joseph  |     | 99         | 2     |
| COUNTY                  |     | BIRTHPLACE     |     |            |       |
| St. Mary                |     | It.            |     |            |       |
|                         |     | CITY           |     |            |       |
|                         |     | Bessie         |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Victoria                |     | W              | 49  | It         |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |        |                |        |            |         |
|-------------------------|--------|----------------|--------|------------|---------|
| R 262                   |        | HEAD OF FAMILY |        | LOUISIANA  |         |
| COLOR                   | W      | AGE            | 44     | BIRTHPLACE | Miss.   |
| COUNTY                  |        | Tangipahoa     |        | CITY       | Hammond |
| OTHER MEMBERS OF FAMILY |        |                |        |            |         |
|                         | NAME   | RELATIONSHIP   | AGE    | BIRTHPLACE |         |
|                         | Eva    | W              | 40     |            |         |
|                         | Daisy  | D              | 14     |            |         |
|                         | Ernest | S              | 10     |            |         |
|                         | Eda    | D              | 8      |            |         |
|                         | Ladine | D              | 5      |            |         |
|                         | Norma  | D              | 14 1/2 |            |         |

FORM 18-636 (4-20-67)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|                         |          |                |        |               |     |            |       |
|-------------------------|----------|----------------|--------|---------------|-----|------------|-------|
| R 262                   |          | HEAD OF FAMILY |        | Rogers Joseph |     | E.O.       | SHEET |
| COLOR                   | W        | AGE            | 48     | BIRTHPLACE    |     |            |       |
| COUNTY                  |          |                | Iberia | CITY          |     |            |       |
|                         |          |                |        | Jeanerette    |     |            |       |
| OTHER MEMBERS OF FAMILY |          |                |        |               |     |            |       |
| NAME                    |          |                |        | RELATIONSHIP  | AGE | BIRTHPLACE |       |
|                         | Eunice   |                |        | W             | 35  |            |       |
|                         | Charles  |                |        | S             | 21  |            |       |
|                         | Beatrice |                |        | D             | 19  |            |       |
|                         | Luke     |                |        | S             | 17  |            |       |
|                         | Clara    |                |        | D             | 16  |            |       |
|                         | August   |                |        | S             | 13  |            |       |
|                         | Abigail  |                |        | S             | 12  |            |       |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME        | RELATIONSHIP | AGE | BIRTHPLACE |
|-------------|--------------|-----|------------|
| / Charlotte | D            | 23  |            |
| Widney      | D            | 10  |            |
|             |              |     |            |
|             |              |     |            |
|             |              |     |            |
|             |              |     |            |
|             |              |     |            |
|             |              |     |            |
|             |              |     |            |
|             |              |     |            |
|             |              |     |            |

FORM 19-436a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMB-DC 15106-P61



|                         |          |                |               |            |       |
|-------------------------|----------|----------------|---------------|------------|-------|
| B 262                   |          | HEAD OF FAMILY |               | LOUISIANA  |       |
| COLOR                   |          | AGE            | BIRTHPLACE    | E.D.       | SHEET |
| W                       |          | 27             | Fogers Joseph | 72         | 17    |
| COUNTY                  |          |                | CITY          |            |       |
| Calcasieu               |          |                |               |            |       |
| OTHER MEMBERS OF FAMILY |          |                |               |            |       |
| NAME                    |          | RELATIONSHIP   | AGE           | BIRTHPLACE |       |
| 1                       | Missouri | W              | 21            |            |       |
|                         |          |                |               |            |       |
|                         |          |                |               |            |       |
|                         |          |                |               |            |       |
|                         |          |                |               |            |       |
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|                         |          |                |               |            |       |
|                         |          |                |               |            |       |

FORM 16-536 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|        |  |                |            |               |  |      |       |
|--------|--|----------------|------------|---------------|--|------|-------|
| R262   |  | HEAD OF FAMILY |            | Rogers Joseph |  | E.O. | SHEET |
| W      |  | AGE            | BIRTHPLACE |               |  |      |       |
|        |  | 47             | Lafourche  |               |  |      |       |
| COUNTY |  |                |            | CITY          |  |      |       |

## OTHER MEMBERS OF FAMILY

| NAME     | RELATIONSHIP | AGE | BIRTHPLACE |
|----------|--------------|-----|------------|
| Estelena | W            | 47  |            |
| Leo      | S            | 20  |            |
| Amanda   | S            | 18  |            |
| Celine   | D            | 15  |            |
| Orner    | S            | 17  |            |
| Hubert   | D            | 13  |            |
| Edythe   | D            | 9   |            |

Form 16-536 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME   | RELATION-<br>SHIP | AGE | BIRTHPLACE |
|--------|-------------------|-----|------------|
| 1 Jean | 5                 | 6   |            |
|        |                   |     |            |
|        |                   |     |            |
|        |                   |     |            |
|        |                   |     |            |
|        |                   |     |            |
|        |                   |     |            |
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|        |                   |     |            |
|        |                   |     |            |
|        |                   |     |            |
|        |                   |     |            |

FORM 16-634a (4-20-61)

1970 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 15708-P01

LOUISIANA

|  |  |   |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
|--|--|---|------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|-----------|--------------------------------|--|--|
| R262   | NAME OF INDIVIDUAL<br><i>Rogers Joseph</i> |   | ED.<br><i>65</i> | SHEET<br><i>2</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| COLOR<br><i>Mr</i>   | AGE<br><i>18</i>                           | BIRTHPLACE  |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| COUNTY<br><i>Lafayette</i>   |  | CITY<br><i>Scott</i>                                |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| ENUMERATED WITH<br><i>Anderson Adam</i>  |  |   |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> Niece</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>SS</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |                  |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> Niece | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>SS</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW            | <input type="checkbox"/> INMATE                     |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> Niece             | <input type="checkbox"/> NURSE                      |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW     | <input type="checkbox"/> PATIENT                    |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW     | <input type="checkbox"/> ROOMER                     |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW        | <input type="checkbox"/> SERVANT                    |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW   | <input checked="" type="checkbox"/> OTHER (Specify) |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW    | <i>SS</i>   |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW     |   |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |

FORM 10-437 (4-30-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1930 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18199-P61

LOUISIANA

|                         |     |                 |              |       |            |       |  |
|-------------------------|-----|-----------------|--------------|-------|------------|-------|--|
| R262                    |     | HEAD OF FAMILY  |              | E. D. |            | SHEET |  |
|                         |     | Rogers Joseph E |              | 22    |            | 15    |  |
| COLOR                   | AGE | BIRTHPLACE      |              |       |            |       |  |
| w                       | 30  | Miss            |              |       |            |       |  |
| COUNTY                  |     |                 | St. Helena   |       |            | CITY  |  |
| OTHER MEMBERS OF FAMILY |     |                 |              |       |            |       |  |
| NAME                    |     |                 | RELATIONSHIP | AGE   | BIRTHPLACE |       |  |
| / Ella                  |     |                 | w            | 24    | Miss       |       |  |
| / Nellie J              |     |                 | s            | 12    |            |       |  |
|                         |     |                 |              |       |            |       |  |
|                         |     |                 |              |       |            |       |  |
|                         |     |                 |              |       |            |       |  |
|                         |     |                 |              |       |            |       |  |
|                         |     |                 |              |       |            |       |  |
|                         |     |                 |              |       |            |       |  |

Form 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                                    |              |                | LOUISIANA   |            |
|-------------------------|------------------------------------|--------------|----------------|-------------|------------|
| R 262                   | HEAD OF FAMILY<br>Rogers, Joseph E |              |                | E.D.<br>(4) | SHEET<br>1 |
| COLOR<br>W              | AGE<br>53                          | BIRTHPLACE   |                |             |            |
| COUNTY<br>Bossier       |                                    |              | CITY<br>Benton |             |            |
| OTHER MEMBERS OF FAMILY |                                    |              |                |             |            |
| NAME                    |                                    | RELATIONSHIP | AGE            | BIRTHPLACE  |            |
| Cynthia                 |                                    | W            | 50             | Ala.        |            |
| Ruby                    |                                    | D            | 30             |             |            |
| Dayton                  |                                    | D            | 18             |             |            |
| Celena                  |                                    | D            | 14             |             |            |
| Clochile                |                                    | D            | 7              |             |            |
| + 2 Serv                |                                    |              |                |             |            |
| + 1 Do                  |                                    |              |                |             |            |

LOUISIANA

|   |   |  |  |            |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
|---|---|--|--|------------|-------------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|---|--|
| R 262   |   | NAME OF INDIVIDUAL<br>Richardson Josephine |  | E.D.<br>62 | SHEET<br>17 |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| COLOR<br>B  | AGE<br>24   | BIRTHPLACE                                 |  |            |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| COUNTY<br>Lafayette   |   | CITY                                       |  |            |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| ENUMERATED WITH<br>Constantin, Rudon  |   |  |  |            |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| RELATIONSHIP TO ABOVE   |   |  |  |            |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> NUNCE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input checked="" type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> |   |  |  |            |             | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> NUNCE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input checked="" type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW                   | <input type="checkbox"/> NUNCE             |  |            |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE                    | <input type="checkbox"/> NURSE             |  |            |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW            | <input type="checkbox"/> PATIENT           |  |            |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW            | <input type="checkbox"/> ROOMER            |  |            |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW               | <input type="checkbox"/> SERVANT           |  |            |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW          | <input type="checkbox"/> OTHER (Specify)   |  |            |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW           |  |  |            |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <input type="checkbox"/> UNCLE  | <input checked="" type="checkbox"/> SISTER-IN-LAW |  |  |            |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |

FORM 16-437 (4-20-31)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMB-DC 15120-P61





LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME          | RELATIONSHIP | AGE       | BIRTHPLACE |
|---------------|--------------|-----------|------------|
| 1 <i>Esma</i> | <i>Hi</i>    | <i>22</i> |            |
|               |              |           |            |
|               |              |           |            |
|               |              |           |            |
|               |              |           |            |
|               |              |           |            |
|               |              |           |            |
|               |              |           |            |
|               |              |           |            |
|               |              |           |            |
|               |              |           |            |

FORM 18-636a (4-26-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 16106-P01

LOUISIANA

|                         |                |     |                  |            |            |       |   |      |
|-------------------------|----------------|-----|------------------|------------|------------|-------|---|------|
| R262                    | HEAD OF FAMILY |     | Rogers Josephine | E.D.       | 118        | SHEET | 4 |      |
| COLOR                   | B              | AGE | 80               | BIRTHPLACE |            |       |   | Miss |
| COUNTY                  |                |     | Tangipahoa       | CITY       |            |       |   |      |
| OTHER MEMBERS OF FAMILY |                |     |                  |            |            |       |   |      |
| NAME                    |                |     | RELATIONSHIP     | AGE        | BIRTHPLACE |       |   |      |
| Smith Lella             |                |     | D                | 17         |            |       |   |      |
| Cris Frank              |                |     | YCL              | 15         |            |       |   |      |
| Allie                   |                |     | YCL              | 13         |            |       |   |      |
| Beula                   |                |     | YCL              | 11         |            |       |   |      |
| Mary                    |                |     | YCL              | 9          |            |       |   |      |
| Marie                   |                |     | YCL              | 5          |            |       |   |      |
| Alexander John          |                |     | YCL              | 4          |            |       |   |      |

FORM 16-436 (4-22-31)

1930 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME  | RELATIONSHIP | AGE | BIRTHPLACE |
|-------|--------------|-----|------------|
| 1 Eva | SD           | 1   |            |
|       |              |     |            |
|       |              |     |            |
|       |              |     |            |
|       |              |     |            |
|       |              |     |            |
|       |              |     |            |
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|       |              |     |            |
|       |              |     |            |
|       |              |     |            |
|       |              |     |            |
|       |              |     |            |
|       |              |     |            |

FORM 10-436a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18108-P61

| LOUISIANA               |                  | SHEET      |            |
|-------------------------|------------------|------------|------------|
| R262                    | HEAD OF FAMILY   | Jash       |            |
| COLOR                   | AGE              | 24         | 13         |
| B                       | 50               | BIRTHPLACE |            |
| COUNTY                  | East Baton Rouge | CITY       |            |
| OTHER MEMBERS OF FAMILY |                  |            |            |
| NAME                    | RELATIONSHIP     | AGE        | BIRTHPLACE |
| Adeline                 | W                | 50         |            |
| Catherine               | D                | 22         |            |
| Mary                    | D                | 18         |            |
|                         |                  |            |            |
|                         |                  |            |            |
|                         |                  |            |            |
|                         |                  |            |            |
|                         |                  |            |            |
|                         |                  |            |            |

FORM 16-636 (4-26-21)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |      |                 |     | LOUISIANA  |       |
|-------------------------|------|-----------------|-----|------------|-------|
| R262                    |      | HEAD OF FAMILY  |     | E.D.       | SHEET |
|                         |      | Rogers, Jas. C. |     | 104        | 3     |
| COLOR                   | AGE  | BIRTHPLACE      |     |            |       |
|                         | W 27 | Miss            |     |            |       |
| COUNTY                  |      | Sabine          |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |      |                 |     |            |       |
| NAME                    |      | RELATIONSHIP    | AGE | BIRTHPLACE |       |
| Lizzie                  |      | W               | 24  |            |       |
| Mary A.                 |      | D               | 5   | Tex        |       |
| Lucy W.                 |      | D               | 1   |            |       |
|                         |      |                 |     |            |       |
|                         |      |                 |     |            |       |
|                         |      |                 |     |            |       |
|                         |      |                 |     |            |       |
|                         |      |                 |     |            |       |

|                         |                  | LOUISIANA             |                  |
|-------------------------|------------------|-----------------------|------------------|
| 1926                    | HEAD OF FAMILY   | <i>Lichman, Julia</i> | E.D. 50 SHEET 15 |
| COLOR<br><i>Wm</i>      | AGE<br>52        | BIRTHPLACE            |                  |
| COUNTY                  | <i>Iberville</i> | CITY                  |                  |
| OTHER MEMBERS OF FAMILY |                  |                       |                  |
| NAME                    | RELATIONSHIP     | AGE                   | BIRTHPLACE       |
| <i>John</i>             | <i>S</i>         | <i>26</i>             |                  |
| <i>Allie</i>            | <i>D</i>         | <i>15</i>             |                  |
| <i>Rebecca</i>          | <i>D</i>         | <i>13</i>             |                  |
|                         |                  |                       |                  |
|                         |                  |                       |                  |
|                         |                  |                       |                  |
|                         |                  |                       |                  |
|                         |                  |                       |                  |

LOUISIANA

|  |   |                    |    |  |      |     |       |   |  |  |  |
|--|---|--------------------|----|--|------|-----|-------|---|--|--|--|
| 9262                                   |   | NAME OF INDIVIDUAL |    | Rogers, Kenneth                          | E.D. | 107 | SHEET | 16  |  |  |  |
| COLOR                                  | W | AGE                | 69 | BIRTHPLACE                               |      |     |       |   |  |  |  |
| COUNTY                                 |   |                    |    | Tangipahoa                               | CITY |     |       |   |  |  |  |
|  |   |                    |    | Kentwood                                 |      |     |       |   |  |  |  |
| ENUMERATED WITH                        |   |                    |    | Rogers, Marnie                           |      |     |       |   |  |  |  |
| RELATIONSHIP TO ABOVE                  |   |                    |    |  |      |     |       |   |  |  |  |
| <input type="checkbox"/> FATHER        |   |                    |    | <input type="checkbox"/> NEPHEW          |      |     |       | <input type="checkbox"/> WIFE                       |  |  |  |
| <input type="checkbox"/> MOTHER        |   |                    |    | <input type="checkbox"/> NIECE           |      |     |       | <input type="checkbox"/> NURSE                      |  |  |  |
| <input type="checkbox"/> GRANDFATHER   |   |                    |    | <input type="checkbox"/> FATHER-IN-LAW   |      |     |       | <input type="checkbox"/> PATIENT                    |  |  |  |
| <input type="checkbox"/> GRANDMOTHER   |   |                    |    | <input type="checkbox"/> MOTHER-IN-LAW   |      |     |       | <input type="checkbox"/> ROOMER                     |  |  |  |
| <input type="checkbox"/> GRANDSON      |   |                    |    | <input type="checkbox"/> SON-IN-LAW      |      |     |       | <input type="checkbox"/> SERVANT                    |  |  |  |
| <input type="checkbox"/> GRANDDAUGHTER |   |                    |    | <input type="checkbox"/> DAUGHTER-IN-LAW |      |     |       | <input checked="" type="checkbox"/> OTHER (Specify) |  |  |  |
| <input type="checkbox"/> AUNT          |   |                    |    | <input type="checkbox"/> BROTHER-IN-LAW  |      |     |       | 13  |  |  |  |
| <input type="checkbox"/> UNCLE         |   |                    |    | <input type="checkbox"/> SISTER-IN-LAW   |      |     |       |   |  |  |  |

Form 10-437 (4-22-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1940 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 16198-PE1

## LOUISIANA

|  |           |  |  |   |            |
|--|-----------|--|--|---|------------|
| R262                                   |           | NAME OF INDIVIDUAL<br>Rogers Kitty       |  | E.D.<br>28                                  | SHEET<br>7 |
| COLOR<br>B                             | AGE<br>12 | BIRTHPLACE                               |  |   |            |
| COUNTY<br>Caddo                        |           | CITY                                     |  |   |            |
| ENUMERATED WITH<br>Caldwell John       |           |  |  |   |            |
| RELATIONSHIP TO ABOVE                  |           |  |  |   |            |
| <input type="checkbox"/> FATHER        |           | <input type="checkbox"/> NEPHEW          |  | <input type="checkbox"/> WIDWIFE            |            |
| <input type="checkbox"/> MOTHER        |           | <input type="checkbox"/> NIECE           |  | <input type="checkbox"/> NURSE              |            |
| <input type="checkbox"/> GRANDFATHER   |           | <input type="checkbox"/> FATHER-IN-LAW   |  | <input type="checkbox"/> PATIENT            |            |
| <input type="checkbox"/> GRANDMOTHER   |           | <input type="checkbox"/> MOTHER-IN-LAW   |  | <input type="checkbox"/> ROOMER             |            |
| <input type="checkbox"/> GRANDSON      |           | <input type="checkbox"/> SON-IN-LAW      |  | <input checked="" type="checkbox"/> SERVANT |            |
| <input type="checkbox"/> GRANDDAUGHTER |           | <input type="checkbox"/> DAUGHTER-IN-LAW |  | <input type="checkbox"/> OTHER (Specify)    |            |
| <input type="checkbox"/> AUNT          |           | <input type="checkbox"/> BROTHER-IN-LAW  |  |   |            |
| <input type="checkbox"/> UNCLE         |           | <input type="checkbox"/> SISTER-IN-LAW   |  |   |            |

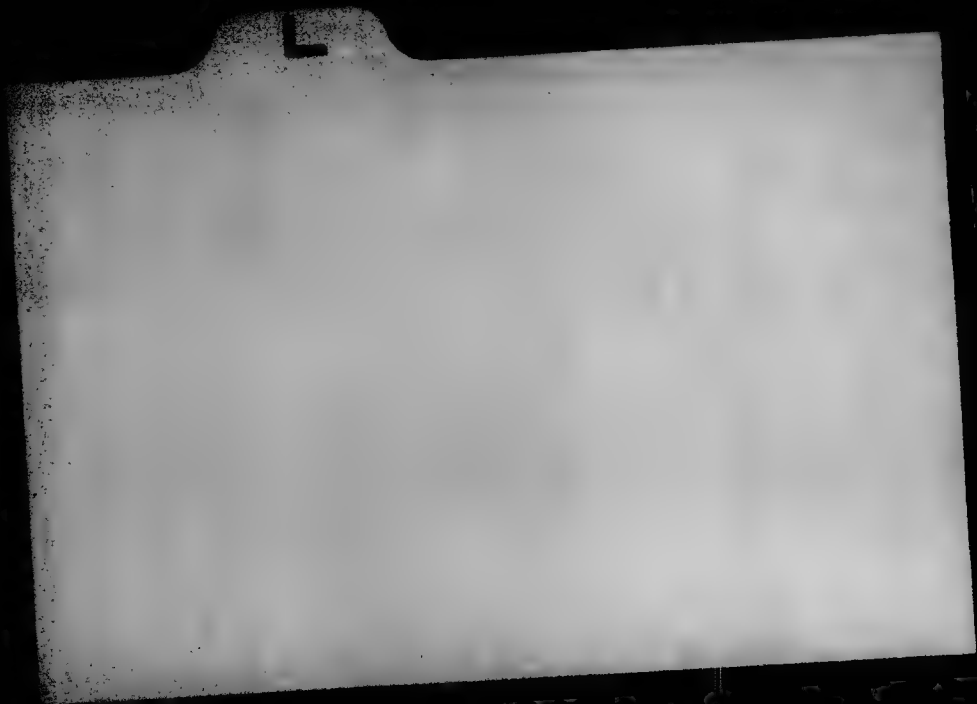
FORM 18-537 (4-20-41)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 1510-P81





|                         |      |                |                |            |    |
|-------------------------|------|----------------|----------------|------------|----|
| R 262                   |      | HEAD OF FAMILY |                | LOUISIANA  |    |
| COLOR                   | W    | AGE            | 32             | BIRTHPLACE | Ky |
| COUNTY                  | Winn |                | CITY Winnfield |            |    |
| OTHER MEMBERS OF FAMILY |      |                |                |            |    |
| NAME                    |      | RELATIONSHIP   | AGE            | BIRTHPLACE |    |
| Living alone            |      |                |                |            |    |
|                         |      |                |                |            |    |
|                         |      |                |                |            |    |
|                         |      |                |                |            |    |
|                         |      |                |                |            |    |
|                         |      |                |                |            |    |
|                         |      |                |                |            |    |
|                         |      |                |                |            |    |

FORM 16-636 (4-30-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R 262                   |     | HEAD OF FAMILY |     | Louisiana  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| W                       | 34  |                |     | 4          | 3     |
| COUNTY                  |     | Caldwell       |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Jennie                  |     | W              | 28  |            |       |
| Orridge                 |     | 5              | 9   |            |       |
| Wilfred                 |     | 5              | 6   |            |       |
| Blynn                   |     | 5              | 3   |            |       |
| Faly                    |     | 5              | 1   |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |     |                |      |            |       |
|-------------------------|-----|----------------|------|------------|-------|
| R262                    |     | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |      | E.D.       | SHEET |
| W                       | 28  |                |      | 108        | 10    |
| COUNTY                  |     |                | CITY |            |       |
| Sabine                  |     |                |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Nancy H                 |     | W              | 20   |            |       |
| Freeman                 |     | S              | 3    |            |       |
| Henry J                 |     | S              | 12   |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |

Form 16-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                  |     |                    |  |
|-------------------------|--|------------------|-----|--------------------|--|
| R262                    |  | HEAD OF FAMILY   |     | LOUISIANA          |  |
| COLOR<br>B              |  | AGE<br>80        |     | E.D.<br>78         |  |
|                         |  | BIRTHPLACE<br>La |     | SHEET<br>22        |  |
| COUNTY                  |  | RAPIDS           |     | CITY<br>Alexandria |  |
| OTHER MEMBERS OF FAMILY |  |                  |     |                    |  |
| NAME                    |  | RELATIONSHIP     | AGE | BIRTHPLACE         |  |
| Gracie                  |  | H                | 60  |                    |  |
| Charles                 |  | S                | 25  |                    |  |
| Murphy, Mary            |  | S                | 19  |                    |  |
| Waddell, Robert         |  | S                | 12  |                    |  |
|                         |  |                  |     |                    |  |
|                         |  |                  |     |                    |  |
|                         |  |                  |     |                    |  |

FORM 16-636 (4-26-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |     |                    |      |           |       |
|--|-----|--------------------|------|-----------|-------|
| R262   |     | NAME OF INDIVIDUAL |      | LOUISIANA |       |
| COLOR  | AGE | BIRTHPLACE         |      | E.D.      | SHEET |
| W  | 18  | Jackson, Louis     |      | 52        | 22    |
| COUNTY   |     |                    | CITY |           |       |
| JACKSON  |     |                    |      |           |       |
| ENUMERATED WITH  |     |                    |      |           |       |
| HARRINGTON, CLAUD F.   |     |                    |      |           |       |
| RELATIONSHIP TO ABOVE  |     |                    |      |           |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE<br><input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW<br><input type="checkbox"/> WIFE<br><input type="checkbox"/> HUSBAND<br><input checked="" type="checkbox"/> PARTNER<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |     |                    |      |           |       |

FORM 16-637 (10-28-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

UNCOM-DC 15100-P61

|   |     |   |  |  |       |
|---|-----|---|--|--|-------|
| R 26  |     | NAME OF INDIVIDUAL  |  | LOUISIANA  |       |
| COLOR   | AGE | BIRTHPLACE  |  | R.D.   | SHEET |
| B   | 6   | Richman, Louis  |  | 88   | 11    |
| COUNTY  |     | CITY  |  |  |       |
| St. Helena  |     |   |  |  |       |
| ENUMERATED WITH   |     |   |  |  |       |
| Richman, W.   |     |   |  |  |       |
| RELATIONSHIP TO ABOVE   |     |   |  |  |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input checked="" type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |       |

FORM 10-627 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R 362                   |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| B                       | 50  | Rogers, Lawson |     | 48         | 14    |
| COUNTY                  |     | CITY           |     |            |       |
| Louisiana               |     |                |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Ellen                   |     | W              | 42  |            |       |
| Lilas                   |     | L              | 16  |            |       |
| Howard                  |     | L              | 14  |            |       |
| Thandy                  |     | D              | 10  |            |       |
| Knox T                  |     | L              | 7   |            |       |
| Skillee                 |     | L              | 6   |            |       |

FORM 18-636 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |   |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|---|--|---|--|-----------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| 2262  |  | NAME OF INDIVIDUAL                                  |  | LOUISIANA |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| Rogers Leckman  |  | E.O.  |  | SHEET     |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR   | AGE                                      | BIRTHPLACE  |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| B   | 19                                       |   |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY  |  | CITY  |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| Ouachita  |  | Monroe  |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |   |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| Patterson JR  |  |   |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> MISTRESS-IN-LAW</td> <td></td> </tr> </table> |  |   |  |           |  | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> MISTRESS-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> MISTRESS-IN-LAW |   |  |           |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

Form 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18100-P61

|                         |   |                  |     |            |             |
|-------------------------|---|------------------|-----|------------|-------------|
| P 262                   |   | HEAD OF FAMILY   |     | LOUISIANA  |             |
| COLOR                   | W | AGE              | 25  | BIRTHPLACE | Rogers, Lee |
| COUNTY                  |   | <del>Grain</del> |     | CITY       |             |
| OTHER MEMBERS OF FAMILY |   |                  |     |            |             |
| NAME                    |   | RELATIONSHIP     | AGE | BIRTHPLACE |             |
| Annae                   |   | W                | 18  |            |             |
| Frances                 |   | M                | 65  | ala        |             |
| Giddens                 |   | F                | 75  |            |             |
| Renny                   |   | B                | 22  |            |             |
|                         |   |                  |     |            |             |
|                         |   |                  |     |            |             |
|                         |   |                  |     |            |             |
|                         |   |                  |     |            |             |

FORM 18-436 (2-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |   |                            |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|---|----------------------------|-------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R362   |  | NAME OF INDIVIDUAL<br><i>Reyes, Lucia</i> |                            | LOUISIANA         |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>B</i>  | AGE<br><i>20</i>                         | BIRTHPLACE                                |                            | E.D.<br><i>16</i> | SHEET<br><i>8</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>East Baton Rouge</i>  |  |   | CITY<br><i>Baton Rouge</i> |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>McMain, Maria</i>  |  |   |                            |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   |                            |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> GUARD</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> WOMAN</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |                            |                   |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> GUARD | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> WOMAN | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE           |                            |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> GUARD            |                            |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT          |                            |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> WOMAN |                            |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT          |                            |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)  |                            |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |   |                            |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |   |                            |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-437 (4-29-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18100-P01

|  |  |  |  |           |       |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|--|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R262   |  | NAME OF INDIVIDUAL                       |  | LOUISIANA |       |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR  | AGE                                      | BIRTHPLACE                               |  | E.D.      | SHEET |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| W  | 9  |  |  | 89        | 2     |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY   |  | CITY                                     |  |           |       |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| St. Helena   |  |  |  |           |       |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH  |  |  |  |           |       |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Harrell Ben E  |  |  |  |           |       |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |  |           |       |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input checked="" type="checkbox"/> WIFE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input checked="" type="checkbox"/> WIFE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> MOTHER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |  |           |       |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input checked="" type="checkbox"/> WIFE | <input type="checkbox"/> NURSE           |  |           |       |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |  |           |       |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |  |           |       |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |  |           |       |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |  |           |       |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |           |       |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> MOTHER-IN-LAW   |  |  |           |       |                                 |                                 |                                 |                                 |  |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|---|--|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|--|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| <b>R262</b>   |  | NAME OF INDIVIDUAL<br><i>Richardson Sam</i> |  | LOUISIANA         |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>B</i>   | AGE<br><i>4</i>                          | BIRTHPLACE                                  |  | E.D.<br><i>EE</i> | SHEET<br><i>11</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY  |  | CITY<br><i>St. Helena</i>                   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Richardson J L</i>  |  |   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |                   |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE             |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE              |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT            |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER             |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT            |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)    |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 16-537 (4-25-61)

1916 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 18198-P01

|   |                 |  |  |                             |                    |
|---|-----------------|--|--|-----------------------------|--------------------|
| R 262   |                 | NAME OF INDIVIDUAL<br><i>Roger Leone</i> |  | LOUISIANA                   |                    |
| COLOR<br><i>B</i>   | AGE<br><i>5</i> | BIRTHPLACE                               |  | P.O.<br><i>55</i>           | SHEET<br><i>10</i> |
| COUNTY  |                 | City<br><i>Iberville</i>                 |  | CITY<br><i>Blagovestine</i> |                    |
| EMIGRATED WITH<br><i>Williamson Hance</i>   |                 |  |  |                             |                    |
| RELATIONSHIP TO ABOVE   |                 |  |  |                             |                    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE<br><input type="checkbox"/> NEPHER<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW<br><input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> BROTHER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                 |  |  |                             |                    |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18199-P61

|                         |       |                |           |            |    |
|-------------------------|-------|----------------|-----------|------------|----|
| R262                    |       | HEAD OF FAMILY |           | LOUISIANA  |    |
| COLOR                   | B     | AGE            | 27        | E.D.       | 47 |
|                         |       | BIRTHPLACE     |           | SHEET 2/   |    |
| COUNTY                  |       |                | Lafourche | CITY       |    |
| OTHER MEMBERS OF FAMILY |       |                |           |            |    |
| NAME                    |       | RELATIONSHIP   | AGE       | BIRTHPLACE |    |
| 1                       | Alice | S.             | 20        |            |    |
|                         |       |                |           |            |    |
|                         |       |                |           |            |    |
|                         |       |                |           |            |    |
|                         |       |                |           |            |    |
|                         |       |                |           |            |    |
|                         |       |                |           |            |    |
|                         |       |                |           |            |    |
|                         |       |                |           |            |    |

FORM 10-434 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|  |  |   |            |  |            |
|--|--|---|------------|--|------------|
| R 262  |  | NAME OF INDIVIDUAL  |            | LOUISIANA  |            |
| COLOR  |  | AGE   | BIRTHPLACE |  | E.O. SHEET |
| B  |  | 8   |            |  | 79 17      |
| COUNTY   |  |   | CITY       |  |            |
| Natchitoches   |  |   |            |  |            |
| ENUMERATED WITH  |  |   |            |  |            |
| Johnson, Edward  |  |   |            |  |            |
| RELATIONSHIP TO ABOVE  |  |   |            |  |            |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input checked="" type="checkbox"/> NEPHEW<br><input type="checkbox"/> WIFE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |            | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |            |

FORM 16-437 (4-20-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18109-P61

|                         |                |                             |            |            |
|-------------------------|----------------|-----------------------------|------------|------------|
| R262                    | HEAD OF FAMILY |                             | LOUISIANA  |            |
| COLOR<br>W              | AGE<br>33-     | BIRTHPLACE<br>Richerson, La |            | E.D.<br>68 |
|                         |                | SHEET<br>2                  |            |            |
| COUNTY                  |                | CITY                        |            |            |
| Livingston              |                |                             |            |            |
| OTHER MEMBERS OF FAMILY |                |                             |            |            |
| NAME                    | RELATIONSHIP   | AGE                         | BIRTHPLACE |            |
| Jennie                  | W              | 27                          |            |            |
| Annie B                 | S              | 1                           |            |            |
| Virginia A.             | S              | 4 1/2                       |            |            |
| Leulian                 | S              | 8                           |            |            |
| Edith C.                | S              | 7                           |            |            |
| Loire E.                | S              | 5                           |            |            |
| and 1 N.Y.              |                |                             |            |            |

FORM 18-636 (4-20-21)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                |              |           |            |
|-------------------------|----------------|--------------|-----------|------------|
| R262                    | HEAD OF FAMILY |              | LOUISIANA |            |
| COLOR                   | AGE            | BIRTHPLACE   | E.D.      | SHEET      |
| W                       | 23             |              | 104       | 13         |
| COUNTY                  |                | CITY         |           |            |
| Sabine                  |                |              |           |            |
| OTHER MEMBERS OF FAMILY |                |              |           |            |
| NAME                    |                | RELATIONSHIP | AGE       | BIRTHPLACE |
| Foster                  |                | W            | 34        |            |
| William                 |                | D            | 12        |            |
| Adair                   |                | D            | 10        |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |

FORM 10-636 (4-20-01)  
1910 CENSUS INDEX - FAMILYU.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |    |              |      |            |     |
|-------------------------|---|----------------|----|--------------|------|------------|-----|
| R 262                   |   | HEAD OF FAMILY |    | Rogers Lewis |      | LOUISIANA  |     |
| COLOR                   | W | AGE            | 39 | BIRTHPLACE   | Penn | E.D.       | 102 |
|                         |   |                |    |              |      | SHEET      | 10  |
| COUNTY                  |   |                |    | Sabino       |      | CITY       |     |
| OTHER MEMBERS OF FAMILY |   |                |    |              |      |            |     |
| NAME                    |   | RELATIONSHIP   |    | AGE          |      | BIRTHPLACE |     |
| Came                    |   | W              |    | 37           |      | Penn       |     |
| Edgar                   |   | S              |    | 5            |      |            |     |
|                         |   |                |    |              |      |            |     |
|                         |   |                |    |              |      |            |     |
|                         |   |                |    |              |      |            |     |
|                         |   |                |    |              |      |            |     |
|                         |   |                |    |              |      |            |     |
|                         |   |                |    |              |      |            |     |

FORM 16-436 (4-26-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |  |      |                   |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|------|-------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|-------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|--|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R 262  |  | NAME OF INDIVIDUAL<br><i>Rogers, Lewis</i> |      | LOUISIANA         |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>W</i>  | AGE<br><i>7 1/2</i>                      | BIRTHPLACE                                 |      | E.D.<br><i>55</i> | SHEET<br><i>4</i> |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>Cameron</i>   |  |  | CITY |                   |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Lemore, Lewis</i>  |  |  |      |                   |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |      |                   |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> WIFE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> MISTRESS-IN-LAW</td> <td></td> </tr> </table> |  |  |      |                   |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> WIFE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> MISTRESS-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE            |      |                   |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> WIFE            | <input type="checkbox"/> NURSE             |      |                   |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |      |                   |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER            |      |                   |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |      |                   |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |      |                   |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |      |                   |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> MISTRESS-IN-LAW |  |      |                   |                   |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 16-437 (4-22-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 1610-P-61

|  |     |                    |   |           |       |
|--|-----|--------------------|---|-----------|-------|
| 19262  |     | NAME OF INDIVIDUAL |   | LOUISIANA |       |
| COLOR  | AGE | BIRTHPLACE         |   | S.E.      | SHEET |
| B  | 9   | Rogers, Lillian    |   | 86        | 7     |
| COUNTY   |     |                    | CITY  |           |       |
| ENUMERATED WITH  |     |                    | St. Helena  |           |       |
| RELATIONSHIP TO ABOVE  |     |                    | Jones, Iva  |           |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     |                    | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |           |       |
|  |     |                    | <input type="checkbox"/> HEADS<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br>D   |           |       |

FORM 10-637 (4-20-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |     |   |  |   |       |
|--|-----|---|--|---|-------|
| 1262   |     | NAME OF INDIVIDUAL  |  | LOUISIANA   |       |
| COLOR  | AGE | BIRTHPLACE  |  | E.D.  | SHEET |
| B  | 6   | Richardson, Lilla   |  | 16  | 12    |
| COUNTY   |     | CITY  |  |   |       |
| Iberia   |     |   |  |   |       |
| ENUMERATED WITH  |     |   |  |   |       |
| Elagby, Batist   |     |   |  |   |       |
| RELATIONSHIP TO ABOVE  |     |   |  |   |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify) |       |
|  |     |   |  |   |       |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |   |  |    |  |                 |
|--|---|--|----|--|-----------------|
| A262   |   | NAME OF INDIVIDUAL   |    | LOUISIANA  |                 |
| COLOR  | W | AGE  | 23 | BIRTHPLACE   |                 |
| COUNTY   |   | Jefferson  |    | CITY   | Mc Donoughville |
| ENUMERATED WITH  |   |  |    |  |                 |
| Nash, William  |   |  |    |  |                 |
| RELATIONSHIP TO ABOVE  |   |  |    |  |                 |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |   | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input checked="" type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |    | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                 |

Form 18-437 (4-28-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |           |                              |     |                    |             |
|-------------------------|-----------|------------------------------|-----|--------------------|-------------|
| P262                    |           | HEAD OF FAMILY               |     | LOUISIANA          |             |
| COLOR<br>B              | AGE<br>42 | BIRTHPLACE<br>Ragusa, Sicily |     | E.O.<br>55         | SHEET<br>19 |
| COUNTY                  |           | iberville                    |     | CITY<br>Plaquemine |             |
| OTHER MEMBERS OF FAMILY |           |                              |     |                    |             |
| NAME                    |           | RELATIONSHIP                 | AGE | BIRTHPLACE         |             |
| Living alone            |           |                              |     |                    |             |
|                         |           |                              |     |                    |             |
|                         |           |                              |     |                    |             |
|                         |           |                              |     |                    |             |
|                         |           |                              |     |                    |             |
|                         |           |                              |     |                    |             |
|                         |           |                              |     |                    |             |
|                         |           |                              |     |                    |             |
|                         |           |                              |     |                    |             |

FORM 10-436 (6-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R 262                   |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| B                       | 35  | Rogers, Lizzie |     | 54         | 7     |
| COUNTY                  |     | Caddo          |     |            |       |
|                         |     | CITY           |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Daniel, John            |     | 1              | 21  | Texas      |       |
| Jackson, Ben            |     | 2              | 18  |            |       |
| Joni                    |     | 2              | 14  |            |       |
| Haywood                 |     | 2              | 9   |            |       |
| Methie                  |     | 2              | 7   |            |       |
| Pocan                   |     | 2              | 6   |            |       |
| Willie                  |     | 2              | 3   |            |       |

FORM 18-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |   |  |  |           |       |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|---|--|--|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R262  |   | NAME OF INDIVIDUAL                       |  | LOUISIANA |       |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR   | AGE                                       | BIRTHPLACE                               |  | S.D.      | SHEET |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| W   | 46  |  |  | 10        | 716   |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY  |   | CITY                                     |  |           |       |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Tangipahoa  |   | Kentwood                                 |  |           |       |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH   |   |  |  |           |       |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Rogers Mannil   |   |  |  |           |       |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |   |  |  |           |       |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input checked="" type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |   |  |  |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input checked="" type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW           | <input type="checkbox"/> INMATE          |  |           |       |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input checked="" type="checkbox"/> NIECE | <input type="checkbox"/> NURSE           |  |           |       |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW    | <input type="checkbox"/> PATIENT         |  |           |       |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW    | <input type="checkbox"/> ROOMER          |  |           |       |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW       | <input type="checkbox"/> SERVANT         |  |           |       |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW  | <input type="checkbox"/> OTHER (Specify) |  |           |       |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW   |  |  |           |       |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW    |  |  |           |       |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

Form 16-637 (4-20-91)

1930 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18100-P01

|                          |                |              |            |            |
|--------------------------|----------------|--------------|------------|------------|
| R 262                    | HEAD OF FAMILY |              | LOUISIANA  |            |
| COLOR<br>B               | AGE<br>24      | BIRTHPLACE   | E.O.<br>48 | SHEET<br>6 |
| COUNTY<br>East Feliciana |                | CITY         |            |            |
| OTHER MEMBERS OF FAMILY  |                |              |            |            |
| NAME                     |                | RELATIONSHIP | AGE        | BIRTHPLACE |
| + 2 kids                 |                |              |            |            |
|                          |                |              |            |            |
|                          |                |              |            |            |
|                          |                |              |            |            |
|                          |                |              |            |            |
|                          |                |              |            |            |
|                          |                |              |            |            |
|                          |                |              |            |            |

FORM 16-436 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |            |     |
|-------------------------|---|----------------|-----|------------|-----|
| R262                    |   | HEAD OF FAMILY |     | LOUISIANA  |     |
| COLOR                   | W | AGE            | 23  | BIRTHPLACE | La. |
| COUNTY                  |   | St. Tammany    |     | CITY       |     |
| OTHER MEMBERS OF FAMILY |   |                |     |            |     |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |     |
| Bessie H.               |   | W              | 20  |            |     |
| Edward O.               |   | S              | 2   |            |     |
|                         |   |                |     |            |     |
|                         |   |                |     |            |     |
|                         |   |                |     |            |     |
|                         |   |                |     |            |     |
|                         |   |                |     |            |     |
|                         |   |                |     |            |     |
|                         |   |                |     |            |     |

FORM 10-636 (4-20-51)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |  |  |                    |                   |
|--|--|--|--|--------------------|-------------------|
| R262   |  | NAME OF INDIVIDUAL<br><i>Rogers</i>  |  | LOUISIANA          |                   |
| COLOR<br><i>w</i>  | AGE<br><i>65</i>   | BIRTHPLACE<br><i>Low</i>   |  | E.D.<br><i>108</i> | SHEET<br><i>9</i> |
| COUNTY<br><i>Sabine</i>  |  | CITY   |  |                    |                   |
| ENUMERATED WITH<br><i>Hatcher</i> <i>Thos m</i>  |  |  |  |                    |                   |
| RELATIONSHIP TO ABOVE  |  |  |  |                    |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input checked="" type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> IMMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |  |                    |                   |

FORM 10-67 (10-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 10150-P-61

|   |  |   |  |                   |                   |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
|---|--|---|--|-------------------|-------------------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|---|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R242  |  | NAME OF INDIVIDUAL<br><i>Rogers Law</i>     |  | LOUISIANA         |                   |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>B</i>   | AGE<br><i>35</i>                         | BIRTHPLACE                                  |  | E.D.<br><i>28</i> | SHEET<br><i>7</i> |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>Cade</i>   |  | CITY  |  |                   |                   |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Cardwell John</i>   |  |   |  |                   |                   |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |  |                   |                   |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDOW</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> MURDER</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input checked="" type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |                   |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> MURDER | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input checked="" type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDOW              |  |                   |                   |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> MURDER             |  |                   |                   |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT            |  |                   |                   |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER             |  |                   |                   |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input checked="" type="checkbox"/> SERVANT |  |                   |                   |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)    |  |                   |                   |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |                   |                   |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |  |                   |                   |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |

FORM 16-437 (4-20-61)

1919 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |                  |   |  |  |                   |
|--|------------------|---|--|--|-------------------|
| R262   |                  | NAME OF INDIVIDUAL<br><i>Rogers, Louis</i>  |  | LOUISIANA  |                   |
| COLOR<br><i>Blk</i>  | AGE<br><i>35</i> | BIRTHPLACE<br><i>Ill</i>  |  | E.O.<br><i>100</i>   | SHEET<br><i>2</i> |
| COUNTY<br><i>St. Tammany</i>   |                  | CITY  |  |  |                   |
| ENUMERATED WITH<br><i>Jackson, Harry</i>   |                  |   |  |  |                   |
| RELATIONSHIP TO ABOVE  |                  |   |  |  |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input checked="" type="checkbox"/> WIFE<br><input type="checkbox"/> NECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> MRS. TATE<br><input type="checkbox"/> MRS. TATE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> DEPOSED<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                   |

FORM 10-43 (4-22-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R262                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.O.       | SHEET |
| W                       | 47  | Rogers, Louis  |     | 79         | 14    |
| COUNTY                  |     | CITY           |     |            |       |
| Natchitoches            |     |                |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Mary                    |     | W              | 45  |            |       |
| Leod                    |     | S              | 20  |            |       |
| Marco                   |     | S              | 16  |            |       |
| Laise                   |     | D              | 13  |            |       |
| Clavin                  |     | S              | 11  |            |       |
| Louise                  |     | D              | 9   |            |       |
| Grace                   |     | D              | 5   |            |       |

FORM 16-526 (4-22-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |      |                |      |            |  |
|-------------------------|------|----------------|------|------------|--|
|                         |      | HEAD OF FAMILY |      | LOUISIANA  |  |
| COLOR                   | AGE  | BIRTHPLACE     | E.O. | SHORT      |  |
| COUNTY                  |      |                | CITY |            |  |
| OTHER MEMBERS OF FAMILY |      |                |      |            |  |
| NAME                    |      | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| 1                       | Elma | D              | 3    |            |  |
|                         |      |                |      |            |  |
|                         |      |                |      |            |  |
|                         |      |                |      |            |  |
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|                         |      |                |      |            |  |
|                         |      |                |      |            |  |
|                         |      |                |      |            |  |

FORM 18-436 (4-26-31)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                   |                |     |            |       |
|-------------------------|-------------------|----------------|-----|------------|-------|
| R 262                   |                   | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | W                 | AGE            | 40  | BIRTHPLACE | Louis |
| COUNTY                  | L. D. Baton Rouge |                |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |                   |                |     |            |       |
| NAME                    |                   | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Sallie H.               |                   | W              | 39  | ala        |       |
| Irina                   |                   | D              | 13  |            |       |
| Benjamin R.             |                   | S              | 11  |            |       |
| Stephen W.              |                   | S              | 8   |            |       |
| Houston, James H.       |                   | F-L            | 82  |            |       |
|                         |                   |                |     |            |       |
|                         |                   |                |     |            |       |

FORM 18-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R 262                   |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| Mr                      | 28  |                |     | 2          | 3     |
| COUNTY                  |     | CITY           |     |            |       |
| Lincoln                 |     |                |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Belle                   |     | W              | 27  |            |       |
| Luther B                |     | S              | 5   |            |       |
| Lessie                  |     | D              | 4   |            |       |
| Lennie Ope              |     | S              | 2   |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

Form 16-536 (4-20-21)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |      |            |       |
|-------------------------|-----|----------------|------|------------|-------|
| 1262                    |     | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |      | E.D.       | SHEET |
| mul                     | 48  | Rogers, Louis  |      | 56         | 18    |
| COUNTY                  |     |                | CITY |            |       |
| Plaquemine              |     |                |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Antonia                 |     | w              | 35   |            |       |
| Olivia                  |     | d              | 19   |            |       |
| Louis Jr                |     | s              | 13   |            |       |
| Frederick               |     | s              | 12   |            |       |
| Bertie                  |     | s              | 8    |            |       |
| Jennie                  |     | s              | 6    |            |       |
| Clara                   |     | d              | 3    |            |       |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |   |  |                             |
|--|---|--|-----------------------------|
| NAME OF INDIVIDUAL<br><i>Raymond Lewis</i>   |   | LOUISIANA  |                             |
| COLOR<br><i>B</i>  | AGE<br><i>20</i>  | BIRTHPLACE<br><i>Ark</i>   | E.D. SHEET<br><i>109 13</i> |
| COUNTY<br><i>Vernon</i>  |   | CITY<br><i>Rosepine</i>  |                             |
| ENUMERATED WITH<br><i>Stinson, Dan</i>   |   |  |                             |
| RELATIONSHIP TO ABOVE  |   |  |                             |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input checked="" type="checkbox"/> NEPHEW<br><input type="checkbox"/> NICE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                             |

FORM 16-537 (4-28-61)

1916 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18128-P61

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R262                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| W                       | 28  | Louis E.       |     | 127        | 6     |
| COUNTY                  |     | CITY           |     |            |       |
| Washington              |     |                |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Cynthia                 |     | W              | 23  |            |       |
| Mable R.                |     | S              | 2   |            |       |
| Hessie                  |     | D              | 1   |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 10-636 (4-20-61)

1930 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |            |      |
|-------------------------|---|----------------|-----|------------|------|
| R 262                   |   | HEAD OF FAMILY |     | LOUISIANA  |      |
| COLOR                   | W | AGE            | 49  | BIRTHPLACE | Ala. |
| COUNTY                  |   | Bicville       |     | CITY       |      |
| OTHER MEMBERS OF FAMILY |   |                |     |            |      |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |      |
| 1 Tillman               |   | H              | 16  |            |      |
| 1 Ann                   |   | S              | 11  |            |      |
| 81 Leathers             |   |                |     |            |      |
|                         |   |                |     |            |      |
|                         |   |                |     |            |      |
|                         |   |                |     |            |      |
|                         |   |                |     |            |      |
|                         |   |                |     |            |      |

FORM 18-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |   |                |          |            |    |
|-------------------------|---|----------------|----------|------------|----|
| R 262                   |   | HEAD OF FAMILY |          | LOUISIANA  |    |
| COLOR                   | W | AGE            | 65       | E.D.       | 56 |
|                         |   | BIRTHPLACE     | England  |            |    |
| COUNTY                  |   | CITY           | Leesburg |            |    |
| OTHER MEMBERS OF FAMILY |   |                |          |            |    |
| NAME                    |   | RELATIONSHIP   | AGE      | BIRTHPLACE |    |
| Farmer D.               |   | S              | 25       |            |    |
| Nancy                   |   | D-L            | 25       |            |    |
| Virginia                |   | G.D.           | 4        |            |    |
| Goldie                  |   | G.D.           | 2        |            |    |
| Milford                 |   | YS             | 1 1/2    |            |    |
| Theodore                |   | YS             | 16       |            |    |

FORM 10-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

| R262                    |     | HEAD OF FAMILY |      | LOUISIANA  |  |
|-------------------------|-----|----------------|------|------------|--|
| COLOR                   | AGE | BIRTHPLACE     | S.D. | SHEET      |  |
| W                       | 70  | Miss           | 98   | 13         |  |
| COUNTY                  |     | St. Tammany    |      | CITY       |  |
|                         |     | Blandeourt     |      |            |  |
| OTHER MEMBERS OF FAMILY |     |                |      |            |  |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| 1. Starnwall            |     | S              | 30   |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |

FORM 16-636 (4-22-61)  
1910 CENSUS INDEX - FAMILYU.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |                  |   |  |   |                   |
|--|------------------|---|--|---|-------------------|
| R262   |                  | NAME OF INDIVIDUAL<br><i>Rogers, Louisiana</i>  |  | LOUISIANA   |                   |
| COLOR<br><i>B</i>  | AGE<br><i>49</i> | BIRTHPLACE  |  | E.O.<br><i>116</i>  | SHEET<br><i>3</i> |
| COUNTY<br><i>Tangipahoa</i>  |                  | CITY<br><i>Independence</i>   |  |   |                   |
| EMERGED WITH<br><i>Cason, Fannie C</i>   |                  |   |  |   |                   |
| RELATIONSHIP TO ABOVE  |                  |   |  |   |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input checked="" type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                   |

FORM 15437 (4-20-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18100-P61

|                         |                |            |            |       |
|-------------------------|----------------|------------|------------|-------|
| R262                    | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   | AGE            | BIRTHPLACE | E.D.       | SHEET |
| W                       | 34             | Ark        | 57         | 25    |
| COUNTY                  |                | CITY       |            |       |
| Jackson                 |                | Chatham    |            |       |
| OTHER MEMBERS OF FAMILY |                |            |            |       |
| NAME                    | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Lucius E.               | W              | 34         | Ga         |       |
| Harold                  | S              | 4          |            |       |
| Elyabeth                | D              | 4          |            |       |
|                         |                |            |            |       |
|                         |                |            |            |       |
|                         |                |            |            |       |
|                         |                |            |            |       |
|                         |                |            |            |       |

FORM 10-636 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                |                       |            |             |
|-------------------------|----------------|-----------------------|------------|-------------|
| P-262                   | HEAD OF FAMILY |                       | LOUISIANA  |             |
| COLOR<br>B              | AGE<br>39      | NAME<br>Rogers Lucius |            | SHEET<br>13 |
| COUNTY                  |                | CITY                  |            |             |
| East Feliciana          |                |                       |            |             |
| OTHER MEMBERS OF FAMILY |                |                       |            |             |
| NAME                    | RELATIONSHIP   | AGE                   | BIRTHPLACE |             |
| Carolina                | W              | 39                    |            |             |
| Fredonia                | D              | 15                    |            |             |
| Mary E.                 | D              | 13                    |            |             |
| Minerva                 | D              | 12                    |            |             |
| Albert                  | D              | 9                     |            |             |
| Eane                    | D              | 7                     |            |             |
| Alma                    | D              | 5                     |            |             |

FORM 18-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| R262   |  | NAME OF INDIVIDUAL  |  | LOUISIANA  |  |
| SEX <i>M</i>   |  | AGE <i>21</i>   |  | ED. SHEET  |  |
|  |  | PLACE   |  | 119 12   |  |
| COUNTY   |  | Tangipahoa  |  | CITY <i>Hammond</i>  |  |
| ENUMERATED WITH  |  | <i>Winnwright, John B</i>   |  |  |  |
| RELATIONSHIP TO ABOVE  |  |   |  |  |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NEECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> SHUTE<br><input type="checkbox"/> MURDER<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> <del>WIFE</del><br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |  |

FORM 16-437 (4-22-61)

1920 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 16259-P61

|                         |              |            |                |
|-------------------------|--------------|------------|----------------|
| R262 Rogers M. D.       |              | LOUISIANA  |                |
| COLOR<br>W              | AGE<br>350   | BIRTHPLACE | E.O. 5 SHEET 4 |
| COUNTY                  |              | Bienville  | CITY Bienville |
| OTHER MEMBERS OF FAMILY |              |            |                |
| NAME                    | RELATIONSHIP | AGE        | BIRTHPLACE     |
| Mandy D                 | w            | 33         |                |
| Collie M                | D            | 10         |                |
| Ratie L                 | D            | 8          |                |
| Noble D                 | S            | 6          |                |
| Osie                    | S            | 3          |                |
| Otis                    | S            | 3          |                |
| Mark                    | S            | 1          |                |

FORM 10-436 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |     |   |  |  |       |
|--|-----|---|--|--|-------|
| R262   |     | HOUSEHOLD INDIVIDUAL  |  | LOUISIANA  |       |
| COLOR  | AGE | BIRTHPLACE  |  | E.D.   | SHEET |
| W  | 17  | Tangipahoa  |  | 112  | 19    |
| COUNTY   |     | CITY  |  |  |       |
| ENUMERATED WITH  |     |   |  |  |       |
| White James M.   |     |   |  |  |       |
| RELATIONSHIP TO ABOVE  |     |   |  |  |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> Niece<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> ORGATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |       |
|  |     |   |  | D  |       |

FORM 10437 (4-10-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 1910-P61



|  |  |  |  |                             |  |                |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                 |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|--|-----------------------------|--|----------------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|---------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R463<br>COLOR <b>B</b>   |  | NAME OF INDIVIDUAL<br><b>Rogers, Mack</b>  |  | LOUISIANA<br>E.S. <b>71</b> |  | SHEET <b>4</b> |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                 |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| AGE <b>28</b>  |  | BIRTHPLACE                                 |  |                             |  |                |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                 |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY   |  |  |  | CITY                        |  |                |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                 |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Enumerated with <b>Livingston</b>  |  |  |  |                             |  |                |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                 |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Relationship to above <b>Nickinbottoms, Eddie</b>  |  |  |  |                             |  |                |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                 |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NUNCE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |                             |  |                |  | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NUNCE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE            |  |                             |  |                |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                 |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NUNCE             |  |                             |  |                |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                 |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATENT            |  |                             |  |                |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                 |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER |  |                             |  |                |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                 |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |  |                             |  |                |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                 |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |  |                             |  |                |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                 |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |                             |  |                |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                 |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |  |                             |  |                |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                 |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-637 (4-20-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |      |            |       |
|-------------------------|--|----------------|------|------------|-------|
| 8262                    |  | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR                   |  | AGE            |      | E.D.       | SHEET |
| B                       |  | 44             |      | 130        | 10    |
| BIRTHPLACE              |  |                |      |            |       |
| COUNTY                  |  |                | CITY |            |       |
| Tensas                  |  |                |      |            |       |
| OTHER MEMBERS OF FAMILY |  |                |      |            |       |
| NAME                    |  | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Delphine                |  | W              | 36   |            |       |
| Wallace                 |  | S              | 18   |            |       |
| Gladys                  |  | D              | 15   |            |       |
| Oliver                  |  | S              | 14   |            |       |
| Louise                  |  | D              | 10   |            |       |
| Rose                    |  | D              | 7    |            |       |
| Henrietta               |  | D              | 4    |            |       |

FORM 16-536 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

HEAD OF FAMILY - CONTINUED

LOUISIANA

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME      | RELATION-<br>SHIP | AGE   | BIRTHPLACE |
|-----------|-------------------|-------|------------|
| Mary      | D                 | 3     |            |
| Martha    | D                 | 3     |            |
| Major Jr. | S                 | 7 1/2 |            |
|           |                   |       |            |
|           |                   |       |            |
|           |                   |       |            |
|           |                   |       |            |
|           |                   |       |            |
|           |                   |       |            |
|           |                   |       |            |

FORM 18-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMMA-DC 15100-P41

|                         |     |                |      |            |       |
|-------------------------|-----|----------------|------|------------|-------|
| R762                    |     | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |      | E.D.       | SHEET |
| W                       | 32  |                |      | 67         | 9     |
| COUNTY                  |     | City           |      |            |       |
| Do Soto                 |     |                |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Mama L.                 |     | W              | 27   |            |       |
| Muelton D.              |     | S              | 9    |            |       |
| Therrell                |     | D              | 7    |            |       |
| Rozetta                 |     | D              | 4    |            |       |
| William C.              |     | S              | 2    |            |       |
| Norman L.               |     | S              | 3/12 |            |       |
| and 1 Grandchild        |     |                |      |            |       |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |     |   |  |  |       |
|--|-----|---|--|--|-------|
| R262   |     | NAME OF INDIVIDUAL  |  | LOUISIANA  |       |
| COLOR  | AGE | BIRTHPLACE  |  | E.O.   | SHEET |
| W  | 16  |   |  | 119  | 12    |
| COUNTY   |     | CITY  |  |  |       |
| Tangipahoa   |     | Hammond   |  |  |       |
| ENUMERATED WITH  |     | Winnwright, John B  |  |  |       |
| RELATIONSHIP TO ABOVE  |     |   |  |  |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> WIDOWER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |       |

FORM 16-57 (4-22-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCENS-DC 16100-P61

|   |  |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
|---|--|--|--|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|---|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R262  |  | NAME OF INDIVIDUAL                       |  | LOUISIANA |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| COLOR   | AGE                                      | BIRTHPLACE                               |  | E.D.      | SHEET |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| B   | 1  |  |  | 88        | 11    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| COUNTY  |  | CITY                                     |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
|   |  | St. Helena                               |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| Richardson, Maudie L  |  |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |

FORM 16-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |   |      |            |               |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|---|--|---|------|------------|---------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| B262  |  | NAME OF INDIVIDUAL                                  |      | LOUISIANA  |               |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR   | B  | AGE   | 19   | BIRTHPLACE | Rogers, Mandy |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|   |  |   |      | E.D.       | 73            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|   |  |   |      | SHEET      | 3             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY  |  |   | CITY |            |               |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| Co. 30th  |  |   |      |            |               |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |   |      |            |               |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| Travis, Andrew  |  |   |      |            |               |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |      |            |               |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> IMMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> WINTER-IN-LAW</td> <td></td> </tr> </table> |  |   |      |            |               | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> IMMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> WINTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> IMMATE                     |      |            |               |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |      |            |               |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |      |            |               |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |      |            |               |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |      |            |               |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |      |            |               |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |      |            |               |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> WINTER-IN-LAW   |   |      |            |               |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 18-437 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |            |
|-------------------------|--|----------------|------------|------------|------------|
| R262                    |  | HEAD OF FAMILY |            | LOUISIANA  |            |
| COLOR                   |  | AGE            | BIRTHPLACE |            | E.D. SHEET |
| W                       |  | 60             |            |            | 107 16     |
| COUNTY                  |  |                | CITY       |            |            |
| Tangipahoa              |  |                | Kentwood   |            |            |
| OTHER MEMBERS OF FAMILY |  |                |            |            |            |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |            |
| Jane                    |  | Si             | 77         |            |            |
| Kenneth                 |  | B              | 69         |            |            |
| Mary                    |  | Ni             | 32         |            |            |
| Lizzie                  |  | Ni             | 40         |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|  |  |   |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |            |                                |  |  |
|--|--|---|--|-------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|------------|--------------------------------|--|--|
| R262   |  | NAME OF INDIVIDUAL<br><i>Rogers Mary</i>            |  | LOUISIANA         |                   |                                 |                                 |                                 |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |            |                                |  |  |
| COLOR<br><i>W</i>  | AGE<br><i>15</i>                         | BIRTHPLACE  |  | E.D.<br><i>28</i> | SHEET<br><i>3</i> |                                 |                                 |                                 |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |            |                                |  |  |
| COUNTY<br><i>Caddo</i>   |  | CITY  |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |            |                                |  |  |
| ENUMERATED WITH<br><i>Rogers Robert</i>  |  |   |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |            |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |            |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> MURDER</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>Sis</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |                   |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> MURDER | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>Sis</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |            |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> MURDER                     |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |            |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |            |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |            |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |            |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |            |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  | <i>Sis</i>  |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |            |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |   |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |            |                                |  |  |

FORM 16-637 (4-20-67)

1916 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCIB-DC 15106-P61

|                         |                |            |            |       |
|-------------------------|----------------|------------|------------|-------|
| R262                    | NAME OF FAMILY |            | LOUISIANA  |       |
| COLOR                   | AGE            | BIRTHPLACE | E.O.       | SHEET |
| W                       | 45             |            | 93         | 16    |
| COUNTY                  | CITY           |            |            |       |
| St. Tammany             |                |            |            |       |
| OTHER MEMBERS OF FAMILY |                |            |            |       |
| NAME                    | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Clara H.                | W              | 43         |            |       |
| LeRoy J.                | S              | 10         |            |       |
| Wilfred H.              | S              | 8          |            |       |
|                         |                |            |            |       |
|                         |                |            |            |       |
|                         |                |            |            |       |
|                         |                |            |            |       |
|                         |                |            |            |       |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |  |
|-------------------------|-----|----------------|-----|------------|--|
| R262                    |     | HEAD OF FAMILY |     | LOUISIANA  |  |
| Rogers Marshall         |     | E.O.           |     | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |     |            |  |
| LB                      | 55  |                |     |            |  |
| COUNTY                  |     | CITY           |     |            |  |
| Iberia                  |     | New Iberia     |     |            |  |
| OTHER MEMBERS OF FAMILY |     |                |     |            |  |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| Charlotte               |     | W              | 50  |            |  |
| Joseph                  |     | S              | 18  |            |  |
| Henry                   |     | S              | 16  |            |  |
| Olampa                  |     | U              | 15  |            |  |
| Charlotte               |     | U              | 12  |            |  |
| Rose                    |     | U              | 9   |            |  |
| Nora                    |     | U              | 6   |            |  |

FORM 18-436 (4-20-31)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                |                    |            |       |
|-------------------------|----------------|--------------------|------------|-------|
| R 262                   | HEAD OF FAMILY |                    | LOUISIANA  |       |
| COLOR                   | AGE            | BIRTHPLACE         |            | SHEET |
| W                       | 25             | Rogers, Marshall E |            | 19 4  |
| COUNTY                  |                | CITY               |            |       |
| Clai borne              |                |                    |            |       |
| OTHER MEMBERS OF FAMILY |                |                    |            |       |
| NAME                    | RELATIONSHIP   | AGE                | BIRTHPLACE |       |
| Anna                    | W              | 21                 |            |       |
| Jessie M                | D              | 2                  |            |       |
| Bernard                 | S              | 1 1/2              |            |       |
|                         |                |                    |            |       |
|                         |                |                    |            |       |
|                         |                |                    |            |       |
|                         |                |                    |            |       |

FORM 18-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |      |            |       |
|-------------------------|-----|----------------|------|------------|-------|
| 9262                    |     | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |      | E.O.       | SHEET |
|                         | 43  |                |      | 138        | 9     |
| COUNTY                  |     |                | CITY |            |       |
| West Baton Rouge        |     |                |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| And 3 L.                |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |                  |  |  |  |                   |
|--|------------------|--|--|--|-------------------|
| R262   |                  | NAME OF INDIVIDUAL<br><i>Rogers Martha</i>   |  | LOUISIANA  |                   |
| COLOR<br><i>W</i>  | AGE<br><i>22</i> | BIRTHPLACE   |  | ED.<br><i>1</i>  | SHEET<br><i>2</i> |
| COUNTY<br><i>Ascension</i>   |                  | CITY   |  |  |                   |
| ENUMERATED WITH<br><i>Coleman Dora</i>   |                  |  |  |  |                   |
| RELATIONSHIP TO ABOVE  |                  |  |  |  |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input checked="" type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NUN<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                   |

FORM 16-537 (4-20-51)

1930 CENSUS INDEX - INDIV

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 15115-P51

LOUISIANA

|  |               |  |      |   |                |
|--|---------------|--|------|---|----------------|
| R362   |               | NAME OF INDIVIDUAL <i>Rogers Mary</i>  |      | E.D. <i>110</i>   | SHEET <i>7</i> |
| COLOR <i>W</i>   | AGE <i>21</i> | BIRTHPLACE   |      |   |                |
| COUNTY <i>Orachita</i>   |               |  | CITY |   |                |
| ENUMERATED WITH <i>Rogers B. F.</i>  |               |  |      |   |                |
| RELATIONSHIP TO ABOVE  |               |  |      |   |                |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |               | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input checked="" type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> WIDWATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18109-P61

|  |   |  |    |  |     |
|--|---|--|----|--|-----|
| R262   |   | NAME OF INDIVIDUAL   |    | LOUISIANA  |     |
| COLOR  | W | AGE  | 32 | ED   | 707 |
|  |   | BIRTHPLACE   |    | SHEET 16   |     |
| COUNTY   |   | Tangipahoe   |    | CITY Kentwood  |     |
| ENUMERATED WITH Rogers Mannel  |   |  |    |  |     |
| RELATIONSHIP TO ABOVE  |   |  |    |  |     |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |   | <input type="checkbox"/> NEPHEW<br><input checked="" type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |    | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |     |

FORM 16-537 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-NC 19100-P61



|  |  |  | LOUISIANA |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
|--|--|--|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|---|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R-262  | NAME OF INDIVIDUAL                       |  | E.D.      | SHEET |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| COLOR  | AGE                                      | BIRTHPLACE                               | 120       | 17    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| B  | 20                                       |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| COUNTY   |  | CITY                                     |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| Webster  |  | Minden                                   |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH  |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| Drew, Rachel   |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tbody> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </tbody> </table> |  |  |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |

FORM 10-437 (4-26-51)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 18100-P61

LOUISIANA

|   |  |   |                     |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |        |                                |  |  |
|---|--|---|---------------------|------------|------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--------|--------------------------------|--|--|
| 1930  |  | NAME OF INDIVIDUAL<br>Rogers Mary                   |                     | E.D.<br>20 | SHEET<br>1 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |        |                                |  |  |
| COLOR<br>W  | AGE<br>56                                | BIRTHPLACE  |                     |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |        |                                |  |  |
| COUNTY  |  |   | CITY<br>Baton Rouge |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |        |                                |  |  |
| ENUMERATED WITH<br>Giles Andrew   |  |   |                     |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |        |                                |  |  |
| RELATIONSHIP TO ABOVE<br>Sister   |  |   |                     |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |        |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td>Sister</td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |                     |            |            | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | Sister | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |                     |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |        |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |                     |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |        |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |                     |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |        |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |                     |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |        |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |                     |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |        |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |                     |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |        |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  | Sister  |                     |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |        |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |                     |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |        |                                |  |  |

FORM 16-537 (4-22-51)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1930 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18198-P01

|                         |  |                |             |            |            |
|-------------------------|--|----------------|-------------|------------|------------|
| R 262                   |  | HEAD OF FAMILY |             | LOUISIANA  |            |
| COLOR                   |  | AGE            | BIRTHPLACE  |            | E.D. SHEET |
| W                       |  | 67             | Miss        |            | 15 9       |
| COUNTY                  |  |                | CITY        |            |            |
| Clai borne              |  |                | Summerfield |            |            |
| OTHER MEMBERS OF FAMILY |  |                |             |            |            |
| NAME                    |  | RELATIONSHIP   | AGE         | BIRTHPLACE |            |
| 1 Luella J.             |  | D              | 34          | Ark        |            |
|                         |  |                |             |            |            |
|                         |  |                |             |            |            |
|                         |  |                |             |            |            |
|                         |  |                |             |            |            |
|                         |  |                |             |            |            |
|                         |  |                |             |            |            |
|                         |  |                |             |            |            |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |  |  |  |            |             |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|--|------------|-------------|---------------------------------|---------------------------------|---------------------------------|--|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R 262  |  | NAME OF INDIVIDUAL<br>Richerson, Mary S. |  | E.D.<br>57 | SHEET<br>23 |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br>W   | AGE<br>65                                | BIRTHPLACE<br>Jackson                    |  |            |             |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY   |  | CITY                                     |  |            |             |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br>Richerson, William R.   |  |  |  |            |             |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |  |            |             |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> WIDATE</td></tr><tr><td><input checked="" type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> NUNCE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> |  |  |  |            |             | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDATE | <input checked="" type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NUNCE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDATE          |  |            |             |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NUNCE           |  |            |             |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |  |            |             |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |  |            |             |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |  |            |             |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |  |            |             |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |            |             |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |  |            |             |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 18-437 (4-30-51)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMB-DC 18198-P-01

|  |  |  |      |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|------|-----------|-------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|--|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R 262  |  | NAME OF INDIVIDUAL                       |      | LOUISIANA |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|  |  | Rogers Mason                             |      | ED.       | SHEET |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR  | AGE                                      | BIRTHPLACE                               |      | 45        | 14    |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| B  | 2  |  |      |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY   |  |  | CITY |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| East Feliciana   |  |  |      |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH  |  |  |      |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Humble, Mason  |  |  |      |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |      |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDOW</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |      |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDOW           |      |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |      |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |      |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |      |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |      |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |      |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |      |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |      |           |       |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-437 (4-30-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |                 |            |       |
|-------------------------|--|----------------|-----------------|------------|-------|
| R262                    |  | HEAD OF FAMILY |                 | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE      | E.D.       | SHEET |
| W                       |  | 30             | Rapides, Madras | 97         | 2     |
| COUNTY                  |  |                | CITY            |            |       |
| Rapides                 |  |                |                 |            |       |
| OTHER MEMBERS OF FAMILY |  |                |                 |            |       |
| NAME                    |  | RELATIONSHIP   | AGE             | BIRTHPLACE |       |
| / Ruth                  |  | D              | 12              |            |       |
| / Sarah Lee             |  | D              | 3               |            |       |
|                         |  |                |                 |            |       |
|                         |  |                |                 |            |       |
|                         |  |                |                 |            |       |
|                         |  |                |                 |            |       |
|                         |  |                |                 |            |       |
|                         |  |                |                 |            |       |
|                         |  |                |                 |            |       |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |   |  |    |              |                |      |    |       |    |
|--|---|--|----|--------------|----------------|------|----|-------|----|
| R262                                   |   | NAME OF INDIVIDUAL                       |    | Rogers, Maud |                | E.O. | 25 | SHEET | 22 |
| COLOR                                  | W   | AGE                                      | 51 | BIRTHPLACE   | Tex            |      |    |       |    |
| COUNTY                                 | Jefferson   |  |    | CITY         | Mc Donoghville |      |    |       |    |
| ENUMERATED WITH                        |   | Nash, William                            |    |              |                |      |    |       |    |
| RELATIONSHIP TO ABOVE                  |   |  |    |              |                |      |    |       |    |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW                   | <input type="checkbox"/> INMATE          |    |              |                |      |    |       |    |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NIECE                    | <input type="checkbox"/> NURSE           |    |              |                |      |    |       |    |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW            | <input type="checkbox"/> PATIENT         |    |              |                |      |    |       |    |
| <input type="checkbox"/> GRANDMOTHER   | <input checked="" type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER          |    |              |                |      |    |       |    |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW               | <input type="checkbox"/> SERVANT         |    |              |                |      |    |       |    |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW          | <input type="checkbox"/> OTHER (Specify) |    |              |                |      |    |       |    |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW           |  |    |              |                |      |    |       |    |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW            |  |    |              |                |      |    |       |    |

FORM 16-627 (4-29-31)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMB-EC 16106-P61

|                         |  |                |  |                |  |
|-------------------------|--|----------------|--|----------------|--|
| P262                    |  | HEAD OF FAMILY |  | LOUISIANA      |  |
| COLOR                   |  | AGE            |  | BIRTHPLACE     |  |
| B                       |  | 35             |  | Rogers, Melton |  |
| COUNTY                  |  | CITY           |  | E.D.           |  |
| Winn                    |  |                |  | 130            |  |
| SHEET                   |  |                |  |                |  |
| 5                       |  |                |  |                |  |
| OTHER MEMBERS OF FAMILY |  |                |  |                |  |
| NAME                    |  | RELATIONSHIP   |  | AGE            |  |
| 1 Mary                  |  | W              |  | 31             |  |
| 7 / Bo                  |  |                |  |                |  |
|                         |  |                |  |                |  |
|                         |  |                |  |                |  |
|                         |  |                |  |                |  |
|                         |  |                |  |                |  |
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|                         |  |                |  |                |  |
|                         |  |                |  |                |  |

FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



| R 262<br>COLOR B        |  | HEAD OF FAMILY<br>Rogers Melvinia |     | LOUISIANA<br>E.D. 5 |  | SHEET 14 |  |
|-------------------------|--|-----------------------------------|-----|---------------------|--|----------|--|
| AGE 48                  |  | BIRTHPLACE                        |     |                     |  |          |  |
| COUNTY Ascension        |  |                                   |     | CITY Donaldsonville |  |          |  |
| OTHER MEMBERS OF FAMILY |  |                                   |     |                     |  |          |  |
| NAME                    |  | RELATIONSHIP                      | AGE | BIRTHPLACE          |  |          |  |
| Jones Viola             |  | D                                 | 21  |                     |  |          |  |
| 1 Albertine W           |  | D                                 | 23  |                     |  |          |  |
|                         |  |                                   |     |                     |  |          |  |
|                         |  |                                   |     |                     |  |          |  |
|                         |  |                                   |     |                     |  |          |  |
|                         |  |                                   |     |                     |  |          |  |
|                         |  |                                   |     |                     |  |          |  |
|                         |  |                                   |     |                     |  |          |  |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

 U.S. DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

|   |  |   |  |  |       |
|---|--|---|--|--|-------|
| R 262   |  | NAME OF INDIVIDUAL  |  | LOUISIANA  |       |
| COLOR   |  | AGE   |  | E.D.   | SHEET |
| W   |  | 1/12  |  | 10   | 6     |
| BIRTHPLACE  |  |   |  |  |       |
| COUNTY  |  | Bienville   |  | CITY   |       |
| ENUMERATED WITH   |  |   |  |  |       |
| Shirley William B   |  |   |  |  |       |
| RELATIONSHIP TO ABOVE   |  |   |  |  |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input checked="" type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> ROOMMATE<br><input type="checkbox"/> NUNCE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |       |

FORM 10-437 (4-22-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMB-DC 10100-P01

|  |  |   |                |  |       |
|--|--|---|----------------|--|-------|
| R262   |  | NAME OF INDIVIDUAL  |                | LOUISIANA  |       |
| COLOR  |  | AGE   | BIRTHPLACE     | E.O.   | SHEET |
| W  |  | 20  | Rogers, Meta H | 73   | 5     |
| COUNTY   |  |   | CITY           |  |       |
| De Soto  |  |   |                |  |       |
| ENUMERATED WITH  |  |   |                |  |       |
| Phillips, Isaac.   |  |   |                |  |       |
| RELATIONSHIP TO ABOVE  |  |   |                |  |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> Niece<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |                | <input type="checkbox"/> INVALID<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br>Si |       |

FORM 10-437 (4-20-01)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |  |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|------------|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|--|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R262  |  | NAME OF INDIVIDUAL                       |            | LOUISIANA |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|   |  | Rogers Milford                           |            | E.D.      | SHEET |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR   | W  | AGE, D                                   | BIRTHPLACE | 56        | 14    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|   |  |  |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY  |  | Caddo                                    | CITY       |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|   |  | Leesburg                                 |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |  |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Rogers Louise   |  |  |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHER</td> <td><input type="checkbox"/> WIDATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |            |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHER | <input type="checkbox"/> WIDATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHER          | <input type="checkbox"/> WIDATE          |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIV

|  |  |  |  |           |       |
|--|--|--|--|-----------|-------|
| R260                                   |  | NAME OF INDIVIDUAL                         |  | LOUISIANA |       |
| COLOR                                  | AGE                                      | BIRTHPLACE                                 |  | E.D.      | SHEET |
|  | 16                                       |  |  | 114       | 8     |
| COUNTY                                 |  | CITY                                       |  |           |       |
|  |  | Tangipahoa                                 |  |           |       |
| ENUMERATED WITH                        |  |  |  |           |       |
| Mr. Finley, Sen.                       |  |  |  |           |       |
| RELATIONSHIP TO ABOVE                  |  |  |  |           |       |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIFE              |  |           |       |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE             |  |           |       |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |  |           |       |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER |  |           |       |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |  |           |       |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |  |           |       |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |           |       |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW   |  |  |           |       |

FORM 10-437 (4-20-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USC&amp;MS-DC 18100-P01

LOUISIANA

|  |          |   |      |   |            |
|--|----------|---|------|---|------------|
| R262   |          | NAME OF INDIVIDUAL<br>Rogers Mona   |      | E.O.<br>28  | SHEET<br>7 |
| COLOR<br>B   | AGE<br>2 | BIRTH PLACE   |      |   |            |
| COUNTY<br>Caddo  |          |   | CITY |   |            |
| ENUMERATED WITH<br>Caldwell John   |          |   |      |   |            |
| RELATIONSHIP TO ABOVE  |          |   |      |   |            |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |          | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input checked="" type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |            |

FORM 16-617 (4-10-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC (2105-P01)

|   |                  |  |  |  |                    |
|---|------------------|--|--|--|--------------------|
| R262  |                  | NAME OF INDIVIDUAL<br><i>General Mystakee</i>  |  | LOUISIANA  |                    |
| COLOR<br><i>W</i>   | AGE<br><i>72</i> | BIRTHPLACE   |  | E.D.<br><i>112</i>   | SHEET<br><i>19</i> |
| COUNTY<br><i>Tangipahoa</i>   |                  | CITY   |  |  |                    |
| ENUMERATED WITH<br><i>White James M.</i>  |                  |  |  |  |                    |
| RELATIONSHIP TO ABOVE   |                  |  |  |  |                    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input checked="" type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NICE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                    |

FORM 16-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 1912-P-1

|   |  |   |       |            |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
|---|--|---|-------|------------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|---|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R262  |  | NAME OF INDIVIDUAL  |       | LOUISIANA  |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| Rogers Mystice                                    |  | E.O.  |       | 10         |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| SHEET   |  | 6   |       |            |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| COLOR   | W  | AGE   | 7 1/2 | BIRTHPLACE |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| COUNTY  |  | Bienville   |       | CITY       |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH                                   |  | Shively William B.  |       |            |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE                             |  | <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NEECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |       |            |  | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NEECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER                   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDATE   |       |            |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER                   | <input type="checkbox"/> NEECE           | <input type="checkbox"/> NURSE  |       |            |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER              | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT  |       |            |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER              | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER   |       |            |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON                 | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT  |       |            |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)  |       |            |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT                     | <input type="checkbox"/> BROTHER-IN-LAW  |   |       |            |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE                    | <input type="checkbox"/> SISTER-IN-LAW   |   |       |            |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |

FORM 19-427 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |   |                |    |              |      |            |   |
|-------------------------|---|----------------|----|--------------|------|------------|---|
| R262                    |   | HEAD OF FAMILY |    | Rogers N. B. |      | LOUISIANA  |   |
| COLOR                   | W | AGE            | 29 | BIRTHPLACE   |      | E.D.       | 4 |
|                         |   |                |    |              |      | SHEET      | 3 |
| COUNTY                  |   |                |    | Caldwell     | CITY |            |   |
| OTHER MEMBERS OF FAMILY |   |                |    |              |      |            |   |
| NAME                    |   |                |    | RELATIONSHIP | AGE  | BIRTHPLACE |   |
| / Martha                |   |                |    | W            | 23   |            |   |
| / Albert                |   |                |    | S            | 6    |            |   |
|                         |   |                |    |              |      |            |   |
|                         |   |                |    |              |      |            |   |
|                         |   |                |    |              |      |            |   |
|                         |   |                |    |              |      |            |   |
|                         |   |                |    |              |      |            |   |
|                         |   |                |    |              |      |            |   |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |          |            |  |
|-------------------------|-----|----------------|----------|------------|--|
| R262                    |     | HEAD OF FAMILY |          | LOUISIANA  |  |
| E.D.                    |     | SHEET          |          |            |  |
| COLOR                   | AGE | BIRTHPLACE     |          |            |  |
| W                       | 34  | Ma.            |          |            |  |
| COUNTY                  |     |                | CITY     |            |  |
| Vernon                  |     |                | Rushmore |            |  |
| OTHER MEMBERS OF FAMILY |     |                |          |            |  |
| NAME                    |     | RELATIONSHIP   | AGE      | BIRTHPLACE |  |
| Mollie                  |     | W              | 29       | Ma.        |  |
| Clifford                |     | D              | 4        | Ma.        |  |
| Ethel                   |     | D              | 5/10     |            |  |
|                         |     |                |          |            |  |
|                         |     |                |          |            |  |
|                         |     |                |          |            |  |
|                         |     |                |          |            |  |

FORM 18-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |   |  |                  |           |  |                                 |                                 |                                   |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
|---|---|--|------------------|-----------|--|---------------------------------|---------------------------------|-----------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|---|--|-------------------------------|---|--|--------------------------------|--|--|
| R 262   |   | NAME OF INDIVIDUAL<br>Rogers Nancy       |                  | LOUISIANA |  |                                 |                                 |                                   |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| COLOR<br>W  |   | AGE<br>25                                | E.D. 56 SHEET 14 |           |  |                                 |                                 |                                   |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| COUNTRY<br>Cameroon   |   | CITY<br>Lashburg                         |                  |           |  |                                 |                                 |                                   |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br>Rogers Louise  |   |  |                  |           |  |                                 |                                 |                                   |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |   |  |                  |           |  |                                 |                                 |                                   |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> NEGATIVE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input checked="" type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |   |  |                  |           |  | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> NEGATIVE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input checked="" type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW                     | <input type="checkbox"/> NEGATIVE        |                  |           |  |                                 |                                 |                                   |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE                      | <input type="checkbox"/> NURSE           |                  |           |  |                                 |                                 |                                   |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW              | <input type="checkbox"/> PATIENT         |                  |           |  |                                 |                                 |                                   |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW              | <input type="checkbox"/> ROOMER          |                  |           |  |                                 |                                 |                                   |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW                 | <input type="checkbox"/> SERVANT         |                  |           |  |                                 |                                 |                                   |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input checked="" type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |                  |           |  |                                 |                                 |                                   |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW             |  |                  |           |  |                                 |                                 |                                   |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW              |  |                  |           |  |                                 |                                 |                                   |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIV

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 1910-P-1

|                         |     |                |      |            |       |
|-------------------------|-----|----------------|------|------------|-------|
| R262                    |     | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |      | E.O.       | SHEET |
| B                       | 40  |                |      | 54         | 12    |
| COUNTY                  |     |                | CITY |            |       |
|                         |     |                |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Agie                    |     | W              | 41   |            |       |
| Lusley James            |     | S              | 22   |            |       |
| William Jr.             |     | S              | 28   |            |       |
| Ophelia                 |     | DR             | 22   |            |       |
| Walter                  |     | GS             | 5    |            |       |
| Ida                     |     | GD             | 9    |            |       |
| Morrison Sadie          |     | GP             | 7    |            |       |

FORM 16-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |                |            |    |
|-------------------------|---|----------------|----------------|------------|----|
| R 262                   |   | HEAD OF FAMILY |                | LOUISIANA  |    |
| COLOR                   | B | AGE            | 80             | E.D.       | 45 |
|                         |   | BIRTHPLACE     |                | SHEET      | 3  |
| COUNTY                  |   |                | East Feliciana | CITY       |    |
|                         |   |                |                | Clinton    |    |
| OTHER MEMBERS OF FAMILY |   |                |                |            |    |
| NAME                    |   | RELATIONSHIP   | AGE            | BIRTHPLACE |    |
| 1 Sallie                |   | W              | 70             |            |    |
|                         |   |                |                |            |    |
|                         |   |                |                |            |    |
|                         |   |                |                |            |    |
|                         |   |                |                |            |    |
|                         |   |                |                |            |    |
|                         |   |                |                |            |    |
|                         |   |                |                |            |    |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |    |              |     |            |    |
|-------------------------|---|----------------|----|--------------|-----|------------|----|
| 12262                   |   | HEAD OF FAMILY |    | ROGERS, NOEL |     | LOUISIANA  |    |
| COLOR                   | B | AGE            | 35 | BIRTHPLACE   |     | E.D.       | 15 |
|                         |   |                |    |              |     | SHEET      | 5  |
| COUNTY                  |   |                |    | RORTZ        |     | CITY       |    |
| OTHER MEMBERS OF FAMILY |   |                |    |              |     |            |    |
| NAME                    |   |                |    | RELATIONSHIP | AGE | BIRTHPLACE |    |
| Mary                    |   |                |    | W            | 30  |            |    |
| Joseph                  |   |                |    | S            | 8   |            |    |
| Olivia                  |   |                |    | D            | 6   |            |    |
| Olivia                  |   |                |    | S            | 5   |            |    |
| Mabel                   |   |                |    | D            | 2   |            |    |
|                         |   |                |    |              |     |            |    |
|                         |   |                |    |              |     |            |    |

Form 16-636 (4-22-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |     |  |  |  |       |
|--|-----|--|--|--|-------|
| P-262  |     | NAME OF INDIVIDUAL   |  | LOUISIANA  |       |
| COLOR  | AGE | BIRTHPLACE   |  | E.D.   | SHEET |
| W  | 16  | Rogers Nora  |  | 22   | 19    |
| COUNTY   |     | CITY   |  |  |       |
| Clai borne   |     |  |  |  |       |
| ENUMERATED WITH  |     |  |  |  |       |
| Rogers William H.  |     |  |  |  |       |
| RELATIONSHIP TO ABOVE  |     |  |  |  |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input checked="" type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |       |

FORM 16-637 (4-22-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-OC 10100-P61

|                         |                |            |            |            |
|-------------------------|----------------|------------|------------|------------|
| R 267                   | HEAD OF FAMILY |            | LOUISIANA  |            |
| COLOR                   | AGE            | BIRTHPLACE |            | E.D. SHEET |
| W                       | 34             | St. Helena |            | 87 21      |
| COUNTY                  | CITY           |            |            |            |
| OTHER MEMBERS OF FAMILY |                |            |            |            |
| NAME                    | RELATIONSHIP   | AGE        | BIRTHPLACE |            |
| Jepalona                | W              | 34         |            |            |
| Brown                   | S              | 9          |            |            |
| Valley                  | D              | 7          |            |            |
| Austin                  | S              | 4          |            |            |
| Floyd                   | S              | 1 1/2      |            |            |
|                         |                |            |            |            |
|                         |                |            |            |            |

FORM 16-536 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|   |  |  |            |           |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
|---|--|--|------------|-----------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|--|--|--------------------------------|--|--|
| R362  |  | NAME OF INDIVIDUAL<br><i>Reyes Oscar</i> |            | LOUISIANA |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| COLOR   | AGE  | BIRTHPLACE                               | S.D.       | SHEET     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <i>(W)</i>  | <i>19</i>  |  | <i>129</i> | <i>18</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| COUNTY  | CITY   |  |            |           |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <i>Washington</i>   |  |  |            |           |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| ENUMERATED WITH   |  |  |            |           |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <i>Migell Louis</i>   |  |  |            |           |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |            |           |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> Niece</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input checked="" type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |            |           | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> Niece | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input checked="" type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW                    | <input type="checkbox"/> INMATE          |            |           |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> Niece                     | <input type="checkbox"/> NURSE           |            |           |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW             | <input type="checkbox"/> PATIENT         |            |           |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW             | <input type="checkbox"/> ROOMER          |            |           |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW                | <input type="checkbox"/> SERVANT         |            |           |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW           | <input type="checkbox"/> OTHER (Specify) |            |           |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input checked="" type="checkbox"/> BROTHER-IN-LAW |  |            |           |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW             |  |            |           |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |

FORM 16-437 (4-22-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USC9164-DC 16106-P61

|                         |  |                |  |              |  |            |  |
|-------------------------|--|----------------|--|--------------|--|------------|--|
| A262                    |  | HEAD OF FAMILY |  | ROZUM P B    |  | LOUISIANA  |  |
| COLOR                   |  | AGE            |  | BIRTHPLACE   |  | E.D.       |  |
| W                       |  | 35             |  |              |  | 74         |  |
| COUNTY                  |  | Da Soto        |  | CITY         |  | SHEET      |  |
|                         |  |                |  |              |  | 4          |  |
| OTHER MEMBERS OF FAMILY |  |                |  |              |  |            |  |
| NAME                    |  |                |  | RELATIONSHIP |  | AGE        |  |
|                         |  |                |  |              |  | BIRTHPLACE |  |
| Mina                    |  |                |  | W            |  | 35         |  |
| Ber                     |  |                |  | S            |  | 8          |  |
| Fina                    |  |                |  | S            |  | 6          |  |
|                         |  |                |  |              |  |            |  |
|                         |  |                |  |              |  |            |  |
|                         |  |                |  |              |  |            |  |
|                         |  |                |  |              |  |            |  |
|                         |  |                |  |              |  |            |  |

FORM 16-436 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R 262                   |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| B                       |  | 70             |            | 49         | 5     |
| COUNTY                  |  |                | CITY       |            |       |
| East Feliciana          |  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Howard                  |  | H              | 35         |            |       |
| Joe                     |  | Son            | 21         |            |       |
| David                   |  | Son            | 15         |            |       |
| Patience Jr.            |  | Son            | 13         |            |       |
| Maudie                  |  | Son            | 9          |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 16-636 (4-26-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|   |  |  |                     |       |
|---|--|--|---------------------|-------|
| R 262   | NAME OF INDIVIDUAL<br><i>Rogers, Patience, Jr.</i> |  | E.O.<br><i>49.5</i> | SHEET |
| COLOR<br><i>B</i>                                 | AGE<br><i>23</i>                                   | BIRTHPLACE                               |                     |       |
| COUNTY<br><i>East Feliciana</i>                   |  | CITY                                     |                     |       |
| ENUMERATED WITH<br><i>Rogers, Patience</i>        |  |  |                     |       |
| RELATIONSHIP TO ABOVE                             |  |  |                     |       |
| <input type="checkbox"/> FATHER                   | <input type="checkbox"/> NEPHEW                    | <input type="checkbox"/> WIDWIFE         |                     |       |
| <input type="checkbox"/> MOTHER                   | <input type="checkbox"/> NIECE                     | <input type="checkbox"/> NURSE           |                     |       |
| <input type="checkbox"/> GRANDFATHER              | <input type="checkbox"/> FATHER-IN-LAW             | <input type="checkbox"/> PATIENT         |                     |       |
| <input type="checkbox"/> GRANDMOTHER              | <input type="checkbox"/> MOTHER-IN-LAW             | <input type="checkbox"/> ROOMER          |                     |       |
| <input type="checkbox"/> GRANDSON                 | <input type="checkbox"/> SON-IN-LAW                | <input type="checkbox"/> SERVANT         |                     |       |
| <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW           | <input type="checkbox"/> OTHER (Specify) |                     |       |
| <input type="checkbox"/> AUNT                     | <input type="checkbox"/> BROTHER-IN-LAW            |  |                     |       |
| <input type="checkbox"/> UNCLE                    | <input type="checkbox"/> SISTER-IN-LAW             |  |                     |       |

FORM 16-537 (4-29-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 15199-P01

|  |                           |   |  |   |                   |
|--|---------------------------|---|--|---|-------------------|
| R-212  |                           | NAME OF INDIVIDUAL<br><i>Bogers Paul</i>  |  | E.D.<br><i>112</i>  | SHEET<br><i>9</i> |
| COLOR<br><i>ma</i>   | AGE<br><i>21</i>          | BIRTHPLACE  |  |   |                   |
| COUNTY<br><i>St. Landry</i>  | CITY<br><i>Washington</i> |   |  |   |                   |
| ENUMERATED WITH<br><i>Wallace Frank</i>  |                           |   |  |   |                   |
| RELATIONSHIP TO ABOVE  |                           |   |  |   |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                           | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INSANE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>Boarder</i> |                   |

FORM 19-437 (4-22-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIV

LOUISIANA

|                          |                                      |                        |            |                 |
|--------------------------|--------------------------------------|------------------------|------------|-----------------|
| R.262                    | HEAD OF FAMILY<br><i>Rogers Paul</i> |                        | E.O.<br>70 | SHEET<br>34     |
| COLOR<br><i>W</i>        | AGE<br>25                            | BIRTHPLACE             |            |                 |
| COUNTY<br><i>Acadia</i>  |                                      | CITY<br><i>Crowley</i> |            |                 |
| OTHER MEMBERS OF FAMILY  |                                      |                        |            |                 |
| NAME                     |                                      | RELATIONSHIP           | AGE        | BIRTHPLACE      |
| <i>Summerfield Katie</i> |                                      | <i>Comp.</i>           | 27         |                 |
| <i>De Lash Emma</i>      |                                      | <i>Comp.</i>           | 21         |                 |
| <i>Leader Annie</i>      |                                      | <i>Comp.</i>           | 26         | <i>New York</i> |
| <i>Broussard Lala</i>    |                                      | <i>Comp.</i>           | 20         |                 |
| <i>Daigle Louis</i>      |                                      | <i>Comp.</i>           | 32         |                 |
|                          |                                      |                        |            |                 |
|                          |                                      |                        |            |                 |

LOUISIANA

|                         |                |              |                  |            |       |
|-------------------------|----------------|--------------|------------------|------------|-------|
| R262                    | HEAD OF FAMILY |              | Rogers Paul W    | E.O.       | SHEET |
| COLOR                   | AGE            | BIRTHPLACE   |                  |            |       |
| W                       | 25             |              |                  |            |       |
| COUNTY                  |                | Ourchita     | CITY West Monroe |            |       |
| OTHER MEMBERS OF FAMILY |                |              |                  |            |       |
| NAME                    |                | RELATIONSHIP | AGE              | BIRTHPLACE |       |
| Lora                    |                | W            | 26               |            |       |
| John                    |                | S            | 5                |            |       |
| Myrtle                  |                | D            | 7/12             |            |       |
| Sharon                  |                | B            | 22               |            |       |
|                         |                |              |                  |            |       |
|                         |                |              |                  |            |       |
|                         |                |              |                  |            |       |

FORM 19-636 (4-26-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |           |   |      |   |            |
|--|-----------|---|------|---|------------|
| R262   |           | NAME OF INDIVIDUAL<br>Roger Pearl   |      | E.O.<br>28  | SHEET<br>5 |
| COLOR<br>B   | AGE<br>77 | BIRTHPLACE  |      |   |            |
| COUNTY<br>Cade   |           |   | CITY |   |            |
| ENUMERATED WITH<br>Washington James  |           |   |      |   |            |
| RELATIONSHIP TO ABOVE  |           |   |      |   |            |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |           | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br>SD |            |

FORM 16-437 (4-26-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 16102-P81



LOUISIANA

|  |   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
|--|---|--|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|---|--|
| R362   | NAME OF INDIVIDUAL<br><i>Regina Pearl</i>         |  | E.D.<br><i>10</i> | SHEET<br><i>36</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| COLOR<br><i>W</i>  | AGE<br><i>19</i>                                  | BIRTHPLACE                               |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| COUNTY<br><i>Acadia</i>  |   | CITY<br><i>Crowley</i>                   |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| ENUMERATED WITH<br><i>Clark Frank</i>  |   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| RELATIONSHIP TO ABOVE  |   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> INMATE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input checked="" type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> |   |  |                   |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input checked="" type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW                   | <input type="checkbox"/> INMATE          |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE                    | <input type="checkbox"/> NURSE           |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW            | <input type="checkbox"/> PATIENT         |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW            | <input type="checkbox"/> ROOMER          |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW               | <input type="checkbox"/> SERVANT         |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW          | <input type="checkbox"/> OTHER (Specify) |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW           |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <input type="checkbox"/> UNCLE   | <input checked="" type="checkbox"/> SISTER-IN-LAW |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |

FORM 18-637 (4-10-61)

1918 CENSUS INDEX - INDIVIDUAL

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 16108-P61

LOUISIANA

|  |   |   |  |                   |                    |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|---|---|--|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R 362  |   | NAME OF INDIVIDUAL<br><i>Rogers, Berlin G</i> |  | E.D.<br><i>49</i> | SHEET<br><i>11</i> |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>B</i>  | AGE<br><i>2</i>                           | BIRTHPLACE                                    |  |                   |                    |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>East Feliciana</i>  |   | CITY  |  |                   |                    |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Morgan Isaac</i>   |   |   |  |                   |                    |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |   |   |  |                   |                    |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> INMATE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input checked="" type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> |   |   |  |                   |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input checked="" type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW           | <input type="checkbox"/> INMATE               |  |                   |                    |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input checked="" type="checkbox"/> NIECE | <input type="checkbox"/> NURSE                |  |                   |                    |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW    | <input type="checkbox"/> PATIENT              |  |                   |                    |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW    | <input type="checkbox"/> ROOMER               |  |                   |                    |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW       | <input type="checkbox"/> SERVANT              |  |                   |                    |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW  | <input type="checkbox"/> OTHER (Specify)      |  |                   |                    |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW   |   |  |                   |                    |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW    |   |  |                   |                    |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-437 (4-22-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 16160-P61

LOUISIANA

|                         |                |            |               |       |            |       |
|-------------------------|----------------|------------|---------------|-------|------------|-------|
| R262                    | HEAD OF FAMILY |            | Rogers, Peter |       | E.O.       | SHEET |
| COLOR                   | AGE            | BIRTHPLACE |               |       |            |       |
| B                       | 40             |            |               |       |            |       |
| COUNTY                  |                |            | St. James     |       | CITY       |       |
| OTHER MEMBERS OF FAMILY |                |            |               |       |            |       |
| NAME                    |                |            | RELATIONSHIP  | AGE   | BIRTHPLACE |       |
| Lavinia                 |                |            | W             | 43    |            |       |
| Lavinia                 |                |            | D             | 23    |            |       |
| Valry, Mary             |                |            | 9A            | 3     |            |       |
| Curtis                  |                |            | 9S            | 8 1/2 |            |       |
| Rogers, Joseph          |                |            | 5             | 14    |            |       |
|                         |                |            |               |       |            |       |
|                         |                |            |               |       |            |       |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|   |  |  |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|--|------------|-------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R267  |  | NAME OF INDIVIDUAL<br>Regius Pless         |  | E.D.<br>89 | SHEET<br>15 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br>W  | AGE<br>31                                | BIRTHPLACE                                 |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY  |  | Natchitoch                                 |  | CITY       |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br>Jordan Evans   |  |  |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |            |             | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE            |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE             |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 16-437 (4-22-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1940 CENSUS INDEX - INDIVIDUAL

USCOMA-DC 15104-P-61

|                         |  |                |  |                   |     |            |  |
|-------------------------|--|----------------|--|-------------------|-----|------------|--|
| R262                    |  | HEAD OF FAMILY |  | Rogers, Priscilla |     | LOUISIANA  |  |
| COLOR                   |  | AGE            |  | BIRTHPLACE        |     | E.D. SHEET |  |
| Mu                      |  | 27             |  | Iberville         |     | 60 19      |  |
| COUNTY                  |  |                |  | CITY              |     |            |  |
| OTHER MEMBERS OF FAMILY |  |                |  |                   |     |            |  |
| NAME                    |  |                |  | RELATIONSHIP      | AGE | BIRTHPLACE |  |
| Saltina, Philes         |  |                |  | HD                | 7   | La         |  |
|                         |  |                |  |                   |     |            |  |
|                         |  |                |  |                   |     |            |  |
|                         |  |                |  |                   |     |            |  |
|                         |  |                |  |                   |     |            |  |
|                         |  |                |  |                   |     |            |  |
|                         |  |                |  |                   |     |            |  |
|                         |  |                |  |                   |     |            |  |

FORM 10-636 (4-20-31)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |  |   |  |                  |  |      |  |       |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|--|--|---|--|------------------|--|------|--|-------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| R262   |  | NAME OF INDIVIDUAL                                  |  | Rogers Priscilla |  | E.D. |  | SHEET |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR  |  | AGE   |  | BIRTHPLACE       |  | 62   |  | 32    |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| B  |  | 21  |  |                  |  |      |  |       |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY   |  |   |  | Grant            |  | CITY |  |       |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|  |  |   |  | Rockelle         |  |      |  |       |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH  |  |   |  |                  |  |      |  |       |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| Anderson Wm  |  |   |  |                  |  |      |  |       |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   |  |                  |  |      |  |       |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> INMATE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input checked="" type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> |  |   |  |                  |  |      |  |       |  | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |  |                  |  |      |  |       |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |  |                  |  |      |  |       |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |                  |  |      |  |       |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |                  |  |      |  |       |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |                  |  |      |  |       |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |                  |  |      |  |       |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |                  |  |      |  |       |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |   |  |                  |  |      |  |       |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 16-637 (4-26-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 15155-P61

LOUISIANA

|  |   |  |            |             |                                 |                                 |                                |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|---|--|------------|-------------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|---|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R 262  | NAME OF INDIVIDUAL<br><i>Morgan Priscilla</i> |  | E.O.<br>49 | SHEET<br>11 |                                 |                                 |                                |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>B</i>  | AGE<br><i>4</i>                               | BIRTH PLACE                              |            |             |                                 |                                 |                                |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>East Feliciana</i>  |   | CITY                                     |            |             |                                 |                                 |                                |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Morgan Isaac</i>   |   |  |            |             |                                 |                                 |                                |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |   |  |            |             |                                 |                                 |                                |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDOW</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input checked="" type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |   |  |            |             | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | <input type="checkbox"/> MOTHER | <input checked="" type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW               | <input type="checkbox"/> WIDOW           |            |             |                                 |                                 |                                |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input checked="" type="checkbox"/> NIECE     | <input type="checkbox"/> NURSE           |            |             |                                 |                                 |                                |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW        | <input type="checkbox"/> PATIENT         |            |             |                                 |                                 |                                |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW        | <input type="checkbox"/> ROOMER          |            |             |                                 |                                 |                                |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW           | <input type="checkbox"/> SERVANT         |            |             |                                 |                                 |                                |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW      | <input type="checkbox"/> OTHER (Specify) |            |             |                                 |                                 |                                |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW       |  |            |             |                                 |                                 |                                |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW        |  |            |             |                                 |                                 |                                |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 16-637 (4-22-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1916 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18152-P01

|                         |        |                |     |            |              |
|-------------------------|--------|----------------|-----|------------|--------------|
| R262                    |        | HEAD OF FAMILY |     | LOUISIANA  |              |
| COLOR                   | W      | AGE            | 31  | BIRTHPLACE | Rogers R. A. |
| COUNTY                  |        | Caldwell       |     | CITY       |              |
| OTHER MEMBERS OF FAMILY |        |                |     |            |              |
|                         | NAME   | RELATIONSHIP   | AGE | BIRTHPLACE |              |
|                         | Wattie | W              | 34  |            |              |
|                         | Onila  | D              | 11  |            |              |
|                         | Falcom | S              | 9   |            |              |
|                         | Deward | S              | 7   |            |              |
|                         | Hebert | S              | 5   |            |              |
|                         | Calley | S              | 2   |            |              |
|                         |        |                |     |            |              |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



LOUISIANA

|  |  |   |      |            |             |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|---|------|------------|-------------|---------------------------------|---------------------------------|---------------------------------|--|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R2L2   |  | NAME OF INDIVIDUAL<br><i>Rogers, Rachel</i> |      | E.D.<br>73 | SHEET<br>15 |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>B</i>  | AGE<br><i>60</i>                         | BIRTHPLACE                                  |      |            |             |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>St. James</i>   |  |   | CITY |            |             |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Rogers, James</i>  |  |   |      |            |             |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   |      |            |             |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> INMATE</td></tr><tr><td><input checked="" type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> |  |   |      |            |             | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input checked="" type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE             |      |            |             |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE              |      |            |             |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT            |      |            |             |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER             |      |            |             |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT            |      |            |             |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)    |      |            |             |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |   |      |            |             |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |   |      |            |             |                                 |                                 |                                 |  |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 16-437 (4-26-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 16106-P61

LOUISIANA

|  |  |   |               |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|--|--|---|---------------|------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| R262   | NAME OF INDIVIDUAL                       |   | Rogers, Ranny | E.O. | SHEET |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR  | AGE                                      | BIRTHPLACE  |               |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| W  | 22                                       |   |               |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY   |  | CITY  |               |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|  |  | GREAT   |               |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH  |  |   |               |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| Rogers, Lee  |  |   |               |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   |               |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> IMMATE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input checked="" type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> |  |   |               |      |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> IMMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> IMMATE                     |               |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |               |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |               |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |               |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |               |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |               |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |   |               |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |   |               |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

Form 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMB-DC 16199-P-1

|   |  |  |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |        |                                |  |  |
|---|--|--|-------------------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--------|--------------------------------|--|--|
|   |  | LOUISIANA  |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |        |                                |  |  |
| R262  | NAME OF INDIVIDUAL                       | Rogers Retha   | E.D. 112 SHEET 12 |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |        |                                |  |  |
| COLOR   | AGE                                      | BIRTHPLACE   |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |        |                                |  |  |
| mm  | 18                                       |  |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |        |                                |  |  |
| COUNTY  | City                                     |  |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |        |                                |  |  |
| enumerated with   | So. Landry                               | Washington   |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |        |                                |  |  |
| RELATIONSHIP TO ABOVE   | Sondry Lucille                           |  |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |        |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDOW</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> SISTER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td>Sister</td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> SISTER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | Sister | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDOW                       |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |        |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                       |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |        |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                     |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |        |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                      |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |        |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                     |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |        |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> SISTER (Specify) |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |        |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  | Sister   |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |        |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |        |                                |  |  |

Form 10-437 (4-22-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 1910-P-61

|                         |  |                |     |            |       |
|-------------------------|--|----------------|-----|------------|-------|
| R262                    |  | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   |  | AGE            |     | E.D.       | SHEET |
| B                       |  | 31             |     | 28         | 16    |
| COUNTY                  |  | CITY           |     |            |       |
| East Baton Rouge        |  | Dixie          |     |            |       |
| OTHER MEMBERS OF FAMILY |  |                |     |            |       |
| NAME                    |  | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Betty                   |  | W              | 36  |            |       |
| Diamond, Frank          |  | Ed             | 16  |            |       |
| Washington, William     |  | B.L.           | 23  |            |       |
|                         |  |                |     |            |       |
|                         |  |                |     |            |       |
|                         |  |                |     |            |       |
|                         |  |                |     |            |       |
|                         |  |                |     |            |       |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

| HEAD OF FAMILY          |              | LOUISIANA  |              |
|-------------------------|--------------|------------|--------------|
| COLOR                   | AGE          | BIRTHPLACE | SHEET        |
| <i>P 262</i>            | <i>W</i>     | <i>38</i>  | <i>74</i>    |
| COUNTY                  |              | CITY       |              |
| <i>Do Soto</i>          |              |            |              |
| OTHER MEMBERS OF FAMILY |              |            |              |
| NAME                    | RELATIONSHIP | AGE        | BIRTHPLACE   |
| <i>Maggie</i>           | <i>W</i>     | <i>33</i>  | <i>Texas</i> |
| <i>Murphy</i>           | <i>S</i>     | <i>12</i>  |              |
| <i>Quinn</i>            | <i>D</i>     | <i>10</i>  |              |
| <i>Maudie</i>           | <i>D</i>     | <i>7</i>   |              |
| <i>Bernard</i>          | <i>S</i>     | <i>4</i>   |              |
| <i>Emma</i>             | <i>M</i>     | <i>60</i>  |              |

|                         |   |                |       |            |  |
|-------------------------|---|----------------|-------|------------|--|
| R 262                   |   | HEAD OF FAMILY |       | LOUISIANA  |  |
| Rogers Robert           |   | E.D.           |       | SHEET      |  |
| COLOR                   | W | AGE            | 25    | BIRTHPLACE |  |
| COUNTY                  |   |                | CITY  |            |  |
| Lafourche               |   |                |       |            |  |
| OTHER MEMBERS OF FAMILY |   |                |       |            |  |
| NAME                    |   | RELATIONSHIP   | AGE   | BIRTHPLACE |  |
| Julia                   |   | W              | 23    |            |  |
| Clotile                 |   | D              | 3     |            |  |
| Laura                   |   | D              | 2 1/2 |            |  |
|                         |   |                |       |            |  |
|                         |   |                |       |            |  |
|                         |   |                |       |            |  |
|                         |   |                |       |            |  |
|                         |   |                |       |            |  |

|                         |   |                |      |            |  |
|-------------------------|---|----------------|------|------------|--|
| R262                    |   | HEAD OF FAMILY |      | LOUISIANA  |  |
| Rogers Robert           |   | E.O.           |      | SHEET      |  |
| COLOR                   | W | AGE            | 26   | BIRTHPLACE |  |
| COUNTY                  |   | Lafourche      |      | CITY       |  |
| OTHER MEMBERS OF FAMILY |   |                |      |            |  |
| NAME                    |   | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| Ophelia                 |   | W              | 21   |            |  |
| Harry                   |   | S              | 3    |            |  |
| Norman                  |   | S              | 6/12 |            |  |
| Candace Daisy           |   | Si             | 17   |            |  |
|                         |   |                |      |            |  |
|                         |   |                |      |            |  |
|                         |   |                |      |            |  |
|                         |   |                |      |            |  |

|   |  |  |  |                   |           |       |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|--|-------------------|-----------|-------|---------------------------------|---------------------------------|----------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R262  |  | NAME OF INDIVIDUAL<br><i>Rogers Robert</i> |  | LOUISIANA         | E.O.      | SHEET |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>B</i>   | AGE<br><i>26</i>                         | BIRTHPLACE                                 |  | <i>55</i>         | <i>10</i> |       |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY  |  | CITY                                       |  |                   |           |       |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Lee Mary</i>  |  | <i>Iberville</i>                           |  | <i>Plaquemine</i> |           |       |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |  |                   |           |       |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> HUSBAND</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |                   |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> HUSBAND | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> HUSBAND           |  |                   |           |       |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE             |  |                   |           |       |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |  |                   |           |       |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER            |  |                   |           |       |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |  |                   |           |       |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |  |                   |           |       |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |                   |           |       |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |  |                   |           |       |                                 |                                 |                                  |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

Form 10-617 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18100-P-1



| R 262                   |         | HEAD OF FAMILY |         | LOUISIANA  |  |
|-------------------------|---------|----------------|---------|------------|--|
| COLOR                   | AGE     | BIRTHPLACE     | E.D.    | SHEET      |  |
| nu                      | 48      | Va.            | 16      | 29         |  |
| COUNTY                  |         |                | CITY    |            |  |
| Avoyelles               |         |                | manovre |            |  |
| OTHER MEMBERS OF FAMILY |         |                |         |            |  |
|                         | NAME    | RELATIONSHIP   | AGE     | BIRTHPLACE |  |
|                         | Ella    | W              | 39      |            |  |
|                         | William | S              | 13      |            |  |
|                         | Joseph  | S              | 12      |            |  |
|                         | Kettie  | D              | 11      |            |  |
|                         | Edward  | S              | 8       |            |  |
|                         | Clara   | D              | 6       |            |  |
|                         | Ellen   | D              | 5       |            |  |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

| HEAD OF FAMILY - CONTINUED |              | CARD 2 OF 2 |            |
|----------------------------|--------------|-------------|------------|
| OTHER MEMBERS OF FAMILY    |              |             |            |
| NAME                       | RELATIONSHIP | AGE         | BIRTHPLACE |
| Philmore                   | S            | 2           |            |
|                            |              |             |            |
|                            |              |             |            |
|                            |              |             |            |
|                            |              |             |            |
|                            |              |             |            |
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|                            |              |             |            |
|                            |              |             |            |
|                            |              |             |            |

FORM 16-536a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 16598-P-61

LOUISIANA

|                          |                                  |              |            |            |  |  |  |
|--------------------------|----------------------------------|--------------|------------|------------|--|--|--|
| R 262                    | HEAD OF FAMILY<br>Rogers, Robert |              | E.D.<br>39 | SHEET<br>6 |  |  |  |
| COLOR<br>M               | AGE<br>43                        | BIRTHPLACE   |            |            |  |  |  |
| COUNTY<br>East Feliciana | CITY                             |              |            |            |  |  |  |
| OTHER MEMBERS OF FAMILY  |                                  |              |            |            |  |  |  |
| NAME                     |                                  | RELATIONSHIP | AGE        | BIRTHPLACE |  |  |  |
| 1 Lucy                   |                                  | W            | 37         |            |  |  |  |
|                          |                                  |              |            |            |  |  |  |
|                          |                                  |              |            |            |  |  |  |
|                          |                                  |              |            |            |  |  |  |
|                          |                                  |              |            |            |  |  |  |
|                          |                                  |              |            |            |  |  |  |
|                          |                                  |              |            |            |  |  |  |
|                          |                                  |              |            |            |  |  |  |
|                          |                                  |              |            |            |  |  |  |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|                                |   |                     |                          |                          |
|--------------------------------|---|---------------------|--------------------------|--------------------------|
| <b>B262</b>                    | <b>HEAD OF FAMILY</b><br><i>Rogers Robert</i> |                     | <b>E.O.</b><br><i>28</i> | <b>SHEET</b><br><i>3</i> |
| <b>COLOR</b><br><i>Wm</i>      | <b>AGE</b><br><i>23</i>                       | <b>BIRTHPLACE</b>   |                          |                          |
| <b>COUNTY</b><br><i>Caddo</i>  |   | <b>CITY</b>         |                          |                          |
| <b>OTHER MEMBERS OF FAMILY</b> |   |                     |                          |                          |
| <b>NAME</b>                    |   | <b>RELATIONSHIP</b> | <b>AGE</b>               | <b>BIRTHPLACE</b>        |
| <i>Singer</i>                  |   | <i>W</i>            | <i>28</i>                |                          |
| <i>John</i>                    |   | <i>S</i>            | <i>3</i>                 |                          |
| <i>Annie</i>                   |   | <i>D</i>            | <i>1</i>                 |                          |
| <i>John</i>                    |   | <i>B</i>            | <i>6</i>                 |                          |
| <i>Thos</i>                    |   | <i>B</i>            | <i>4</i>                 |                          |
| <i>Sallie</i>                  |   | <i>Si</i>           | <i>18</i>                |                          |
| <i>Marg</i>                    |   | <i>Si</i>           | <i>15</i>                |                          |

FORM 10-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |           |   |  |  |            |
|--|-----------|---|--|--|------------|
| R262   |           | NAME OF INDIVIDUAL<br>Rogers Robert   |  | E.D.<br>108  | SHEET<br>8 |
| COLOR<br>W   | AGE<br>36 | BIRTHPLACE  |  |  |            |
| COUNTY<br>Sabine   |           | CITY  |  |  |            |
| ENumerated with<br>Latham W Frank  |           |   |  |  |            |
| RELATIONSHIP TO ABOVE  |           |   |  |  |            |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |           | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> BOARDER<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> HOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |            |

FORM 10-537 (4-22-51)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCENS-DC 15195-P61

|                         |     |                  | LOUISIANA |            |       |
|-------------------------|-----|------------------|-----------|------------|-------|
| R-262                   |     | HEAD OF FAMILY   |           | E.D.       | SHEET |
| 13                      |     | Rogers Robert A. |           | 34         | 15    |
| COLOR                   | AGE | BIRTHPLACE       |           |            |       |
|                         | 37  |                  |           |            |       |
| COUNTY                  |     |                  | CITY      |            |       |
| Caddo                   |     |                  |           |            |       |
| OTHER MEMBERS OF FAMILY |     |                  |           |            |       |
| NAME                    |     | RELATIONSHIP     | AGE       | BIRTHPLACE |       |
| 1 Florence              |     | W                | 28        |            |       |
| Cornwell, John          |     | SS               | 6         |            |       |
|                         |     |                  |           |            |       |
|                         |     |                  |           |            |       |
|                         |     |                  |           |            |       |
|                         |     |                  |           |            |       |
|                         |     |                  |           |            |       |
|                         |     |                  |           |            |       |

FORM 16-536 (4-26-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                | LOUISIANA |            |         |
|-------------------------|-----|----------------|-----------|------------|---------|
| R262                    |     | HEAD OF FAMILY |           | E.D. 34    | SHEET 1 |
| COLOR                   | AGE | BIRTHPLACE     |           |            |         |
| W                       | 33  | Miss           |           |            |         |
| COUNTY                  |     | Caddo          |           | CITY       |         |
| OTHER MEMBERS OF FAMILY |     |                |           |            |         |
| NAME                    |     | RELATIONSHIP   | AGE       | BIRTHPLACE |         |
| Uvian                   |     | W              | 29        |            |         |
| Edith                   |     | D              | 8         |            |         |
| Roy J.                  |     | S              | 4         | Tex.       |         |
|                         |     |                |           |            |         |
|                         |     |                |           |            |         |
|                         |     |                |           |            |         |
|                         |     |                |           |            |         |
|                         |     |                |           |            |         |

FORM 10-436 (4-20-31)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|   |  |  |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|--|------------|-------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R262  |  | NAME OF INDIVIDUAL<br>Richard J. Robert J. |  | E.O.<br>57 | SHEET<br>25 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br>W  | AGE<br>36                                | BIRTHPLACE                                 |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br>Jackson   |  | CITY<br>Clitham                            |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br>Austin, Malissa  |  |  |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> Niece</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |            |             | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> Niece | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE            |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> Niece           | <input type="checkbox"/> NURSE             |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-637 (4-30-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 16100-P61



LOUISIANA

|                         |                |     |                  |            |            |       |   |
|-------------------------|----------------|-----|------------------|------------|------------|-------|---|
| R 262                   | HEAD OF FAMILY |     | Rogers Robert L. | E.O.       | 3          | SHEET | 5 |
| COLOR                   | W              | AGE | 45               | BIRTHPLACE |            |       |   |
| COUNTY                  | Bienville      |     | CITY             | Gibland    |            |       |   |
| OTHER MEMBERS OF FAMILY |                |     |                  |            |            |       |   |
| NAME                    |                |     | RELATIONSHIP     | AGE        | BIRTHPLACE |       |   |
| 1 Frances E             |                |     | W                | 24         |            |       |   |
| Hays Marie L            |                |     | SD               | 24         |            |       |   |
| Rogers Benjamin         |                |     | S                | 13         |            |       |   |
| 1 Robert E              |                |     | S                | 12         |            |       |   |
|                         |                |     |                  |            |            |       |   |
|                         |                |     |                  |            |            |       |   |
|                         |                |     |                  |            |            |       |   |
|                         |                |     |                  |            |            |       |   |

FORM 16-436 (4-26-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |                   |   |  |   |             |
|--|-------------------|---|--|---|-------------|
| 8262   |                   | NAME OF INDIVIDUAL<br>Richardson, Rosa  |  | E.O.<br>136   | SHEET<br>15 |
| COLOR<br>Mrs   | AGE<br>13         | BIRTHPLACE  |  |   |             |
| COUNTY<br>Vermillion   | CITY<br>Abbeville |   |  |   |             |
| ENUMERATED WITH<br>Peggy Ophelia   |                   |   |  |   |             |
| RELATIONSHIP TO ABOVE  |                   |   |  |   |             |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                   | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><u>D</u> |             |

FORM 10-437 (4-29-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1960 CENSUS INDEX - INDIVIDUAL

USCOMB-DC 16196-P01

LOUISIANA

|  |           |   |  |  |            |
|--|-----------|---|--|--|------------|
| R262   |           | NAME OF INDIVIDUAL<br>Roger, Rosana   |  | E.D.<br>104  | SHEET<br>5 |
| COLOR<br>B   | AGE<br>20 | BIRTHPLACE  |  |  |            |
| COUNTY<br>St. Landry   |           | CITY  |  |  |            |
| ENUMERATED WITH<br>Brown, John   |           |   |  |  |            |
| RELATIONSHIP TO ABOVE  |           |   |  |  |            |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |           | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> IMMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify)<br>1/2 Si |            |

FORM 16-637 (2-29-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 1910-P-61

LOUISIANA

|   |  |  |  |            |             |                                 |                                 |                                 |  |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|--|------------|-------------|---------------------------------|---------------------------------|---------------------------------|--|-------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R262  |  | NAME OF INDIVIDUAL<br>Rogers Rose        |  | E.D.<br>33 | SHEET<br>15 |                                 |                                 |                                 |  |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br>B  | AGE<br>70                                | BIRTHPLACE                               |  |            |             |                                 |                                 |                                 |  |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br>Concordia   |  | CITY<br>Vidalia                          |  |            |             |                                 |                                 |                                 |  |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br>Rogers James   |  |  |  |            |             |                                 |                                 |                                 |  |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |  |            |             |                                 |                                 |                                 |  |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> WIDATE</td></tr><tr><td><input checked="" type="checkbox"/> MOTHER</td><td><input type="checkbox"/> WIFE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> |  |  |  |            |             | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDATE | <input checked="" type="checkbox"/> MOTHER | <input type="checkbox"/> WIFE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDATE          |  |            |             |                                 |                                 |                                 |  |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> MOTHER  | <input type="checkbox"/> WIFE            | <input type="checkbox"/> NURSE           |  |            |             |                                 |                                 |                                 |  |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |  |            |             |                                 |                                 |                                 |  |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |  |            |             |                                 |                                 |                                 |  |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |  |            |             |                                 |                                 |                                 |  |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |  |            |             |                                 |                                 |                                 |  |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |            |             |                                 |                                 |                                 |  |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |  |            |             |                                 |                                 |                                 |  |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIV

USCOMB-DC 10129-P01

|  |     |   |      |   |       |
|--|-----|---|------|---|-------|
| R262   |     | NAME OF INDIVIDUAL  |      | LOUISIANA   |       |
|  |     | Cognate Bogo  |      | E.B.  | SHEET |
| COLOR  | AGE | BIRTHPLACE  |      |   |       |
| C  | 39  |   |      |   |       |
| COUNTY   |     |   | CITY |   |       |
| Jefferson  |     |   |      |   |       |
| ENUMERATED WITH  |     |   |      |   |       |
| Gress Paul   |     |   |      |   |       |
| RELATIONSHIP TO ABOVE  |     |   |      |   |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> IMMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |       |

FORM 10-437 (4-30-31)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCENS-DC 18199-P61

| LOUISIANA                       |  |                        |                       |
|---------------------------------|--|------------------------|-----------------------|
| <b>R262</b>                     | <b>HEAD OF FAMILY</b> <i>Rogus S. In</i> | <b>E.D.</b> <i>117</i> | <b>SHEET</b> <i>5</i> |
| <b>COLOR</b> <i>W</i>           | <b>AGE</b> <i>34</i>                     | <b>BIRTHPLACE</b>      |                       |
| <b>COUNTY</b> <i>Tangipahoa</i> |  | <b>CITY</b>            |                       |
| OTHER MEMBERS OF FAMILY         |  |                        |                       |
| NAME                            | RELATIONSHIP                             | AGE                    | BIRTHPLACE            |
| <i>Martha</i>                   | <i>W</i>                                 | <i>29</i>              | <i>Miss</i>           |
| <i>Helma</i>                    | <i>D</i>                                 | <i>7</i>               |                       |
| <i>Aras</i>                     | <i>S</i>                                 | <i>4</i>               |                       |
| <i>Burnia</i>                   | <i>S</i>                                 | <i>2</i>               |                       |
|                                 |  |                        |                       |
|                                 |  |                        |                       |
|                                 |  |                        |                       |

LOUISIANA

|  |  |   |      |           |            |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
|--|--|---|------|-----------|------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|-------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|-----------|--------------------------------|--|--|
| R 262  |  | NAME OF INDIVIDUAL<br>Rogers Sallie                 |      | ED.<br>28 | SHEET<br>3 |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| COLOR<br>Wm  | AGE<br>18                                | BIRTHPLACE  |      |           |            |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| COUNTY<br>Caddo  |  |   | CITY |           |            |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| ENUMERATED WITH<br>Rogers Robert   |  |   |      |           |            |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   |      |           |            |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> IMMATE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NICE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input checked="" type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td><u>si</u></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> |  |   |      |           |            | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> IMMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NICE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <u>si</u> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> IMMATE                     |      |           |            |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NICE            | <input type="checkbox"/> NURSE                      |      |           |            |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |      |           |            |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |      |           |            |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |      |           |            |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |      |           |            |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  | <u>si</u>   |      |           |            |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |   |      |           |            |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |           |                                |  |  |

Form 16-437 14-28-311

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1930 CENSUS INDEX - INDIVIDUAL

USCOMM-OC 18100-P01

|                         |                | LOUISIANA  |                  |
|-------------------------|----------------|------------|------------------|
| R262                    | HEAD OF FAMILY | Rogers Sam | E.D. 69 SHEET 13 |
| COLOR B                 | AGE 25         | BIRTHPLACE |                  |
| COUNTY De Soto          | CITY Mansfield |            |                  |
| OTHER MEMBERS OF FAMILY |                |            |                  |
| NAME                    | RELATIONSHIP   | AGE        | BIRTHPLACE       |
| 1 Mary                  | W              | 20         |                  |
|                         |                |            |                  |
|                         |                |            |                  |
|                         |                |            |                  |
|                         |                |            |                  |
|                         |                |            |                  |
|                         |                |            |                  |
|                         |                |            |                  |
|                         |                |            |                  |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R 262                   |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| Ma                      |  | 76             | Va.        | 58         | 5     |
| COUNTY                  |  |                | Caddo      | CITY       |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| 1 Mandy                 |  | W              | 71         | Ala.       |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 18-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |        |                |      |            |       |
|-------------------------|--------|----------------|------|------------|-------|
| R262                    |        | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR                   | AGE    | BIRTHPLACE     |      | E.D.       | SHEET |
| White                   | 65     | Ala            |      | 1          | 23    |
| COUNTY                  |        |                | CITY |            |       |
| Blenville               |        |                |      |            |       |
| OTHER MEMBERS OF FAMILY |        |                |      |            |       |
| NAME                    |        | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| 1                       | Bethie | d              | 24   |            |       |
|                         |        |                |      |            |       |
|                         |        |                |      |            |       |
|                         |        |                |      |            |       |
|                         |        |                |      |            |       |
|                         |        |                |      |            |       |
|                         |        |                |      |            |       |
|                         |        |                |      |            |       |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                            |     |            |       |
|-------------------------|-----|----------------------------|-----|------------|-------|
| R262                    |     | HEAD OF FAMILY             |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE                 |     | E.D.       | SHEET |
| W                       | 46  | Rogers Sambron<br>So. Car. |     | 43         | 14    |
| COUNTY                  |     | CITY                       |     |            |       |
| Calcasieu               |     |                            |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                            |     |            |       |
| NAME                    |     | RELATIONSHIP               | AGE | BIRTHPLACE |       |
| Living Alone            |     |                            |     |            |       |
|                         |     |                            |     |            |       |
|                         |     |                            |     |            |       |
|                         |     |                            |     |            |       |
|                         |     |                            |     |            |       |
|                         |     |                            |     |            |       |
|                         |     |                            |     |            |       |
|                         |     |                            |     |            |       |
|                         |     |                            |     |            |       |

FORM 70-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |   |            |           |       |
|--|--|---|------------|-----------|-------|
| R 262                                  |  | NAME OF INDIVIDUAL                                  |            | LOUISIANA |       |
| COLOR                                  |  | AGE   | BIRTHPLACE | E.D.      | SHEET |
| B                                      |  | 27  | Ala        | 96        | 14    |
| COUNTY                                 |  |   | CITY       |           |       |
| St. Tammany                            |  |   | Covington  |           |       |
| ENUMERATED WITH                        |  |   |            |           |       |
| Charles Hilliard                       |  |   |            |           |       |
| RELATIONSHIP TO ABOVE                  |  |   |            |           |       |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> IMMATE                     |            |           |       |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |            |           |       |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |            |           |       |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> RIDGER                     |            |           |       |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |            |           |       |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |            |           |       |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW  |   |            |           |       |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW   |   |            |           |       |
| H K                                    |  |   |            |           |       |

Form 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 1910-P-81

|                         |     |                  |      |            |       |
|-------------------------|-----|------------------|------|------------|-------|
| R262                    |     | HEAD OF FAMILY   |      | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE       |      | E.O.       | SHEET |
| W                       | 34  | Rogers, Lorraine |      | 107        | 4     |
| COUNTY                  |     |                  | CITY |            |       |
| Terrebonne              |     |                  |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                  |      |            |       |
| NAME                    |     | RELATIONSHIP     | AGE  | BIRTHPLACE |       |
| Josephine               |     | W                | 31   |            |       |
| Bella                   |     | D                | 8    |            |       |
| Anney                   |     | S                | 6    |            |       |
| Noble                   |     | S                | 4    |            |       |
| Kirkby                  |     | S                | 2    |            |       |
|                         |     |                  |      |            |       |
|                         |     |                  |      |            |       |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

| HEAD OF FAMILY          |              | LOUISIANA  |            |
|-------------------------|--------------|------------|------------|
| K262                    |              | Scales     |            |
| COLOR                   | AGE          | BIRTHPLACE | S.D. SHEET |
| W                       | 30           | Italy      | 90 8       |
| COUNTY                  |              | CITY       |            |
| Morehouse               |              | Bastrop    |            |
| OTHER MEMBERS OF FAMILY |              |            |            |
| NAME                    | RELATIONSHIP | AGE        | BIRTHPLACE |
| Rosa                    | W            | 28         | It         |
| Marta                   | D            | 6          |            |
| Eva                     | S            | 4          |            |
| Pasquale                | S            | 3          |            |
| Annie                   | D            | 10         |            |
|                         |              |            |            |
|                         |              |            |            |

FORM 16-436 (4-26-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |   |  |           |                      |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|---|--|-----------|----------------------|---------------------------------|---------------------------------|-------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|--|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R 262   |  | NAME OF INDIVIDUAL<br><i>Regina Sebastian</i> |  | LOUISIANA |                      |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR   | AGE<br><i>9</i>                          | BIRTHPLACE                                    |  | U.S.      | SHEET<br><i>4917</i> |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>East Feliciana</i>   |  | CITY  |  |           |                      |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| GENERATED WITH<br><i>Mrs. Susan</i>   |  |   |  |           |                      |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |  |           |                      |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIFE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NUNSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |           |                      | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIFE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NUNSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIFE                 |  |           |                      |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NUNSE                |  |           |                      |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT              |  |           |                      |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER               |  |           |                      |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT              |  |           |                      |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)      |  |           |                      |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |           |                      |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |  |           |                      |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-437 (4-25-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 16100-P01

|                         |                |                                 |           |            |
|-------------------------|----------------|---------------------------------|-----------|------------|
| R262                    | HEAD OF FAMILY |                                 | LOUISIANA |            |
| COLOR<br>mu             | AGE<br>51      | BIRTHPLACE<br>Rogers, Louisiana |           | E.D.<br>10 |
| COUNTY<br>Assumption    |                | SHEET<br>36                     |           |            |
| CITY                    |                |                                 |           |            |
| OTHER MEMBERS OF FAMILY |                |                                 |           |            |
| NAME                    |                | RELATIONSHIP                    | AGE       | BIRTHPLACE |
| Capitella               |                | W                               | 48        |            |
| Luisa                   |                | D                               | 24        |            |
|                         |                |                                 |           |            |
|                         |                |                                 |           |            |
|                         |                |                                 |           |            |
|                         |                |                                 |           |            |
|                         |                |                                 |           |            |
|                         |                |                                 |           |            |

 FORM 16-636 (4-20-61)  
 1910 CENSUS INDEX - FAMILY

 U.S. DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS



|                         |     |                |      |            |       |
|-------------------------|-----|----------------|------|------------|-------|
| R 362                   |     | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |      | E.O.       | SHEET |
| W                       | 40  |                |      | 37         | 9     |
| COUNTY                  |     |                | CITY |            |       |
| East Baton Rouge        |     |                |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Sallie                  |     | W              | 35   |            |       |
| Maline                  |     | D              | 16   |            |       |
| Ctta                    |     | D              | 12   |            |       |
| Mary                    |     | D              | 8    |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |   |            |             |       |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|---|--|---|------------|-------------|-------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| R 262   |  | NAME OF INDIVIDUAL                                  |            | LOUISIANA   |       |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR   |  | AGE   | BIRTHPLACE | S.D.        | SHEET |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| W   |  | 22  |            | 106         | 18    |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| CITY  |  |   | County     | CITY        |       |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|   |  |   | Orachter   | West Monroe |       |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |            |             |       |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WHITE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> MURDER</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |            |             |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WHITE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> MURDER | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WHITE                      |            |             |       |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> MURDER                     |            |             |       |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |            |             |       |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |            |             |       |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |            |             |       |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |            |             |       |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |            |             |       |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |            |             |       |                                 |                                 |                                |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

Form 10-427 (4-22-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCENS-DC 10120-001

|                         |     |                |  |                   |       |            |  |
|-------------------------|-----|----------------|--|-------------------|-------|------------|--|
| R262                    |     | HEAD OF FAMILY |  | Richardson Shulat |       | LOUISIANA  |  |
| COLOR                   | AGE | BIRTHPLACE     |  | E.D.              | SHEET |            |  |
| Wm                      | 51  |                |  | 105               | 6     |            |  |
| COUNTY                  |     |                |  | Sabine            |       | CITY       |  |
|                         |     |                |  | Massy             |       |            |  |
| OTHER MEMBERS OF FAMILY |     |                |  |                   |       |            |  |
| NAME                    |     |                |  | RELATIONSHIP      | AGE   | BIRTHPLACE |  |
| Clarence                |     |                |  | GS                | 18    |            |  |
|                         |     |                |  |                   |       |            |  |
|                         |     |                |  |                   |       |            |  |
|                         |     |                |  |                   |       |            |  |
|                         |     |                |  |                   |       |            |  |
|                         |     |                |  |                   |       |            |  |
|                         |     |                |  |                   |       |            |  |
|                         |     |                |  |                   |       |            |  |

Form 10-636 (4-29-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |      |            |       |
|-------------------------|-----|----------------|------|------------|-------|
| R262                    |     | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |      | E.O.       | SHEET |
| B                       | 30  |                |      | 78         | 14    |
| COUNTY                  |     |                | CITY |            |       |
| Natchitoches            |     |                |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Willie                  |     | W              | 30   |            |       |
| Lousie                  |     | S              | 8    |            |       |
| Payne                   |     | D              | 5    |            |       |
| Payne Ellen             |     | M.L.           | 65   |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |

FORM 16-636 (4-20-31)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |     |                    |      |           |       |
|---|-----|--------------------|------|-----------|-------|
| R 262   |     | NAME OF INDIVIDUAL |      | LOUISIANA |       |
| COLOR   | AGE | BIRTHPLACE         |      | P.D.      | SHEET |
| B   | 48  |                    |      | 49        | 13    |
| COUNTY  |     |                    | CITY |           |       |
| La Feliciana  |     |                    |      |           |       |
| ENUMERATED WITH   |     |                    |      |           |       |
| Harrison Albert   |     |                    |      |           |       |
| RELATIONSHIP TO ABOVE   |     |                    |      |           |       |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER<br/> <input type="checkbox"/> MOTHER<br/> <input type="checkbox"/> GRANDFATHER<br/> <input type="checkbox"/> GRANDMOTHER<br/> <input type="checkbox"/> GRANDSON<br/> <input type="checkbox"/> GRANDDAUGHTER<br/> <input type="checkbox"/> AUNT<br/> <input type="checkbox"/> UNCLE </div> <div> <input type="checkbox"/> NEPHEW<br/> <input type="checkbox"/> NIECE<br/> <input type="checkbox"/> FATHER-IN-LAW<br/> <input type="checkbox"/> MOTHER-IN-LAW<br/> <input type="checkbox"/> SON-IN-LAW<br/> <input type="checkbox"/> DAUGHTER-IN-LAW<br/> <input type="checkbox"/> BROTHER-IN-LAW<br/> <input type="checkbox"/> SISTER-IN-LAW </div> <div> <input type="checkbox"/> WMAVE<br/> <input type="checkbox"/> NURSE<br/> <input type="checkbox"/> PATIENT<br/> <input type="checkbox"/> ROOMER<br/> <input type="checkbox"/> SERVANT<br/> <input checked="" type="checkbox"/> OTHER (Specify)<br/> <u>SS</u> </div> </div> |     |                    |      |           |       |

FORM 10-637 (4-30-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 1910-P-61

|                         |                |              |           |            |
|-------------------------|----------------|--------------|-----------|------------|
| R-262                   | HEAD OF FAMILY |              | LOUISIANA |            |
| COLOR                   | AGE            | BIRTHPLACE   | E.D.      | SHEET      |
| B                       | 57             |              | 49        | 4          |
| COUNTY                  |                | CITY         |           |            |
| East Feliciana          |                |              |           |            |
| OTHER MEMBERS OF FAMILY |                |              |           |            |
| NAME                    |                | RELATIONSHIP | AGE       | BIRTHPLACE |
| Isabella                |                | W            | 47        |            |
| Caroline                |                | D            | 27        |            |
| Oscar                   |                | S            | 25        |            |
| Jessie                  |                | S            | 18        |            |
| Pearlie                 |                | D            | 16        |            |
| Ernestine               |                | D            | 14        |            |
| Stickerson, Bessie      |                | S.D.         | 10        |            |

FORM 10-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

## HEAD OF FAMILY - CONTINUED

LOUISIANA

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME             | RELATIONSHIP | AGE | BIRTHPLACE |
|------------------|--------------|-----|------------|
| Jarold, Virginia | HD           | 10  |            |
| 1. Kyla          | HD           | 7   |            |
| Silva M.         | HD           | 5   |            |
|                  |              |     |            |
|                  |              |     |            |
|                  |              |     |            |
|                  |              |     |            |
|                  |              |     |            |
|                  |              |     |            |
|                  |              |     |            |

FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18108-P01

|                         |       |                |     |            |    |
|-------------------------|-------|----------------|-----|------------|----|
| R262                    |       | HEAD OF FAMILY |     | LOUISIANA  |    |
| COLOR                   | B     | AGE            | 38  | BIRTHPLACE |    |
|                         |       |                |     | E.D.       | 33 |
|                         |       |                |     | SHEET      | 5  |
| COUNTY                  | Caddo |                |     | CITY       |    |
| OTHER MEMBERS OF FAMILY |       |                |     |            |    |
| NAME                    |       | RELATIONSHIP   | AGE | BIRTHPLACE |    |
| Living alone            |       |                |     |            |    |
|                         |       |                |     |            |    |
|                         |       |                |     |            |    |
|                         |       |                |     |            |    |
|                         |       |                |     |            |    |
|                         |       |                |     |            |    |
|                         |       |                |     |            |    |
|                         |       |                |     |            |    |
|                         |       |                |     |            |    |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |     |                      |     |            |       |
|-------------------------|-----|----------------------|-----|------------|-------|
| R262                    |     | HEAD OF FAMILY       |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE           |     | E.D.       | SHEET |
| 2 M                     | 37  |                      |     | 49         | 7     |
| COUNTY                  |     | CITY                 |     |            |       |
|                         |     | St. John the Baptist |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                      |     |            |       |
| NAME                    |     | RELATIONSHIP         | AGE | BIRTHPLACE |       |
| Living Alone            |     |                      |     |            |       |
|                         |     |                      |     |            |       |
|                         |     |                      |     |            |       |
|                         |     |                      |     |            |       |
|                         |     |                      |     |            |       |
|                         |     |                      |     |            |       |
|                         |     |                      |     |            |       |
|                         |     |                      |     |            |       |
|                         |     |                      |     |            |       |

FORM 18-536 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |                  |  |      |  |  |
|---|------------------|--|------|--|--|
| R 262   |                  | NAME OF INDIVIDUAL   |      | LOUISIANA  |  |
| RICHERRSON, LINDY   |                  | E.D.   |      | SHEET  |  |
| COLOR   | B                | AGE  | 2    | BIRTHPLACE   |  |
| COUNTY  | East Baton Rouge |  | CITY |  |  |
| ENumerated WITH   |                  |  |      |  |  |
| Lamla, Jim  |                  |  |      |  |  |
| RELATIONSHIP TO ABOVE   |                  |  |      |  |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input checked="" type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NICE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> IMMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |  |

FORM 16-537 (4-29-61)

1970 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 16199-P01

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| R402  |  | NAME OF INDIVIDUAL  |  | LOUISIANA  |  |
| SEX   |  | AGE   |  | S.O.   |  |
| M   |  | 15  |  | 149  |  |
| CITY  |  | BIRTHPLACE  |  | SHEET  |  |
| West Feliciana  |  |   |  | 8  |  |
| ENUMERATED WITH   |  |   |  |  |  |
| Young Solomon   |  |   |  |  |  |
| RELATIONSHIP TO ABOVE   |  |   |  |  |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input checked="" type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> WIFE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |  |

FORM 15-427 (4-20-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 15105-P01

|                         |     |                |     |                |       |           |  |
|-------------------------|-----|----------------|-----|----------------|-------|-----------|--|
| P212                    |     | HEAD OF FAMILY |     | ROBERT STEPHEN |       | LOUISIANA |  |
| COLOR                   | AGE | BIRTHPLACE     |     | ED.            | SHEET |           |  |
| W                       | 40  | Ala            |     | 31             | 5     |           |  |
| COUNTY                  |     | Caddo          |     | CITY           |       |           |  |
|                         |     |                |     | Vinton         |       |           |  |
| OTHER MEMBERS OF FAMILY |     |                |     |                |       |           |  |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE     |       |           |  |
| Mama                    |     | W              | 35  | Ala            |       |           |  |
| Willie                  |     | S              | 11  | Ark            |       |           |  |
| Stephen                 |     | S              | 6   |                |       |           |  |
| Annie                   |     | D              | 4   |                |       |           |  |
| 4 / brother             |     |                |     |                |       |           |  |

FORM 16-536 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |  |  |           |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|--|-----------|--|---------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R262   |  | NAME OF INDIVIDUAL                         |  | LOUISIANA |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Rogers, Stonewall J.   |  | E.D.                                       |  | SHEET     |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR  | AGE                                      | BIRTHPLACE                                 |  |           |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| W  | 48                                       | Tenn.                                      |  |           |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY   |  | CITY                                       |  |           |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Rapides  |  | Alexandria                                 |  |           |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH  |  |  |  |           |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Mauderville, Wm. H. H.   |  |  |  |           |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |  |           |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WASTE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NEECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |           |  | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WASTE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NEECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WASTE             |  |           |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NEECE           | <input type="checkbox"/> NURSE             |  |           |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |  |           |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER |  |           |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |  |           |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |  |           |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |           |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |  |           |  |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-437 (4-22-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18100-P81

|   |  |   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
|---|--|---|--|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|---|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R262  |  | NAME OF INDIVIDUAL<br><i>Rogers Sula</i>    |  | LOUISIANA         |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>B</i>   | AGE<br><i>21</i>                         | BIRTHPLACE                                  |  | E.D.<br><i>62</i> | SHEET<br><i>26</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>Grant</i>  |  | CITY<br><i>Rockelle</i>                     |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Bremnett Joseph H.</i>  |  |   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input checked="" type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |                   |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input checked="" type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE             |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE              |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT            |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER             |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input checked="" type="checkbox"/> SERVANT |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)    |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|   |   |  |                   |                   |
|---|---|--|-------------------|-------------------|
| R262                                    | NAME OF INDIVIDUAL<br><i>Rogers Susan</i> |  | E.O.<br><i>84</i> | SHEET<br><i>3</i> |
| COLOR<br><i>B</i>                       | AGE<br><i>35</i>                          | BIRTHPLACE<br><i>ala.</i>  |                   |                   |
| COUNTY<br><i>Madison</i>                |   | CITY   |                   |                   |
| ENUMERATED WITH<br><i>Green Collier</i> |   |  |                   |                   |
| RELATIONSHIP TO ABOVE                   |   |  |                   |                   |
| <input type="checkbox"/> FATHER         | <input type="checkbox"/> NEPHEW           | <input type="checkbox"/> UNKLE                                   |                   |                   |
| <input type="checkbox"/> MOTHER         | <input type="checkbox"/> NIECE            | <input type="checkbox"/> NURSE                                   |                   |                   |
| <input type="checkbox"/> GRANDFATHER    | <input type="checkbox"/> FATHER-IN-LAW    | <input type="checkbox"/> PATIENT                                 |                   |                   |
| <input type="checkbox"/> GRANDMOTHER    | <input type="checkbox"/> MOTHER-IN-LAW    | <input type="checkbox"/> ROOMER                                  |                   |                   |
| <input type="checkbox"/> GRANDSON       | <input type="checkbox"/> SON-IN-LAW       | <input type="checkbox"/> SERVANT                                 |                   |                   |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW  | <input checked="" type="checkbox"/> OTHER (Specify)<br><i>Si</i> |                   |                   |
| <input type="checkbox"/> AUNT           | <input type="checkbox"/> BROTHER-IN-LAW   |  |                   |                   |
| <input type="checkbox"/> UNCLE          | <input type="checkbox"/> SISTER-IN-LAW    |  |                   |                   |

FORM 10-437 (4-29-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

UNCOM-DC 16100-P61

| R262      |              | HEAD OF FAMILY |                         | LOUISIANA |       |
|-----------|--------------|----------------|-------------------------|-----------|-------|
| COLOR     | AGE          | BIRTHPLACE     | CITY                    | S.D.      | SHEET |
| B         | 56           | St. Helena     |                         | 88        | 11    |
| COUNTY    |              |                | OTHER MEMBERS OF FAMILY |           |       |
| NAME      | RELATIONSHIP | AGE            | BIRTHPLACE              |           |       |
| Mendie    | W            | 44             |                         |           |       |
| Lepha     | D            | 15             |                         |           |       |
| Salme     | D            | 16             |                         |           |       |
| John      | S            | 21             |                         |           |       |
| James     | D            | 33             |                         |           |       |
| Rosa B    | D            | 34             |                         |           |       |
| Alexander | S            | 7              |                         |           |       |

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

Form 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

|     |   |  |
|-----|---|--|
| 6-5 | 4 |  |
| 6-1 | 1 |  |
|     |   |  |
|     |   |  |
|     |   |  |
|     |   |  |
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|     |   |  |
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U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18100-P81



LOUISIANA

|                                    |   |                     |                          |                           |
|------------------------------------|---|---------------------|--------------------------|---------------------------|
| <b>R262</b>                        | <b>HEAD OF FAMILY</b><br><i>Richard J. L.</i> |                     | <b>E.D.</b><br><i>88</i> | <b>SHEET</b><br><i>11</i> |
| <b>COLOR</b><br><i>B</i>           | <b>AGE</b><br><i>56</i>                       | <b>BIRTHPLACE</b>   |                          |                           |
| <b>COUNTY</b><br><i>St. Helena</i> |   | <b>CITY</b>         |                          |                           |
| <b>OTHER MEMBERS OF FAMILY</b>     |   |                     |                          |                           |
| <b>NAME</b>                        |   | <b>RELATIONSHIP</b> | <b>AGE</b>               | <b>BIRTHPLACE</b>         |
| <i>Mandie</i>                      |   | <i>W</i>            | <i>44</i>                |                           |
| <i>Lepha</i>                       |   | <i>D</i>            | <i>15</i>                |                           |
| <i>Saline</i>                      |   | <i>D</i>            | <i>316</i>               |                           |
| <i>John</i>                        |   | <i>S</i>            | <i>321</i>               |                           |
| <i>Emma</i>                        |   | <i>D</i>            | <i>331</i>               |                           |
| <i>Rosa B</i>                      |   | <i>D</i>            | <i>34</i>                |                           |
| <i>Alexandra</i>                   |   | <i>S</i>            | <i>3</i>                 |                           |

FORM 76-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUE

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME     | RELATIONSHIP | AGE | BIRTHPLACE |
|----------|--------------|-----|------------|
| Mansie   | D            | 21  |            |
| Rossie   | 6-0          | 10  |            |
| Laura    | 6-0          | 6   |            |
| Johnny   | 6-5          | 15  |            |
| Leon     | 6-5          | 4   |            |
| Maudie L | 6-1          | 1   |            |
|          |              |     |            |
|          |              |     |            |
|          |              |     |            |

FORM 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMMA-DC 18160-P61

|   |  |   |  |           |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
|---|--|---|--|-----------|------------|------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|---|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R262  |  | NAME OF INDIVIDUAL<br><i>Rogers Marie</i>   |  | LOUISIANA | E.D.<br>87 | SHEET<br>4 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>W</i>   | AGE<br><i>20</i>                         | BIRTHPLACE                                  |  |           |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| COUNTY  |  | <i>Natchitoches</i>                         |  | CITY      |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Solic Paul</i>  |  |   |  |           |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |  |           |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input checked="" type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |           |            |            | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input checked="" type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE             |  |           |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE              |  |           |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT            |  |           |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER             |  |           |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input checked="" type="checkbox"/> SERVANT |  |           |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)    |  |           |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |           |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |  |           |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |

FORM 10-437 (4-22-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18100-P61

|  |            |   |      |   |   |
|--|------------|---|------|---|---|
| R262   |            | NAME OF INDIVIDUAL  |      | LOUISIANA   |   |
| Rogers Theodocia E   |            | E.O.  |      | 89  |   |
| COLOR  | W          | AGE   | 47   | BIRTHPLACE  | 2 |
| COUNTY   | St. Helena |   | CITY |   |   |
| ENUMERATED WITH  |            |   |      |   |   |
| Harrell Ben E  |            |   |      |   |   |
| RELATIONSHIP TO ABOVE  |            |   |      |   |   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |            | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br>Si |   |

FORM 10-637 (4-20-67)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 10100-P61

|   |  |  |    |            |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|----|------------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|--|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R 262   |  | NAME OF INDIVIDUAL                       |    | LOUISIANA  |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Rogers Theodore   |  | E.D.                                     |    | SHEET      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR   | W  | AGE                                      | 16 | BIRTHPLACE | 56 14 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY  |  | CITY                                     |    |            |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Cameron   |  | Leesburg                                 |    |            |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |  |    |            |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Rogers Louise   |  |  |    |            |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |    |            |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |    |            |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE          |    |            |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |    |            |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |    |            |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |    |            |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |    |            |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |    |            |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |    |            |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |    |            |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |  |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 16-437 (4-20-31)

1919 CENSUS INDEX - INDIV

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |            |       |
|-------------------------|---|----------------|-----|------------|-------|
| R 262                   |   | HEAD OF FAMILY |     | LOUISIANA  |       |
| Kagers                  |   | Thomas         |     | E.D.       | SHEET |
| COLOR                   | W | AGE            | 39  | BIRTHPLACE |       |
| COUNTY                  |   | Lafayette      |     | CITY       |       |
|                         |   |                |     | Lafayette  |       |
| OTHER MEMBERS OF FAMILY |   |                |     |            |       |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Mattie                  |   | W              | 34  |            |       |
| Winnie                  |   | D              | 13  |            |       |
| Jeff                    |   | S              | 10  |            |       |
| Edna                    |   | D              | 6   |            |       |
|                         |   |                |     |            |       |
|                         |   |                |     |            |       |
|                         |   |                |     |            |       |
|                         |   |                |     |            |       |

FORM 10-436 (4-26-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|   |  |   |             |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |                                      |  |
|---|--|---|-------------|-------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--------------------------------------|--|
| R262  | NAME OF INDIVIDUAL<br>Rogers Thomas      |   | E.O.<br>107 | SHEET<br>26 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |                                      |  |
| COLOR<br>W  | AGE<br>20                                | BIRTHPLACE<br>Va.                                   |             |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |                                      |  |
| COUNTY<br>St. Landry  |  | CITY  |             |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |                                      |  |
| ENUMERATED WITH<br>Frisbey, Samuel F.   |  |   |             |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |                                      |  |
| RELATIONSHIP TO ABOVE   |  |   |             |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |                                      |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> WIFE-IN-LAW</td> <td></td> </tr> </table> |  |   |             |             | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> WIFE-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |             |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |                                      |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |             |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |                                      |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |             |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |                                      |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |             |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |                                      |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |             |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |                                      |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |             |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |                                      |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |             |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |                                      |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> WIFE-IN-LAW     |   |             |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |                                      |  |

FORM 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCIB-DC 18100-P01

|  |  |   |  |           |       |                                 |                                 |                               |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
|--|--|---|--|-----------|-------|---------------------------------|---------------------------------|-------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|---|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| Race   |  | NAME OF INDIVIDUAL                          |  | LOUISIANA |       |                                 |                                 |                               |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| COLOR  | AGE                                      | BIRTHPLACE                                  |  | E.D.      | SHEET |                                 |                                 |                               |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| B  | 78                                       |   |  | 107       | 7     |                                 |                                 |                               |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| COUNTY   |  | CITY  |  |           |       |                                 |                                 |                               |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| Ouachita   |  |   |  |           |       |                                 |                                 |                               |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH  |  |   |  |           |       |                                 |                                 |                               |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| Eva Richard A  |  |   |  |           |       |                                 |                                 |                               |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   |  |           |       |                                 |                                 |                               |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIFE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> MURDER</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input checked="" type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIFE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> MURDER | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input checked="" type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIFE               |  |           |       |                                 |                                 |                               |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> MURDER             |  |           |       |                                 |                                 |                               |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT            |  |           |       |                                 |                                 |                               |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER             |  |           |       |                                 |                                 |                               |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input checked="" type="checkbox"/> SERVANT |  |           |       |                                 |                                 |                               |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)    |  |           |       |                                 |                                 |                               |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |           |       |                                 |                                 |                               |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |   |  |           |       |                                 |                                 |                               |                                 |                                |                                 |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |

FORM 10-437 (4-23-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 1910B-P41



|                         |                |            |            |       |
|-------------------------|----------------|------------|------------|-------|
| R262                    | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   | AGE            | BIRTHPLACE | E.D.       | SHEET |
| W                       | 42             | Mass       | 26         | 1     |
| COUNTY                  |                | CITY       |            |       |
| Livingston              |                |            |            |       |
| OTHER MEMBERS OF FAMILY |                |            |            |       |
| NAME                    | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Morgan, Mable           | Da             | 28         | Ky         |       |
| John William H          | Pa             | 43         | Tenn       |       |
|                         |                |            |            |       |
|                         |                |            |            |       |
|                         |                |            |            |       |
|                         |                |            |            |       |
|                         |                |            |            |       |
|                         |                |            |            |       |

FORM 16-436 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |            |            |          |
|-------------------------|---|----------------|------------|------------|----------|
| R262                    |   | HEAD OF FAMILY |            | LOUISIANA  |          |
| COLOR                   | B | AGE            | 38         | BIRTHPLACE | Miss     |
| COUNTY                  |   |                | Tangipahoa | CITY       | Kentwood |
| OTHER MEMBERS OF FAMILY |   |                |            |            |          |
| NAME                    |   | RELATIONSHIP   | AGE        | BIRTHPLACE |          |
| 1 Odella                |   | W              | 26         | Miss       |          |
| ✓ 4 Bo                  |   |                |            |            |          |
|                         |   |                |            |            |          |
|                         |   |                |            |            |          |
|                         |   |                |            |            |          |
|                         |   |                |            |            |          |
|                         |   |                |            |            |          |
|                         |   |                |            |            |          |

FORM 16-536 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| R262   |  | NAME OF INDIVIDUAL  |  | LOUISIANA   |  |
| Rogers Thomas  |  | E.O.  |  | SHEET   |  |
| AGE  |  | BIRTHPLACE  |  | 99 8  |  |
| 34   |  | Miss  |  |   |  |
| CITY   |  | S. Territory  |  | CITY  |  |
| ENUMERATED WITH  |  |   |  |   |  |
| Townsend James   |  |   |  |   |  |
| RELATIONSHIP TO ABOVE  |  |   |  |   |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> WORKER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |  |

FORM 10-627 (4-20-61)

1930 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC (1010-P-6)

*Roll 2*

|   |          |   |  |   |          |
|---|----------|---|--|---|----------|
| <i>R-52</i>   |          | NAME OF INDIVIDUAL  |  | LOUISIANA   |          |
| COLOR   | AGE      | BIRTHPLACE  |  | E.D.  | SHEET    |
| <i>W</i>  | <i>8</i> | <i>Bayou Thibodaux</i>  |  | <i>73</i>   | <i>1</i> |
| COUNTRY   |          | CITY  |  |   |          |
| <i>Pointe Coupee</i>  |          |   |  |   |          |
| ENUMERATED WITH   |          |   |  |   |          |
| <i>Williams, William A.</i>   |          |   |  |   |          |
| RELATIONSHIP TO ABOVE   |          |   |  |   |          |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input checked="" type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |          | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> BOARDER<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |          |

FORM 10-437 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 10100-P01

|                         |                |                          |            |            |
|-------------------------|----------------|--------------------------|------------|------------|
| R262                    | HEAD OF FAMILY |                          | LOUISIANA  |            |
| COLOR<br>W              | AGE<br>42      | NAME<br>Rogers, Thomas B |            | E.O.<br>54 |
| BIRTHPLACE              |                | SHEET                    |            |            |
| COUNTY<br>Jackson       |                | CITY                     |            |            |
| OTHER MEMBERS OF FAMILY |                |                          |            |            |
| NAME                    | RELATIONSHIP   | AGE                      | BIRTHPLACE |            |
| Roschare                | W              | 41                       | Ark        |            |
| Ala                     | D              | 16                       |            |            |
| Virginia                | S              | 14                       |            |            |
| Alton                   | S              | 11                       |            |            |
| Barby                   | S              | 6                        |            |            |
| Amey                    | S              | 4                        |            |            |
| Henry                   | S              | 8/12                     |            |            |

FORM 10-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |            |                |      |            |          |
|-------------------------|------------|----------------|------|------------|----------|
| R262                    |            | HEAD OF FAMILY |      | LOUISIANA  |          |
| COLOR                   | W          | AGE            | 48   | BIRTHPLACE | Thomas L |
| COUNTY                  | Lincoln    |                | CITY |            |          |
| OTHER MEMBERS OF FAMILY |            |                |      |            |          |
|                         | NAME       | RELATIONSHIP   | AGE  | BIRTHPLACE |          |
|                         | Martha L   | W              | 45   |            |          |
|                         | James W    | S              | 24   |            |          |
|                         | Thomas C   | S              | 22   |            |          |
|                         | Clara E    | D              | 20   |            |          |
|                         | Benjamin C | S              | 18   |            |          |
|                         | Lacile L   | D              | 6    |            |          |
|                         | Mary M     | D              | 4    |            |          |

FORM 10-636 (4-26-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |   |  |                   |                   |                                 |                                 |                               |                                 |                                |                              |                                      |  |                                |                                      |  |                                  |                                   |                                     |                                 |  |  |                                  |                               |   |  |                                |                                       |             |
|--|--|---|--|-------------------|-------------------|---------------------------------|---------------------------------|-------------------------------|---------------------------------|--------------------------------|------------------------------|--------------------------------------|--|--------------------------------|--------------------------------------|--|----------------------------------|-----------------------------------|-------------------------------------|---------------------------------|--|--|----------------------------------|-------------------------------|---|--|--------------------------------|---------------------------------------|-------------|
| R 262  |  | NAME OF INDIVIDUAL<br><i>Rogers Tilda</i> |  | LOUISIANA         |                   |                                 |                                 |                               |                                 |                                |                              |                                      |  |                                |                                      |  |                                  |                                   |                                     |                                 |  |  |                                  |                               |   |  |                                |                                       |             |
| COLOR<br><i>B</i>  | AGE<br><i>45</i>                         | BIRTHPLACE                                |  | E.D.<br><i>46</i> | SHEET<br><i>3</i> |                                 |                                 |                               |                                 |                                |                              |                                      |  |                                |                                      |  |                                  |                                   |                                     |                                 |  |  |                                  |                               |   |  |                                |                                       |             |
| COUNTY<br><i>East Feliciana</i>  |  | CITY                                      |  |                   |                   |                                 |                                 |                               |                                 |                                |                              |                                      |  |                                |                                      |  |                                  |                                   |                                     |                                 |  |  |                                  |                               |   |  |                                |                                       |             |
| ENUMERATED WITH<br><i>Roberts Albert J</i>   |  |   |  |                   |                   |                                 |                                 |                               |                                 |                                |                              |                                      |  |                                |                                      |  |                                  |                                   |                                     |                                 |  |  |                                  |                               |   |  |                                |                                       |             |
| RELATIONSHIP TO ABOVE  |  |   |  |                   |                   |                                 |                                 |                               |                                 |                                |                              |                                      |  |                                |                                      |  |                                  |                                   |                                     |                                 |  |  |                                  |                               |   |  |                                |                                       |             |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIFE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> Niece</td> <td><input type="checkbox"/> MRS</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> MURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> MSTER-IN-LAW</td> <td><i>Cook</i></td> </tr> </table> |  |   |  |                   |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIFE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> Niece | <input type="checkbox"/> MRS | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> MURSE | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> UNCLE | <input type="checkbox"/> MSTER-IN-LAW | <i>Cook</i> |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIFE             |  |                   |                   |                                 |                                 |                               |                                 |                                |                              |                                      |  |                                |                                      |  |                                  |                                   |                                     |                                 |  |  |                                  |                               |   |  |                                |                                       |             |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> Niece           | <input type="checkbox"/> MRS              |  |                   |                   |                                 |                                 |                               |                                 |                                |                              |                                      |  |                                |                                      |  |                                  |                                   |                                     |                                 |  |  |                                  |                               |   |  |                                |                                       |             |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> MURSE            |  |                   |                   |                                 |                                 |                               |                                 |                                |                              |                                      |  |                                |                                      |  |                                  |                                   |                                     |                                 |  |  |                                  |                               |   |  |                                |                                       |             |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> PATIENT          |  |                   |                   |                                 |                                 |                               |                                 |                                |                              |                                      |  |                                |                                      |  |                                  |                                   |                                     |                                 |  |  |                                  |                               |   |  |                                |                                       |             |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> ROOMER           |  |                   |                   |                                 |                                 |                               |                                 |                                |                              |                                      |  |                                |                                      |  |                                  |                                   |                                     |                                 |  |  |                                  |                               |   |  |                                |                                       |             |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> SERVANT          |  |                   |                   |                                 |                                 |                               |                                 |                                |                              |                                      |  |                                |                                      |  |                                  |                                   |                                     |                                 |  |  |                                  |                               |   |  |                                |                                       |             |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  | <input type="checkbox"/> OTHER (Specify)  |  |                   |                   |                                 |                                 |                               |                                 |                                |                              |                                      |  |                                |                                      |  |                                  |                                   |                                     |                                 |  |  |                                  |                               |   |  |                                |                                       |             |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> MSTER-IN-LAW    | <i>Cook</i>                               |  |                   |                   |                                 |                                 |                               |                                 |                                |                              |                                      |  |                                |                                      |  |                                  |                                   |                                     |                                 |  |  |                                  |                               |   |  |                                |                                       |             |

FORM 10-437 (4-29-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18100-P01

|                         |     |                |      |            |       |
|-------------------------|-----|----------------|------|------------|-------|
| R262                    |     | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |      | E.D.       | SHEET |
| B                       | 24  | Rogers Tom     |      | 24         | 7     |
| COUNTY                  |     |                | CITY |            |       |
| East Baton Rouge        |     |                |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| 1 Johnson               |     | W              | 15   |            |       |
| And 1 brother           |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |

FORM 18-636 (4-30-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R262                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| Wm                      |  | 40             | Henderstan | 114        | 3     |
| COUNTY                  |  |                | CITY       |            |       |
| Richland                |  |                | Rayville   |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Living alone            |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |     |            |    |
|-------------------------|---|----------------|-----|------------|----|
| R262                    |   | HEAD OF FAMILY |     | LOUISIANA  |    |
| COLOR                   | W | AGE            | 54  | E.O.       | 19 |
|                         |   | BIRTHPLACE     | Y   |            |    |
| COUNTY                  |   | Clai borne     |     | CITY       |    |
| OTHER MEMBERS OF FAMILY |   |                |     |            |    |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE |    |
| Joel A                  |   | H              | 46  | Ala        |    |
| Walter                  |   | S              | 23  |            |    |
| Alvin                   |   | S              | 21  |            |    |
| Mary                    |   | D              | 19  |            |    |
| Vernon                  |   | D              | 17  |            |    |
| Rube                    |   | S              | 15  |            |    |
| Estelle                 |   | D              | 13  |            |    |

FORM 16-636 (4-28-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

HEAD OF FAMILY - CONTINUED

LOUISIANA

CARD 2 OF 2

**OTHER MEMBERS OF FAMILY**

[illegible]

FORM 10-636 (4-20-67)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-OF 1510-POF

|                         |           |                |      |            |               |
|-------------------------|-----------|----------------|------|------------|---------------|
| K262                    |           | HEAD OF FAMILY |      | LOUISIANA  |               |
| COLOR                   | W         | AGE            | 24   | BIRTHPLACE | Rogers, Loney |
| COUNTY                  | Iberia    |                | CITY |            |               |
| OTHER MEMBERS OF FAMILY |           |                |      |            |               |
| NAME                    |           | RELATIONSHIP   | AGE  | BIRTHPLACE |               |
| 1                       | William W |                | 35   |            |               |
|                         | Augusta   | 5              | 1    |            |               |
|                         |           |                |      |            |               |
|                         |           |                |      |            |               |
|                         |           |                |      |            |               |
|                         |           |                |      |            |               |
|                         |           |                |      |            |               |
|                         |           |                |      |            |               |
|                         |           |                |      |            |               |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |   |               |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|--|--|---|---------------|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|-------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| R262   |  | NAME OF INDIVIDUAL                                  |               | LOUISIANA |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR  |  | AGE   | BIRTHPLACE    | E.D.      | SHEET |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| W  |  | 23  | Rogers, Valma | 73        | 5     |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY   |  |   | CITY          |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| Do Soto  |  |   |               |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH  |  |   |               |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| Phillips, Isaac.   |  |   |               |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   |               |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WMA TE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NICE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |               |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WMA TE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NICE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WMA TE                     |               |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NICE            | <input type="checkbox"/> NURSE                      |               |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |               |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |               |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |               |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |               |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |   |               |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |   |               |           |       |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 16-637 (4-20-61)

1970 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC (2100-P01)

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| Q262                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| W                       |  | 24             |            | 107        | 5     |
| COUNTY                  |  |                | CITY       |            |       |
| Terrebonne              |  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Josephine               |  | W              | 21         |            |       |
| Beulah                  |  | D              | 2          |            |       |
| Mildred                 |  | D              | 1 1/2      |            |       |
| Leopold, Frank          |  | FL             | 53         |            |       |
| 1 Lizzie                |  | S. L           | 18         |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 16-636 (4-26-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |   |  |           |       |
|--|--|---|--|-----------|-------|
| R-262                                  |  | NAME OF INDIVIDUAL                                  |  | LOUISIANA |       |
| COLOR                                  | AGE                                      | BIRTHPLACE  |  | S.D.      | SHEET |
| W                                      | 14                                       |   |  | 144       | 19    |
| COUNTY                                 |  | CITY  |  |           |       |
| West Carroll,                          |  | Oak Grove   |  |           |       |
| ENUMERATED WITH                        |  |   |  |           |       |
| Thomas, Harry C.                       |  |   |  |           |       |
| RELATIONSHIP TO ABOVE                  |  |   |  |           |       |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIFE                       |  |           |       |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |  |           |       |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |           |       |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |           |       |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |           |       |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |           |       |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |           |       |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW   |   |  |           |       |

FORM 16-437 (4-28-41)

1940 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18100-P61

|   |  |   |   |               |                  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
|---|--|---|---|---------------|------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|---|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R262  |  | NAME OF INDIVIDUAL  |   | LOUISIANA     |                  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| COLOR   | W  | AGE   | 4 | BIRTH PLACE   | E.D. 56 SHEET 14 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| COUNTY  |  | Camden  |   | CITY Leesburg |                  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH                                   |  | Rogers Louise   |   |               |                  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE                             |  | <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |   |               |                  | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER                   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE   |   |               |                  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER                   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE  |   |               |                  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER              | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT  |   |               |                  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER              | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER   |   |               |                  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON                 | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT  |   |               |                  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)  |   |               |                  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT                     | <input type="checkbox"/> BROTHER-IN-LAW  |   |   |               |                  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE                    | <input type="checkbox"/> SISTER-IN-LAW   |   |   |               |                  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIV

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |  |                |            |            |      |
|-------------------------|--|----------------|------------|------------|------|
| R262                    |  | HEAD OF FAMILY |            | LOUISIANA  |      |
| COLOR                   |  | AGE            | BIRTHPLACE |            | E.D. |
| W                       |  | 23             |            |            | 100  |
| COUNTY                  |  |                | CITY       |            |      |
| JEFFERSON               |  |                |            |            |      |
| OTHER MEMBERS OF FAMILY |  |                |            |            |      |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |      |
| 1. Anselma              |  | W              | 26         |            |      |
|                         |  |                |            |            |      |
|                         |  |                |            |            |      |
|                         |  |                |            |            |      |
|                         |  |                |            |            |      |
|                         |  |                |            |            |      |
|                         |  |                |            |            |      |
|                         |  |                |            |            |      |
|                         |  |                |            |            |      |

FORM 10-436 (4-26-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R262                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
|                         |     | Rogers, Victor |     | E.D.       | SHEET |
| COLOR                   | AGE | BIRTHPLACE     |     |            |       |
| B                       | 56  |                |     |            |       |
| COUNTY                  |     | Iberia         |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Azulena                 |     | W              | 43  |            |       |
| Leda                    |     | D              | 14  |            |       |
| Ara                     |     | S              | 18  |            |       |
| Marciel                 |     | S              | 17  |            |       |
| Pierre                  |     | S              | 4   |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|---|--|---|--|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| P262  |  | NAME OF INDIVIDUAL<br><i>Rogers Viola</i> |  | LOUISIANA         |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR<br><i>B</i>   | AGE<br><i>17 1/2</i>                     | BIRTHPLACE                                |  | E.D.<br><i>55</i> | SHEET<br><i>10</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY<br><i>Iberville</i>  |  | CITY<br><i>Raymon</i>                     |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Lee Mary</i>  |  |   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> FATHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |                   |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> FATHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE           |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE            |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT          |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER           |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT          |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> FATHER (Specify) |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

Form 10-437 (4-20-67)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

UNCOMM-DC 16106-P61

|                                |                       |                     |                  |                   |
|--------------------------------|-----------------------|---------------------|------------------|-------------------|
| <b>R262</b>                    | <b>HEAD OF FAMILY</b> |                     | <b>LOUISIANA</b> |                   |
| <b>COLOR</b>                   | <b>AGE</b>            | <b>BIRTHPLACE</b>   | <b>S.D.</b>      | <b>SHEET</b>      |
| W                              | 30                    | Miss                | 62               | 28                |
| <b>COUNTY</b>                  |                       | <b>CITY</b>         |                  |                   |
|                                |                       | Rockelle            |                  |                   |
| <b>OTHER MEMBERS OF FAMILY</b> |                       |                     |                  |                   |
| <b>NAME</b>                    |                       | <b>RELATIONSHIP</b> | <b>AGE</b>       | <b>BIRTHPLACE</b> |
| Eddie                          |                       | W                   | 20               | Ill.              |
| Dorothy                        |                       | D                   | 3                |                   |
| Le Roy                         |                       | S.                  | 1 6/12           |                   |
|                                |                       |                     |                  |                   |
|                                |                       |                     |                  |                   |
|                                |                       |                     |                  |                   |
|                                |                       |                     |                  |                   |
|                                |                       |                     |                  |                   |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |      |
|-------------------------|--|----------------|------------|------------|------|
| H 262                   |  | HEAD OF FAMILY |            | LOUISIANA  |      |
| COLOR                   |  | AGE            | BIRTHPLACE |            | E.D. |
| W                       |  | 33             |            |            | 64   |
| COUNTY                  |  |                | CITY       |            |      |
| 7th Soto                |  |                |            |            |      |
| OTHER MEMBERS OF FAMILY |  |                |            |            |      |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |      |
| Ella                    |  | W              | 33         | Ark.       |      |
| Marthy                  |  | W              | 10         | Ark.       |      |
| Guy                     |  | S              | 7          | Tex        |      |
| Willie                  |  | S              | 7/12       |            |      |
|                         |  |                |            |            |      |
|                         |  |                |            |            |      |
|                         |  |                |            |            |      |

FORM 18-636 (4-22-61)  
1918 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |       |            |       |
|-------------------------|---|----------------|-------|------------|-------|
| R 262                   |   | HEAD OF FAMILY |       | LOUISIANA  |       |
| COLOR                   | W | AGE            | 27    | BIRTHPLACE | W. L. |
| COUNTY                  |   | Goldwell       |       | CITY       |       |
| OTHER MEMBERS OF FAMILY |   |                |       |            |       |
| NAME                    |   | RELATIONSHIP   | AGE   | BIRTHPLACE |       |
| Anna                    |   | W              | 26    | Miss       |       |
| Lena                    |   | d              | 8     |            |       |
| Albert                  |   | S              | 6     |            |       |
| Georgie                 |   | d              | 4     |            |       |
| J. T.                   |   | S              | 1 1/2 |            |       |
|                         |   |                |       |            |       |
|                         |   |                |       |            |       |

FORM 18-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |       |            |       |
|-------------------------|-----|----------------|-------|------------|-------|
| P-262                   |     | HEAD OF FAMILY |       | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |       | E.D.       | SHEET |
| W                       | 21  |                |       | 6          | 17    |
| COUNTY                  |     |                | CITY  |            |       |
| Acadia                  |     |                |       |            |       |
| OTHER MEMBERS OF FAMILY |     |                |       |            |       |
| NAME                    |     | RELATIONSHIP   | AGE   | BIRTHPLACE |       |
| / Nohi                  |     | W              | 25    |            |       |
| Lent                    |     | S              | 2     |            |       |
| Loid                    |     | S              | 11/12 |            |       |
|                         |     |                |       |            |       |
|                         |     |                |       |            |       |
|                         |     |                |       |            |       |
|                         |     |                |       |            |       |
|                         |     |                |       |            |       |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |                  |  |  |   |                    |
|--|------------------|--|--|---|--------------------|
| R 262  |                  | NAME OF INDIVIDUAL<br><i>Robert Walter</i>   |  | LOUISIANA   |                    |
| COLOR<br><i>B</i>  | AGE<br><i>10</i> | BIRTHPLACE   |  | E.D.<br><i>49</i>   | SHEET<br><i>11</i> |
| COUNTY<br><i>East Feliciana</i>  |                  | CITY   |  |   |                    |
| ENUMERATED WITH<br><i>Morgan Jones</i>   |                  |  |  |   |                    |
| RELATIONSHIP TO ABOVE  |                  |  |  |   |                    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input checked="" type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> BOARDER<br><input type="checkbox"/> BOARDER<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                    |

Form 10-437 (4-20-31)

1930 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USECOM-DC 12100-P01



|                         |     |                |      |            |       |
|-------------------------|-----|----------------|------|------------|-------|
| R262                    |     | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR                   | AGE | BIRTH PLACE    |      | E.D.       | SHEET |
| B                       | 50  | Ala            |      | 83         | 14    |
| COUNTY                  |     |                | CITY |            |       |
| Madison                 |     |                |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Matilda                 |     | W              | 36   | Ala        |       |
| Cora                    |     | D              | 17   | Ala        |       |
| Mathan                  |     | S              | 15   | Ala        |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |

FORM 10-638 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |      |            |       |
|-------------------------|-----|----------------|------|------------|-------|
| R 262                   |     | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |      | E.O.       | SHEET |
| B                       | 42  | Richman Wesley |      | 88         | 6     |
| COUNTY                  |     |                | CITY |            |       |
| St. Helena              |     |                |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Tracy                   |     | W              | 47   |            |       |
| Orelia                  |     | D              | 13   |            |       |
| Addie                   |     | S              | 10   |            |       |
| Rachell                 |     | D              | 7    |            |       |
| Willie                  |     | S              | 6    |            |       |
| Narcis                  |     | S              | 6    |            |       |

FORM 16-536 (4-20-51)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                |              |             |            |           |
|-------------------------|----------------|--------------|-------------|------------|-----------|
| 12762                   | HEAD OF FAMILY |              | Bogers Hunt |            | LOUISIANA |
| COLOR                   | AGE            | BIRTHPLACE   |             | E.D.       | SHEET     |
| OC                      | 39             |              |             | 25         | 18        |
| COUNTY                  |                |              | CITY        |            |           |
| Jefferson               |                |              |             |            |           |
| OTHER MEMBERS OF FAMILY |                |              |             |            |           |
| NAME                    |                | RELATIONSHIP | AGE         | BIRTHPLACE |           |
| Zach                    |                | W            | 38          |            |           |
| Victoria                |                | D            | 23          |            |           |
| Stake                   |                | D            | 15          |            |           |
| Carter Beaulah          |                | GD           | 2           |            |           |
|                         |                |              |             |            |           |
|                         |                |              |             |            |           |
|                         |                |              |             |            |           |
|                         |                |              |             |            |           |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |                  |   |  |  |                    |
|--|------------------|---|--|--|--------------------|
| 8262   |                  | NAME OF INDIVIDUAL<br><i>Regina Hilford</i>   |  | LOUISIANA  |                    |
| COLOR<br><i>W</i>  | AGE<br><i>69</i> | BIRTHPLACE<br><i>Mass.</i>  |  | U.S.<br><i>114</i>   | SHEET<br><i>38</i> |
| COUNTY<br><i>Tangipahoa</i>  |                  | CITY  |  |  |                    |
| ENUMERATED WITH  |                  |   |  |  |                    |
| RELATIONSHIP TO ABOVE<br><i>Daughter John J.</i>   |                  |   |  |  |                    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> WIDUATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                    |

Form 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18199-PRI

|                         |  |                |               |            |       |
|-------------------------|--|----------------|---------------|------------|-------|
| R 262                   |  | HEAD OF FAMILY |               | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE    | E.D.       | SHEET |
| W                       |  | 36             |               | 143        | 10    |
| COUNTY                  |  |                | CITY          |            |       |
| West Feliciana          |  |                | H. Frankville |            |       |
| OTHER MEMBERS OF FAMILY |  |                |               |            |       |
| NAME                    |  | RELATIONSHIP   | AGE           | BIRTHPLACE |       |
| Alma                    |  | W              | 27            |            |       |
| Evelyn                  |  | S              | 3             |            |       |
| Alma                    |  | D              | 8 1/2         |            |       |
|                         |  |                |               |            |       |
|                         |  |                |               |            |       |
|                         |  |                |               |            |       |
|                         |  |                |               |            |       |
|                         |  |                |               |            |       |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |      |            |  |
|-------------------------|-----|----------------|------|------------|--|
| R262                    |     | HEAD OF FAMILY |      | LOUISIANA  |  |
| Rogers, Will            |     | E.O.           |      | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |      |            |  |
| B                       | 39  | NC             |      |            |  |
| COUNTY                  |     |                | CITY |            |  |
| Calcasieu               |     |                |      |            |  |
| OTHER MEMBERS OF FAMILY |     |                |      |            |  |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| 1 Etha                  |     | W              | 25   | ala        |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |

Form 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |   |                    |    |           |    |
|---|---|--------------------|----|-----------|----|
| R262  |   | NAME OF INDIVIDUAL |    | LOUISIANA |    |
| COLOR   | B | AGE                | 29 | ED        | 47 |
|   |   | BIRTHPLACE         |    | SHEET 10  |    |
| COUNTY  |   | Calcasieu          |    | CITY      |    |
| ENUMERATED WITH   |   |                    |    |           |    |
| Wooden, Bill West   |   |                    |    |           |    |
| RELATIONSHIP TO ABOVE   |   |                    |    |           |    |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE<br><input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW<br><input type="checkbox"/> WMAVE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> WORKER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |   |                    |    |           |    |

FORM 16-637 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18100-P01

|                         |     |                |      |            |       |
|-------------------------|-----|----------------|------|------------|-------|
| R-262                   |     | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |      | E.D.       | SHEET |
| B                       | 42  |                |      | 49         | 17    |
| COUNTY                  |     |                | CITY |            |       |
| East Feliciana          |     |                |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Corene                  |     | W              | 31   |            |       |
| Bernice                 |     | E              | 11   |            |       |
| Bernad                  |     | S              | 11   |            |       |
| Celestine               |     | D              | 8    |            |       |
| Dremon                  |     | D              | 6    |            |       |
| Leola                   |     | D              | 4    |            |       |
| Lucile                  |     | D              | 2    |            |       |

FORM 18-536 (4-20-31)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS





|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R 262                   |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.O.       | SHEET |
| SP                      | 30  |                |     | 1          | 26    |
| COUNTY                  |     | CITY           |     |            |       |
| Bienville               |     |                |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Emma                    |     | W              | 28  |            |       |
| Sam                     |     | S              | 7   |            |       |
| Jennie                  |     | D              | 5   |            |       |
| Mary                    |     | D              | 3   |            |       |
| Lucy                    |     | D              | 1   |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 16-436 (4-20-61)

1916 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

| LOUISIANA  |   |   |
|--|---|---|
| R262   | NAME OF INDIVIDUAL<br><i>Lagers, William</i>  |   |
| E.D.   | SHEET<br><i>114 8</i>   |   |
| COLOR<br><i>B</i>  | AGE<br><i>33</i>  | BIRTHPLACE  |
| COUNTY   | CITY  |   |
| MARRIED WITH<br><i>Tangipahoa</i>  |   |   |
| RELATIONSHIP TO ABOVE<br><i>James Perry 2</i>  |   |   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NEECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> IMMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |

FORM 10-57 (4-20-51)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1916 CENSUS INDEX - INDIVIDUAL

USCOMB-DC 1916-PST

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R262                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| B                       |  | 44             | 7250       | 79         | 8     |
| COUNTY                  |  |                | CITY       |            |       |
| St. John the Baptist    |  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| / Virginia              |  | w              | 38         |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|   |   |  |            |
|---|---|--|------------|
| R262                                    | NAME OF INDIVIDUAL<br><i>Peterson William</i> | E.O.<br>59                                 | SHEET<br>5 |
| COLOR<br>B                              | AGE<br>25                                     | BIRTHPLACE                                 |            |
| COUNTY<br><i>La Salle</i>               | CITY  |  |            |
| ENUMERATED WITH<br><i>Stright Rubin</i> |   |  |            |
| RELATIONSHIP TO ABOVE                   |   |  |            |
| <input type="checkbox"/> FATHER         | <input type="checkbox"/> NEPHEW               | <input type="checkbox"/> WIFE              |            |
| <input type="checkbox"/> MOTHER         | <input type="checkbox"/> NIECE                | <input type="checkbox"/> NURSE             |            |
| <input type="checkbox"/> GRANDFATHER    | <input type="checkbox"/> FATHER-IN-LAW        | <input type="checkbox"/> PATIENT           |            |
| <input type="checkbox"/> GRANDMOTHER    | <input type="checkbox"/> MOTHER-IN-LAW        | <input checked="" type="checkbox"/> ROOMER |            |
| <input type="checkbox"/> GRANDSON       | <input type="checkbox"/> SON-IN-LAW           | <input type="checkbox"/> SERVANT           |            |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW      | <input type="checkbox"/> OTHER (Specify)   |            |
| <input type="checkbox"/> AUNT           | <input type="checkbox"/> BROTHER-IN-LAW       |  |            |
| <input type="checkbox"/> UNCLE          | <input type="checkbox"/> SISTER-IN-LAW        |  |            |

Form 16-437 (4-28-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1916 CENSUS INDEX - INDIVIDUAL

USCOM-DC 18128-P-1

|                         |     |                |      |            |  |
|-------------------------|-----|----------------|------|------------|--|
| R 262                   |     | HEAD OF FAMILY |      | LOUISIANA  |  |
| Rogers William          |     | E.O.           |      | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |      |            |  |
| B                       | 50  |                |      |            |  |
| COUNTY                  |     |                | CITY |            |  |
| East Feliciana          |     |                |      |            |  |
| OTHER MEMBERS OF FAMILY |     |                |      |            |  |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| Almonck Cass            |     | Coventry       | 23   |            |  |
| Rogers John             |     | S              | 15   |            |  |
| Lillian                 |     | H              | 12   |            |  |
| Thomas                  |     | S              | 7    |            |  |
| Richard                 |     | S              | 4    |            |  |
| William                 |     | S              | 8    |            |  |
|                         |     |                |      |            |  |

FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R 262                   |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.O.       | SHEET |
| White                   |  | 39             | Mass       | 44         | 4     |
| COUNTY                  |  |                | CITY       |            |       |
| East Feliciana          |  |                | Wilson     |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Marty                   |  | W              | 38         | Miss       |       |
| Willie M.               |  | D              | 5          | Mass       |       |
| Riley                   |  | S              | 4          | Mass       |       |
| Daisy                   |  | D              | 2          | Miss       |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 18-436 (4-20-81)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |      |            |       |
|-------------------------|-----|----------------|------|------------|-------|
| R262                    |     | HEAD OF FAMILY |      | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |      | E.D.       | SHEET |
| B                       | 24  |                |      | 8          | 9     |
| COUNTY                  |     |                | CITY |            |       |
| Assumption              |     |                |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Ada                     |     | W              | 26   |            |       |
| Malvina                 |     | D              | 8    |            |       |
| John H.                 |     | S              | 6    |            |       |
| Aggie B.                |     | D              | 5    |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |

FORM 16-436 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R 762                   |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.O.       | SHEET |
| W                       |  | 39             | Miss       | 67         | 11    |
| COUNTY                  |  |                | Do Solo    | CITY       |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Isabel                  |  | W              | 39         |            |       |
| Emma                    |  | D              | 18         | Tex        |       |
| Willie                  |  | S              | 10         | Tex        |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
| and 2 laborers          |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 76-636 (4-22-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |   |                    |    |  |  |      |       |  |  |  |  |
|--|---|--------------------|----|--|--|------|-------|--|--|--|--|
| 1262                                   |   | NAME OF INDIVIDUAL |    | Rogers, William                          |  | E.D. | SHEET |  |  |  |  |
| COLOR                                  | W | AGE                | 70 | BIRTHPLACE                               |  | 107  | 3     |  |  |  |  |
| COUNTY                                 |   |                    |    | CITY                                     |  |      |       |  |  |  |  |
| Quachita                               |   |                    |    |  |  |      |       |  |  |  |  |
| GENERATED WITH                         |   |                    |    | Hall, Henry L.                           |  |      |       |  |  |  |  |
| RELATIONSHIP TO ABOVE                  |   |                    |    |  |  |      |       |  |  |  |  |
| <input type="checkbox"/> FATHER        |   |                    |    | <input type="checkbox"/> NEPHEW          |  |      |       | <input type="checkbox"/> INMATE            |  |  |  |
| <input type="checkbox"/> MOTHER        |   |                    |    | <input type="checkbox"/> WIFE            |  |      |       | <input type="checkbox"/> NUNCE             |  |  |  |
| <input type="checkbox"/> GRANDFATHER   |   |                    |    | <input type="checkbox"/> FATHER-IN-LAW   |  |      |       | <input type="checkbox"/> PATIENT           |  |  |  |
| <input type="checkbox"/> GRANDMOTHER   |   |                    |    | <input type="checkbox"/> MOTHER-IN-LAW   |  |      |       | <input checked="" type="checkbox"/> ROOMER |  |  |  |
| <input type="checkbox"/> GRANDSON      |   |                    |    | <input type="checkbox"/> SON-IN-LAW      |  |      |       | <input type="checkbox"/> SERVANT           |  |  |  |
| <input type="checkbox"/> GRANDDAUGHTER |   |                    |    | <input type="checkbox"/> DAUGHTER-IN-LAW |  |      |       | <input type="checkbox"/> OTHER (Specify)   |  |  |  |
| <input type="checkbox"/> AUNT          |   |                    |    | <input type="checkbox"/> BROTHER-IN-LAW  |  |      |       |  |  |  |  |
| <input type="checkbox"/> UNCLE         |   |                    |    | <input type="checkbox"/> SISTER-IN-LAW   |  |      |       |  |  |  |  |

Form 10-437 (4-22-51)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

100-100-00 10100-001

|                         |     |                |             |            |  |
|-------------------------|-----|----------------|-------------|------------|--|
| P262                    |     | HEAD OF FAMILY |             | LOUISIANA  |  |
| Rosen William           |     | E.D.           |             | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |             |            |  |
| W                       | 30  |                |             |            |  |
| COUNTY                  |     |                | CITY        |            |  |
| East Baton Rouge        |     |                | Baton Rouge |            |  |
| OTHER MEMBERS OF FAMILY |     |                |             |            |  |
| NAME                    |     | RELATIONSHIP   | AGE         | BIRTHPLACE |  |
| 1 Helen                 |     | W              | 26          | Ala        |  |
| Ankney                  |     | S              | 18 1/2      |            |  |
|                         |     |                |             |            |  |
|                         |     |                |             |            |  |
|                         |     |                |             |            |  |
|                         |     |                |             |            |  |
|                         |     |                |             |            |  |
|                         |     |                |             |            |  |

FORM 16-434 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |   |  |                   |                   |
|--|---|--|-------------------|-------------------|
| K 262  | NAME OF INDIVIDUAL<br><i>Loyers William</i> |  | E.O.<br><i>29</i> | SHEET<br><i>5</i> |
| COLOR<br><i>B</i>                            | AGE<br><i>7</i>                             | BIRTHPLACE                               |                   |                   |
| COUNTY<br><i>East Baton Rouge</i>            | CITY  |  |                   |                   |
| ENUMERATED WITH<br><i>Rol Ben</i>            |   |  |                   |                   |
| RELATIONSHIP TO ABOVE                        |   |  |                   |                   |
| <input type="checkbox"/> FATHER              | <input type="checkbox"/> NEPHEW             | <input type="checkbox"/> INMATE          |                   |                   |
| <input type="checkbox"/> MOTHER              | <input type="checkbox"/> NIECE              | <input type="checkbox"/> NURSE           |                   |                   |
| <input type="checkbox"/> GRANDFATHER         | <input type="checkbox"/> FATHER-IN-LAW      | <input type="checkbox"/> PATIENT         |                   |                   |
| <input type="checkbox"/> GRANDMOTHER         | <input type="checkbox"/> MOTHER-IN-LAW      | <input type="checkbox"/> ROOMER          |                   |                   |
| <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW         | <input type="checkbox"/> SERVANT         |                   |                   |
| <input type="checkbox"/> GRANDDAUGHTER       | <input type="checkbox"/> DAUGHTER-IN-LAW    | <input type="checkbox"/> OTHER (Specify) |                   |                   |
| <input type="checkbox"/> AUNT                | <input type="checkbox"/> BROTHER-IN-LAW     |  |                   |                   |
| <input type="checkbox"/> UNCLE               | <input type="checkbox"/> SISTER-IN-LAW      |  |                   |                   |

FORM 10-617 (4-22-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1970 CENSUS INDEX - INDIVIDUAL

USCOM-DC 10105-P01

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R 262                   |     | HEAD OF FAMILY |     | LOUISIANA  |       |
|                         |     | Rogers William |     | E.D.       | SHEET |
| COLOR                   | AGE | BIRTHPLACE     |     |            |       |
| W                       | 73  | Miss           |     |            |       |
| COUNTY                  |     | Caldwell       |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| 1 Mary J.               |     | W              | 60  | Miss       |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 19-436 (4-26-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |  |  |       |       |
|--|--|--|-------|-------|
| R262                                   | NAME OF INDIVIDUAL                       | Rogers, William A., Jr                     | E.O.  | SHEET |
| W                                      | AGE                                      | 30.8                                       | PLACE | Ark   |
| COUNTY                                 | Wiborg                                   |  | CITY  |       |
| CORRELATED WITH                        |  |  |       |       |
| Adams, John S.                         |  |  |       |       |
| RELATIONSHIP TO ABOVE                  |  |  |       |       |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHER          | <input type="checkbox"/> WIDOW             |       |       |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NUN               |       |       |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |       |       |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER |       |       |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |       |       |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |       |       |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW  |  |       |       |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW   |  |       |       |

FORM 10-437 10-20-511

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 15100-P-1

|                         |     |                |     |            |  |
|-------------------------|-----|----------------|-----|------------|--|
| R262                    |     | HEAD OF FAMILY |     | LOUISIANA  |  |
| Rogers, William B       |     | E.D.           |     | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |     |            |  |
| W                       | 84  |                |     |            |  |
| COUNTY                  |     | St. Landry     |     | CITY       |  |
| OTHER MEMBERS OF FAMILY |     |                |     |            |  |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| and 1 servant.          |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |

FORM 10-636 (4-22-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |  |
|-------------------------|-----|----------------|-----|------------|--|
| R262                    |     | HEAD OF FAMILY |     | LOUISIANA  |  |
| Rogers, William B       |     | E.D.           |     | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |     |            |  |
| W                       | 50  | Arkansas       |     |            |  |
| COUNTY                  |     | CITY           |     |            |  |
| Landry                  |     |                |     |            |  |
| OTHER MEMBERS OF FAMILY |     |                |     |            |  |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| Mary E.                 |     | W              | 50  |            |  |
| John V                  |     | H              | 25  |            |  |
| Virginia                |     | D              | 12  |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |

FORM 18-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



LOUISIANA

|  |  |  |  |            |             |
|--|--|--|--|------------|-------------|
| R262                                   |  | NAME OF INDIVIDUAL<br>Regina Williams      |  | E.O.<br>98 | SHEET<br>11 |
| COLOR<br>W                             | AGE<br>72                                | BIRTHPLACE<br>Mass                         |  |            |             |
| COUNTY<br>St. Tammany                  |  | CITY<br>719 N. Decatur                     |  |            |             |
| GENERATED WITH<br>Mother Ernest        |  |  |  |            |             |
| RELATIONSHIP TO ABOVE                  |  |  |  |            |             |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE            |  |            |             |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE             |  |            |             |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |  |            |             |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER |  |            |             |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |  |            |             |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |  |            |             |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |            |             |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW   |  |  |            |             |

FORM 10-537 (4-22-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1970 CENSUS INDEX - INDIVIDUAL

USCIB-DC 10100-P-61

|                         |     |                |      |            |       |
|-------------------------|-----|----------------|------|------------|-------|
| R-262                   |     | HEAD OF FAMILY |      | LOUISIANA  |       |
| Rogers                  |     | William B.     |      | E.D.       | SHEET |
| COLOR                   | AGE | BIRTHPLACE     |      |            |       |
| W                       | 48  |                |      |            |       |
| COUNTY                  |     |                | CITY |            |       |
| East Feliciana          |     |                |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| Emma D                  |     | W              | 40   |            |       |
| Eunice                  |     | D              | 14   |            |       |
| Willie B                |     | S              | 13   |            |       |
| 1 servant               |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

| 11262                   |              | HEAD OF FAMILY |            | LOUISIANA |       |
|-------------------------|--------------|----------------|------------|-----------|-------|
| COLOR                   | AGE          | BIRTHPLACE     |            | E.D.      | SHEET |
| W                       | 38           |                |            | 57        | 23    |
| COUNTY                  |              | JACKSON        |            | CITY      |       |
| OTHER MEMBERS OF FAMILY |              |                |            |           |       |
| NAME                    | RELATIONSHIP | AGE            | BIRTHPLACE |           |       |
| W                       | W            | 35             |            |           |       |
| Robert D.               | S            | 12             |            |           |       |
| Elma H.                 | S            | 8              |            |           |       |
| Lennie A.               | D            | 3              |            |           |       |
| Pauline                 | D            | 1 1/2          |            |           |       |
| Mary E.                 | M            | 65             |            |           |       |

LOUISIANA

|                         |                |            |                          |     |            |       |  |
|-------------------------|----------------|------------|--------------------------|-----|------------|-------|--|
| <i>P262</i>             | HEAD OF FAMILY |            | <i>Logan, William B.</i> |     | E.D.       | SHEET |  |
| COLOR                   | AGE            | BIRTHPLACE |                          |     |            |       |  |
| <i>W</i>                | <i>45</i>      | <i>Ill</i> |                          |     |            |       |  |
| COUNTY                  |                |            | <i>Calcasieu</i>         |     | CITY       |       |  |
| OTHER MEMBERS OF FAMILY |                |            |                          |     |            |       |  |
| NAME                    |                |            | RELATIONSHIP             | AGE | BIRTHPLACE |       |  |
| <i>Enumerated as</i>    |                |            |                          |     |            |       |  |
| <i>living alone</i>     |                |            |                          |     |            |       |  |
|                         |                |            |                          |     |            |       |  |
|                         |                |            |                          |     |            |       |  |
|                         |                |            |                          |     |            |       |  |
|                         |                |            |                          |     |            |       |  |
|                         |                |            |                          |     |            |       |  |
|                         |                |            |                          |     |            |       |  |

FORM 16-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |  |
|-------------------------|-----|----------------|-----|------------|--|
| R262                    |     | HEAD OF FAMILY |     | LOUISIANA  |  |
| Ropers William C.       |     | E.D.           |     | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |     |            |  |
| W                       | 24  |                |     |            |  |
| COUNTY                  |     | CITY           |     |            |  |
| Rapides                 |     |                |     |            |  |
| OTHER MEMBERS OF FAMILY |     |                |     |            |  |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| Missie                  |     | W              | 18  |            |  |
| Agnes                   |     | D              | 92  |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |

LOUISIANA

|                         |                                    |              |            |             |
|-------------------------|------------------------------------|--------------|------------|-------------|
| R 262                   | HEAD OF FAMILY<br>Rogers William H |              | E.D.<br>67 | SHEET<br>11 |
| COLOR<br>W              | AGE<br>42                          | BIRTHPLACE   |            |             |
| COUNTY                  |                                    | CITY         |            |             |
| OTHER MEMBERS OF FAMILY |                                    |              |            |             |
| NAME                    |                                    | RELATIONSHIP | AGE        | BIRTHPLACE  |
| Althea                  |                                    | W            | 36         |             |
| Wm Herman               |                                    | S            | 17         |             |
| Gussie                  |                                    | D            | 15         |             |
| Ira                     |                                    | D            | 12         |             |
| Homer                   |                                    | S            | 9          |             |
| Argina                  |                                    | D            | 7          |             |

FORM 16-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|                         |              |            |            |
|-------------------------|--------------|------------|------------|
| HEAD OF FAMILY          |              | E.O.       | SHEET      |
| R-242 Rogers William H  |              | 22         | 12         |
| COLOR                   | AGE          | BIRTHPLACE |            |
| W                       | 68           | La         |            |
| COUNTY                  | CITY         |            |            |
| Clai borne              |              |            |            |
| OTHER MEMBERS OF FAMILY |              |            |            |
| NAME                    | RELATIONSHIP | AGE        | BIRTHPLACE |
| Emma                    | W            | 56         | La         |
| Lela                    | D            | 33         |            |
| Ovid                    | S            | 27         |            |
| Wint                    | S            | 22         |            |
| Faris                   | S            | 15         |            |
| Blaw                    | S            | 19         |            |
| Hera                    | DL           | 16         |            |

FORM 10-436 (4-20-31)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|                         |                |            |            |       |
|-------------------------|----------------|------------|------------|-------|
| R 262                   | HEAD OF FAMILY |            | E.O.       | SHEET |
|                         | Rogers, Wm I   |            | 28         | 42    |
| COLOR                   | AGE            | BIRTHPLACE |            |       |
| W                       | 47             |            |            |       |
| COUNTY                  |                | CITY       |            |       |
| Calcasieu               |                |            |            |       |
| OTHER MEMBERS OF FAMILY |                |            |            |       |
| NAME                    | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Linda                   | W              | 38         |            |       |
| Dor                     | D              | 12         |            |       |
| Roy                     | S              | 10         |            |       |
| Mary                    | D              | 6          |            |       |
| Wm J                    | S              | 3          |            |       |
|                         |                |            |            |       |
|                         |                |            |            |       |

FORM 16-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



LOUISIANA

|   |  |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
|---|--|--|-------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|--|--|--------------------------------|--|--|
| R 262   | NAME OF INDIVIDUAL<br><i>Kaplan William L</i>      |  | E.D.<br><i>10</i> | SHEET<br><i>4</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| COLOR<br><i>W</i>   | AGE<br><i>29</i>                                   | BIRTHPLACE                               |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| COUNTY<br><i>Bienville</i>  |  | CITY                                     |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| ENUMERATED WITH<br><i>Helman Thomas L</i>   |  |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input checked="" type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |                   |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input checked="" type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW                    | <input type="checkbox"/> WIDATE          |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE                     | <input type="checkbox"/> NURSE           |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW             | <input type="checkbox"/> PATIENT         |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW             | <input type="checkbox"/> ROOMER          |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW                | <input type="checkbox"/> SERVANT         |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW           | <input type="checkbox"/> OTHER (Specify) |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input checked="" type="checkbox"/> BROTHER-IN-LAW |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW             |  |                   |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |  |  |                                |  |  |

FORM 10-637 (4-23-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 16195-P-91

## LOUISIANA

|   |  |  |                           |                           |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|---------------------------|---------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| <b>R262</b>   | <b>NAME OF INDIVIDUAL</b><br><i>Reger, William M</i> |  | <b>E.D.</b><br><i>114</i> | <b>SHEET</b><br><i>38</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <b>COLOR</b><br><i>W</i>  | <b>AGE</b><br><i>22</i>                              | <b>BIRTHPLACE</b>                          |                           |                           |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <b>COUNTY</b>   |  | <b>CITY</b>                                |                           |                           |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <b>ENUMERATED WITH</b><br><i>Tangipahoa</i>   |  |  |                           |                           |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <b>RELATIONSHIP TO ABOVE</b><br><i>Daughter John J.</i>   |  |  |                           |                           |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |                           |                           | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW                      | <input type="checkbox"/> INMATE            |                           |                           |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE                       | <input type="checkbox"/> NURSE             |                           |                           |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW               | <input type="checkbox"/> PATIENT           |                           |                           |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW               | <input checked="" type="checkbox"/> ROOMER |                           |                           |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW                  | <input type="checkbox"/> SERVANT           |                           |                           |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW             | <input type="checkbox"/> OTHER (Specify)   |                           |                           |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW              |  |                           |                           |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW               |  |                           |                           |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

Form 76-637 10-29-61

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-PC 18100-P61

| LOUISIANA               |              | E.D.             | SHEET      |
|-------------------------|--------------|------------------|------------|
| 19262                   |              | Rogers William M |            |
| COLOR                   | AGE          | BIRTHPLACE       |            |
| W                       | 34           |                  |            |
| COUNTY                  | St. Helena   | CITY             |            |
| OTHER MEMBERS OF FAMILY |              |                  |            |
| NAME                    | RELATIONSHIP | AGE              | BIRTHPLACE |
| Ella                    | W            | 22               |            |
| Laura E                 | D            | 3                |            |
| Maurice R               | S            | 1                |            |
|                         |              |                  |            |
|                         |              |                  |            |
|                         |              |                  |            |
|                         |              |                  |            |
|                         |              |                  |            |
|                         |              |                  |            |

FORM 10-636 (4-20-21)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|                         |   |                |    |                |  |            |       |
|-------------------------|---|----------------|----|----------------|--|------------|-------|
| 1203                    |   | HEAD OF FAMILY |    | Rogers, Willie |  | E.D.       | SHEET |
| 83                      |   | 14             |    |                |  |            |       |
| COLOR                   | B | AGE            | 25 | BIRTHPLACE     |  |            |       |
| COUNTY                  |   |                |    | CITY           |  |            |       |
| Pointe Coupee           |   |                |    |                |  |            |       |
| OTHER MEMBERS OF FAMILY |   |                |    |                |  |            |       |
| NAME                    |   | RELATIONSHIP   |    | AGE            |  | BIRTHPLACE |       |
| 1. Julius               |   | W              |    | 25             |  |            |       |
| 1. Marguerite           |   | D              |    | 3              |  |            |       |
|                         |   |                |    |                |  |            |       |
|                         |   |                |    |                |  |            |       |
|                         |   |                |    |                |  |            |       |
|                         |   |                |    |                |  |            |       |
|                         |   |                |    |                |  |            |       |
|                         |   |                |    |                |  |            |       |
|                         |   |                |    |                |  |            |       |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|   |  |   |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|---|------------|------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R 262   | NAME OF INDIVIDUAL<br><i>Rogers Willie</i> |   | E.D.<br>46 | SHEET<br>9 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>B</i>   | AGE<br>45                                  | BIRTHPLACE                                |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>East Feliciana</i>   |  | CITY                                      |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Samuels Mary</i>  |  |   |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> INMATE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input checked="" type="checkbox"/> SLAVE</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> |  |   |            |            | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> SLAVE | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW            | <input type="checkbox"/> INMATE           |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE             | <input type="checkbox"/> NURSE            |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW     | <input type="checkbox"/> PATIENT          |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW     | <input checked="" type="checkbox"/> SLAVE |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW        | <input type="checkbox"/> SERVANT          |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW   | <input type="checkbox"/> OTHER (Specify)  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW    |   |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW     |   |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 10100-P01

LOUISIANA

|  |  |  |      |                   |                   |
|--|--|--|------|-------------------|-------------------|
| R 262  |  | NAME OF INDIVIDUAL<br><i>Rogers Willie</i> |      | E.D.<br><i>46</i> | SHEET<br><i>7</i> |
| COLOR<br><i>YB</i>                           | AGE<br><i>14</i>                         | BIRTHPLACE                                 |      |                   |                   |
| COUNTY<br><i>East Feliciana</i>              |  |  | CITY |                   |                   |
| ENUMERATED WITH<br><i>Carter Sam</i>         |  |  |      |                   |                   |
| RELATIONSHIP TO ABOVE                        |  |  |      |                   |                   |
| <input type="checkbox"/> FATHER              | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE            |      |                   |                   |
| <input type="checkbox"/> MOTHER              | <input type="checkbox"/> NIECE           | <input type="checkbox"/> WIFE              |      |                   |                   |
| <input type="checkbox"/> GRANDFATHER         | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |      |                   |                   |
| <input type="checkbox"/> GRAMBROTHER         | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER            |      |                   |                   |
| <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |      |                   |                   |
| <input type="checkbox"/> GRANDDAUGHTER       | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |      |                   |                   |
| <input type="checkbox"/> AUNT                | <input type="checkbox"/> BROTHER-IN-LAW  |  |      |                   |                   |
| <input type="checkbox"/> UNCLE               | <input type="checkbox"/> SISTER-IN-LAW   |  |      |                   |                   |

FORM 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1960 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 10100-P61

LOUISIANA

|                         |                   |              |      |            |
|-------------------------|-------------------|--------------|------|------------|
| R262                    | HEAD OF FAMILY    |              | E.D. | SHEET      |
|                         | Rogers, Willie H. |              | 108  | 19         |
| COLOR                   | AGE               | BIRTHPLACE   |      |            |
| W                       | 33                |              |      |            |
| COUNTY                  | St. Landry        | CITY         |      |            |
| OTHER MEMBERS OF FAMILY |                   |              |      |            |
| NAME                    |                   | RELATIONSHIP | AGE  | BIRTHPLACE |
| / Willie E              |                   | W            | 25   |            |
|                         |                   |              |      |            |
|                         |                   |              |      |            |
|                         |                   |              |      |            |
|                         |                   |              |      |            |
|                         |                   |              |      |            |
|                         |                   |              |      |            |
|                         |                   |              |      |            |
|                         |                   |              |      |            |

FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

| LOUISIANA  |  |   |            |            |
|--|--|---|------------|------------|
| R262   | NAME OF INDIVIDUAL<br>Rogers, Willie   |   | E.D.<br>87 | SHEET<br>8 |
| COLOR<br>W   | AGE<br>50  | BIRTHPLACE<br>Miss  |            |            |
| COUNTY<br>St. Helena   |  | CITY  |            |            |
| ENUMERATED WITH<br>Lindsay, Edija  |  |   |            |            |
| RELATIONSHIP TO ABOVE  |  |   |            |            |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NICE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> IMMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |            |            |

FORM 10-437 (4-29-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18190-P61



LOUISIANA

|   |  |  |  |                                  |   |
|---|--|--|--|----------------------------------|---|
| R262  |  | NAME OF INDIVIDUAL<br><i>Leger, Wilmer</i> |  | E.D.<br><i>25</i>                | SHEET<br><i>3</i>                                   |
| COLOR<br><i>W</i>                           | AGE<br><i>4</i>                          | BIRTHPLACE<br><i>Ark.</i>                  |  |                                  |   |
| COUNTY<br><i>Winn</i>                       |  |  | CITY                                   |                                  |   |
| ENUMERATED WITH<br><i>Bardwell, James J</i> |  |  |  |                                  |   |
| RELATIONSHIP TO ABOVE                       |  |  |  |                                  |   |
| <input type="checkbox"/> FATHER             | <input type="checkbox"/> BROTHER         | <input type="checkbox"/> WIFE              | <input type="checkbox"/> NEPHEW        | <input type="checkbox"/> NURSE   | <input type="checkbox"/> BOARDER                    |
| <input type="checkbox"/> MOTHER             | <input type="checkbox"/> SISTER          | <input type="checkbox"/> SON               | <input type="checkbox"/> Niece         | <input type="checkbox"/> PATIENT | <input type="checkbox"/> ROOMER                     |
| <input type="checkbox"/> GRANDFATHER        | <input type="checkbox"/> BROTHER-IN-LAW  | <input type="checkbox"/> DAUGHTER          | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> SERVANT | <input checked="" type="checkbox"/> OTHER (Specify) |
| <input type="checkbox"/> GRANDMOTHER        | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> DAUGHTER-IN-LAW   | <input type="checkbox"/> MOTHER-IN-LAW |                                  |   |
| <input type="checkbox"/> GRANDSON           | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> BROTHER-IN-LAW    | <input type="checkbox"/> SISTER-IN-LAW |                                  |   |
| <input type="checkbox"/> GRANDDAUGHTER      | <input type="checkbox"/> BROTHER-IN-LAW  | <input type="checkbox"/> SISTER-IN-LAW     |  |                                  |   |
| <input type="checkbox"/> AUNT               | <input type="checkbox"/> SISTER-IN-LAW   |  |  |                                  |   |
| <input type="checkbox"/> UNCLE              |  |  |  |                                  |   |

FORM 10-637 10-20-61

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USC9084-DC 18100-P01

LOUISIANA

|  |  |   |  |            |             |
|--|--|---|--|------------|-------------|
| R262                                   |  | NAME OF INDIVIDUAL<br>Rogers, W. J.       |  | E.O.<br>44 | SHEET<br>19 |
| COLOR<br>W                             | AGE<br>33                                | BIRTHPLACE<br>Texas                       |  |            |             |
| COUNTY<br>Caldwell                     | CITY                                     |   |  |            |             |
| ENUMERATED WITH<br>Egans Edward C      |  |   |  |            |             |
| RELATIONSHIP TO ABOVE                  |  |   |  |            |             |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE           |  |            |             |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE            |  |            |             |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT          |  |            |             |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> <del>WOMAN</del> |  |            |             |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT          |  |            |             |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)  |  |            |             |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |            |             |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW   |   |  |            |             |

FORM 10-437 (4-30-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P01

## LOUISIANA

|  |     |   |      |   |       |
|--|-----|---|------|---|-------|
| R362   |     | NAME OF INDIVIDUAL  |      | E.D.  | SHEET |
|  |     | Rogers, Zuel  |      | 138   | 7     |
| COLOR  | AGE | BIRTHPLACE  |      |   |       |
| @  | 51  |   |      |   |       |
| COUNTY   |     |   | CITY |   |       |
| West Baton Rouge   |     |   |      |   |       |
| ENUMERATED WITH  |     |   |      |   |       |
| Rogers, Martha   |     |   |      |   |       |
| RELATIONSHIP TO ABOVE  |     |   |      |   |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |       |

FORM 10-637 (4-22-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 18100-P01

|  |  |   |  |           |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|---|--|-----------|------------|------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|-----------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R263   |  | NAME OF INDIVIDUAL<br><i>Richards, (not reported)</i> |  | LOUISIANA | E.D.<br>64 | SHEET<br>3 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>W</i>  | AGE<br><i>NR</i>                         | BIRTHPLACE  |  |           |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>Livingston</i>  |  | CITY<br><i>Walker</i>                                 |  |           |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>James Celis</i>  |  |   |  |           |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   |  |           |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> UNMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NUNCE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> PRISONER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |           |            |            | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> UNMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NUNCE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> PRISONER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> UNMATE                       |  |           |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NUNCE                        |  |           |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                      |  |           |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> PRISONER                     |  |           |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                      |  |           |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)              |  |           |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |           |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |   |  |           |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                   |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 10100-001

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R263                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| Richardson              |     | A              |     | E.D.       | SHEET |
| COLOR                   | AGE | BIRTHPLACE     |     |            |       |
| B                       | 21  |                |     |            |       |
| COUNTY                  |     | Webster        |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| 1 Pearl                 |     | W              | 17  |            |       |
| 2 1/2                   |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 10-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |            |                |     |            |       |
|-------------------------|------------|----------------|-----|------------|-------|
| R265                    |            | HEAD OF FAMILY |     | LOUISIANA  |       |
|                         |            | Bayne, Mrs. A. |     | E.O.       | SHEET |
| COLOR                   | AGE        | BIRTHPLACE     |     |            |       |
| 44                      | 77         |                |     |            |       |
| COUNTY                  | Vermillion |                |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |            |                |     |            |       |
| NAME                    |            | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Livingston              |            |                |     |            |       |
|                         |            |                |     |            |       |
|                         |            |                |     |            |       |
|                         |            |                |     |            |       |
|                         |            |                |     |            |       |
|                         |            |                |     |            |       |
|                         |            |                |     |            |       |
|                         |            |                |     |            |       |
|                         |            |                |     |            |       |

Form 10-436 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

| R263                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
|-------------------------|--|----------------|------------|------------|-------|
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| W                       |  | 70             | Ala        | 61         | 5     |
| COUNTY                  |  |                | CITY       |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Living Alone            |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 10-636 (4-20-11)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |    |            |  |                 |  |         |  |
|-------------------------|---|----------------|----|------------|--|-----------------|--|---------|--|
| R 263                   |   | HEAD OF FAMILY |    | LOUISIANA  |  | E.D. 96         |  | SHEET 2 |  |
| COLOR                   | B | AGE            | 35 | BIRTHPLACE |  |                 |  |         |  |
| COUNTY                  |   |                |    | Morehouse  |  | CITY Collinston |  |         |  |
| OTHER MEMBERS OF FAMILY |   |                |    |            |  |                 |  |         |  |
| NAME                    |   | RELATIONSHIP   |    | AGE        |  | BIRTHPLACE      |  |         |  |
| 1. Martha               |   | (W)            |    | 15         |  |                 |  |         |  |
|                         |   |                |    |            |  |                 |  |         |  |
|                         |   |                |    |            |  |                 |  |         |  |
|                         |   |                |    |            |  |                 |  |         |  |
|                         |   |                |    |            |  |                 |  |         |  |
|                         |   |                |    |            |  |                 |  |         |  |
|                         |   |                |    |            |  |                 |  |         |  |
|                         |   |                |    |            |  |                 |  |         |  |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |     |                 |        |            |       |
|-------------------------|-----|-----------------|--------|------------|-------|
| R263                    |     | HEAD OF FAMILY  |        | LOUISIANA  |       |
|                         |     | Richard A Louis |        | E.O.       | SHEET |
| COLOR                   | AGE | BIRTHPLACE      |        |            |       |
| W                       | 36  |                 |        |            |       |
| COUNTY                  |     |                 | CITY   |            |       |
| St. Landry              |     |                 |        |            |       |
| OTHER MEMBERS OF FAMILY |     |                 |        |            |       |
| NAME                    |     | RELATIONSHIP    | AGE    | BIRTHPLACE |       |
| Eliena                  |     | W               | 30     |            |       |
| Edward                  |     | S               | 10     |            |       |
| Joseph Joseph           |     | S               | 6      |            |       |
| Mary                    |     | D               | 4      |            |       |
| Lena                    |     | S               | 13 1/2 |            |       |
|                         |     |                 |        |            |       |
|                         |     |                 |        |            |       |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |        |                |     |              |  |           |       |
|-------------------------|--------|----------------|-----|--------------|--|-----------|-------|
| 1283                    |        | HEAD OF FAMILY |     | Richard A. N |  | LOUISIANA |       |
| COLOR                   | W      | AGE            | 28  | BIRTHPLACE   |  | E.D.      | SHEET |
|                         |        |                |     |              |  | 136       | 40    |
| COUNTY                  |        |                |     | Vermillion   |  | CITY      |       |
| OTHER MEMBERS OF FAMILY |        |                |     |              |  |           |       |
|                         | NAME   | RELATIONSHIP   | AGE | BIRTHPLACE   |  |           |       |
|                         | Eliza  | W              | 31  |              |  |           |       |
|                         | Jeddie | S              | 5   |              |  |           |       |
|                         | Ezra   | S              | 3   |              |  |           |       |
|                         |        |                |     |              |  |           |       |
|                         |        |                |     |              |  |           |       |
|                         |        |                |     |              |  |           |       |
|                         |        |                |     |              |  |           |       |
|                         |        |                |     |              |  |           |       |

FORM 16-636 (4-26-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |   |  |    |   |  |
|--|---|--|----|---|--|
| R263   |   | NAME OF INDIVIDUAL   |    | LOUISIANA   |  |
| Richard, A. S.   |   | E.O. 37  |    | SHEET 3   |  |
| COLOR  | W | AGE  | 40 | BIRTHPLACE  |  |
| COUNTY   |   | Calcasieu  |    | CITY  |  |
| ENUMERATED WITH  |   | Lake Charles   |    |   |  |
| RELATIONSHIP TO ABOVE  |   | Lyons, E. J.   |    |   |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |   | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NICE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |    | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> WORKER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |  |

FORM 10-637 (4-22-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

UNCLASSIFIED 1000-000

| R263                    |     | HEAD OF FAMILY |      | LOUISIANA  |  |
|-------------------------|-----|----------------|------|------------|--|
| COLOR                   | AGE | BIRTHPLACE     | E.O. | SHEET      |  |
| W                       | 46  | Ala            | 136  | 33         |  |
| COUNTY                  |     | Vermillion     |      | CITY       |  |
| OTHER MEMBERS OF FAMILY |     |                |      |            |  |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| Henry                   |     | S              | 17   |            |  |
| Matthe                  |     | D              | 15   |            |  |
| Frank                   |     | S              | 12   |            |  |
| Roy                     |     | S              | 9    |            |  |
| Ima                     |     | D              | 7    |            |  |
| 1 Se.                   |     |                |      |            |  |
| 1 Se S - 2 Se D         |     |                |      |            |  |

FORM 16-636 (4-30-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |         |                |            |            |       |
|-------------------------|---------|----------------|------------|------------|-------|
| R 263                   |         | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |         | AGE            | BIRTHPLACE | E.D.       | SHEET |
| B                       |         | 24             | Miss       | 29         | 9     |
| COUNTY                  |         |                | CITY       |            |       |
| East Baton Rouge        |         |                |            |            |       |
| OTHER MEMBERS OF FAMILY |         |                |            |            |       |
| NAME                    |         | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Forrestine              |         | W              | 21         |            |       |
| Cebe                    |         | S              | 3          |            |       |
| Maria                   |         | D              | 2          |            |       |
| Silas                   |         | S              | 9 1/2      |            |       |
| Raid                    | Lila    | SD             | 5          |            |       |
| Hannie                  | Conward | SS             | 20         |            |       |
|                         |         |                |            |            |       |

FORM 16-636 (4-30-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| P 263                   |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| Richard                 |     | Alice          |     | E.D.       | SHEET |
| COLOR                   | AGE | BIRTHPLACE     |     |            |       |
| W                       | 29  |                |     |            |       |
| COUNTY                  |     | St. Landry     |     | CITY       |       |
|                         |     |                |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Clemson                 |     | W              | 22  |            |       |
| Clara                   |     | D              | 8   |            |       |
| Eulene                  |     | S              | 7   |            |       |
| Aldus                   |     | S              | 5   |            |       |
| Alice                   |     | D              | 3   |            |       |
| Verna                   |     | D              | 2   |            |       |
|                         |     |                |     |            |       |

FORM 16-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



| R 263                   |     | HEAD OF FAMILY |     | LOUISIANA  |  |
|-------------------------|-----|----------------|-----|------------|--|
| Richard, Abraham        |     | E.O.           |     | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |     |            |  |
| W                       | 20  |                |     |            |  |
| COUNTY                  |     | CITY           |     |            |  |
| St. Landry              |     |                |     |            |  |
| OTHER MEMBERS OF FAMILY |     |                |     |            |  |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| Armenia                 |     | W              | 21  |            |  |
| Chas. Arthur            |     | S              | 1   |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |



|                         |                | LOUISIANA  |            |
|-------------------------|----------------|------------|------------|
| R263                    | HEAD OF FAMILY | E.D.       | SHEET      |
|                         | Richardson, Wm | 99         | 30         |
| COLOR                   | AGE            | BIRTHPLACE |            |
| B                       | 77             |            |            |
| COUNTY                  | St. Mary,      | CITY       |            |
|                         |                | Berwick    |            |
| OTHER MEMBERS OF FAMILY |                |            |            |
| NAME                    | RELATIONSHIP   | AGE        | BIRTHPLACE |
| 1 Caroline              | W              | 70         |            |
|                         |                |            |            |
|                         |                |            |            |
|                         |                |            |            |
|                         |                |            |            |
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FORM 18-636 (4-22-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |        |                |     |            |  |
|-------------------------|--------|----------------|-----|------------|--|
| R-263                   |        | HEAD OF FAMILY |     | LOUISIANA  |  |
| Richard Acade           |        | E.O.           |     | SHEET      |  |
| COLOR                   | AGE    | BIRTHPLACE     |     |            |  |
| W                       | 46     |                |     |            |  |
| COUNTY                  | Acadia | CITY           |     |            |  |
| OTHER MEMBERS OF FAMILY |        |                |     |            |  |
| NAME                    |        | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| Adolphine               |        | W              | 53  |            |  |
| Eli                     |        | S              | 21  |            |  |
| Ella                    |        | D              | 15  |            |  |
| Asimie                  |        | D              | 11  |            |  |
|                         |        |                |     |            |  |
|                         |        |                |     |            |  |
|                         |        |                |     |            |  |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |            |
|-------------------------|--|----------------|------------|------------|------------|
| 1263                    |  | HEAD OF FAMILY |            | LOUISIANA  |            |
| COLOR                   |  | AGE            | BIRTHPLACE |            | E.D. SHEET |
| W                       |  | 36             |            |            | 108 13     |
| COUNTY                  |  |                | CITY       |            |            |
| Ouachita                |  |                |            |            |            |
| OTHER MEMBERS OF FAMILY |  |                |            |            |            |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |            |
| Ben                     |  | S              | 14         |            |            |
| Helen                   |  | S              | 12         |            |            |
| Lena                    |  | D              | 9          |            |            |
| Lowell                  |  | S              | 6          |            |            |
| Pearl                   |  | D              | 2          |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |    |                |  |           |       |
|-------------------------|---|----------------|----|----------------|--|-----------|-------|
| 1263                    |   | HEAD OF FAMILY |    | Richardson Ada |  | LOUISIANA |       |
| COLOR                   | B | AGE            | 28 | BIRTHPLACE     |  | E.D.      | SHEET |
|                         |   |                |    |                |  | 101       | 17    |
| COUNTY                  |   |                |    | CITY           |  |           |       |
| Ouachita                |   |                |    | Monroe         |  |           |       |
| OTHER MEMBERS OF FAMILY |   |                |    |                |  |           |       |
| NAME                    |   |                |    | RELATIONSHIP   |  | AGE       |       |
| W. L.                   |   |                |    |                |  |           |       |
|                         |   |                |    |                |  |           |       |
|                         |   |                |    |                |  |           |       |
|                         |   |                |    |                |  |           |       |
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|                         |   |                |    |                |  |           |       |

Form 10-636 (10-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                   |      |            |  |
|-------------------------|---|-------------------|------|------------|--|
| 1263                    |   | HEAD OF FAMILY    |      | LOUISIANA  |  |
| Richard Adam            |   | E.D.              |      | SHEET      |  |
| COLOR                   | W | AGE               | 26   | BIRTHPLACE |  |
| COUNTY                  |   |                   | CITY |            |  |
| Cameton                 |   |                   |      |            |  |
| OTHER MEMBERS OF FAMILY |   |                   |      |            |  |
| NAME                    |   | RELATION-<br>SHIP | AGE  | BIRTHPLACE |  |
| Olive                   |   | W                 | 24   |            |  |
| Mary                    |   | D                 | 5    |            |  |
| Maldicia                |   | D                 | 4    |            |  |
| Pierre                  |   | S                 | 3    |            |  |
|                         |   |                   |      |            |  |
|                         |   |                   |      |            |  |
|                         |   |                   |      |            |  |

FORM 10-636 (4-22-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                | LOUISIANA |            |       |
|-------------------------|-----|----------------|-----------|------------|-------|
| R263                    |     | HEAD OF FAMILY |           | E.O.       | SHEET |
|                         |     | Richard Adam   |           | 51         | 20    |
| COLOR                   | AGE | BIRTHPLACE     |           |            |       |
| W                       | 43  |                |           |            |       |
| COUNTY                  |     | Berville       |           | CITY       |       |
| OTHER MEMBERS OF FAMILY |     |                |           |            |       |
| NAME                    |     | RELATIONSHIP   | AGE       | BIRTHPLACE |       |
| Cecelia                 |     | W              | 41        |            |       |
| Henry                   |     | S              | 12        |            |       |
| Mary                    |     | D              | 15        |            |       |
| Hanson                  |     | S              | 13        |            |       |
| Clifton                 |     | S              | 11        |            |       |
| Thomas                  |     | S              | 6         |            |       |
| Cecil                   |     | D              | 4         |            |       |

FORM 16-536 (4-20-51)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUE

*Richard Adam*

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME             | RELATIONSHIP | AGE      | BIRTHPLACE |
|------------------|--------------|----------|------------|
| <i>1 Ludwine</i> | <i>D</i>     | <i>2</i> |            |
|                  |              |          |            |
|                  |              |          |            |
|                  |              |          |            |
|                  |              |          |            |
|                  |              |          |            |
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FORM 16-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMMA-DC 16194-P61

| LOUISIANA               |   | E.O.           |     | SHEET        |  |
|-------------------------|---|----------------|-----|--------------|--|
| R263                    |   | HEAD OF FAMILY |     | Richard Adam |  |
| COLOR                   | W | AGE            | 35  | BIRTHPLACE   |  |
| COUNTY                  |   | Terrebonne     |     | CITY         |  |
|                         |   |                |     | Houma        |  |
| OTHER MEMBERS OF FAMILY |   |                |     |              |  |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE   |  |
| / Cecile                |   | W              | 32  |              |  |
| / Cecile                |   | D              | 1   |              |  |
|                         |   |                |     |              |  |
|                         |   |                |     |              |  |
|                         |   |                |     |              |  |
|                         |   |                |     |              |  |
|                         |   |                |     |              |  |
|                         |   |                |     |              |  |

FORM 16-436 (4-20-31)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



LOUISIANA

|  |  |   |                   |                   |
|--|--|---|-------------------|-------------------|
| R263                                     | NAME OF INDIVIDUAL<br><i>Richard Adams</i> |   | E.O.<br><i>11</i> | SHEET<br><i>4</i> |
| COLOR<br><i>W</i>                        | AGE<br><i>18</i>                           | BIRTHPLACE  |                   |                   |
| COUNTY<br><i>Acadia</i>                  |  | CITY<br><i>Crovelly</i>                             |                   |                   |
| ENUMERATED WITH<br><i>Richard Lastic</i> |  |   |                   |                   |
| RELATIONSHIP TO ABOVE                    |  |   |                   |                   |
| <input type="checkbox"/> FATHER          | <input type="checkbox"/> NEPHEW            | <input type="checkbox"/> WIDATE                     |                   |                   |
| <input type="checkbox"/> MOTHER          | <input type="checkbox"/> WIFE              | <input type="checkbox"/> NURSE                      |                   |                   |
| <input type="checkbox"/> GRANDFATHER     | <input type="checkbox"/> FATHER-IN-LAW     | <input type="checkbox"/> PATIENT                    |                   |                   |
| <input type="checkbox"/> GRANDMOTHER     | <input type="checkbox"/> MOTHER-IN-LAW     | <input type="checkbox"/> ROOMER                     |                   |                   |
| <input type="checkbox"/> GRANDSON        | <input type="checkbox"/> SON-IN-LAW        | <input type="checkbox"/> SERVANT                    |                   |                   |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW   | <input checked="" type="checkbox"/> OTHER (Specify) |                   |                   |
| <input type="checkbox"/> AUNT            | <input type="checkbox"/> BROTHER-IN-LAW    | <i>step son</i>                                     |                   |                   |
| <input type="checkbox"/> UNCLE           | <input type="checkbox"/> SISTER-IN-LAW     |   |                   |                   |

FORM 16-637 (4-26-67)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIV

USCOMM-OC 16192-P61

|                             |  |                                       |            |            |                             |
|-----------------------------|--|---------------------------------------|------------|------------|-----------------------------|
| B263                        |  | HEAD OF FAMILY<br><i>Richard Adam</i> |            | LOUISIANA  |                             |
| COLOR<br><i>W</i>           |  | AGE<br><i>36</i>                      | BIRTHPLACE |            | E.D. SHEET<br><i>121 63</i> |
| COUNTY<br><i>St. Landry</i> |  |                                       | CITY       |            |                             |
| OTHER MEMBERS OF FAMILY     |  |                                       |            |            |                             |
| NAME                        |  | RELATIONSHIP                          | AGE        | BIRTHPLACE |                             |
| <i>Lorena</i>               |  | <i>w</i>                              | <i>30</i>  |            |                             |
| <i>Edmund</i>               |  | <i>s</i>                              | <i>10</i>  |            |                             |
| <i>Janice</i>               |  | <i>d</i>                              | <i>8</i>   |            |                             |
| <i>Adam</i>                 |  | <i>s</i>                              | <i>6</i>   |            |                             |
| <i>Bertha</i>               |  | <i>d</i>                              | <i>3</i>   |            |                             |
|                             |  |                                       |            |            |                             |
|                             |  |                                       |            |            |                             |

FORM 19-636 (4-26-61)  
1919 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |            |
|-------------------------|--|----------------|------------|------------|------------|
| R263                    |  | HEAD OF FAMILY |            | LOUISIANA  |            |
| COLOR                   |  | AGE            | BIRTHPLACE |            | E.D. SHEET |
| W                       |  | 41             |            |            | 105-20     |
| COUNTY                  |  |                | CITY       |            |            |
| St. Landry              |  |                |            |            |            |
| OTHER MEMBERS OF FAMILY |  |                |            |            |            |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |            |
| Living Alone            |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
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|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |

FORM 18-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                | LOUISIANA    |                   |
|-------------------------|----------------|--------------|-------------------|
| R 263                   | HEAD OF FAMILY | Richard Adam | E.D. 107 SHEET 10 |
| COLOR<br>W              | AGE<br>27      | BIRTHPLACE   |                   |
| COUNTY                  | St. Landry     | CITY         | Port Barre        |
| OTHER MEMBERS OF FAMILY |                |              |                   |
| NAME                    | RELATIONSHIP   | AGE          | BIRTHPLACE        |
| Eugene                  | W              | 34           |                   |
| Louisa                  | D              | 17           |                   |
| Anna                    | D              | 15           |                   |
| Alma                    | D              | 12           |                   |
| Joseph                  | S              | 10           |                   |
| Flavia                  | D              | 8            |                   |
| Adele                   | D              | 6            |                   |

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME      | RELATION-<br>SHIP | AGE | BIRTHPLACE |
|-----------|-------------------|-----|------------|
| / Ludovic | 5                 | 4   |            |
| Alus      | 5                 | 2   |            |
|           |                   |     |            |
|           |                   |     |            |
|           |                   |     |            |
|           |                   |     |            |
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FORM 16-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18100-P61

LOUISIANA

|   |  |  |  |            |            |
|---|--|--|--|------------|------------|
| R263                                    |  | NAME OF INDIVIDUAL<br>Richardson & Lewis   |  | E.O.<br>20 | SHEET<br>3 |
| COLOR<br>B                              | AGE<br>56                                | BIRTHPLACE<br>Miss                         |  |            |            |
| COUNTY<br>East Baton Rouge              |  | CITY<br>Baton Rouge                        |  |            |            |
| ENUMERATED WITH<br>Brown (not reported) |  |  |  |            |            |
| RELATIONSHIP TO ABOVE                   |  |  |  |            |            |
| <input type="checkbox"/> FATHER         | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE            |  |            |            |
| <input type="checkbox"/> MOTHER         | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE             |  |            |            |
| <input type="checkbox"/> GRANDFATHER    | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |  |            |            |
| <input type="checkbox"/> GRANDMOTHER    | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER |  |            |            |
| <input type="checkbox"/> GRANDSON       | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |  |            |            |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |  |            |            |
| <input type="checkbox"/> AUNT           | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |            |            |
| <input type="checkbox"/> UNCLE          | <input type="checkbox"/> MISTER-IN-LAW   |  |  |            |            |

FORM 10-637 (4-25-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 1910-101

LOUISIANA

|  |  |  |            |             |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|------------|-------------|---------------------------------|---------------------------------|-------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R263   | NAME OF INDIVIDUAL<br>Richard L. Adams   |  | E.O.<br>36 | SHEET<br>10 |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br>B   | AGE<br>18                                | BIRTHPLACE                                 |            |             |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br>Calcasieu  |  | CITY<br>Lake Charles                       |            |             |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br>Bernard Amanda  |  |  |            |             |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |            |             |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> WIFE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input checked="" type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> |  |  |            |             | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIFE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIFE              |            |             |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE             |            |             |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |            |             |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER |            |             |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |            |             |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |            |             |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |  |            |             |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |  |            |             |                                 |                                 |                               |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 16-537 (4-29-51)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCGB-DC 1910-P-1

|  |                  |   |  |   |  |
|--|------------------|---|--|---|--|
| 1263   |                  | NAME OF INDIVIDUAL<br><i>Richard Adams</i>  |  | LOUISIANA<br>E.D. 5 SHEET 17  |  |
| COLOR<br><i>W</i>  | AGE<br><i>28</i> | BIRTHPLACE  |  |   |  |
| COUNTY<br><i>Ascension</i>   |                  | CITY<br><i>Donaldsonville</i>   |  |   |  |
| ENUMERATED WITH<br><i>Bluin John</i>   |                  |   |  |   |  |
| RELATIONSHIP TO ABOVE  |                  |   |  |   |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> DEBATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>Self B.</i> |  |

FORM 16-437 (4-23-61)

1910 CENSUS INDEX - INDIVIDUAL

 U.S. DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

115C0044-00 1910-P61



|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R 23                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| White                   |  | 28             |            | 93         | 6     |
| COUNTY                  |  | St. Mary       |            | CITY       |       |
|                         |  |                |            | Patterson  |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Living alone            |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 19-436 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|   |  |  |      |            |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
|---|--|--|------|------------|-------------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|---|--|--|-------------------------------|---|--|--------------------------------|--|--|
| A 243   |  | NAME OF INDIVIDUAL<br>Richard, Adeline   |      | E.O.<br>57 | SHEET<br>20 |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| COLOR<br>B  | AGE<br>8                                 | BIRTHPLACE                               |      |            |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| COUNTY  |  |  | CITY |            |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br>Iberia<br>Dickson, Lillie  |  |  |      |            |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |      |            |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> WIDOW</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input checked="" type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> |  |  |      |            |             | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDOW           |      |            |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |      |            |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |      |            |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |      |            |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |      |            |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |      |            |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |      |            |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |      |            |             |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |

FORM 10-437 (4-30-31)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 1910-P81

|                         |  |              | LOUISIANA    |             |
|-------------------------|--|--------------|--------------|-------------|
| R263                    | HEAD OF FAMILY<br><i>Richard Adenare</i> |              | E.D.<br>9    | SHEET<br>40 |
| COLOR<br><i>W</i>       | AGE<br>40                                | BIRTHPLACE   |              |             |
| COUNTY<br>Assumption    |  | CITY         |              |             |
| OTHER MEMBERS OF FAMILY |  |              |              |             |
| NAME                    |  | RELATIONSHIP | AGE          | BIRTHPLACE  |
| / <i>Cyelia</i>         |  | <i>W</i>     | <i>3 1/2</i> |             |
| / <i>Laurice</i>        |  | <i>D</i>     | <i>3</i>     |             |
|                         |  |              |              |             |
|                         |  |              |              |             |
|                         |  |              |              |             |
|                         |  |              |              |             |
|                         |  |              |              |             |
|                         |  |              |              |             |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|   |  |  |  |                 |  |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|--|-----------------|--|------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| P 263   |  | NAME OF INDIVIDUAL                         |  | Richardson Adie |  | E.D. | SHEET |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR   |  | AGE  |  | BIRTHPLACE      |  | 104  | 27    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| A   |  | 9  |  |                 |  |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY  |  |  |  | CITY            |  |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Techebonne  |  |  |  | Houma           |  |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |  |  |                 |  |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Henderson Louise  |  |  |  |                 |  |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |  |                 |  |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |                 |  |      |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE            |  |                 |  |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE             |  |                 |  |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |  |                 |  |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER |  |                 |  |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |  |                 |  |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |  |                 |  |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |                 |  |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |  |                 |  |      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 10100-P01

|                         |     |                |     |            |  |
|-------------------------|-----|----------------|-----|------------|--|
| R263                    |     | HEAD OF FAMILY |     | LOUISIANA  |  |
| Richardson Cline        |     | E.D.           |     | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |     |            |  |
| W                       | 81  | Tenn.          |     |            |  |
| COUNTY                  |     | CITY           |     |            |  |
| Clai borne              |     | Homer          |     |            |  |
| OTHER MEMBERS OF FAMILY |     |                |     |            |  |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| Price Mattie            |     | D              | 48  | Ark.       |  |
| L. Finis L.             |     | SO             | 19  |            |  |
| Richardson Stannely     |     | S              | 41  |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |

FORM 16-636 (4-20-31)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |       |            |  |
|-------------------------|-----|----------------|-------|------------|--|
| R263                    |     | HEAD OF FAMILY |       | LOUISIANA  |  |
| Richard, Adolph         |     | E.O.           |       | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |       |            |  |
| W                       | 40  |                |       |            |  |
| COUNTY                  |     | CITY           |       |            |  |
| Acadia                  |     | Morse Village  |       |            |  |
| OTHER MEMBERS OF FAMILY |     |                |       |            |  |
| NAME                    |     | RELATIONSHIP   | AGE   | BIRTHPLACE |  |
| Abigail                 |     | W              | 35    |            |  |
| Anita                   |     | D              | 10    |            |  |
| Antoinette              |     | D              | 6     |            |  |
| Alex                    |     | S              | 5     |            |  |
| Alice                   |     | D              | 1     |            |  |
| Alma                    |     | S              | 6 1/2 |            |  |
|                         |     |                |       |            |  |

|                         |  |                |  |                 |  |
|-------------------------|--|----------------|--|-----------------|--|
| R263                    |  | HEAD OF FAMILY |  | LOUISIANA       |  |
| W                       |  | 43             |  | Richard, Adolph |  |
| COLOR                   |  | AGE            |  | BIRTHPLACE      |  |
| COUNTY                  |  | Assumption     |  | CITY            |  |
| OTHER MEMBERS OF FAMILY |  |                |  |                 |  |
| NAME                    |  | RELATIONSHIP   |  | AGE             |  |
| Alice                   |  | W.             |  | 36              |  |
| Theodore                |  | S.             |  | 13              |  |
| Gabriel                 |  | S.             |  | 11              |  |
| Odell                   |  | S.             |  | 8               |  |
| Delphine                |  | S.             |  | 6               |  |
| John                    |  | S.             |  | 4               |  |
| Armeda                  |  | S.             |  | 20              |  |

FORM 10-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |  |   |  |            |  |       |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
|--|--|---|--|------------|--|-------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|---|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 1213   |  | NAME OF INDIVIDUAL                          |  | E.D.       |  | SHEET |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| COLOR  |  | AGE   |  | BIRTHPLACE |  | 20 16 |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| COUNTY   |  | Avoyelles                                   |  | CITY       |  |       |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH  |  |   |  |            |  |       |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| Benoit Brad Exalté   |  |   |  |            |  |       |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   |  |            |  |       |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> NEBATE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input checked="" type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> |  |   |  |            |  |       |  | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> NEBATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input checked="" type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> NEBATE             |  |            |  |       |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE              |  |            |  |       |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT            |  |            |  |       |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER             |  |            |  |       |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input checked="" type="checkbox"/> SERVANT |  |            |  |       |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)    |  |            |  |       |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |            |  |       |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |   |  |            |  |       |  |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |   |  |  |  |                               |   |  |                                |  |  |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 1910-PC1



|                         |     |                |      |            |  |
|-------------------------|-----|----------------|------|------------|--|
| R263                    |     | HEAD OF FAMILY |      | LOUISIANA  |  |
| Richard Adolph          |     | E.D.           |      | SHEET      |  |
| 123                     |     | 9              |      |            |  |
| COLOR                   | AGE | BIRTHPLACE     |      |            |  |
| Mw                      | 32  |                |      |            |  |
| COUNTY                  |     |                | CITY |            |  |
| St. Landry              |     |                |      |            |  |
| OTHER MEMBERS OF FAMILY |     |                |      |            |  |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| Ernestine               |     | W              | 24   |            |  |
| Jeanette                |     | S              | 10   |            |  |
| Bertrand                |     | S              | 9    |            |  |
| Adolph W.               |     | S              | 6    |            |  |
| Sidney                  |     | S              | 5    |            |  |
| Maggie                  |     | S              | 3    |            |  |
| Eubank                  |     | S              | 1    |            |  |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME         | RELATION-<br>SHIP | AGE | BIRTHPLACE |
|--------------|-------------------|-----|------------|
| Chris Lazina | m                 | 59  |            |
|              |                   |     |            |
|              |                   |     |            |
|              |                   |     |            |
|              |                   |     |            |
|              |                   |     |            |
|              |                   |     |            |
|              |                   |     |            |
|              |                   |     |            |
|              |                   |     |            |

FORM 16-436a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-OC 19196-P61

| HEAD OF FAMILY            |                 | LOUISIANA  |            |
|---------------------------|-----------------|------------|------------|
| R263                      | Richard, Adolph | E.D. 153   | SHEET 37   |
| COLOR W                   | AGE 46          | BIRTHPLACE |            |
| COUNTY St. Landry         | CITY            |            |            |
| OTHER MEMBERS OF FAMILY   |                 |            |            |
| NAME                      | RELATIONSHIP    | AGE        | BIRTHPLACE |
| Mary                      | W               | 35         |            |
| Mary                      | d               | 4          |            |
| Adolph Jr.                | s               | 20         |            |
| Joseph                    | s               | 2          |            |
| Walton                    | s               | 1          |            |
| Guillierie, Jean Baptiste | s               | 17         |            |
| Francis                   | s s             | 10         |            |

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME               | RELATION-<br>SHIP | AGE | BIRTHPLACE |
|--------------------|-------------------|-----|------------|
| Guillierie, Orine  | gm                | 80  |            |
| Soulliera, Felanta | Sunt              | 47  |            |
|                    |                   |     |            |
|                    |                   |     |            |
|                    |                   |     |            |
|                    |                   |     |            |
|                    |                   |     |            |
|                    |                   |     |            |
|                    |                   |     |            |
|                    |                   |     |            |

C 12100A 10-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18100-P01

|   |  |   |  |           |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|---|--|-----------|------------|------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R263  |  | NAME OF INDIVIDUAL<br><i>Richardson, Adolph</i> |  | LOUISIANA | E.D.<br>15 | SHEET<br>7 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>B</i>   | AGE<br>29                                | BIRTHPLACE                                      |  |           |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>East Baton Rouge</i>   | CITY<br><i>Baton Rouge</i>               |   |  |           |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Pace, Lizzie</i>  |  |   |  |           |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |  |           |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |           |            |            | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                 |  |           |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                  |  |           |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                |  |           |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER      |  |           |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                |  |           |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)        |  |           |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |           |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |  |           |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 16-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18196-P61

LOUISIANA

|  |  |  |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                 |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|--|--|--------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|---------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| <i>P263</i>  | NAME OF INDIVIDUAL<br><i>Richard Adolphine</i> |  | E.D.<br><i>105</i> | SHEET<br><i>13</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                 |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>W</i>  | AGE<br><i>18</i>                               | BIRTHPLACE                               |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                 |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>St. Landry</i>  |  | CITY                                     |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                 |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Hanks, Jean Baptiste</i>   |  |  |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                 |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |  |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                 |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> SPOUSE</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> SON OR DAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |                    |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> SPOUSE | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> SON OR DAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW                | <input type="checkbox"/> INMATE          |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                 |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE                 | <input type="checkbox"/> NURSE           |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                 |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW         | <input type="checkbox"/> PATIENT         |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                 |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW         | <input type="checkbox"/> ROOMER          |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                 |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> SPOUSE  | <input type="checkbox"/> SON-IN-LAW            | <input type="checkbox"/> SERVANT         |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                 |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> SON OR DAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW       | <input type="checkbox"/> OTHER (Specify) |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                 |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW        |  |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                 |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW         |  |                    |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                 |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-457 (4-22-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18198-P61

LOUISIANA

|                         |                |              |                |            |       |
|-------------------------|----------------|--------------|----------------|------------|-------|
| R263                    | HEAD OF FAMILY |              | RICHARD ADONCE | E.D.       | SHEET |
| COLOR                   | AGE            | BIRTHPLACE   |                |            |       |
| W                       | 30             |              |                |            |       |
| COUNTY                  | St. Mary       |              | CITY           |            |       |
| OTHER MEMBERS OF FAMILY |                |              |                |            |       |
| NAME                    |                | RELATIONSHIP | AGE            | BIRTHPLACE |       |
| 1 Addie                 |                | W            | 25             |            |       |
|                         |                |              |                |            |       |
|                         |                |              |                |            |       |
|                         |                |              |                |            |       |
|                         |                |              |                |            |       |
|                         |                |              |                |            |       |
|                         |                |              |                |            |       |
|                         |                |              |                |            |       |
|                         |                |              |                |            |       |

FORM 10-420 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |   |   |      |   |  |
|---|---|---|------|---|--|
| R262  |   | NAME OF INDIVIDUAL  |      | LOUISIANA   |  |
| Richard Adewill   |   | E.D.  |      | SHEET   |  |
| COLOR   | W | AGE   | 76   | BIRTHPLACE  |  |
| COUNTY  |   |   | CITY |   |  |
| Lafourche   |   |   |      |   |  |
| ENUMERATED WITH   |   |   |      |   |  |
| Richard Emile P   |   |   |      |   |  |
| RELATIONSHIP TO ABOVE   |   |   |      |   |  |
| <input type="checkbox"/> FATHER<br><input checked="" type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |   | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> WIDOW<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |  |

FORM 10-437 (4-22-61)

1930 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 1919-P61



| HEAD OF FAMILY          |                 | LOUISIANA  |            |
|-------------------------|-----------------|------------|------------|
| R263                    | Richard, Adrian | E.D.       | SHEET      |
| COLOR                   | AGE             | BIRTHPLACE |            |
| W                       | 26              |            |            |
| COUNTY                  | Acadia          | CITY       |            |
| OTHER MEMBERS OF FAMILY |                 |            |            |
| NAME                    | RELATIONSHIP    | AGE        | BIRTHPLACE |
| Fellia                  | W               | 27         |            |
| Edolice                 | D               | 7          |            |
| Agnes                   | D               | 5          |            |
| Jeph                    | S               | 3          |            |
| Madys                   | D               | 2          |            |
|                         |                 |            |            |
|                         |                 |            |            |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|                         |                                   |                   |            |             |
|-------------------------|-----------------------------------|-------------------|------------|-------------|
| R 263                   | HEAD OF FAMILY<br>Richard, Adrien |                   | E.D.<br>72 | SHEET<br>19 |
| COLOR<br>W              | AGE<br>20                         | BIRTHPLACE        |            |             |
| COUNTY<br>Lafayette     |                                   | CITY              |            |             |
| OTHER MEMBERS OF FAMILY |                                   |                   |            |             |
| NAME                    |                                   | RELATION-<br>SHIP | AGE        | BIRTHPLACE  |
| 1. Julio                |                                   | W                 | 20         |             |
|                         |                                   |                   |            |             |
|                         |                                   |                   |            |             |
|                         |                                   |                   |            |             |
|                         |                                   |                   |            |             |
|                         |                                   |                   |            |             |
|                         |                                   |                   |            |             |
|                         |                                   |                   |            |             |
|                         |                                   |                   |            |             |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

| R263                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
|-------------------------|-----|----------------|-----|------------|-------|
|                         |     | Richard Adrian |     | E.D.       | SHEET |
|                         |     |                |     | 131        | 9     |
| COLOR                   | AGE | BIRTHPLACE     |     |            |       |
| W                       | 39  |                |     |            |       |
| COUNTY                  |     | Vermillion     |     | CITY       |       |
|                         |     |                |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Luzina                  |     | W              | 32  |            |       |
| Alpha                   |     | S              | 14  |            |       |
| Abbas                   |     | D              | 12  |            |       |
| Adrian                  |     | D              | 9   |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

LOUISIANA

|   |   |   |             |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
|---|---|---|-------------|-------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|----------|--------------------------------|--|--|
| R263  | NAME OF INDIVIDUAL<br><i>Richard, Adose</i> |   | E.D.<br>107 | SHEET<br>12 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| COLOR<br><i>W</i>   | AGE<br><i>31</i>                            | BIRTHPLACE  |             |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| COUNTY<br><i>St. Landry</i>   |   | CITY  |             |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| ENUMERATED WITH<br><i>Fitzgerald, Willie</i>  |   |   |             |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| RELATIONSHIP TO ABOVE   |   |   |             |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>W</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |   |   |             |             | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>W</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW             | <input type="checkbox"/> INMATE                     |             |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE              | <input type="checkbox"/> NURSE                      |             |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW      | <input type="checkbox"/> PATIENT                    |             |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW      | <input type="checkbox"/> ROOMER                     |             |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW         | <input type="checkbox"/> SERVANT                    |             |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW    | <input checked="" type="checkbox"/> OTHER (Specify) |             |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW     | <i>W</i>  |             |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW      |   |             |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |

FORM 16-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1916 CENSUS INDEX - INDIVID

USCOMB-DC 16122-P61

LOUISIANA

|  |  |  |  |             |             |
|--|--|--|--|-------------|-------------|
| R263                                   |  | NAME OF INDIVIDUAL<br>Richardson Assett    |  | E.D.<br>129 | SHEET<br>19 |
| COLOR                                  | AGE<br>4 1/6                             | BIRTHPLACE                                 |  |             |             |
| COUNTY<br>Washington                   |  | CITY                                       |  |             |             |
| ENUMERATED WITH<br>Banda Ross          |  |  |  |             |             |
| RELATIONSHIP TO ABOVE                  |  |  |  |             |             |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE            |  |             |             |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE             |  |             |             |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |  |             |             |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER |  |             |             |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |  |             |             |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |  |             |             |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |             |             |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW   |  |  |             |             |

Form 16-437 (4-22-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 16106-P61

LOUISIANA

|  |  |            |                  |                    |
|--|--|------------|------------------|--------------------|
| R263   | NAME OF INDIVIDUAL<br><i>Richard Agathie</i> |            | E.O.<br><i>3</i> | SHEET<br><i>16</i> |
| COLOR<br><i>W</i>  | AGE<br><i>5</i>                              | BIRTHPLACE |                  |                    |
| COUNTY<br><i>Acadia</i>  |  | CITY       |                  |                    |
| ENUMERATED WITH<br><i>Charlie Valentine</i>  |  |            |                  |                    |
| RELATIONSHIP TO ABOVE  |  |            |                  |                    |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FATHER<br/> <input type="checkbox"/> MOTHER<br/> <input type="checkbox"/> GRANDFATHER<br/> <input type="checkbox"/> GRANDMOTHER<br/> <input type="checkbox"/> GRANDSON<br/> <input type="checkbox"/> GRANDDAUGHTER<br/> <input type="checkbox"/> AUNT<br/> <input type="checkbox"/> UNCLE         </div> <div> <input type="checkbox"/> NEPHEW<br/> <input checked="" type="checkbox"/> Niece<br/> <input type="checkbox"/> FATHER-IN-LAW<br/> <input type="checkbox"/> MOTHER-IN-LAW<br/> <input type="checkbox"/> SON-IN-LAW<br/> <input type="checkbox"/> DAUGHTER-IN-LAW<br/> <input type="checkbox"/> BROTHER-IN-LAW<br/> <input type="checkbox"/> SISTER-IN-LAW         </div> <div> <input type="checkbox"/> WEAVER<br/> <input type="checkbox"/> NURSE<br/> <input type="checkbox"/> PATIENT<br/> <input type="checkbox"/> ROOMER<br/> <input type="checkbox"/> SERVANT<br/> <input type="checkbox"/> OTHER (Specify)<br/> <hr/> </div> </div> |  |            |                  |                    |

FORM 16-537 (4-29-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 1910-P-61

LOUISIANA

|                         |                   |              |       |            |
|-------------------------|-------------------|--------------|-------|------------|
| R-263                   | HEAD OF FAMILY    |              | E.D.  | SHEET      |
|                         | Richardson, Aggie |              | 56    | 1          |
| COLOR                   | AGE               | BIRTHPLACE   |       |            |
| B                       | 20                |              |       |            |
| COUNTY                  |                   | CITY         |       |            |
| Caddo                   |                   |              |       |            |
| OTHER MEMBERS OF FAMILY |                   |              |       |            |
| NAME                    |                   | RELATIONSHIP | AGE   | BIRTHPLACE |
| / Maggie                |                   | D            | 2     |            |
| Pell                    |                   | D            | 3 1/2 |            |
|                         |                   |              |       |            |
|                         |                   |              |       |            |
|                         |                   |              |       |            |
|                         |                   |              |       |            |
|                         |                   |              |       |            |
|                         |                   |              |       |            |

FORM 10-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|   |   |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
|---|---|--|------------|-------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|---|--|
| R23   | NAME OF INDIVIDUAL<br><i>Richardson Agnes</i>     |  | E.D.<br>66 | SHEET<br>14 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| COLOR<br>B  | AGE<br>8  | BIRTHPLACE                               |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| COUNTY<br>St. James   |   | CITY                                     |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| ENUMERATED WITH<br><i>Littleson Robert</i>  |   |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| RELATIONSHIP TO ABOVE   |   |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input checked="" type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |   |  |            |             | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input checked="" type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW                   | <input type="checkbox"/> INMATE          |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE                    | <input type="checkbox"/> NURSE           |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW            | <input type="checkbox"/> PATIENT         |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW            | <input type="checkbox"/> ROOMER          |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW               | <input type="checkbox"/> SERVANT         |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW          | <input type="checkbox"/> OTHER (Specify) |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW           |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |
| <input type="checkbox"/> UNCLE  | <input checked="" type="checkbox"/> SISTER-IN-LAW |  |            |             |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |   |  |

FORM 10-437 (4-28-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL 1

USCOMM-DC 16100-P01



LOUISIANA

|   |  |  |                  |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
|---|--|--|------------------|-------------------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|---|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R263  | NAME OF INDIVIDUAL<br><i>Richard Agnes</i> |  | E.D.<br><i>2</i> | SHEET<br><i>8</i> |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>W</i>   | AGE<br><i>10</i>                           | BIRTHPLACE                               |                  |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>Acadia</i>   | <i>Acadia</i>                              | CITY<br><i>Rayne</i>                     |                  |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Richard Hippolite</i>   |  |  |                  |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |                  |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> HOUSE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input checked="" type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> |  |  |                  |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> HOUSE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW            | <input type="checkbox"/> HOUSE           |                  |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE             | <input type="checkbox"/> NURSE           |                  |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW     | <input type="checkbox"/> PATIENT         |                  |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW     | <input type="checkbox"/> ROOMER          |                  |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW        | <input type="checkbox"/> SERVANT         |                  |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW   | <input type="checkbox"/> OTHER (Specify) |                  |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW    |  |                  |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW     |  |                  |                   |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 1910-P-81

LOUISIANA

|  |  |   |           |             |
|--|--|---|-----------|-------------|
| B263                                   | NAME OF INDIVIDUAL<br>Richard Agnes      |   | E.O.<br>1 | SHEET<br>18 |
| COLOR<br>W                             | AGE<br>17                                | BIRTHPLACE  |           |             |
| COUNTY<br>Acadia                       |  | CITY  |           |             |
| ENUMERATED WITH<br>Barrilleau, Luke    |  |   |           |             |
| RELATIONSHIP TO ABOVE                  |  |   |           |             |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |           |             |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NICE            | <input type="checkbox"/> NURSE                      |           |             |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |           |             |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |           |             |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |           |             |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |           |             |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW  | <u>St. D</u>  |           |             |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW   |   |           |             |

FORM 10-47 (4-22-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 10100-P01

LOUISIANA

|  |  |   |        |          |
|--|--|---|--------|----------|
| R263                                   | NAME OF INDIVIDUAL<br><i>Richard Agnes</i> |   | E.O. 4 | SHEET 10 |
| COLOR<br><i>W</i>                      | AGE<br><i>17</i>                           | BIRTHPLACE  |        |          |
| COUNTY<br><i>Acadia</i>                |  | CITY  |        |          |
| ENUMERATED WITH                        |  |   |        |          |
| RELATIONSHIP TO ABOVE                  |  |   |        |          |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW            | <input type="checkbox"/> INMATE                     |        |          |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NIECE             | <input type="checkbox"/> NURSE                      |        |          |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW     | <input type="checkbox"/> PATIENT                    |        |          |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW     | <input type="checkbox"/> ROOMER                     |        |          |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW        | <input type="checkbox"/> SERVANT                    |        |          |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW   | <input checked="" type="checkbox"/> OTHER (Specify) |        |          |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW    | <i>s.d.</i>   |        |          |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW     |   |        |          |

FORM 16-637 (4-26-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 1910B-P61

LOUISIANA

|  |                  |   |      |   |             |
|--|------------------|---|------|---|-------------|
| R263   |                  | NAME OF INDIVIDUAL<br><i>Richardson Rogers</i>  |      | E.D.<br>39  | SHEET<br>25 |
| COLOR<br><i>B</i>  | AGE<br><i>18</i> | BIRTHPLACE  |      |   |             |
| COUNTY<br><i>East Carroll</i>  |                  |   | CITY |   |             |
| ENUMERATED WITH<br><i>Everly M. Rogers</i>   |                  |   |      |   |             |
| RELATIONSHIP TO ABOVE  |                  |   |      |   |             |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>Com</i> |             |

FORM 16-637 (4-26-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 1910-P-1

LOUISIANA

|   |  |   |      |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
|---|--|---|------|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|----------|--------------------------------|--|--|
| P263  |  | NAME OF INDIVIDUAL<br><i>Richard Agnes V.</i>         |      | E.O.<br><i>27</i> | SHEET<br><i>13</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| COLOR<br><i>W</i>   | AGE<br><i>42</i>                         | BIRTHPLACE  |      |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| COUNTY<br><i>Jefferson</i>  |  |   | CITY |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| ENUMERATED WITH<br><i>Vining Henry</i>  |  |   |      |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |      |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> BROTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>D</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |      |                   |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> BROTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>D</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                       |      |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                        |      |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                      |      |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                       |      |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                      |      |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> BROTHER (Specify) |      |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  | <i>D</i>  |      |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |      |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |          |                                |  |  |

FORM 10-437 (4-30-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18106-P61

|   |     |  |  |   |       |
|---|-----|--|--|---|-------|
| R263  |     | NAME OF INDIVIDUAL   |  | LOUISIANA   |       |
|   |     | Richardson, Riley  |  | E.D.  | SHEET |
| COLOR   | AGE | BIRTHPLACE   |  |   |       |
| B   | 17  | Miss.  |  |   |       |
| COUNTY  |     | CITY   |  |   |       |
| West Feliciana  |     |  |  |   |       |
| ENUMERATED WITH   |     |  |  |   |       |
| Richardson, Jim   |     |  |  |   |       |
| RELATIONSHIP TO ABOVE   |     |  |  |   |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input checked="" type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |     | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NICE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NUNSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br>si |       |

FORM 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 18100-P01

|  |  |   |            |  |      |
|--|--|---|------------|--|------|
| R263   |  | NAME OF INDIVIDUAL  |            | LOUISIANA  |      |
| COLOR  |  | AGE   | BIRTHPLACE |  | E.D. |
| B  |  | 16  |            |  | 103  |
| COUNTY   |  |   | SHEET      |  |      |
| Sabine   |  |   | Y          |  |      |
| CITY   |  |   |            |  |      |
| ENUMERATED WITH  |  |   |            |  |      |
| Kahin, Joe   |  |   |            |  |      |
| RELATIONSHIP TO ABOVE  |  |   |            |  |      |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |            | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |      |

Form 10-437 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 15100-P01

LOUISIANA

|  |  |   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |             |                                |  |  |
|--|--|---|--|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|-------------|--------------------------------|--|--|
| <i>Page 3</i>  |  | NAME OF INDIVIDUAL<br><i>Richardson, Alan</i>       |  | E.D.<br><i>85</i> | SHEET<br><i>36</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |             |                                |  |  |
| COLOR<br><i>B</i>  | AGE<br><i>10</i>                         | BIRTHPLACE  |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |             |                                |  |  |
| COUNTY   |  | Pointe Coupee                                       |  | CITY              |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |             |                                |  |  |
| EMIGRATED WITH<br><i>Hampton, Nedra</i>  |  |   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |             |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |             |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td><i>S.S.</i></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |                   |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW | <i>S.S.</i> | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE                     |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |             |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |             |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |             |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |             |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |             |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |             |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  | <i>S.S.</i>   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |             |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |             |                                |  |  |

FORM 16-617 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 16166-P01



PRODUCT OF

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LIBRARY BUREAU DEPARTMENT  
SERVICES OVERSEAS

**SpillDoc**  
SMALL AS  
A FLASH

300 LETTER CARD

| b   | c   | d   | e   | f   |
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| 100 | 200 | 300 | 400 | 500 |

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| 19263                   |     | HEAD OF FAMILY |     | LOUISIANA  |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.O.       | SHEET |
| 6                       | 33  |                |     | 94         | 16    |
| COUNTY                  |     | CITY           |     |            |       |
| Natchitoches            |     |                |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| 1 Emma                  |     | W              | 43  |            |       |
| 1 John                  |     | S              | 22  |            |       |
| Minnie, Harriet         |     | C              | 7   |            |       |
| 1 Oscar                 |     | C              | 4   |            |       |
| 51 Warden               |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 16-636 (4-20-21)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                                     |              |     | LOUISIANA  |            |
|-------------------------|-------------------------------------|--------------|-----|------------|------------|
| R263                    | HEAD OF FAMILY<br>Richardson Albert |              |     | E.D.<br>85 | SHEET<br>7 |
| COLOR<br>B              | AGE<br>28                           | BIRTHPLACE   |     |            |            |
| COUNTY<br>Madison       |                                     | CITY         |     |            |            |
| OTHER MEMBERS OF FAMILY |                                     |              |     |            |            |
| NAME                    |                                     | RELATIONSHIP | AGE | BIRTHPLACE |            |
| Living alone            |                                     |              |     |            |            |
|                         |                                     |              |     |            |            |
|                         |                                     |              |     |            |            |
|                         |                                     |              |     |            |            |
|                         |                                     |              |     |            |            |
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FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |   |  |            |            |
|--|---|--|------------|------------|
| R243   | NAME OF INDIVIDUAL<br><i>Richardson, Albert</i> |  | E.O.<br>81 | SHEET<br>3 |
| COLOR<br>B                                   | AGE<br>19                                       | BIRTHPLACE                               |            |            |
| COUNTY<br>Madison                            |   | CITY                                     |            |            |
| ENUMERATED WITH<br><i>Richardson, John</i>   |   |  |            |            |
| RELATIONSHIP TO ABOVE                        |   |  |            |            |
| <input type="checkbox"/> FATHER              | <input type="checkbox"/> NEPHEW                 | <input type="checkbox"/> WIDOW           |            |            |
| <input type="checkbox"/> MOTHER              | <input type="checkbox"/> Niece                  | <input type="checkbox"/> NURSE           |            |            |
| <input type="checkbox"/> GRANDFATHER         | <input type="checkbox"/> FATHER-IN-LAW          | <input type="checkbox"/> PATIENT         |            |            |
| <input type="checkbox"/> GRANDMOTHER         | <input type="checkbox"/> MOTHER-IN-LAW          | <input type="checkbox"/> ROOMER          |            |            |
| <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW             | <input type="checkbox"/> SERVANT         |            |            |
| <input type="checkbox"/> GRANDDAUGHTER       | <input type="checkbox"/> DAUGHTER-IN-LAW        | <input type="checkbox"/> OTHER (Specify) |            |            |
| <input type="checkbox"/> AUNT                | <input type="checkbox"/> BROTHER-IN-LAW         |  |            |            |
| <input type="checkbox"/> UNCLE               | <input type="checkbox"/> SISTER-IN-LAW          |  |            |            |

FORM 10-637 (4-22-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P01

LOUISIANA

|                         |                |              |                |            |       |
|-------------------------|----------------|--------------|----------------|------------|-------|
| R263                    | HEAD OF FAMILY |              | Richard Albert | E.O.       | SHEET |
| COLOR                   | AGE            | BIRTHPLACE   |                |            |       |
| W                       | 55             |              |                |            |       |
| COUNTY                  |                | St. Martin   | CITY           |            |       |
| OTHER MEMBERS OF FAMILY |                |              |                |            |       |
| NAME                    |                | RELATIONSHIP | AGE            | BIRTHPLACE |       |
| + 1 Bo                  |                |              |                |            |       |
|                         |                |              |                |            |       |
|                         |                |              |                |            |       |
|                         |                |              |                |            |       |
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FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

LOUISIANA

|                         |                |     |                   |              |      |            |       |    |
|-------------------------|----------------|-----|-------------------|--------------|------|------------|-------|----|
| R267                    | HEAD OF FAMILY |     | Richardson Albert |              | E.D. | 3          | SHEET | 14 |
| COLOR                   | B              | AGE | 42                | BIRTHPLACE   |      |            |       |    |
|                         |                |     |                   | Miss         |      |            |       |    |
| COUNTY                  |                |     |                   | CITY         |      |            |       |    |
|                         |                |     |                   | Academy      |      |            |       |    |
| OTHER MEMBERS OF FAMILY |                |     |                   |              |      |            |       |    |
| NAME                    |                |     |                   | RELATIONSHIP | AGE  | BIRTHPLACE |       |    |
| - Matilda               |                |     |                   | w            | 27   |            |       |    |
|                         |                |     |                   |              |      |            |       |    |
|                         |                |     |                   |              |      |            |       |    |
|                         |                |     |                   |              |      |            |       |    |
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FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

LOUISIANA

|                         |                |                 |      |            |
|-------------------------|----------------|-----------------|------|------------|
| R263                    | HEAD OF FAMILY |                 | E.D. | SHEET      |
|                         | Richard Albert |                 | 41   | 15         |
| COLOR                   | AGE            | BIRTHPLACE      |      |            |
| W                       | 58             |                 |      |            |
| COUNTY                  | East Carroll   |                 | CITY |            |
|                         |                | Lake Providence |      |            |
| OTHER MEMBERS OF FAMILY |                |                 |      |            |
| NAME                    |                | RELATIONSHIP    | AGE  | BIRTHPLACE |
| 1                       | Maggie         | W               | 5.3  | Scotland   |
|                         |                |                 |      |            |
|                         |                |                 |      |            |
|                         |                |                 |      |            |
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FORM 16-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|                         |  |                |  |                 |  |      |  |            |  |
|-------------------------|--|----------------|--|-----------------|--|------|--|------------|--|
| R263                    |  | HEAD OF FAMILY |  | Richard, Albert |  | E.D. |  | SHEET      |  |
| COLOR                   |  | AGE            |  | BIRTHPLACE      |  |      |  |            |  |
| W                       |  | 37             |  |                 |  |      |  |            |  |
| COUNTY                  |  |                |  | Iberville       |  | CITY |  |            |  |
| OTHER MEMBERS OF FAMILY |  |                |  |                 |  |      |  |            |  |
| NAME                    |  |                |  | RELATIONSHIP    |  | AGE  |  | BIRTHPLACE |  |
| 1 Alida                 |  |                |  | W               |  | 29   |  |            |  |
|                         |  |                |  |                 |  |      |  |            |  |
|                         |  |                |  |                 |  |      |  |            |  |
|                         |  |                |  |                 |  |      |  |            |  |
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FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



LOUISIANA

|                                       |            |                |     |                 |  |      |       |
|---------------------------------------|------------|----------------|-----|-----------------|--|------|-------|
| R263                                  |            | HEAD OF FAMILY |     | Richard, Albert |  | E.D. | SHEET |
| COLOR                                 | W          | AGE            | 43  | BIRTHPLACE      |  |      |       |
| COUNTY                                |            |                |     | CITY            |  |      |       |
| Assumption<br>OTHER MEMBERS OF FAMILY |            |                |     |                 |  |      |       |
| NAME                                  |            | RELATIONSHIP   | AGE | BIRTHPLACE      |  |      |       |
|                                       | Orella     | W              | 39  |                 |  |      |       |
|                                       | William    | S              | 18  |                 |  |      |       |
|                                       | Bertha     | S              | 17  |                 |  |      |       |
|                                       | Charles    | Adp            | 15  |                 |  |      |       |
|                                       | Albert Jr. | S              | 12  |                 |  |      |       |
|                                       | Estelle    | S              | 11  |                 |  |      |       |
|                                       | Estelle    | S              | 9   |                 |  |      |       |

FORM 10-426 (4-26-31)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME      | RELATION-<br>SHIP | AGE | BIRTHPLACE |
|-----------|-------------------|-----|------------|
| 1 Rosanna | S                 | 3   |            |
| Antole    | S                 | 2   |            |
|           |                   |     |            |
|           |                   |     |            |
|           |                   |     |            |
|           |                   |     |            |
|           |                   |     |            |
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FORM 16-636a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 16166-P61

|                         |            |                |     |            |  |
|-------------------------|------------|----------------|-----|------------|--|
| R263                    |            | HEAD OF FAMILY |     | LOUISIANA  |  |
| Richard, Albert         |            | E.O.           |     | SHEET      |  |
| COLOR                   | AGE        | BIRTHPLACE     |     |            |  |
| W                       | 24         |                |     |            |  |
| COUNTY                  | Assumption |                |     | CITY       |  |
| OTHER MEMBERS OF FAMILY |            |                |     |            |  |
| NAME                    |            | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| Ellie                   |            | W              | 19  |            |  |
| Thomas                  |            | S              | 3   |            |  |
|                         |            |                |     |            |  |
|                         |            |                |     |            |  |
|                         |            |                |     |            |  |
|                         |            |                |     |            |  |
|                         |            |                |     |            |  |
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FORM 16-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |   |  |                    |
|--|---|--|--------------------|
| R263                                     | NAME OF INDIVIDUAL<br><i>Richard Albert</i> | E.D.<br><i>12</i>                          | SHEET<br><i>15</i> |
| COLOR<br><i>B</i>                        | AGE<br><i>50</i>                            | BIRTHPLACE<br><i>U.S.</i>                  |                    |
| COUNTY<br><i>Iberia</i>                  |   | CITY                                       |                    |
| ENUMERATED WITH<br><i>Guerrin Pierre</i> |   |  |                    |
| RELATIONSHIP TO ABOVE                    |   |  |                    |
| <input type="checkbox"/> FATHER          | <input type="checkbox"/> NEPHER             | <input type="checkbox"/> INMATE            |                    |
| <input type="checkbox"/> MOTHER          | <input type="checkbox"/> NIECE              | <input type="checkbox"/> NURSE             |                    |
| <input type="checkbox"/> GRANDFATHER     | <input type="checkbox"/> FATHER-IN-LAW      | <input type="checkbox"/> PATIENT           |                    |
| <input type="checkbox"/> GRANDMOTHER     | <input type="checkbox"/> MOTHER-IN-LAW      | <input checked="" type="checkbox"/> ROOMER |                    |
| <input type="checkbox"/> GRANDSON        | <input type="checkbox"/> SON-IN-LAW         | <input type="checkbox"/> SERVANT           |                    |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW    | <input type="checkbox"/> OTHER (Specify)   |                    |
| <input type="checkbox"/> AUNT            | <input type="checkbox"/> BROTHER-IN-LAW     |  |                    |
| <input type="checkbox"/> UNCLE           | <input type="checkbox"/> SISTER-IN-LAW      |  |                    |

Form 10-437 (4-22-51)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18190-P01

|                         |                |              |           |            |
|-------------------------|----------------|--------------|-----------|------------|
| R263                    | HEAD OF FAMILY |              | LOUISIANA |            |
| COLOR                   | AGE            | BIRTHPLACE   |           | SHEET      |
| W                       | 22             | St. Landry   |           | 123 23     |
| COUNTY                  |                | CITY         |           |            |
| OTHER MEMBERS OF FAMILY |                |              |           |            |
| NAME                    |                | RELATIONSHIP | AGE       | BIRTHPLACE |
| Eloas                   |                | w            | 19        |            |
| Hubert                  |                | s            | 1         |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
|                         |                |              |           |            |
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FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |          |                |     |            |  |
|-------------------------|----------|----------------|-----|------------|--|
| R 263                   |          | HEAD OF FAMILY |     | LOUISIANA  |  |
| COLOR <i>B</i>          |          | AGE <i>38</i>  |     | BIRTHPLACE |  |
| COUNTY                  |          | St. Landry     |     | CITY       |  |
| OTHER MEMBERS OF FAMILY |          |                |     |            |  |
|                         | NAME     | RELATIONSHIP   | AGE | BIRTHPLACE |  |
|                         | Clemence | W              | 34  |            |  |
|                         | Regis    | S              | 15  |            |  |
|                         | Conrad   | S              | 13  |            |  |
|                         | Mama     | S              | 10  |            |  |
|                         | Alice    | D              | 8   |            |  |
|                         | Agnes    | D              | 6   |            |  |
|                         | Mary     | D              | 4   |            |  |



LOUISIANA

|                         |        |                |    |                 |     |            |   |     |    |
|-------------------------|--------|----------------|----|-----------------|-----|------------|---|-----|----|
| R263                    |        | HEAD OF FAMILY |    | Richard, Albert |     | E.D.       | 4 | SEX | 70 |
| COLOR                   | W      | AGE            | 47 | BIRTHPLACE      |     |            |   |     |    |
| COUNTY                  | Acadia |                |    | CITY            |     |            |   |     |    |
| OTHER MEMBERS OF FAMILY |        |                |    |                 |     |            |   |     |    |
| NAME                    |        |                |    | RELATIONSHIP    | AGE | BIRTHPLACE |   |     |    |
| Irina                   |        |                |    | 43              |     |            |   |     |    |
| Raha                    |        |                |    | 20              |     |            |   |     |    |
| Rena                    |        |                |    | 18              |     |            |   |     |    |
| Rose                    |        |                |    | 16              |     |            |   |     |    |
| Cyrley                  |        |                |    | 12              |     |            |   |     |    |
| Levit                   |        |                |    | 10              |     |            |   |     |    |
| Mauid                   |        |                |    | 8               |     |            |   |     |    |

FORM 10-626 (4-22-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMB-DC 18100-P-91



|                         |                 |            | LOUISIANA  |       |
|-------------------------|-----------------|------------|------------|-------|
| HEAD OF FAMILY          |                 |            | E.D.       | SHEET |
| R263                    | Richard, Albert |            | 4          | 70    |
| COLOR                   | AGE             | BIRTHPLACE |            |       |
| W                       | 47              |            |            |       |
| COUNTY                  | Acadia          |            | CITY       |       |
| OTHER MEMBERS OF FAMILY |                 |            |            |       |
| NAME                    | RELATIONSHIP    | AGE        | BIRTHPLACE |       |
| Quina                   | 43              |            |            |       |
| Raha                    | 20              |            |            |       |
| Rena                    | 18              |            |            |       |
| Rose                    | 16              |            |            |       |
| Curley                  | 12              |            |            |       |
| Lewis                   | 10              |            |            |       |
| Maude                   | 8               |            |            |       |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

*Richard Albert*

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME           | RELATIONSHIP | AGE | BIRTHPLACE |
|----------------|--------------|-----|------------|
| <i>Hilton</i>  | <i>6</i>     |     |            |
| <i>Estelle</i> | <i>4</i>     |     |            |
| <i>Felton</i>  | <i>2</i>     |     |            |
|                |              |     |            |
|                |              |     |            |
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FORM 10-6360 (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18100-P61

|                         |                |                        |           |            |
|-------------------------|----------------|------------------------|-----------|------------|
| R263                    | HEAD OF FAMILY |                        | LOUISIANA |            |
| COLOR<br>B              | AGE<br>24      | NAME<br>Richard Albert |           | E.D.<br>68 |
|                         |                | BIRTHPLACE<br>6        |           |            |
| COUNTY                  |                | CITY                   |           |            |
| St. James               |                |                        |           |            |
| OTHER MEMBERS OF FAMILY |                |                        |           |            |
| NAME                    |                | RELATIONSHIP           | AGE       | BIRTHPLACE |
| / Edward                |                | B                      | 21        |            |
| / Frederick             |                | B                      | 15        |            |
|                         |                |                        |           |            |
|                         |                |                        |           |            |
|                         |                |                        |           |            |
|                         |                |                        |           |            |
|                         |                |                        |           |            |
|                         |                |                        |           |            |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|                         |                |              |                |            |      |       |
|-------------------------|----------------|--------------|----------------|------------|------|-------|
| P. 263                  | HEAD OF FAMILY |              | Richard Albert |            | E.D. | SHEET |
| COLOR                   | AGE            | BIRTHPLACE   |                |            |      |       |
| W                       | 25             |              |                |            |      |       |
| COUNTY                  |                | St. Landry   |                | CITY       |      |       |
| OTHER MEMBERS OF FAMILY |                |              |                |            |      |       |
| NAME                    |                | RELATIONSHIP | AGE            | BIRTHPLACE |      |       |
| Philomena               |                | W            | 23             |            |      |       |
| Lela                    |                | D            | 5              |            |      |       |
|                         |                |              |                |            |      |       |
|                         |                |              |                |            |      |       |
|                         |                |              |                |            |      |       |
|                         |                |              |                |            |      |       |
|                         |                |              |                |            |      |       |
|                         |                |              |                |            |      |       |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|                         |                                      |              |             |             |
|-------------------------|--------------------------------------|--------------|-------------|-------------|
| R263                    | HEAD OF FAMILY <i>Richard Albert</i> |              | E.D.<br>104 | SHEET<br>23 |
| COLOR<br>W              | AGE<br>37                            | BIRTHPLACE   |             |             |
| COUNTY                  | St. Landry                           |              | CITY        |             |
| OTHER MEMBERS OF FAMILY |                                      |              |             |             |
| NAME                    |                                      | RELATIONSHIP | AGE         | BIRTHPLACE  |
| <i>Adelphine</i>        |                                      | <i>W</i>     | <i>33</i>   |             |
| <i>Achille</i>          |                                      | <i>D</i>     | <i>11</i>   |             |
| <i>Horace</i>           |                                      | <i>S</i>     | <i>7</i>    |             |
| <i>Mary</i>             |                                      | <i>D</i>     | <i>4</i>    |             |
|                         |                                      |              |             |             |
|                         |                                      |              |             |             |
|                         |                                      |              |             |             |

FORM 10-436 (4-20-31)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |   |  |                    |
|--|---|--|--------------------|
| R263   | NAME OF INDIVIDUAL<br><i>Richard Albert</i> | E.O.<br><i>52</i>                        | SHEET<br><i>20</i> |
| COLOR<br><i>W</i>                            | AGE<br><i>3</i>                             | BIRTHPLACE                               |                    |
| COUNTY<br><i>Calcasieu</i>                   | CITY<br><i>Hennings</i>                     |  |                    |
| ENUMERATED WITH<br><i>Richard Albert</i>     |   |  |                    |
| RELATIONSHIP TO ABOVE                        |   |  |                    |
| <input type="checkbox"/> FATHER              | <input type="checkbox"/> NEPHEW             | <input type="checkbox"/> WIDWIFE         |                    |
| <input type="checkbox"/> MOTHER              | <input type="checkbox"/> NIECE              | <input type="checkbox"/> NURSE           |                    |
| <input type="checkbox"/> GRANDFATHER         | <input type="checkbox"/> FATHER-IN-LAW      | <input type="checkbox"/> PATIENT         |                    |
| <input type="checkbox"/> GRANDMOTHER         | <input type="checkbox"/> MOTHER-IN-LAW      | <input type="checkbox"/> ROOMER          |                    |
| <input checked="" type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW         | <input type="checkbox"/> SERVANT         |                    |
| <input type="checkbox"/> GRANDDAUGHTER       | <input type="checkbox"/> DAUGHTER-IN-LAW    | <input type="checkbox"/> OTHER (Specify) |                    |
| <input type="checkbox"/> AUNT                | <input type="checkbox"/> BROTHER-IN-LAW     |  |                    |
| <input type="checkbox"/> UNCLE               | <input type="checkbox"/> SISTER-IN-LAW      |  |                    |

FORM 18-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P01

LOUISIANA

|   |  |  |      |                    |                    |
|---|--|--|------|--------------------|--------------------|
| R263                                    |  | NAME OF INDIVIDUAL<br><i>Richard, Albert</i> |      | S.O.<br><i>110</i> | SHEET<br><i>33</i> |
| COLOR<br><i>W</i>                       | AGE<br><i>14</i>                                   | BIRTHPLACE                                   |      |                    |                    |
| COUNTY<br><i>Icirebonne</i>             |  |  | CITY |                    |                    |
| ENUMERATED WITH<br><i>Slynn, Sidney</i> |  |  |      |                    |                    |
| RELATIONSHIP TO ABOVE                   |  |  |      |                    |                    |
| <input type="checkbox"/> FATHER         | <input type="checkbox"/> NEPHEW                    | <input type="checkbox"/> INMATE              |      |                    |                    |
| <input type="checkbox"/> MOTHER         | <input type="checkbox"/> NIECE                     | <input type="checkbox"/> NURSE               |      |                    |                    |
| <input type="checkbox"/> GRANDFATHER    | <input type="checkbox"/> FATHER-IN-LAW             | <input type="checkbox"/> PATIENT             |      |                    |                    |
| <input type="checkbox"/> GRANDMOTHER    | <input type="checkbox"/> MOTHER-IN-LAW             | <input type="checkbox"/> ROOMER              |      |                    |                    |
| <input type="checkbox"/> GRANDSON       | <input type="checkbox"/> SON-IN-LAW                | <input type="checkbox"/> SERVANT             |      |                    |                    |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW           | <input type="checkbox"/> OTHER (Specify)     |      |                    |                    |
| <input type="checkbox"/> AUNT           | <input checked="" type="checkbox"/> BROTHER-IN-LAW |  |      |                    |                    |
| <input type="checkbox"/> UNCLE          | <input type="checkbox"/> SISTER-IN-LAW             |  |      |                    |                    |

FORM 16-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-PC 16100-P61

|                         |     |                |     |            |  |
|-------------------------|-----|----------------|-----|------------|--|
| R 213                   |     | HEAD OF FAMILY |     | LOUISIANA  |  |
| Richard Albert C        |     | B.D.           |     | SHEET      |  |
| 52                      |     | 20             |     |            |  |
| COLOR                   | AGE | BIRTHPLACE     |     |            |  |
| W                       | 36  |                |     |            |  |
| COUNTY                  |     | Calcasieu      |     | CITY       |  |
|                         |     |                |     | Jennings   |  |
| OTHER MEMBERS OF FAMILY |     |                |     |            |  |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| Barbara                 |     | W              | 34  |            |  |
| Cecile                  |     | d              | 10  |            |  |
| Alberta                 |     | d              | 8   |            |  |
| Carrie B                |     | d              | 6   |            |  |
| Albert C Jr             |     | u              | 4   |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |

FORM 10-636 (4-70-61)

1970 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R 263                   |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.D.       | SHEET |
| W                       |  | 66             |            | 45         | 18    |
| COUNTY                  |  |                | CITY       |            |       |
| East Feliciana          |  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| Living Alone            |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
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|                         |  |                |            |            |       |

FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |            |                |            |            |          |
|-------------------------|------------|----------------|------------|------------|----------|
| R263                    |            | HEAD OF FAMILY |            | LOUISIANA  |          |
| COLOR                   |            | AGE            | BIRTHPLACE |            | E.O. 38  |
| W                       |            | 40             |            |            | SHEET 11 |
| COUNTY                  |            |                | CITY       |            |          |
| Lafourche               |            |                | Thibodaux  |            |          |
| OTHER MEMBERS OF FAMILY |            |                |            |            |          |
|                         | NAME       | RELATIONSHIP   | AGE        | BIRTHPLACE |          |
|                         | Eugene L   | W              | 35         |            |          |
|                         | Carl A     | S              | 16         |            |          |
|                         | Philip G   | S              | 14         |            |          |
|                         | Carlton H  | S              | 13         |            |          |
|                         | Clarence E | S              | 12         |            |          |
|                         | Lionel M   | S              | 9          |            |          |
|                         | Clara J    | S              | 6          |            |          |

FORM 16-636 (4-22-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |   |  |  |           |             |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|--|---|--|--|-----------|-------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| A267   |   | NAME OF INDIVIDUAL<br>Richardson Albusta |  | E.D.<br>5 | SHEET<br>12 |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR  | AGE<br>11                                 | BIRTHPLACE<br>Ascension                  |  |           |             |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br>3  | CITY<br>Orlando                           |  |  |           |             |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br>Rosa Mary   |   |  |  |           |             |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |   |  |  |           |             |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> INMATE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input checked="" type="checkbox"/> NIECE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> |   |  |  |           |             | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input checked="" type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW           | <input type="checkbox"/> INMATE          |  |           |             |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input checked="" type="checkbox"/> NIECE | <input type="checkbox"/> NURSE           |  |           |             |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW    | <input type="checkbox"/> PATIENT         |  |           |             |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW    | <input type="checkbox"/> ROOMER          |  |           |             |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW       | <input type="checkbox"/> SERVANT         |  |           |             |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW  | <input type="checkbox"/> OTHER (Specify) |  |           |             |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW   |  |  |           |             |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW    |  |  |           |             |                                 |                                 |                                 |                                 |   |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 16-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 1910-P61

| LOUISIANA   |  |  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|------------|------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R263  | NAME OF INDIVIDUAL<br>Richards, Alberto  |  | E.O.<br>98 | SHEET<br>4 |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br>B  | AGE<br>12                                | BIRTHPLACE                               |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br>St. Mary  |  | CITY                                     |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br>Beasley, Antonio   |  |  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tbody> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WMA TE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </tbody> </table> |  |  |            |            | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WMA TE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WMA TE          |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |            |            |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 16-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 1910-701

|   |  |
|---|--|
| LOUISIANA   |  |
| 263   | NAME OF INDIVIDUAL<br>Richard, Abby  |
| E.O.<br>49  | SHEET<br>25  |
| COLOR<br>W  | AGE<br>9   |
| BIRTHPLACE  |  |
| COUNTY<br>Calcasieu   | CITY   |
| ENUMERATED WITH<br>Mason, Jules   |  |
| RELATIONSHIP TO ABOVE   |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input checked="" type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NICE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify)  |  |

FORM 10-637 (4-30-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 1910-001

|   |              |  |                      |  |                 |
|---|--------------|--|----------------------|--|-----------------|
| P263  |              | NAME OF INDIVIDUAL <i>Richard Alby</i>   |                      | E.O. <i>52</i>   | SHEET <i>20</i> |
| COLOR <i>W</i>  | AGE <i>2</i> | BIRTHPLACE   |                      |  |                 |
| COUNTY  |              | Calcasieu  | CITY <i>Jennings</i> |  |                 |
| ENUMERATED WITH <i>Richard Adles</i>  |              |  |                      |  |                 |
| RELATIONSHIP TO ABOVE   |              |  |                      |  |                 |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input checked="" type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |              | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NICE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |                      | <input type="checkbox"/> HOST<br><input type="checkbox"/> GUEST<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |                 |

Form 10-637 (4-20-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 18100-P01

|  |                  |   |  |  |                   |
|--|------------------|---|--|--|-------------------|
| R-263  |                  | NAME OF INDIVIDUAL<br><i>Richard, Alca</i>  |  | LOUISIANA  |                   |
| COLOR<br><i>W</i>  | AGE<br><i>26</i> | BIRTHPLACE  |  | E.O.<br><i>56</i>  | SHEET<br><i>3</i> |
| COUNTY<br><i>Cameron</i>   |                  | CITY  |  |  |                   |
| ENUMERATED WITH<br><i>Duchon, John B, Jr</i>   |                  |   |  |  |                   |
| RELATIONSHIP TO ABOVE  |                  |   |  |  |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> WIDWIFE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>husband</i> |                   |

FORM 10-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18105-P01

|                         |   |                   |      |            |    |
|-------------------------|---|-------------------|------|------------|----|
| R263                    |   | HEAD OF FAMILY    |      | LOUISIANA  |    |
| COLOR                   | W | AGE               | 38   | E.D.       | 1  |
|                         |   | BIRTHPLACE        |      | SHEET      | 27 |
| COUNTY                  |   |                   | CITY |            |    |
| Assumption              |   |                   |      |            |    |
| OTHER MEMBERS OF FAMILY |   |                   |      |            |    |
| NAME                    |   | RELATION-<br>SHIP | AGE  | BIRTHPLACE |    |
| Poline                  |   | W                 | 37   |            |    |
| George                  |   | S                 | 17   |            |    |
| Theophile               |   | S                 | 15   |            |    |
| Rosina                  |   | D                 | 12   |            |    |
| August                  |   | D                 | 8    |            |    |
| Lesse                   |   | D                 | 5    |            |    |
|                         |   |                   |      |            |    |
|                         |   |                   |      |            |    |

FORM 16-436 (4-20-31)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |     |                |     |            |  |
|-------------------------|-----|----------------|-----|------------|--|
| R 263                   |     | HEAD OF FAMILY |     | LOUISIANA  |  |
| Richard, Alcede         |     | L.D.           |     | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |     | 82 7       |  |
| 774                     | 45  |                |     |            |  |
| COUNTY                  |     | Pointe Coupee  |     | CITY       |  |
|                         |     |                |     |            |  |
| OTHER MEMBERS OF FAMILY |     |                |     |            |  |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| Alma                    |     | H              | 40  |            |  |
| Myrtle                  |     | D              | 23  |            |  |
| Louise                  |     | D              | 21  |            |  |
| Stafford                |     | S              | 18  |            |  |
| Lottie                  |     | D              | 15  |            |  |
| Hollie                  |     | S              | 15  |            |  |
| Bonita                  |     | D              | 13  |            |  |

FORM 18-43 (4-20-31)

1930 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

## HEAD OF FAMILY - CONTINUED

LOUISIANA

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME      | RELATION-<br>SHIP | AGE | BIRTHPLACE |
|-----------|-------------------|-----|------------|
| Maurus    | S                 | 11  |            |
| Felicite  | S                 | 8   |            |
| Howard    | S                 | 5   |            |
| Selma     | S                 | 1   |            |
| Aristides | F                 | 76  |            |
|           |                   |     |            |
|           |                   |     |            |
|           |                   |     |            |
|           |                   |     |            |
|           |                   |     |            |

Form 18-636 (4-20-01)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

RECORDED 1910-01

|                         |            |                |      |            |        |
|-------------------------|------------|----------------|------|------------|--------|
| R 263                   |            | HEAD OF FAMILY |      | LOUISIANA  |        |
| Richard Alee            |            | E.O.           |      | SHEET      |        |
| COLOR                   | W          | AGE            | 33   | BIRTHPLACE | 123 23 |
| COUNTY                  | St. Landry |                | CITY |            |        |
| OTHER MEMBERS OF FAMILY |            |                |      |            |        |
| NAME                    |            | RELATIONSHIP   | AGE  | BIRTHPLACE |        |
| Theodore                |            | W              | 25   |            |        |
| Elvina                  |            | d              | 5    |            |        |
| Assis                   |            | d              | 3    |            |        |
| Elberta                 |            | d              | 4    |            |        |
| Theodore Maria          |            | W              | 33   |            |        |
|                         |            |                |      |            |        |
|                         |            |                |      |            |        |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R263                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
|                         |     | Richard Alcei  |     | E.O.       | SHEET |
| COLOR                   | AGE | BIRTHPLACE     |     |            |       |
| Wm                      | 22  |                |     |            |       |
| COUNTY                  |     | SL Landry      |     | CITY       |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Lucy                    |     | w              | 21  |            |       |
| Martha                  |     | D              | 2   |            |       |
| Robert                  |     | S              | 1/2 |            |       |
| Amelia Cochran          |     | C              | 12  |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

## LOUISIANA

|                         |                                  |              |           |             |
|-------------------------|----------------------------------|--------------|-----------|-------------|
| R263                    | HEAD OF FAMILY<br>RICHARD, ALCEE |              | E.O.<br>9 | SHEET<br>14 |
| COLOR<br>W              | AGE<br>36                        | BIRTHPLACE   |           |             |
| COUNTY<br>Acadia        | CITY                             |              |           |             |
| OTHER MEMBERS OF FAMILY |                                  |              |           |             |
| NAME                    |                                  | RELATIONSHIP | AGE       | BIRTHPLACE  |
| Iraida                  |                                  | W            | 36        |             |
| Helen                   |                                  | S            | 9         |             |
| Pride                   |                                  | S            | 7         |             |
| Damon                   |                                  | S            | 6         |             |
| Emma                    |                                  | D            | 4         |             |
| Pandi                   |                                  | B.           | 25        |             |
|                         |                                  |              |           |             |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

| R263                    |  | HEAD OF FAMILY |     | LOUISIANA  |  |
|-------------------------|--|----------------|-----|------------|--|
| COLOR                   |  | AGE            |     | E.D. SHEET |  |
| W                       |  | 38             |     | 106 4      |  |
| BIRTHPLACE              |  | COUNTY         |     | CITY       |  |
|                         |  | L. Landry      |     |            |  |
| OTHER MEMBERS OF FAMILY |  |                |     |            |  |
| NAME                    |  | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| Alejandro               |  | A              | 32  |            |  |
| Alejo                   |  | S              | 14  |            |  |
| Rafael                  |  | S              | 11  |            |  |
| Marcel C.               |  | D              | 8   |            |  |
| Octavio C.              |  | D              | 7   |            |  |
| Maria                   |  | D              | 4   |            |  |
| Jean B                  |  | S              | 2   |            |  |

FORM 10-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                | LOUISIANA      |            |
|-------------------------|----------------|----------------|------------|
| R243                    | HEAD OF FAMILY | Richard, Alcee |            |
|                         | E.O.           | 10             | SHEET 32   |
| COLOR                   | AGE            | BIRTHPLACE     |            |
| Wm                      | 25             |                |            |
| COUNTY                  | Acadia         | CITY           | Crowley    |
| OTHER MEMBERS OF FAMILY |                |                |            |
| NAME                    | RELATIONSHIP   | AGE            | BIRTHPLACE |
| 1 Mary                  | W              | 19             |            |
| Winnie                  | D              | 10             |            |
|                         |                |                |            |
|                         |                |                |            |
|                         |                |                |            |
|                         |                |                |            |
|                         |                |                |            |
|                         |                |                |            |
|                         |                |                |            |

LOUISIANA

|                         |                                 |              |            |             |
|-------------------------|---------------------------------|--------------|------------|-------------|
| R263                    | HEAD OF FAMILY<br>Richard Alcee |              | E.D.<br>12 | SHEET<br>14 |
| COLOR<br>W              | AGE<br>36                       | BIRTHPLACE   |            |             |
| COUNTY<br>Acadia        |                                 | CITY         |            |             |
| OTHER MEMBERS OF FAMILY |                                 |              |            |             |
| NAME                    |                                 | RELATIONSHIP | AGE        | BIRTHPLACE  |
| Fannie                  |                                 | w            | 31         |             |
| Sidney                  |                                 | s            | 10         |             |
| A Blanche               |                                 | d            | 8          |             |
| Martin                  |                                 | s            | 5          |             |
| Dollie                  |                                 | s            | 1 1/2      |             |
|                         |                                 |              |            |             |
|                         |                                 |              |            |             |



LOUISIANA

|                         |   |                        |                   |                    |
|-------------------------|---|------------------------|-------------------|--------------------|
| R263                    | HEAD OF FAMILY<br><i>Richard Alceen</i> |                        | E.D.<br><i>10</i> | SHEET<br><i>32</i> |
| COLOR<br><i>Mu</i>      | AGE<br><i>59</i>                        | BIRTHPLACE             |                   |                    |
| COUNTY<br><i>Acadia</i> |   | CITY<br><i>Crowley</i> |                   |                    |
| OTHER MEMBERS OF FAMILY |   |                        |                   |                    |
| NAME                    |   | RELATIONSHIP           | AGE               | BIRTHPLACE         |
| <i>/ Amos</i>           |   | <i>S</i>               | <i>25</i>         |                    |
| <i>/ Willie</i>         |   | <i>S</i>               | <i>13</i>         |                    |
| <i>George</i>           |   | <i>S</i>               | <i>16</i>         |                    |
|                         |   |                        |                   |                    |
|                         |   |                        |                   |                    |
|                         |   |                        |                   |                    |
|                         |   |                        |                   |                    |

FORM 16-636 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|                         |                                   |              |             |             |
|-------------------------|-----------------------------------|--------------|-------------|-------------|
| Rx 3                    | HEAD OF FAMILY<br>Richard Alcide. |              | E.O.<br>133 | SHEET<br>26 |
| COLOR<br>w              | AGE<br>19                         | BIRTHPLACE   |             |             |
| COUNTY<br>Vermillion    |                                   | CITY         |             |             |
| OTHER MEMBERS OF FAMILY |                                   |              |             |             |
| NAME                    |                                   | RELATIONSHIP | AGE         | BIRTHPLACE  |
| Lucy                    |                                   | w            | 18          |             |
| Agnes                   |                                   | D            | 4 1/2       |             |
|                         |                                   |              |             |             |
|                         |                                   |              |             |             |
|                         |                                   |              |             |             |
|                         |                                   |              |             |             |
|                         |                                   |              |             |             |
|                         |                                   |              |             |             |

|                         |                |              | LOUISIANA |            |
|-------------------------|----------------|--------------|-----------|------------|
| HEAD OF FAMILY          |                |              | E.D.      | SHEET      |
| R263                    | Richard, Abide |              | 73        | 8          |
| COLOR                   | AGE            | BIRTHPLACE   |           |            |
| W                       | 30             | Lafayette    |           |            |
| COUNTY                  |                | CITY         |           |            |
| OTHER MEMBERS OF FAMILY |                |              |           |            |
| NAME                    |                | RELATIONSHIP | AGE       | BIRTHPLACE |
| Celesta                 |                | W            | 29        |            |
| Dewey                   |                | S            | 8         |            |
| Valerie                 |                | D            | 7         |            |
| Alas                    |                | S            | 5         |            |
| Moneque                 |                | D            | 2         |            |
| Isabel                  |                | D            | 4         |            |
| + 1 lab                 |                |              |           |            |

|                         |                                   | LOUISIANA    |                  |
|-------------------------|-----------------------------------|--------------|------------------|
| R263                    | HEAD OF FAMILY<br>Richard, Alcide |              | E.D. 101 SHEET 1 |
| COLOR<br>W              | AGE<br>60                         | BIRTHPLACE   |                  |
| COUNTY<br>St. Landry    |                                   | CITY         |                  |
| OTHER MEMBERS OF FAMILY |                                   |              |                  |
| NAME                    |                                   | RELATIONSHIP | AGE              |
| Edmonia                 |                                   | W            | 53               |
| Remy                    |                                   | S            | 18               |
| and 1 hired man         |                                   |              |                  |
|                         |                                   |              |                  |
|                         |                                   |              |                  |
|                         |                                   |              |                  |
|                         |                                   |              |                  |

|                         |     |                |      |            |       |
|-------------------------|-----|----------------|------|------------|-------|
| R263                    |     | HEAD OF FAMILY |      | LOUISIANA  |       |
|                         |     | Richard, Alck  |      | E.O.       | SHEET |
|                         |     |                |      | 34         | 15    |
| COLOR                   | AGE | BIRTHPLACE     |      |            |       |
| B                       | 29  |                |      |            |       |
| COUNTY                  |     |                | CITY |            |       |
| Concordia               |     |                |      |            |       |
| OTHER MEMBERS OF FAMILY |     |                |      |            |       |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |       |
| / Alfred                |     | C              | 28   |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |
|                         |     |                |      |            |       |

FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|                         |                |     |               |              |            |            |       |   |
|-------------------------|----------------|-----|---------------|--------------|------------|------------|-------|---|
| R263                    | HEAD OF FAMILY |     | Richard Aleck |              | E.D.       | 80         | SHEET | 1 |
| COLOR                   | W              | AGE | 22            | BIRTHPLACE   |            |            |       |   |
| COUNTY                  | Lafayette      |     |               | CITY         | Alexandria |            |       |   |
| OTHER MEMBERS OF FAMILY |                |     |               |              |            |            |       |   |
| NAME                    |                |     |               | RELATIONSHIP | AGE        | BIRTHPLACE |       |   |
| 1 Adele                 |                |     |               | W            | 23         | Lafayette  |       |   |
|                         |                |     |               |              |            |            |       |   |
|                         |                |     |               |              |            |            |       |   |
|                         |                |     |               |              |            |            |       |   |
|                         |                |     |               |              |            |            |       |   |
|                         |                |     |               |              |            |            |       |   |
|                         |                |     |               |              |            |            |       |   |
|                         |                |     |               |              |            |            |       |   |

FORM 16-636 (4-30-61)

1916 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|                         |                |              |      |            |
|-------------------------|----------------|--------------|------|------------|
| R263                    | HEAD OF FAMILY |              | E.D. | SHEET      |
|                         | Richard Allee  |              | 9    | 13         |
| COLOR                   | AGE            | BIRTHPLACE   |      |            |
| W                       | 59             |              |      |            |
| COUNTY                  |                | CITY         |      |            |
| Acadia                  |                |              |      |            |
| OTHER MEMBERS OF FAMILY |                |              |      |            |
| NAME                    |                | RELATIONSHIP | AGE  | BIRTHPLACE |
| / Elsie                 |                | W            | 57   |            |
|                         |                |              |      |            |
|                         |                |              |      |            |
|                         |                |              |      |            |
|                         |                |              |      |            |
|                         |                |              |      |            |
|                         |                |              |      |            |
|                         |                |              |      |            |

FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |                  |  |  |   |            |
|--|------------------|--|--|---|------------|
| R 263  |                  | NAME OF INDIVIDUAL<br><i>Richardson Alex</i>   |  | E.D.<br>46  | SHEET<br>5 |
| COLOR<br><i>23</i>   | AGE<br><i>13</i> | BIRTHPLACE   |  |   |            |
| COUNTY<br><i>East Feliciana</i>  |                  | CITY   |  |   |            |
| ENUMERATED WITH<br><i>Wheeler Antler</i>   |                  |  |  |   |            |
| RELATIONSHIP TO ABOVE  |                  |  |  |   |            |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input checked="" type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify)<br><hr/> |            |

FORM 10-437 (10-20-51)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOMM-DC 1910B-P01



LOUISIANA

|                         |                 |                   |      |            |
|-------------------------|-----------------|-------------------|------|------------|
| R263                    | HEAD OF FAMILY  |                   | E.D. | SHEET      |
|                         | Richardson Alex |                   | 52   | 19         |
| COLOR                   | AGE             | BIRTHPLACE        |      |            |
| Wm                      | 47              |                   |      |            |
| COUNTY                  |                 | Therville         | CITY |            |
| OTHER MEMBERS OF FAMILY |                 |                   |      |            |
| NAME                    |                 | RELATION-<br>SHIP | AGE  | BIRTHPLACE |
| 1                       | Adeline         | W                 | 28   |            |
|                         | Brown John      | SL                | 23   |            |
| 1                       | Emily           | D                 | 17   |            |
|                         | Carter Sidney   | GS                | 9    |            |
| 1                       | Alex            | GS                | 6    |            |
|                         | Pearl A         | GD                | 3    |            |
|                         |                 |                   |      |            |
|                         |                 |                   |      |            |

FORM 18-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|                         |                |                   |     |            |       |
|-------------------------|----------------|-------------------|-----|------------|-------|
| R263                    | HEAD OF FAMILY | Richardson Alex   |     | E.O.       | SHEET |
| COLOR<br>B              | AGE<br>50      | BIRTHPLACE        |     |            |       |
| COUNTY<br>Assumption    | CITY           |                   |     |            |       |
| OTHER MEMBERS OF FAMILY |                |                   |     |            |       |
| NAME                    |                | RELATION-<br>SHIP | AGE | BIRTHPLACE |       |
| and 18 Partners         |                |                   |     |            |       |
|                         |                |                   |     |            |       |
|                         |                |                   |     |            |       |
|                         |                |                   |     |            |       |
|                         |                |                   |     |            |       |
|                         |                |                   |     |            |       |
|                         |                |                   |     |            |       |
|                         |                |                   |     |            |       |
|                         |                |                   |     |            |       |

FORM 18-636 (4-30-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|                         |                                       |                        |                   |                   |
|-------------------------|---------------------------------------|------------------------|-------------------|-------------------|
| R263                    | HEAD OF FAMILY<br><i>Richard Alex</i> |                        | E.D.<br><i>11</i> | SHEET<br><i>3</i> |
| COLOR<br><i>W</i>       | AGE<br><i>50</i>                      | BIRTHPLACE             |                   |                   |
| COUNTY<br><i>Acadia</i> |                                       | CITY<br><i>Crowley</i> |                   |                   |
| OTHER MEMBERS OF FAMILY |                                       |                        |                   |                   |
| NAME                    |                                       | RELATIONSHIP           | AGE               | BIRTHPLACE        |
| <i>/ Louise</i>         |                                       | <i>d</i>               | <i>15</i>         |                   |
| <i>Louis</i>            |                                       | <i>s</i>               | <i>13</i>         |                   |
| <i>Ray</i>              |                                       | <i>s</i>               | <i>10</i>         |                   |
|                         |                                       |                        |                   |                   |
|                         |                                       |                        |                   |                   |
|                         |                                       |                        |                   |                   |
|                         |                                       |                        |                   |                   |
|                         |                                       |                        |                   |                   |
|                         |                                       |                        |                   |                   |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|                         |                |               |            |       |
|-------------------------|----------------|---------------|------------|-------|
| R263                    | HEAD OF FAMILY | Richard, Alex | E.D.       | SHEET |
| COLOR                   | AGE            | BIRTHPLACE    | 105        | 18    |
| W                       | 31             |               |            |       |
| COUNTY                  | St. Landry     | CITY          |            |       |
| OTHER MEMBERS OF FAMILY |                |               |            |       |
| NAME                    | RELATIONSHIP   | AGE           | BIRTHPLACE |       |
| 1 / Norma               | W              | 26            |            |       |
| Bungazer                | S              | 4             |            |       |
|                         |                |               |            |       |
|                         |                |               |            |       |
|                         |                |               |            |       |
|                         |                |               |            |       |
|                         |                |               |            |       |
|                         |                |               |            |       |

FORM 10-430 (4-20-31)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |                 |            |       |
|-------------------------|--|----------------|-----------------|------------|-------|
| R263                    |  | HEAD OF FAMILY |                 | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE      | E.D.       | SHEET |
| B                       |  | 33             |                 | 41         | 10    |
| COUNTY                  |  |                | CITY            |            |       |
| East Carroll            |  |                | Lake Providence |            |       |
| OTHER MEMBERS OF FAMILY |  |                |                 |            |       |
| NAME                    |  | RELATIONSHIP   | AGE             | BIRTHPLACE |       |
| Mary                    |  | W              | 32              |            |       |
| Ed                      |  | S              | 14              |            |       |
| George                  |  | S              | 7               |            |       |
| Mary                    |  | D              | 3               |            |       |
|                         |  |                |                 |            |       |
|                         |  |                |                 |            |       |
|                         |  |                |                 |            |       |

FORM 10-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |           |                |         |            |  |
|-------------------------|-----------|----------------|---------|------------|--|
| R 263                   |           | HEAD OF FAMILY |         | LOUISIANA  |  |
| Richard alex            |           | E.D.           |         | SHEET      |  |
| 52                      |           | 20             |         |            |  |
| COLOR                   | W         | AGE            | #2      | BIRTHPLACE |  |
| COUNTY                  | Calcasieu | CITY           | Benning |            |  |
| OTHER MEMBERS OF FAMILY |           |                |         |            |  |
| NAME                    |           | RELATIONSHIP   | AGE     | BIRTHPLACE |  |
| Alice                   |           | sr             | 42      |            |  |
| Annie                   |           | d              | 26      |            |  |
| Eloie                   |           | d              | 25      |            |  |
| Clemency                |           | d              | 29      |            |  |
| Clifford                |           | sr             | 2       |            |  |
| Adel                    |           | gr d           | 3 1/2   |            |  |
| Arthur                  |           | sr             | 22      |            |  |

Form 19-436 (10-20-51)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME   | RELATIONSHIP | AGE | BIRTHPLACE |
|--------|--------------|-----|------------|
| Alice  | sd           | 20  |            |
| Albert | gs           | 3   |            |
| Alby   | gs           | 2   |            |
| Alex   | gs           | 18  |            |
| Albert | s            | 16  |            |
| Abby   | s            | 14  |            |
| Alva   | s            | 13  |            |
| Ellen  | d            | 10  |            |
| Alexy  | s            | 8   |            |

FORM 10-436a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USC444-DC 16100-P61

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME             | RELATIONSHIP | AGE      | BIRTHPLACE |
|------------------|--------------|----------|------------|
| <i>Alfarn</i>    | <i>s</i>     | <i>6</i> |            |
| <i>More Emma</i> | <i>g d</i>   | <i>3</i> |            |
|                  |              |          |            |
|                  |              |          |            |
|                  |              |          |            |
|                  |              |          |            |
|                  |              |          |            |
|                  |              |          |            |
|                  |              |          |            |
|                  |              |          |            |

FORM 10-436a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|                         |                      | LOUISIANA  |            |
|-------------------------|----------------------|------------|------------|
| HEAD OF FAMILY          |                      | E.D.       | SHEET      |
| R 263                   | Richardson Alexander |            | 85 7       |
| COLOR                   | AGE                  | BIRTHPLACE |            |
| B                       | 66                   |            |            |
| COUNTY                  | Madison              | CITY       |            |
| OTHER MEMBERS OF FAMILY |                      |            |            |
| NAME                    | RELATIONSHIP         | AGE        | BIRTHPLACE |
| Eveline                 | W                    | 58         | Miss       |
| Charity                 | S                    | 18         |            |
| Eveline                 | D                    | 13         |            |
| Isabelle                | D                    | 13         |            |
| Fannie                  | D                    | 11         |            |
| Reed Theals             | GD                   | 7          |            |

FORM 16-536 (4-22-51)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|   |  |   |      |                    |                    |
|---|--|---|------|--------------------|--------------------|
| R263  |  | NAME OF INDIVIDUAL<br><i>Richard, Alexander</i>     |      | E.D.<br><i>166</i> | SHEET<br><i>23</i> |
| COLOR<br><i>B</i>   | AGE<br><i>18</i>                         | BIRTHPLACE  |      |                    |                    |
| COUNTY  |  |   | CITY |                    |                    |
| ENUMERATED WITH<br><i>(In Family)</i> <i>Hutchinson, Thomas</i> |  |   |      |                    |                    |
| RELATIONSHIP TO ABOVE   |  |   |      |                    |                    |
| <input type="checkbox"/> FATHER                                 | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDOW                      |      |                    |                    |
| <input type="checkbox"/> MOTHER                                 | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                      |      |                    |                    |
| <input type="checkbox"/> GRANDFATHER                            | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |      |                    |                    |
| <input type="checkbox"/> GRANDMOTHER                            | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |      |                    |                    |
| <input type="checkbox"/> GRANDSON                               | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |      |                    |                    |
| <input type="checkbox"/> GRANDDAUGHTER                          | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |      |                    |                    |
| <input type="checkbox"/> AUNT                                   | <input type="checkbox"/> BROTHER-IN-LAW  | <i>Labourer</i>                                     |      |                    |                    |
| <input type="checkbox"/> UNCLE                                  | <input type="checkbox"/> SISTER-IN-LAW   |   |      |                    |                    |

FORM 16-637 (4-30-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 1910-P61

|                         |  |                |            |                      |      |            |  |
|-------------------------|--|----------------|------------|----------------------|------|------------|--|
| 79263                   |  | HEAD OF FAMILY |            | Richardson Alexander |      | LOUISIANA  |  |
| COLOR                   |  | AGE            | BIRTHPLACE |                      | E.D. | SHEET      |  |
| C                       |  | 31             |            |                      | 28   | 50         |  |
| COUNTY                  |  |                |            | CITY                 |      |            |  |
| Jefferson               |  |                |            |                      |      |            |  |
| OTHER MEMBERS OF FAMILY |  |                |            |                      |      |            |  |
| NAME                    |  |                |            | RELATIONSHIP         | AGE  | BIRTHPLACE |  |
| Elizabeth               |  |                |            | W                    | 28   |            |  |
| Bertha                  |  |                |            | D                    | 11   |            |  |
| Alexander               |  |                |            | S                    | 9    |            |  |
|                         |  |                |            |                      |      |            |  |
|                         |  |                |            |                      |      |            |  |
|                         |  |                |            |                      |      |            |  |
|                         |  |                |            |                      |      |            |  |
|                         |  |                |            |                      |      |            |  |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |        |                |     |            |  |
|-------------------------|--------|----------------|-----|------------|--|
| B 263                   |        | HEAD OF FAMILY |     | LOUISIANA  |  |
| Richard, Alexander      |        | E.D.           |     | SHEET      |  |
| COLOR                   | AGE    | BIRTHPLACE     |     |            |  |
| W                       | 48     |                |     |            |  |
| COUNTY                  | Acadia | CITY           |     |            |  |
| OTHER MEMBERS OF FAMILY |        |                |     |            |  |
| NAME                    |        | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| Anisse                  |        | W              | 45  |            |  |
| Laura                   |        | D              | 21  |            |  |
| Wells                   |        | D              | 13  |            |  |
|                         |        |                |     |            |  |
|                         |        |                |     |            |  |
|                         |        |                |     |            |  |
|                         |        |                |     |            |  |
|                         |        |                |     |            |  |

|                         |                                      |              |            |
|-------------------------|--------------------------------------|--------------|------------|
|                         |                                      | LOUISIANA    |            |
| R243                    | HEAD OF FAMILY<br>Richard, Alexander |              | E.D.<br>56 |
|                         |                                      |              | SHEET<br>6 |
| COLOR<br>B              | AGE<br>39                            | BIRTHPLACE   |            |
| COUNTY                  | Plaquemines                          |              | CITY       |
| OTHER MEMBERS OF FAMILY |                                      |              |            |
| NAME                    |                                      | RELATIONSHIP | AGE        |
| Clementine              |                                      | W            | 30         |
| Hazel                   |                                      | d            | 8          |
| Richard                 |                                      | s            | 6          |
| Albert                  |                                      | s            | 4          |
|                         |                                      |              |            |
|                         |                                      |              |            |
|                         |                                      |              |            |

FORM 18-636 (4-28-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|                         |  |                   |             |             |
|-------------------------|--|-------------------|-------------|-------------|
| R263                    | HEAD OF FAMILY<br>Richard Alexander V. |                   | E.D.<br>104 | SHEET<br>21 |
| COLOR<br>W              | AGE<br>85                              | BIRTHPLACE        |             |             |
| COUNTY<br>St. Landry    |  | CITY              |             |             |
| OTHER MEMBERS OF FAMILY |  |                   |             |             |
| NAME                    |  | RELATION-<br>SHIP | AGE         | BIRTHPLACE  |
| 1 Emily                 |  | W                 | 66          |             |
| and, nephew             |  |                   |             |             |
|                         |  |                   |             |             |
|                         |  |                   |             |             |
|                         |  |                   |             |             |
|                         |  |                   |             |             |
|                         |  |                   |             |             |
|                         |  |                   |             |             |

FORM 16-636 (2-20-61)  
1916 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

| LOUISIANA               |            | E.D.           |     | SHEET              |  |
|-------------------------|------------|----------------|-----|--------------------|--|
| R963                    |            | HEAD OF FAMILY |     | Richard, Alexandra |  |
| COLOR                   | W          | AGE            | 27  | BIRTHPLACE         |  |
| COUNTY                  | St. Landry |                |     | CITY               |  |
| OTHER MEMBERS OF FAMILY |            |                |     |                    |  |
| NAME                    |            | RELATIONSHIP   | AGE | BIRTHPLACE         |  |
| 1 Enfrayea              |            | W              | 25  |                    |  |
| and 1 Ephson            |            |                |     |                    |  |
|                         |            |                |     |                    |  |
|                         |            |                |     |                    |  |
|                         |            |                |     |                    |  |
|                         |            |                |     |                    |  |
|                         |            |                |     |                    |  |
|                         |            |                |     |                    |  |
|                         |            |                |     |                    |  |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

| R 263                   |           | HEAD OF FAMILY |       | LOUISIANA  |  |
|-------------------------|-----------|----------------|-------|------------|--|
| Richard, Alexandre      |           | E.D.           | SHEET |            |  |
| COLOR                   | AGE       | BIRTHPLACE     |       |            |  |
| W                       | 53        |                |       |            |  |
| COUNTY                  | CITY      |                |       |            |  |
| Lafayette               | Lafayette |                |       |            |  |
| OTHER MEMBERS OF FAMILY |           |                |       |            |  |
| NAME                    |           | RELATIONSHIP   | AGE   | BIRTHPLACE |  |
| Louis                   |           | A              | 23    |            |  |
| Louise                  |           | W              | 21    |            |  |
|                         |           |                |       |            |  |
|                         |           |                |       |            |  |
|                         |           |                |       |            |  |
|                         |           |                |       |            |  |
|                         |           |                |       |            |  |
|                         |           |                |       |            |  |
|                         |           |                |       |            |  |





|                         |                | LOUISIANA         |                   |
|-------------------------|----------------|-------------------|-------------------|
| R 263                   | HEAD OF FAMILY | Richard Alexandre | E.D. 100 SHEET 15 |
| COLOR<br>W              | AGE<br>34      | BIRTHPLACE        |                   |
| COUNTY                  |                | CITY              |                   |
| St. Landry              |                |                   |                   |
| OTHER MEMBERS OF FAMILY |                |                   |                   |
|                         | NAME           | RELATIONSHIP      | AGE               |
| /                       | Euphemie       | W                 | 23                |
|                         | Ely            | S                 | 8                 |
|                         | Eta            | D                 | 6                 |
|                         | Ellena         | D                 | 4                 |
|                         | Ellvicy        | S                 | 2                 |
|                         |                |                   |                   |
|                         |                |                   |                   |

|                         |                                     | LOUISIANA    |                 |
|-------------------------|-------------------------------------|--------------|-----------------|
| R 263                   | HEAD OF FAMILY<br>Richard Alexandre |              | E.D. 1 SHEET 14 |
| COLOR<br>W              | AGE<br>54                           | BIRTHPLACE   |                 |
| COUNTY<br>Acadia        | CITY                                |              |                 |
| OTHER MEMBERS OF FAMILY |                                     |              |                 |
| NAME                    |                                     | RELATIONSHIP | AGE             |
| Emeline                 |                                     | W            | 57              |
| Adam                    |                                     | S            | 24              |
| Joseph                  |                                     | S            | 13              |
| Malecia                 |                                     | D            | 12              |
|                         |                                     |              |                 |
|                         |                                     |              |                 |
|                         |                                     |              |                 |

|  |   |
|--|---|
| LOUISIANA  |   |
| NAME OF INDIVIDUAL<br><i>Richard Alexis</i>  | E.D.<br><i>139</i>  |
| COLOR<br><i>W</i>  | SHEET<br><i>15</i>  |
| AGE<br><i>52</i>   | BIRTHPLACE  |
| COUNTY<br><i>Vermillion</i>  | CITY  |
| ENUMERATED WITH<br><i>Abshire, Cernelia</i>  |   |
| RELATIONSHIP TO ABOVE  |   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |
| <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>S</i>  |   |

FORM 10-437 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18102-P81

|                         |               |                |     |            |  |
|-------------------------|---------------|----------------|-----|------------|--|
| R 263                   |               | HEAD OF FAMILY |     | LOUISIANA  |  |
| Richard Alexis          |               | E.D.           |     | SHEET      |  |
| COLOR                   | AGE           | BIRTHPLACE     |     |            |  |
| mu                      | 33            |                |     |            |  |
| COUNTY                  |               | St. James      |     | CITY       |  |
| OTHER MEMBERS OF FAMILY |               |                |     |            |  |
|                         | NAME          | RELATIONSHIP   | AGE | BIRTHPLACE |  |
|                         | Joseph        | W              | 30  |            |  |
|                         | Mildred E.    | D              | 9   |            |  |
|                         | Blanche C.    | D              | 7   |            |  |
|                         | Joseph S.     | D              | 5   |            |  |
|                         | Alexis J. Jr. | S              | 4   |            |  |
|                         | Bethune       | D              | 2   |            |  |

Form 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |              |                |            |           |       |
|-------------------------|--|----------------|--------------|----------------|------------|-----------|-------|
| R213                    |  | HEAD OF FAMILY |              | Richard Alston |            | LOUISIANA |       |
| COLOR                   |  | AGE            | BIRTHPLACE   |                | E.D.       |           | SHEET |
| W                       |  | 26             |              |                | 66         |           | 35    |
| COUNTY                  |  |                | Lafayette    |                | CITY       |           |       |
| OTHER MEMBERS OF FAMILY |  |                |              |                |            |           |       |
| NAME                    |  |                | RELATIONSHIP | AGE            | BIRTHPLACE |           |       |
| Asala                   |  |                | W            | 24             |            |           |       |
| Asami                   |  |                | D            | 3              |            |           |       |
|                         |  |                |              |                |            |           |       |
|                         |  |                |              |                |            |           |       |
|                         |  |                |              |                |            |           |       |
|                         |  |                |              |                |            |           |       |
|                         |  |                |              |                |            |           |       |
|                         |  |                |              |                |            |           |       |

|                         |     |                |     |            |  |
|-------------------------|-----|----------------|-----|------------|--|
| R263                    |     | HEAD OF FAMILY |     | LOUISIANA  |  |
| Richard, Alfred         |     | E.O.           |     | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |     |            |  |
| W                       | 23  |                |     |            |  |
| COUNTY                  |     | Cameron        |     | CITY       |  |
|                         |     |                |     |            |  |
| OTHER MEMBERS OF FAMILY |     |                |     |            |  |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |  |
| Catherine               |     | W              | 24  |            |  |
| Bertha                  |     | W              | 7   |            |  |
| Bessie                  |     | S              | 5   |            |  |
| Ernest                  |     | W              | 2   |            |  |
| Ernie                   |     | W              | 2   |            |  |
|                         |     |                |     |            |  |
|                         |     |                |     |            |  |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

| R263                    |              | HEAD OF FAMILY |            | LOUISIANA |  |
|-------------------------|--------------|----------------|------------|-----------|--|
| COLOR                   | AGE          | BIRTHPLACE     | E.D.       | SHEET     |  |
| W                       | 21           |                | 5          | 18        |  |
| COUNTY Assumption       |              |                | CITY       |           |  |
| OTHER MEMBERS OF FAMILY |              |                |            |           |  |
| NAME                    | RELATIONSHIP | AGE            | BIRTHPLACE |           |  |
| Sarahyine               | W            | 20             |            |           |  |
| Joseph                  | S            | 10             |            |           |  |
| Leta                    | S            | 7              |            |           |  |
| Alvin                   | S            | 5              |            |           |  |
| Lynell                  | S            | 3              |            |           |  |
| Nicholas                | S            | 1              |            |           |  |

FORM 16-626 (4-22-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



LOUISIANA

|   |  |   |  |            |             |                                 |                                 |                                |                                 |                                |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|---|--|---|--|------------|-------------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------|-------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| R243  |  | NAME OF INDIVIDUAL<br>Richardson Alfred             |  | E.O.<br>43 | SHEET<br>28 |                                 |                                 |                                |                                 |                                |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR<br>B  | AGE<br>23                                | BIRTHPLACE  |  |            |             |                                 |                                 |                                |                                 |                                |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY<br>Lafourche   |  | CITY  |  |            |             |                                 |                                 |                                |                                 |                                |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH<br>Lissman John   |  |   |  |            |             |                                 |                                 |                                |                                 |                                |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |  |            |             |                                 |                                 |                                |                                 |                                |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDOW</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> WIFE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> MISTRESS-IN-LAW</td> <td></td> </tr> </table> |  |   |  |            |             | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> WIFE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> MISTRESS-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDOW                      |  |            |             |                                 |                                 |                                |                                 |                                |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> WIFE                       |  |            |             |                                 |                                 |                                |                                 |                                |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |            |             |                                 |                                 |                                |                                 |                                |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |            |             |                                 |                                 |                                |                                 |                                |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |            |             |                                 |                                 |                                |                                 |                                |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |            |             |                                 |                                 |                                |                                 |                                |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |            |             |                                 |                                 |                                |                                 |                                |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> MISTRESS-IN-LAW |   |  |            |             |                                 |                                 |                                |                                 |                                |                               |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 10-637 14-50-511

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 10100-P-1

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R263                    |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE |            | E.D.  |
| B                       |  | 48             |            |            | 61    |
| COUNTY                  |  |                | CITY       |            | SHEET |
| Iberville               |  |                |            |            | 9     |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| / Hannah                |  | W              | 45         |            |       |
| Newton                  |  | S              | 20         |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |      |            |  |
|-------------------------|-----|----------------|------|------------|--|
| R263                    |     | HEAD OF FAMILY |      | LOUISIANA  |  |
| Richardson Alfred       |     | E.O.           |      | SHEET      |  |
| COLOR                   | AGE | BIRTHPLACE     |      |            |  |
| B                       | 58  |                |      |            |  |
| COUNTY                  |     |                | CITY |            |  |
| St. Bernard             |     |                |      |            |  |
| OTHER MEMBERS OF FAMILY |     |                |      |            |  |
| NAME                    |     | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| I Silly                 |     | W              | 40   |            |  |
| Dwight Elmer            |     | G D            | 11   |            |  |
| Florence                |     | G D            | 8    |            |  |
| Beatrice                |     | G D            | 5    |            |  |
| Clement                 |     | G S            | 13   |            |  |
|                         |     |                |      |            |  |
|                         |     |                |      |            |  |

FORM 16-436 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |   |  |                   |                    |                                 |                                 |                                    |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|--|--|---|--|-------------------|--------------------|---------------------------------|---------------------------------|------------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| R 263  |  | NAME OF INDIVIDUAL<br><i>Richards, Alfred</i>       |  | LOUISIANA         |                    |                                 |                                 |                                    |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR<br><i>B</i>  | AGE<br><i>38</i>                         | BIRTHPLACE  |  | E.D.<br><i>34</i> | SHEET<br><i>15</i> |                                 |                                 |                                    |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY<br><i>Concordia</i>   |  | CITY  |  |                   |                    |                                 |                                 |                                    |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Richards, Alice</i>  |  |   |  |                   |                    |                                 |                                 |                                    |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   |  |                   |                    |                                 |                                 |                                    |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> IMMIGRANT</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> Niece</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |                   |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> IMMIGRANT | <input type="checkbox"/> MOTHER | <input type="checkbox"/> Niece | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> IMMIGRANT                  |  |                   |                    |                                 |                                 |                                    |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> Niece           | <input type="checkbox"/> NURSE                      |  |                   |                    |                                 |                                 |                                    |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |  |                   |                    |                                 |                                 |                                    |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |  |                   |                    |                                 |                                 |                                    |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |  |                   |                    |                                 |                                 |                                    |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |  |                   |                    |                                 |                                 |                                    |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |                   |                    |                                 |                                 |                                    |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |   |  |                   |                    |                                 |                                 |                                    |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 10-437 (4-22-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18100-P01

LOUISIANA

|  |           |  |  |   |             |
|--|-----------|--|--|---|-------------|
| P263   |           | NAME OF INDIVIDUAL<br>Richard Alfred   |  | E.D.<br>103   | SHEET<br>18 |
| COLOR<br>B   | AGE<br>26 | BIRTHPLACE   |  |   |             |
| COUNTY<br>St. Landry   |           | CITY<br>Opelousas  |  |   |             |
| ENUMERATED WITH<br>Evans Alf   |           |  |  |   |             |
| RELATIONSHIP TO ABOVE  |           |  |  |   |             |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |           | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input checked="" type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> PRIVATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |             |

FORM 18-637 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

| HEAD OF FAMILY          |                 | LOUISIANA |            |
|-------------------------|-----------------|-----------|------------|
| 263                     | Richard, Alfred | E.D.      | SHEET      |
| COLOR                   | AGE             |           |            |
| W                       | 30              | 71        | 3          |
| BIRTHPLACE              |                 |           |            |
| COUNTY                  |                 | CITY      |            |
| St. James               |                 |           |            |
| OTHER MEMBERS OF FAMILY |                 |           |            |
| NAME                    | RELATIONSHIP    | AGE       | BIRTHPLACE |
| 1 Adeline               | W               | 26        |            |
|                         |                 |           |            |
|                         |                 |           |            |
|                         |                 |           |            |
|                         |                 |           |            |
|                         |                 |           |            |
|                         |                 |           |            |
|                         |                 |           |            |
|                         |                 |           |            |
|                         |                 |           |            |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |                |            |            |        |
|-------------------------|----------------|------------|------------|--------|
| R263                    | HEAD OF FAMILY |            | LOUISIANA  |        |
| COLOR                   | AGE            | BIRTHPLACE |            | SHEET  |
| B                       | 46             |            |            | 153 13 |
| COUNTY                  |                | CITY       |            |        |
| St. Landry              |                |            |            |        |
| OTHER MEMBERS OF FAMILY |                |            |            |        |
| NAME                    | RELATIONSHIP   | AGE        | BIRTHPLACE |        |
| Clarissa                | w              | 36         |            |        |
| William                 | d              | 19         |            |        |
| Vivian                  | d              | 17         |            |        |
| Bertie                  | d              | 16         |            |        |
| Charles                 | d              | 14         |            |        |
| Virginia                | d              | 7          |            |        |
| Alberta                 | d              | 6          |            |        |

FORM 16-536 (4-26-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

HEAD OF FAMILY - CONTINUED

**LOUISIANA**

CARD 2 OF 2

**OTHER MEMBERS OF FAMILY**

[illegible]

FORM 10-634 (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

DISCONTINUED 18100-P01



|                         |  |                |      |            |  |
|-------------------------|--|----------------|------|------------|--|
| 8263                    |  | HEAD OF FAMILY |      | LOUISIANA  |  |
| COLOR                   |  | AGE            |      | E.D.       |  |
| MW                      |  | 70             |      | 153        |  |
|                         |  | BIRTHPLACE     |      | SHEET      |  |
|                         |  |                |      | 12         |  |
| COUNTY                  |  |                | CITY |            |  |
| St. Landry              |  |                |      |            |  |
| OTHER MEMBERS OF FAMILY |  |                |      |            |  |
| NAME                    |  | RELATIONSHIP   | AGE  | BIRTHPLACE |  |
| Milliky                 |  | w              | 60   |            |  |
| Andrie                  |  | s              | 19   |            |  |
| Azellian                |  | d              | 16   |            |  |
|                         |  |                |      |            |  |
|                         |  |                |      |            |  |
|                         |  |                |      |            |  |
|                         |  |                |      |            |  |
|                         |  |                |      |            |  |

Form 16-636 (4-26-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |      |
|-------------------------|--|----------------|------------|------------|------|
| R263                    |  | HEAD OF FAMILY |            | LOUISIANA  |      |
| COLOR                   |  | AGE            | BIRTHPLACE |            | E.D. |
| Mu                      |  | 26             |            |            | 108  |
| COUNTY                  |  | CITY           |            | SHEET      |      |
| St. Landry              |  |                |            | 14         |      |
| OTHER MEMBERS OF FAMILY |  |                |            |            |      |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |      |
| Selia                   |  | W              | 26         |            |      |
| E. A.                   |  | D              | 4          |            |      |
| Adam                    |  | S              | 3          |            |      |
| Albert                  |  | S              | 1 1/2      |            |      |
|                         |  |                |            |            |      |
|                         |  |                |            |            |      |
|                         |  |                |            |            |      |

FORM 16-636 (4-20-31)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

| NAME OF INDIVIDUAL  |  |  | LOUISIANA |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |                                  |  |
|---|--|--|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|----------------------------------|--|
| K263 Richard Alfred   |  |  | E.D.      | SHEET |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |                                  |  |
| W   | AGE                                      | BIRTHPLACE                                 | 102       | 6     |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |                                  |  |
| 22  |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |                                  |  |
| Tomboro   |  |  | CITY      |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |                                  |  |
| RELATIONSHIP TO ABOVE   |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |                                  |  |
| Louisa 23   |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |                                  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> Niece</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> SPOUSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> BROTHER</td> <td></td> </tr> </table> |  |  |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> Niece | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> SPOUSE | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> BROTHER |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE            |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |                                  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> Niece           | <input type="checkbox"/> NURSE             |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |                                  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |                                  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> SPOUSE |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |                                  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |                                  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |                                  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |                                  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> BROTHER         |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |                                  |  |

FORM 10-437 (4-30-61)

1970 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USE GPO-DC 19103-P-61

|                         |   |                |     |                   |  |           |     |
|-------------------------|---|----------------|-----|-------------------|--|-----------|-----|
| R243                    |   | HEAD OF FAMILY |     | Richardson Alfred |  | LOUISIANA |     |
| COLOR                   | B | AGE            | 50  | BIRTHPLACE        |  | E.D.      | 113 |
|                         |   |                |     |                   |  | SHEET     |     |
| COUNTY                  |   | Tangipahoa     |     | CITY              |  |           |     |
| OTHER MEMBERS OF FAMILY |   |                |     |                   |  |           |     |
| NAME                    |   | RELATIONSHIP   | AGE | BIRTHPLACE        |  |           |     |
| Eva                     |   | W              | 48  |                   |  |           |     |
| Corlita's               |   | S              | 18  |                   |  |           |     |
| William                 |   | S              | 15  |                   |  |           |     |
|                         |   |                |     |                   |  |           |     |
|                         |   |                |     |                   |  |           |     |
|                         |   |                |     |                   |  |           |     |
|                         |   |                |     |                   |  |           |     |
|                         |   |                |     |                   |  |           |     |

FORM 16-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |  |      |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|------|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R 263   |  | NAME OF INDIVIDUAL                         |      | LOUISIANA |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR   | AGE                                      | BIRTHPLACE                                 |      | E.D.      | SHEET |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| W   | 3  |  |      | 42        | 10    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY  |  |  | CITY |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Calcasieu   |  |  |      |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |  |      |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Louns, Asa M.   |  |  |      |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |      |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |      |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE            |      |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE             |      |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |      |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER |      |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |      |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |      |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |      |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |      |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-637 (4-22-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18100-P01

|                         |  |                |              |            |       |
|-------------------------|--|----------------|--------------|------------|-------|
| R263                    |  | HEAD OF FAMILY |              | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE   | E.D.       | SHEET |
| W                       |  | 60             | England      | 42         | 8     |
| COUNTY                  |  |                | CITY         |            |       |
| St. Tammany             |  |                | Madisonville |            |       |
| OTHER MEMBERS OF FAMILY |  |                |              |            |       |
| NAME                    |  | RELATIONSHIP   | AGE          | BIRTHPLACE |       |
| Marcella                |  | W              | 49           |            |       |
| Hilda F.                |  | D              | 17           |            |       |
| Margaret R.             |  | S              | 14           |            |       |
| Charles A.              |  | S              | 12           |            |       |
| Lillian C.              |  | D              | 6            |            |       |
|                         |  |                |              |            |       |
|                         |  |                |              |            |       |

FORM 16-636 (4-29-61)  
1918 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |         |                |     |            |  |
|-------------------------|---------|----------------|-----|------------|--|
| R265                    |         | HEAD OF FAMILY |     | LOUISIANA  |  |
| Ricard, Alice           |         | E.O.           |     | SHEET      |  |
| COLOR                   | AGE     | BIRTHPLACE     |     |            |  |
| Mu                      | 50      |                |     |            |  |
| COUNTY                  |         | Dainto Coupes  |     | CITY       |  |
| OTHER MEMBERS OF FAMILY |         |                |     |            |  |
| NAME                    |         | RELATIONSHIP   | AGE | BIRTHPLACE |  |
|                         | Alice   | D              | 23  |            |  |
|                         | Selia   | D              | 20  |            |  |
|                         | George  | S              | 18  |            |  |
|                         | Misses  | S              | 16  |            |  |
|                         | Gilbert | S              | 13  |            |  |
|                         |         |                |     |            |  |
|                         |         |                |     |            |  |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|--|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| H 263   |  | NAME OF INDIVIDUAL                         |  | LOUISIANA |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR   |  | AGE  |  | E.O.      | SHEET |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| B   |  | 3/12                                       |  | 62        | 33    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| BIRTHPLACE  |  |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY  |  | CITY                                       |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Enumerated with   |  | Wifliford John                             |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input checked="" type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input checked="" type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE            |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE             |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input checked="" type="checkbox"/> ROOMER |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |  |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 16-437 (4-26-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-OC 18166-P61



|  |  |   |  |  |  |
|--|--|---|--|--|--|
| 0267   |  | NAME OF INDIVIDUAL<br><i>Richardson, Alice</i>  |  | LOUISIANA  |  |
| COLOR<br><i>B</i>  |  | AGE<br><i>22</i>  |  | E.S. 9 SHEET 11  |  |
| BIRTHPLACE   |  | CITY  |  |  |  |
| COUNTY   |  | ACCESSION   |  |  |  |
| IMMIGRATED WITH<br><i>Washington, Paul</i>   |  |   |  |  |  |
| RELATIONSHIP TO ABOVE  |  |   |  |  |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> IMMIGRANT<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input checked="" type="checkbox"/> WORKER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |  |

FORM 10-437 (4-30-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18100-P01

|  |  |   |            |           |       |
|--|--|---|------------|-----------|-------|
| R263                                   |  | NAME OF INDIVIDUAL                                  |            | LOUISIANA |       |
| COLOR                                  |  | AGE   | BIRTHPLACE | E.D.      | SHEET |
| B                                      |  | 42  | Miss       | 27        | 8     |
| COUNTY                                 |  |   | CITY       |           |       |
| East Baton Rouge                       |  |   |            |           |       |
| ENUMERATED WITH                        |  |   |            |           |       |
| Edwards, George Anna                   |  |   |            |           |       |
| RELATIONSHIP TO ABOVE                  |  |   |            |           |       |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> ORGATE                     |            |           |       |
| <input type="checkbox"/> MOTHER        | <input type="checkbox"/> NICE            | <input type="checkbox"/> NURSE                      |            |           |       |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT                    |            |           |       |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER                     |            |           |       |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT                    |            |           |       |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify) |            |           |       |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW  | bs  |            |           |       |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> MISTRESS-IN-LAW |   |            |           |       |

FORM 10-437 (4-10-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |  |            |           |            |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|--|--|------------|-----------|------------|---------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| 17263   |  | NAME OF INDIVIDUAL                       |            | LOUISIANA |            |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR   |  | AGE                                      | BIRTHPLACE |           | E.O. SHEET |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| B   |  | 9  |            |           | 62 13      |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY  |  |  | CITY       |           |            |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|   |  |  | Terrebonne |           |            |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH   |  |  |            |           |            |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Richardson, James   |  |  |            |           |            |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |            |           |            |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDOW</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |            |           |            | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDOW | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDOW           |            |           |            |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE           |            |           |            |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT         |            |           |            |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER          |            |           |            |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT         |            |           |            |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |            |           |            |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |            |           |            |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |            |           |            |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| Sister  |  |  |            |           |            |                                 |                                 |                                |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 18-527 (4-20-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |                    |      |            |  |
|---|--|--------------------|------|------------|--|
| 2263  |  | NAME OF INDIVIDUAL |      | LOUISIANA  |  |
| E.D.  |  | SHEET              |      |            |  |
| COLOR   |  | AGE                |      | BIRTHPLACE |  |
| 24  |  | 12                 |      |            |  |
| COUNTY  |  |                    | CITY |            |  |
| St. Landry  |  |                    |      |            |  |
| ENUMERATED WITH   |  |                    |      |            |  |
| Cormier Philbert  |  |                    |      |            |  |
| RELATIONSHIP TO ABOVE   |  |                    |      |            |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE<br><input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW<br><input type="checkbox"/> NEAATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |  |                    |      |            |  |

Form 18-637 (4-20-61)

1918 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |   |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
|---|---|--|--|-----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|---|--|-------------------------------|---|--|--------------------------------|--|--|
| R263  |   | NAME OF INDIVIDUAL                       |  | LOUISIANA |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| COLOR   | AGE   | BIRTHPLACE                               |  | E.D.      | SHEET |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| W   | 25  |  |  | 101       | 13    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| COUNTY  |   | CITY                                     |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| St. Landry  |   |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| ENUMERATED WITH   |   |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| Richard Hamer   |   |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |   |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> UNMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input checked="" type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |   |  |  |           |       | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> UNMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input checked="" type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW                     | <input type="checkbox"/> UNMATE          |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE                      | <input type="checkbox"/> NURSE           |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW              | <input type="checkbox"/> PATIENT         |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW              | <input type="checkbox"/> ROOMER          |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW                 | <input type="checkbox"/> SERVANT         |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input checked="" type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW             |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW              |  |  |           |       |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |   |  |                               |   |  |                                |  |  |

FORM 10-637 (4-22-66)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |     |                     |  |           |       |
|--|-----|---------------------|--|-----------|-------|
| P263   |     | NAME OF INDIVIDUAL  |  | LOUISIANA |       |
| Richard  |     | Alice               |  | E.D.      | SHEET |
| COLOR  | AGE | BIRTHPLACE          |  |           |       |
| A  | 28  |                     |  |           |       |
| COUNTY   |     | St. Landry          |  | CITY      |       |
| ENUMERATED WITH  |     | Sotransu Sotransu ? |  |           |       |
| RELATIONSHIP TO ABOVE  |     |                     |  |           |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE<br><input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW<br><input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br>SP |     |                     |  |           |       |

FORM 10-437 (4-30-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |     |                |     |            |       |
|-------------------------|-----|----------------|-----|------------|-------|
| R263                    |     | HEAD OF FAMILY |     | LOUISIANA  |       |
|                         |     | Richardson     |     | Alice      |       |
| COLOR                   | AGE | BIRTHPLACE     |     | E.D.       | SHEET |
| B                       | 45  |                |     | 18         | 6     |
| COUNTY                  |     | CITY           |     |            |       |
| East Baton Rouge        |     | Baton Rouge    |     |            |       |
| OTHER MEMBERS OF FAMILY |     |                |     |            |       |
| NAME                    |     | RELATIONSHIP   | AGE | BIRTHPLACE |       |
| Living alone            |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |
|                         |     |                |     |            |       |

FORM 16-436 (4-29-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|   |  |  |  |  |       |
|---|--|--|--|--|-------|
| R263  |  | NAME OF INDIVIDUAL   |  | LOUISIANA  |       |
| COLOR   |  | AGE  |  | E.O.   | SHEET |
| W   |  | 3 1/2  |  | 52   | 20    |
| COUNTY  |  | BIRTHPLACE   |  |  |       |
|   |  | Calcasieu  |  | CITY   |       |
|   |  |  |  | Jennings   |       |
| ENUMERATED WITH   |  |  |  |  |       |
| Richard Alex  |  |  |  |  |       |
| RELATIONSHIP TO ABOVE   |  |  |  |  |       |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input checked="" type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NICE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> IMMIGRANT<br><input type="checkbox"/> INSURE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> POWERS<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |       |

FORM 16-537 (4-20-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 1910-501



|   |   |  |  |                   |                    |
|---|---|--|--|-------------------|--------------------|
| R 263                                   |   | NAME OF INDIVIDUAL<br><i>Richard Alice</i> |  | B.O.<br><i>52</i> | SHEET<br><i>20</i> |
| COLOR<br><i>W</i>                       | AGE<br><i>20</i>                                    | BIRTHPLACE                                 |  |                   |                    |
| COUNTY                                  |   | CITY                                       |  |                   |                    |
| Calcasieu                               |   | Jennings                                   |  |                   |                    |
| ENUMERATED WITH<br><i>Richard Alice</i> |   |  |  |                   |                    |
| RELATIONSHIP TO ABOVE                   |   |  |  |                   |                    |
| <input type="checkbox"/> FATHER         | <input type="checkbox"/> NEPHEW                     | <input type="checkbox"/> WIFE              |  |                   |                    |
| <input type="checkbox"/> MOTHER         | <input type="checkbox"/> NIECE                      | <input type="checkbox"/> MURDER            |  |                   |                    |
| <input type="checkbox"/> GRANDFATHER    | <input type="checkbox"/> FATHER-IN-LAW              | <input type="checkbox"/> PATIENT           |  |                   |                    |
| <input type="checkbox"/> GRANDMOTHER    | <input type="checkbox"/> MOTHER-IN-LAW              | <input type="checkbox"/> ROOMER            |  |                   |                    |
| <input type="checkbox"/> GRANDSON       | <input type="checkbox"/> SON-IN-LAW                 | <input type="checkbox"/> SERVANT           |  |                   |                    |
| <input type="checkbox"/> GRANDDAUGHTER  | <input checked="" type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |  |                   |                    |
| <input type="checkbox"/> AUNT           | <input type="checkbox"/> BROTHER-IN-LAW             |  |  |                   |                    |
| <input type="checkbox"/> UNCLE          | <input type="checkbox"/> SISTER-IN-LAW              |  |  |                   |                    |

FORM 16-617 (4-28-31)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1916 CENSUS INDEX - INDIVIDUAL

UNCOMM-DC 1916-P-1

|  |  |   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
|--|--|---|--|-------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|---|-------------------------------|---|--|--------------------------------|--|--|
| R263   |  | NAME OF INDIVIDUAL<br><i>Richard, Alice</i>                             |  | E.O.<br><i>49</i> | SHEET<br><i>25</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COLOR<br><i>W</i>  | AGE<br><i>23</i>                         | BIRTHPLACE  |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| COUNTY   |  | Calcasieu   |  | CITY              |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Moore, Jules</i>   |  |   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE  |  |   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input checked="" type="checkbox"/> OTHER (Specify)<br/><i>Slaughter</i></td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |                   |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify)<br><i>Slaughter</i> | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER  | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER  | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE  |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT  |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON  | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT  |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input checked="" type="checkbox"/> OTHER (Specify)<br><i>Slaughter</i> |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT  | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE   | <input type="checkbox"/> SISTER-IN-LAW   |   |  |                   |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |   |                               |   |  |                                |  |  |

FORM 16-427 (4-29-57)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCOM-DC 18199-P01

| HEAD OF FAMILY          |                | LOUISIANA  |            |
|-------------------------|----------------|------------|------------|
| R263                    | Richard, Alice | E.D. 56    | SHEET 4    |
| COLOR N                 | AGE 35         | BIRTHPLACE |            |
| COUNTY                  | Cameron        | CITY       |            |
| OTHER MEMBERS OF FAMILY |                |            |            |
| NAME                    | RELATIONSHIP   | AGE        | BIRTHPLACE |
| Euzoide                 | W              | 31         |            |
| Lozsa                   | D              | 12         |            |
| Lophell                 | S              | 11         |            |
| Thema                   | S              | 7          |            |
| Jessie                  | S              | 3          |            |
| + 1 hired man           |                |            |            |

FORM 18-436 (4-26-31)

1910 CENSUS INDEX - FAMILY

 U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |  |                |  |           |  |
|-------------------------|--|----------------|--|----------------|--|-----------|--|
| R263                    |  | HEAD OF FAMILY |  | Richard, Alice |  | LOUISIANA |  |
| COLOR                   |  | AGE            |  | BIRTHPLACE     |  | E.D.      |  |
| B                       |  | 28             |  |                |  | 71 16     |  |
| COUNTY                  |  |                |  | Lafayette      |  | CITY      |  |
| OTHER MEMBERS OF FAMILY |  |                |  |                |  |           |  |
| NAME                    |  |                |  | RELATIONSHIP   |  | AGE       |  |
| Living alone            |  |                |  |                |  |           |  |
|                         |  |                |  |                |  |           |  |
|                         |  |                |  |                |  |           |  |
|                         |  |                |  |                |  |           |  |
|                         |  |                |  |                |  |           |  |
|                         |  |                |  |                |  |           |  |
|                         |  |                |  |                |  |           |  |
|                         |  |                |  |                |  |           |  |

FORM 16-436 (6-20-31)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| R 263  |  | NAME OF INDIVIDUAL  |  | LOUISIANA  |  |
| COLOR  |  | AGE   |  | E.D.   |  |
| B  |  | 14  |  | 114  |  |
| BIRTHPLACE   |  | CITY  |  | SHEET  |  |
| COUNTY   |  | St. Landry  |  | 18   |  |
| ENUMERATED WITH  |  |   |  |  |  |
| McCoy, Joseph  |  |   |  |  |  |
| RELATIONSHIP TO ABOVE  |  |   |  |  |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |  | <input type="checkbox"/> NEPHER<br><input type="checkbox"/> NICE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input checked="" type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> ROOMMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |  |

FORM 10-537 (4-22-51)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMB-DC 15196-P-61

|   |  |  |  |                  |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
|---|--|--|--|------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|---|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R-263   |  | NAME OF INDIVIDUAL<br><i>Richard Alida</i> |  | E.D.<br><i>2</i> | SHEET<br><i>17</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>W</i>   | AGE<br><i>5</i>                          | BIRTHPLACE                                 |  |                  |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>Acadia</i>   |  | CITY                                       |  |                  |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Richard Simon</i>   |  |  |  |                  |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |  |  |                  |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> WIDATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NUNSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |  |  |                  |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> WIDATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NUNSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> WIDATE            |  |                  |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NUNSE             |  |                  |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT           |  |                  |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER            |  |                  |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT           |  |                  |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)   |  |                  |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |  |  |                  |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |  |  |                  |                    |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |

Form 10-637 (4-20-61)

1930 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMB-DC 18100-P01

LOUISIANA

|   |   |  |                  |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
|---|---|--|------------------|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|-------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R263  | NAME OF INDIVIDUAL<br><i>Richard, Alida</i> |  | E.D.<br><i>4</i> | SHEET<br><i>29</i> |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>W</i>   | AGE<br><i>46</i>                            | BIRTHPLACE                               |                  |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>Acadia</i>   |   | CITY                                     |                  |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Francis, Alphonse</i>   |   |  |                  |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |   |  |                  |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> NEPHEW</td><td><input type="checkbox"/> NEBATE</td></tr><tr><td><input type="checkbox"/> MOTHER</td><td><input type="checkbox"/> WIFE</td><td><input type="checkbox"/> NURSE</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> PATIENT</td></tr><tr><td><input type="checkbox"/> GRANDMOTHER</td><td><input type="checkbox"/> MOTHER-IN-LAW</td><td><input type="checkbox"/> ROOMER</td></tr><tr><td><input type="checkbox"/> GRANDSON</td><td><input type="checkbox"/> SON-IN-LAW</td><td><input type="checkbox"/> SERVANT</td></tr><tr><td><input type="checkbox"/> GRANDDAUGHTER</td><td><input type="checkbox"/> DAUGHTER-IN-LAW</td><td><input type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> AUNT</td><td><input type="checkbox"/> BROTHER-IN-LAW</td><td></td></tr><tr><td><input type="checkbox"/> UNCLE</td><td><input type="checkbox"/> SISTER-IN-LAW</td><td></td></tr></tbody></table> <p><i>Alphonse</i></p> |   |  |                  |                    | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> NEBATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> WIFE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW             | <input type="checkbox"/> NEBATE          |                  |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> WIFE               | <input type="checkbox"/> NURSE           |                  |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW      | <input type="checkbox"/> PATIENT         |                  |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW      | <input type="checkbox"/> ROOMER          |                  |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW         | <input type="checkbox"/> SERVANT         |                  |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDDAUGHTER  | <input type="checkbox"/> DAUGHTER-IN-LAW    | <input type="checkbox"/> OTHER (Specify) |                  |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW     |  |                  |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW      |  |                  |                    |                                 |                                 |                                 |                                 |                               |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |  |  |  |                               |   |  |                                |  |  |

FORM 10-637 (4-30-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCENS-DC 1910-P-01

|                         |         |                |       |            |  |
|-------------------------|---------|----------------|-------|------------|--|
| P263                    |         | HEAD OF FAMILY |       | LOUISIANA  |  |
| Richard, Alip           |         | E.D.           |       | SHEET      |  |
| COLOR                   | AGE     | BIRTHPLACE     |       |            |  |
| B                       | 27      |                |       |            |  |
| COUNTY                  |         | CITY           |       |            |  |
| Vermillion              |         | Greysden       |       |            |  |
| OTHER MEMBERS OF FAMILY |         |                |       |            |  |
|                         | NAME    | RELATIONSHIP   | AGE   | BIRTHPLACE |  |
|                         | Emma    | W              | 24    |            |  |
|                         | Lillian | D              | 5     |            |  |
|                         | Nathan  | S              | 2     |            |  |
|                         | Eta     | D              | 27/10 |            |  |
|                         |         |                |       |            |  |
|                         |         |                |       |            |  |
|                         |         |                |       |            |  |

FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



|   |  |   |  |           |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
|---|--|---|--|-----------|------------------|-------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|---|--|--|-------------------------------|---|--|--------------------------------|--|--|
| R263  |  | NAME OF INDIVIDUAL<br><i>Richard, Alledia</i> |  | LOUISIANA | E.O.<br><i>8</i> | SHEET<br><i>2</i> |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| COLOR<br><i>W</i>   | AGE<br><i>17</i>                         | BIRTHPLACE                                    |  |           |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| COUNTY<br><i>Acadia</i>   |  | CITY<br><i>Morse Village</i>                  |  |           |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| ENUMERATED WITH<br><i>Alishires Abson</i>   |  |   |  |           |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| RELATIONSHIP TO ABOVE   |  |   |  |           |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <table border="0"> <tr> <td><input type="checkbox"/> FATHER</td> <td><input type="checkbox"/> NEPHEW</td> <td><input type="checkbox"/> INMATE</td> </tr> <tr> <td><input type="checkbox"/> MOTHER</td> <td><input type="checkbox"/> NIECE</td> <td><input type="checkbox"/> NURSE</td> </tr> <tr> <td><input type="checkbox"/> GRANDFATHER</td> <td><input type="checkbox"/> FATHER-IN-LAW</td> <td><input type="checkbox"/> PATIENT</td> </tr> <tr> <td><input type="checkbox"/> GRANDMOTHER</td> <td><input type="checkbox"/> MOTHER-IN-LAW</td> <td><input type="checkbox"/> ROOMER</td> </tr> <tr> <td><input type="checkbox"/> GRANDSON</td> <td><input type="checkbox"/> SON-IN-LAW</td> <td><input type="checkbox"/> SERVANT</td> </tr> <tr> <td><input checked="" type="checkbox"/> GRANDDAUGHTER</td> <td><input type="checkbox"/> DAUGHTER-IN-LAW</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> AUNT</td> <td><input type="checkbox"/> BROTHER-IN-LAW</td> <td></td> </tr> <tr> <td><input type="checkbox"/> UNCLE</td> <td><input type="checkbox"/> SISTER-IN-LAW</td> <td></td> </tr> </table> |  |   |  |           |                  |                   | <input type="checkbox"/> FATHER | <input type="checkbox"/> NEPHEW | <input type="checkbox"/> INMATE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> NIECE | <input type="checkbox"/> NURSE | <input type="checkbox"/> GRANDFATHER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> PATIENT | <input type="checkbox"/> GRANDMOTHER | <input type="checkbox"/> MOTHER-IN-LAW | <input type="checkbox"/> ROOMER | <input type="checkbox"/> GRANDSON | <input type="checkbox"/> SON-IN-LAW | <input type="checkbox"/> SERVANT | <input checked="" type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> AUNT | <input type="checkbox"/> BROTHER-IN-LAW |  | <input type="checkbox"/> UNCLE | <input type="checkbox"/> SISTER-IN-LAW |  |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> NEPHEW          | <input type="checkbox"/> INMATE               |  |           |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> MOTHER   | <input type="checkbox"/> NIECE           | <input type="checkbox"/> NURSE                |  |           |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDFATHER  | <input type="checkbox"/> FATHER-IN-LAW   | <input type="checkbox"/> PATIENT              |  |           |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDMOTHER  | <input type="checkbox"/> MOTHER-IN-LAW   | <input type="checkbox"/> ROOMER               |  |           |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> GRANDSON   | <input type="checkbox"/> SON-IN-LAW      | <input type="checkbox"/> SERVANT              |  |           |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input checked="" type="checkbox"/> GRANDDAUGHTER   | <input type="checkbox"/> DAUGHTER-IN-LAW | <input type="checkbox"/> OTHER (Specify)      |  |           |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> AUNT   | <input type="checkbox"/> BROTHER-IN-LAW  |   |  |           |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |
| <input type="checkbox"/> UNCLE  | <input type="checkbox"/> SISTER-IN-LAW   |   |  |           |                  |                   |                                 |                                 |                                 |                                 |                                |                                |                                      |  |                                  |                                      |  |                                 |                                   |                                     |                                  |   |  |  |                               |   |  |                                |  |  |

FORM 10-427 (4-29-61)

1910 CENSUS INDEX - INDIVIDUAL

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 18198-P61

|                         |  |                |            |            |            |
|-------------------------|--|----------------|------------|------------|------------|
| R 263                   |  | HEAD OF FAMILY |            | LOUISIANA  |            |
| COLOR                   |  | AGE            | BIRTHPLACE |            | E.O. SHEET |
| W                       |  | 47             | Texas      |            | 99 26      |
| COUNTY                  |  |                | CITY       |            |            |
| Rapides                 |  |                |            |            |            |
| OTHER MEMBERS OF FAMILY |  |                |            |            |            |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |            |
| I Margreth              |  | W              | 45         |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |
|                         |  |                |            |            |            |

FORM 16-636 (4-26-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |       |              |  |
|-------------------------|---|----------------|-------|--------------|--|
| R263                    |   | HEAD OF FAMILY |       | LOUISIANA    |  |
| Richardson, Allen       |   | E.O.           |       | 22 25        |  |
| COLOR                   | B | AGE            | 48    | BIRTHPLACE   |  |
| COUNTY                  |   | Avoyelles      |       | Tev          |  |
|                         |   |                |       | Morseauville |  |
| OTHER MEMBERS OF FAMILY |   |                |       |              |  |
| NAME                    |   | RELATIONSHIP   | AGE   | BIRTHPLACE   |  |
| Annie                   |   | W              | 38    | Tev          |  |
| Paul                    |   | D              | 8     | Tev          |  |
| Constance               |   | D              | 6     | Tev          |  |
| Allen Jr                |   | S              | 4     | Tev          |  |
| Wright C                |   | S              | 3     | Tev          |  |
| Alley                   |   | D              | 1 1/2 | Tev          |  |
| Winnee                  |   | D              | 2 1/2 | Tev          |  |

FORM 18-636 (4-20-01)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |  |                |            |            |       |
|-------------------------|--|----------------|------------|------------|-------|
| R 263                   |  | HEAD OF FAMILY |            | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE | E.O.       | SHEET |
| B                       |  | 65             |            | 5          | 1     |
| COUNTY                  |  |                | CITY       |            |       |
| Assumption              |  |                |            |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |            |       |
| NAME                    |  | RELATIONSHIP   | AGE        | BIRTHPLACE |       |
| 1 Anna                  |  | W              | 60         | Va.        |       |
| Herbert, Ruth           |  | GD             | 17         |            |       |
| Collins, John R.        |  | GS             | 1          |            |       |
| Boys, William           |  | GS             | 8          |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |
|                         |  |                |            |            |       |

Form 16-436 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|  |   |  |  |
|--|---|--|--|
|  |   | LOUISIANA  |  |
| R 263  |   | NAME OF INDIVIDUAL <i>Richard Allen</i>  |  |
| COLOR <i>B</i>   | AGE <i>50</i>   | BIRTHPLACE   |  |
| COUNTY   |   | CITY <i>Plain Dealing</i>  |  |
| ENUMERATED WITH <i>Richard Lizzel</i>  |   |  |  |
| RELATIONSHIP TO ABOVE  |   |  |  |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE | <input type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW | <input type="checkbox"/> INMATE<br><input type="checkbox"/> WARD<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input checked="" type="checkbox"/> OTHER (Specify)<br><i>husband</i> |  |

Form 16-437 (4-22-51)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

UCCO:DC 1910-201

|                         |  |                |            |                 |      |            |       |
|-------------------------|--|----------------|------------|-----------------|------|------------|-------|
| R263                    |  | HEAD OF FAMILY |            | Richard Allen S |      | LOUISIANA  |       |
| COLOR                   |  | AGE            | BIRTHPLACE |                 | E.O. |            | SHEET |
| 9m                      |  | 35             | 9m         |                 | 105  |            | 20    |
| COUNTY                  |  |                |            | CITY            |      |            |       |
| Sabine                  |  |                |            |                 |      |            |       |
| OTHER MEMBERS OF FAMILY |  |                |            |                 |      |            |       |
| NAME                    |  |                |            | RELATIONSHIP    | AGE  | BIRTHPLACE |       |
| 1 Franky                |  |                |            | W               | 30   |            |       |
|                         |  |                |            |                 |      |            |       |
|                         |  |                |            |                 |      |            |       |
|                         |  |                |            |                 |      |            |       |
|                         |  |                |            |                 |      |            |       |
|                         |  |                |            |                 |      |            |       |
|                         |  |                |            |                 |      |            |       |
|                         |  |                |            |                 |      |            |       |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|  |           |  |      |  |            |
|--|-----------|--|------|--|------------|
| R263   |           | NAME OF INDIVIDUAL<br>Richard Allene   |      | E.O.<br>138  | SHEET<br>R |
| COLOR<br>B   | AGE<br>13 | BIRTHPLACE   |      |  |            |
| COUNTY<br>Union  |           |  | CITY |  |            |
| ENUMERATED WITH<br>Roberts, Will   |           |  |      |  |            |
| RELATIONSHIP TO ABOVE  |           |  |      |  |            |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |           | <input type="checkbox"/> NEPHEW<br><input checked="" type="checkbox"/> Niece<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |      | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) |            |

FORM 10-437 (4-29-61)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1930 CENSUS INDEX - INDIVIDUAL

USCOM-DC 1930-P61

LOUISIANA

|                         |                                 |                         |            |             |
|-------------------------|---------------------------------|-------------------------|------------|-------------|
| R263                    | HEAD OF FAMILY<br>Richard Allie |                         | E.O.<br>65 | SHEET<br>12 |
| COLOR<br>W              | AGE<br>35                       | BIRTHPLACE<br>Lafayette |            |             |
| COUNTY                  |                                 | CITY                    |            |             |
| OTHER MEMBERS OF FAMILY |                                 |                         |            |             |
| NAME                    |                                 | RELATIONSHIP            | AGE        | BIRTHPLACE  |
| Adele                   |                                 | M                       | 75         |             |
| Alvarado, Alcie         |                                 | N                       | 18         |             |
| Ella                    |                                 | Ni                      | 16         |             |
| Faelia                  |                                 | N                       | 14         |             |
| Henrietta               |                                 | Ni                      | 13         |             |
|                         |                                 |                         |            |             |
|                         |                                 |                         |            |             |

FORM 10-636 (4-20-01)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS



LOUISIANA

|  |  |  |           |             |
|--|--|--|-----------|-------------|
| R267                                   | NAME OF INDIVIDUAL<br><i>Richard Almonia</i> |  | E.O.<br>6 | SHEET<br>12 |
| COLOR<br><i>B</i>                      | AGE<br>2                                     | BIRTHPLACE                               |           |             |
| COUNTY<br><i>Ascension</i>             | CITY<br><i>Ronaldumville</i>                 |  |           |             |
| ENUMERATED WITH<br><i>Smith Kate</i>   |  |  |           |             |
| RELATIONSHIP TO ABOVE                  |  |  |           |             |
| <input type="checkbox"/> FATHER        | <input type="checkbox"/> NEPHEW              | <input type="checkbox"/> INMATE          |           |             |
| <input type="checkbox"/> MOTHER        | <input checked="" type="checkbox"/> NIECE    | <input type="checkbox"/> NURSE           |           |             |
| <input type="checkbox"/> GRANDFATHER   | <input type="checkbox"/> FATHER-IN-LAW       | <input type="checkbox"/> PATIENT         |           |             |
| <input type="checkbox"/> GRANDMOTHER   | <input type="checkbox"/> MOTHER-IN-LAW       | <input type="checkbox"/> ROOMER          |           |             |
| <input type="checkbox"/> GRANDSON      | <input type="checkbox"/> SON-IN-LAW          | <input type="checkbox"/> SERVANT         |           |             |
| <input type="checkbox"/> GRANDDAUGHTER | <input type="checkbox"/> DAUGHTER-IN-LAW     | <input type="checkbox"/> OTHER (Specify) |           |             |
| <input type="checkbox"/> AUNT          | <input type="checkbox"/> BROTHER-IN-LAW      |  |           |             |
| <input type="checkbox"/> UNCLE         | <input type="checkbox"/> SISTER-IN-LAW       |  |           |             |

FORM 16-537 (4-20-31)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1930 CENSUS INDEX - INDIVIDUAL

USC&amp;GS-DC 16100-P-31

LOUISIANA

|  |                  |  |  |  |                   |
|--|------------------|--|--|--|-------------------|
| 1363   |                  | NAME OF INDIVIDUAL<br><i>Richardson Alon</i>   |  | E.O.<br><i>29</i>  | SHEET<br><i>5</i> |
| COLOR<br><i>W</i>  | AGE<br><i>26</i> | BIRTHPLACE   |  |  |                   |
| COUNTY<br><i>Calcasieu</i>   |                  | CITY   |  |  |                   |
| ENUMERATED WITH<br><i>Cole William T</i>   |                  |  |  |  |                   |
| RELATIONSHIP TO ABOVE  |                  |  |  |  |                   |
| <input type="checkbox"/> FATHER<br><input type="checkbox"/> MOTHER<br><input type="checkbox"/> GRANDFATHER<br><input type="checkbox"/> GRANDMOTHER<br><input type="checkbox"/> GRANDSON<br><input type="checkbox"/> GRANDDAUGHTER<br><input type="checkbox"/> AUNT<br><input type="checkbox"/> UNCLE |                  | <input checked="" type="checkbox"/> NEPHEW<br><input type="checkbox"/> NIECE<br><input type="checkbox"/> FATHER-IN-LAW<br><input type="checkbox"/> MOTHER-IN-LAW<br><input type="checkbox"/> SON-IN-LAW<br><input type="checkbox"/> DAUGHTER-IN-LAW<br><input type="checkbox"/> BROTHER-IN-LAW<br><input type="checkbox"/> SISTER-IN-LAW |  | <input type="checkbox"/> INMATE<br><input type="checkbox"/> NURSE<br><input type="checkbox"/> PATIENT<br><input type="checkbox"/> ROOMER<br><input type="checkbox"/> SERVANT<br><input type="checkbox"/> OTHER (Specify) _____ |                   |

FORM 10-637 (4-29-57)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1910 CENSUS INDEX - INDIVIDUAL

USCENS-DC 1910-7-1

| LOUISIANA               |              |                |            |
|-------------------------|--------------|----------------|------------|
| F263                    |              | HEAD OF FAMILY |            |
| Richardson, Alonzo      |              | E.O.           | SHEET      |
| 35                      |              | 17             |            |
| COLOR                   | AGE          | BIRTHPLACE     |            |
| B                       | 35           | Miss           |            |
| COUNTY                  | CITY         |                |            |
| Calcasieu               | Lake Charles |                |            |
| OTHER MEMBERS OF FAMILY |              |                |            |
| NAME                    | RELATIONSHIP | AGE            | BIRTHPLACE |
| Stella                  | W            | 27             | Miss       |
| Banks, Daisy            | S.L.         | 20             | Miss       |
| Sullivan, Inez          | Si           | 2              |            |
| and 1 boarder           |              |                |            |
|                         |              |                |            |
|                         |              |                |            |
|                         |              |                |            |

LOUISIANA

|                         |                |                 |            |    |       |    |
|-------------------------|----------------|-----------------|------------|----|-------|----|
| P263                    | HEAD OF FAMILY | Richard Alongo. | E.D.       | 53 | SHEET | 21 |
| COLOR                   | AGE            | BIRTHPLACE      |            |    |       |    |
| B                       | 29             |                 |            |    |       |    |
| COUNTY                  | Jackson        | CITY            |            |    |       |    |
| OTHER MEMBERS OF FAMILY |                |                 |            |    |       |    |
| NAME                    | RELATIONSHIP   | AGE             | BIRTHPLACE |    |       |    |
| Jackie                  | W              | 32              |            |    |       |    |
| Fern                    | S              | 18              |            |    |       |    |
| Helen                   | S              | 14              |            |    |       |    |
| Dolli                   | D              | 7               |            |    |       |    |
| Lino                    | D              | 6               |            |    |       |    |
| Orin                    | D              | 5               |            |    |       |    |
| Eula                    | D              | 3               |            |    |       |    |

FORM 10-636 (4-30-31)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

HEAD OF FAMILY - CONTINUED

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME      | RELATIONSHIP | AGE   | BIRTHPLACE |
|-----------|--------------|-------|------------|
| Sam       | S            | 2     |            |
| Elizabeth | D            | 1 1/2 |            |
| Jimmy     | S            | 3 1/2 |            |
|           |              |       |            |
|           |              |       |            |
|           |              |       |            |
|           |              |       |            |
|           |              |       |            |
|           |              |       |            |
|           |              |       |            |
|           |              |       |            |

FORM 18-636 (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOM-DC 18100-P01

LOUISIANA

|                         |                   |            |                         |              |            |       |           |
|-------------------------|-------------------|------------|-------------------------|--------------|------------|-------|-----------|
| <i>B 263</i>            | HEAD OF FAMILY.   |            | <i>Richard Aloysius</i> | E.D.         | <i>104</i> | SHEET | <i>11</i> |
| COLOR                   | AGE               | BIRTHPLACE |                         |              |            |       |           |
| <i>imm</i>              | <i>26</i>         |            |                         |              |            |       |           |
| COUNTY                  | <i>St. Landry</i> |            |                         | CITY         |            |       |           |
| OTHER MEMBERS OF FAMILY |                   |            |                         |              |            |       |           |
| NAME                    |                   |            | RELATIONSHIP            | AGE          | BIRTHPLACE |       |           |
| <i>Laurence</i>         |                   |            | <i>w</i>                | <i>23</i>    |            |       |           |
| <i>William</i>          |                   |            | <i>S</i>                | <i>3</i>     |            |       |           |
| <i>Aloysius</i>         |                   |            | <i>S</i>                | <i>1 3/4</i> |            |       |           |
|                         |                   |            |                         |              |            |       |           |
|                         |                   |            |                         |              |            |       |           |
|                         |                   |            |                         |              |            |       |           |
|                         |                   |            |                         |              |            |       |           |
|                         |                   |            |                         |              |            |       |           |

FORM 10-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LOUISIANA

|                         |                                    |              |             |             |
|-------------------------|------------------------------------|--------------|-------------|-------------|
| R263                    | HEAD OF FAMILY<br>Richard Alphonse |              | E.D.<br>104 | SHEET<br>24 |
| COLOR<br>W              | AGE<br>32                          | BIRTHPLACE   |             |             |
| COUNTY<br>St. Landry    |                                    | CITY         |             |             |
| OTHER MEMBERS OF FAMILY |                                    |              |             |             |
| NAME                    |                                    | RELATIONSHIP | AGE         | BIRTHPLACE  |
| Bessie                  |                                    | W            | 28          |             |
| Felix                   |                                    | S            | 7           |             |
| Lawrence                |                                    | S            | 6           |             |
| Aldegon                 |                                    | D            | 5           |             |
| Odell                   |                                    | D            | 2           |             |
|                         |                                    |              |             |             |
|                         |                                    |              |             |             |
|                         |                                    |              |             |             |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |              | LOUISIANA      |            |
|-------------------------|--------------|----------------|------------|
| R 263                   |              | HEAD OF FAMILY | E.D. 4     |
| Richard Alphonse        |              | SHEET 6        |            |
| COLOR                   | AGE          | BIRTHPLACE     |            |
| W                       | 47           |                |            |
| COUNTY                  |              | CITY           |            |
| Assumption              |              |                |            |
| OTHER MEMBERS OF FAMILY |              |                |            |
| NAME                    | RELATIONSHIP | AGE            | BIRTHPLACE |
| Juliette                | W            | 34             |            |
| Walter                  | S            | 15             |            |
| Fernand                 | S            | 13             |            |
| Fernon                  | S            | 12             |            |
| Willis                  | S            | 11             |            |
| Lulu                    | D            | #19            |            |
| Sidney                  | S            | #7             |            |



LOUISIANA

HEAD OF FAMILY - CONTINUE

CARD 2 OF 2

## OTHER MEMBERS OF FAMILY

| NAME      | RELATIONSHIP | AGE | BIRTHPLACE |
|-----------|--------------|-----|------------|
| 1 Whitney | S            | 7   |            |
| Long      | D            | 6   |            |
|           |              |     |            |
|           |              |     |            |
|           |              |     |            |
|           |              |     |            |
|           |              |     |            |
|           |              |     |            |
|           |              |     |            |
|           |              |     |            |
|           |              |     |            |

FORM 10-436a (4-20-61)

1910 CENSUS INDEX - FAMILY (Continued)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

USCOMM-DC 16198-P61

LOUISIANA

|                         |                  |              |                         |            |       |
|-------------------------|------------------|--------------|-------------------------|------------|-------|
| <i>R263</i>             | HEAD OF FAMILY   |              | <i>Ricard, Alphonse</i> | E.O.       | SHEET |
| COLOR                   | AGE              | BIRTHPLACE   |                         |            |       |
| <i>Mu</i>               | <i>33</i>        |              |                         |            |       |
| COUNTY                  | West Baton Rouge |              |                         | CITY       |       |
| OTHER MEMBERS OF FAMILY |                  |              |                         |            |       |
| NAME                    |                  | RELATIONSHIP | AGE                     | BIRTHPLACE |       |
| <i>Fannie</i>           |                  | <i>W</i>     | <i>34</i>               |            |       |
| <i>Lincoln</i>          |                  | <i>S</i>     | <i>11</i>               |            |       |
| <i>Alphonse Jr</i>      |                  | <i>S</i>     | <i>10</i>               |            |       |
| <i>William</i>          |                  | <i>S</i>     | <i>7</i>                |            |       |
| <i>Thatcher</i>         |                  | <i>S</i>     | <i>6</i>                |            |       |
|                         |                  |              |                         |            |       |
|                         |                  |              |                         |            |       |

FORM 18-636 (4-20-61)  
1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

|                         |   |                |      |            |               |
|-------------------------|---|----------------|------|------------|---------------|
| R 263                   |   | HEAD OF FAMILY |      | LOUISIANA  |               |
| COLOR                   | W | AGE            | 22   | BIRTHPLACE | RICHARD ALSEE |
| COUNTY                  |   | Acadia         |      | CITY       |               |
| OTHER MEMBERS OF FAMILY |   |                |      |            |               |
| NAME                    |   | RELATIONSHIP   | AGE  | BIRTHPLACE |               |
| / Clymence              |   | W              | 18   |            |               |
| / Cliford               |   | S              | 3    |            |               |
| / Alyce                 |   | D              | 5/12 |            |               |
|                         |   |                |      |            |               |
|                         |   |                |      |            |               |
|                         |   |                |      |            |               |
|                         |   |                |      |            |               |
|                         |   |                |      |            |               |

FORM 16-636 (4-20-61)

1910 CENSUS INDEX - FAMILY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

